

BHARATI VIDYAPEETH (DEEMED TO BE UNIVERSITY) PUNE (INDIA)

Accredited by NAAC with 'A+" Grade

Faculty of Homoeopathy

CURRICULUM FOR FIRST BHMS PROFESSIONAL COURSE

HOMOEOPATHY EDUCATION BOARD NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA



SYLLABUS AND EXAMINATION PATTERN

Bharati Vidyapeeth

Bharati Vidyapeeth, the parent body of Bharati Vidyapeeth (Deemed to be University) was established in May, 1964 by Dr. Patangrao Kadam with the objective of bringing about intellectual awakening and all round development of people of our country through education. Since its establishment, it has maintained the highest standards and has proliferated inventive practices in the education sector.

In the year 2013-14, Bharati Vidyapeeth celebrated the glorious Golden Jubilee year of imparting education and inculcating moral values among the youth. During the last 5 decades, Bharati Vidyapeeth has made astonishing strides in the field of education. It is now a leading educational institution in the country, which has created history by establishing within a span of 59 years, 180 educational institutions imparting education from the pre-primary to the post graduate stage.

These educational institutions which have achieved an acclaimed academic excellence cater to the educational needs of thousands of students coming from different parts of India and abroad. Our teaching faculty includes highly qualified, experienced, dedicated and student-caring teachers. These educational institutions are located at various places viz. Pune, Navi Mumbai, Kolhapur, Solapur, Sangli, Karad, Panchagani, Jawhar and New Delhi. The colleges are affiliated to various universities including Bharati Vidyapeeth (Deemed to be University), University of Pune, University of Mumbai, Shivaji University Kolhapur and Indraprastha University, Delhi.

The spectacular success achieved by Vidyapeeth is mainly the result of unusual foresight, exceptionally dynamic leadership and able guidance of the founder of Vidyapeeth, Dr. Patangrao Kadam. It has been our constant endeavour to impart high quality education and training to our students and we have achieved success in these pursuits so that our institutions have earned reputation and high acclaim for their high academic standard.

Bharati Vidyapeeth (Deemed to be University):

Bharati Vidyapeeth (Deemed to be University) came into existence in April, 1996, when the Ministry of Human Resource Development, Government of India, in exercise of the powers under section 3 of the University Grants Commission Act conferred the status of University to 12 institutions of Bharati Vidyapeeth on the advice of the University Grants Commission, the apex body concerned with higher education in India which made assessment of the academic excellence achieved by the institutions through a committee of experts. Subsequent to that, the Government of India, vide its various notifications brought several other institutions of Bharati Vidyapeeth under the ambit of this University.

Bharati Vidyapeeth (Deemed to be University) is one of the largest multi-faculty, multi-campus Deemed to be Universities in the country which has created a very laudable track record of academic achievements since its inception. The University is having 29 constituent units conducting programmes under 12 different disciplines including Modern Medicine, Dentistry, Ayurved, Homoeopathy, Nursing, Arts, Science, Commerce, Engineering, Pharmacy, Management, Social Sciences, Law, Environment Science, Architecture, Hotel Management Tourism and Catering Technology, Physical Education, Computer Science, Library Science and Information Technology etc. The 29 constituent institutions of the University are located in different cities viz. Pune, New Delhi, Navi Mumbai, Kolhapur, Solapur, Sangli and Karad.

The University was firstly accredited by the National Assessment and Accreditation Council (NAAC) with the prestigious 'A' grade in 2004. It was reaccredited with 'A' grade in 2011 in its second cycle. Under third cycle of assessment, the university is accredited with 'A+' grade by the NAAC in 2017. The University has been graded as Category-I University by the UGC. The UGC has also recognized this University u/s12 (B) of UGC Act 1956. University is a Member of Association of Indian Universities and has been a Member of Association of Commonwealth Universities. NIRF Ranking of this University has been continuously within top 100 Universities in India. This year the University has been ranked at 78thposition by NIRF 2023.

One of the distinctive features of this University is that it has three self-financing research institutes, which are involved in advanced research in Bio Medical Sciences, Pharmaceutical Sciences and Social Sciences.

It is a university, which is academically and intellectually very productive. Its faculty members have a very remarkable track record of research publications and patents. It has digitalized the libraries in its constituent units and has been making an extensive use of modern Information and Communication Technology in teaching, learning, research and administration. The University attracts students from all over India and abroad due to academic reputation.

Bharati Vidyapeeth (Deemed to be University), Pune, India Accredited with 'A+' Grade by NAAC Category - I University Status by UGC

NIRF Ranking – 78

It had been a long standing dream of our founder to get the status of a University to Bharati Vidyapeeth. That dream was realised when the Ministry of Human Resource Development (Department of Education, Government of India) on the recommendations of the University Grants Commission, New Delhi through their notification No. F.9-15/95-U.3 dated 26th April, 1996 declared a cluster of institutions of Bharati Vidyapeeth at Pune as Deemed to be University.

Present Constituent Colleges of the University

- 1. Medical College, Pune
- 2. Dental College & Hospital, Pune
- 3. College of Ayurved, Pune

4. HOMOEOPATHIC MEDICAL COLLEGE, PUNE

- 5. College of Nursing, Pune
- 6. Yashwantrao Mohite College of Arts, Science and Commerce, Pune
- 7. New Law College, Pune
- 8. Social Sciences Centre (M.S.W.), Pune
- 9. Yashwantrao Chavan Institute of Social Science Studies & Research, Pune
- 10. Research and Development Centre in Pharmaceutical Sciences & Applied Chemistry, Pune
- 11. College of Physical Education, Pune
- 12. Institute of Environment Education & Research, Pune
- 13. College of Engineering, Pune
- 14. Poona College of Pharmacy, Pune
- 15. Institute of Management & Entrepreneurship Development, Pune.
- 16. Rajiv Gandhi Institute of Information Technology & Bio-Technology, Pune
- 17. Interactive Research School for Health Affairs, Pune.
- 18. Medical College & Hospital, Sangli.
- 19. Dental College & Hospital, Navi Mumbai.
- 20. Institute of Management & Research, New Delhi;
- 21. College of Architecture, Pune;

- 22. Institute of Hotel Management & Catering Technology, Pune;
- 23. Yashwantrao Mohite Institute of Management, Karad;
- 24. Institute of Management, Kolhapur;
- 25. Institute of Management & Rural Development Administration, Sangli.
- 26. Abhijit Kadam Institute of Management and Social Sciences, Solapur.
- 27. Dental College & Hospital, Sangli
- 28. College of Nursing, Sangli
- 29. College of Nursing, Navi Mumbai.

Thus, there are 29 institutions which are the constituent units of Bharati Vidyapeeth (Deemed to be University) with 8 schools & 6 centers and departments.

As is widely known, the Central Govt. had constituted a high power Task Force consisting of very eminent and experienced academicians to evaluate the academic performance of deemed universities in the country. The Task Force appreciated the report submitted by the University and also the presentation made by Prof. Dr. Shivajirao Kadam the then Vice Chancellor. The Task Force noted the University's excellent performance with regard to teaching-learning process, research, scientific publications by faculty and their impact and potential, innovative academic programmes, enriched infrastructure and recommended to the Ministry of Human Resources Development, Govt. of India to award 'A' Grade status. The Central Government has accepted the recommendation of the Task Force and awarded 'A' Grade status to this University.

Ours is probably, the only University established under section 3 of the U.G.C. Act having under its umbrella institutions of diverse disciplines of professional, technical and traditional categories such as Medicine, Dentistry, Physical Education, Natural and Physical Sciences, Social Sciences, Commerce, Law and Humanities, Pharmaceutical Sciences, Management Studies, Engineering and Technology. The UGC has recognised this University u/s 12 'B' of UGC Act.

This University is a Member of Association of Indian Universities.

This University has been Graded as Category-I Deemed to be University by UGC. NIRF Ranking for this University is continuously within top 100 Universities. This year the University has been ranked by NIRF as 78.

Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College & Hospital, Post Graduate Department & Research Centre, Pune

Bharati Vidyapeeth (Deemed to be University) Homoeopathic Medical College & Hospital, Post Graduate Department & Research Centre, Pune established in 1990, is a leading institution offering comprehensive education in homoeopathy. Our Homoeopathic College has Deemed University status since 1996, it stands as a beacon of academic excellence, accredited with an 'A+' grade by NAAC in 2017. The college provides a range of academic programs including the undergraduate B.H.M.S. degree, postgraduate M.D. (Hom.) in five specialized subjects, and a Ph.D. program in four disciplines, all recognized by the National Commission of Homoeopathy (NCH) & Ministry of AYUSH, Govt. of India.

The campus features one of the best infrastructure with 34,000 sq.ft. dedicated to academic facilities and a separate 32,000 sq.ft. Homoeopathic Hospital, offering a 100-bed facility with diagnostic services like X-ray, ultrasound, and clinical pathology labs& attached Bharati Hospital. These facilities ensure that students gain real-world clinical experience in a professional healthcare environment. Additionally, the college boasts a well-equipped library with over 14,936 books, plenty medical journals, and access to digital resources such as DELNET and Web OPAC. The integration of modern Information and Communication Technology (ICT) into teaching provides students with cutting-edge e-learning tools and platforms, supported by a digital library, virtual labs, and plagiarism check systems.

The college is dedicated to holistic student development, with a highly qualified dedicated faculty delivering personalized, student-focused education. Many faculty members hold Ph.D. degrees, ensuring that students receive expert guidance throughout their academic journey. The practical learning experience is further enhanced through clinical exposure at the hospital and through mobile clinics operating in seven rural areas around Pune. These mobile clinics not only extend essential homoeopathic healthcare services to underserved populations but also offer students hands-on experience in addressing rural health challenges, understanding epidemiological patterns, and gaining insight into the social factors affecting healthcare. Students are actively encouraged to participate in various intercollegiate, intracollegiate, and university-level activities, including sports, cultural events, and research initiatives, fostering their overall development and enhancing their academic and extracurricular skills.

In keeping with its commitment to innovation in education, the institution employs advanced teaching methods, utilizing smart classrooms and a robust online platform where faculty regularly upload lectures, e-content, and supplementary materials. Students benefit from 24/7 access to these resources, enhancing their learning experience. With a mission to extend homeopathic care beyond urban areas, the college actively promotes healthcare outreach through its rural clinics, providing both academic and clinical benefits to its students while addressing the healthcare needs of the community.

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NATIONAL COMMISSION FOR HOMOEOPATHY

NOTIFICATION

New Delhi, the 6th December, 2022

(A) F. No. 3-34/2021/NCH/HEB/CC/10758.—In exercise of the powers conferred by sub – section (1) and clauses (h), (i), (q), (s) and (t) of sub-section (2) of section 55 of the National Commission for Homoeopathy Act, 2020 (15 of 2020) and in supersession of Homoeopathy (Degree course) B.H.M.S. Regulations, 1983, except as respects thing done or omitted to be done before such supersession, the Commission hereby makes the following regulations, namely: -

1. Short title and commencement. – (1) These regulations may be called National Commission for Homoeopathy (Homoeopathy Graduate Degree Course – Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Regulations- 2022.

(2) They shall come into force on the date of their publication in the Official Gazette.

- 2. Definitions.- (1) In these regulations, unless the context otherwise requires, -
 - (i) "Act" means the National Commission for Homoeopathy Act, 2020 (15 of 2020);
 - (ii) "Annexure" means an Annexure appended to these regulations;
 - (iii) "Appendix" means an Appendix appended to these regulations;
 - (iv) "Commission" means the National Commission for Homoeopathy constituted under section 3 of this Act;
 - (v) "Electives" means the course of study devised to enrich the educational expression of the student.

(2) Words and expressions used herein and not defined but defined in the Act shall have the same meanings as respectively assigned to them in the Act.

B) PART I

Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course.- The Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) shall produce Graduates, having profound knowledge of Homoeopathy with contemporary advancement in the field, supplemented with knowledge of scientific and technological advancement in modern health science and related technology along with extensive practical training, be able to function as an efficient holistic health care practitioner in health care service in the urban and rural areas.

- 3. Eligibility criteria for admission and manner of admissions. -(1) The eligibility for admission inBachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course shall be, namely:-
 - (a) the candidate shall have passed 10+2 or its equivalent examination from any recognised Board with Physics, Chemistry, Biology and have obtained minimum of fifty percent. marks taken together in Physics, Chemistry and Biology/Biotechnology in case of student belonging to general category and forty percent. marks in case of student belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes:

Provided that in respect of person with disability specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the qualifying marks in the examinations shall be forty-five percent. in case of General category and forty percent. in case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes.

- (b) Biology/Biotechnology studied as Additional Subject at 10+2 level also shall not be considered for such admission:
- (c) Candidate passed 10+2 from Open School or as Private candidate shall not be eligible to appear for National Eligibility-cum-Entrance Test.
- (d) No candidate shall be considered for admission in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course unless the candidate attains the age of seventeen years on or before the 31st day of December of the year of admission in the first year of the Course;
- (2) There shall be a uniform Entrance Examination for all Homoeopathy Medical Institution namely National Eligibility-cum- Entrance Test (NEET) for admission to under-graduate course in medical institution in each academic year and shall be conducted by an authority designated by the National Commission for Homoeopathy:

Provided that for foreign national candidate, any other equivalent qualification approved by the Central Government may be allowed for admission and sub- regulation (2) of regulation 4 shall not be applicable in this behalf.

(3) No candidate obtaining less than marks at 50th percentile in the National Eligibility-cum- Entrance

Test for undergraduate course conducted for the said academic year shall be considered for such admission:

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

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

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

Provided that, -

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

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

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

(b) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course for hundred percent. seats of Deemed University both Government and Private shall be conducted by the authority designated by the Central Government, in this behalf.

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

in contravention of these regulations shall be cancelled by the Commission forthwith.

- (11) The authority or medical institution which grants admission to any student in contravention of the provisions of these regulations shall be dealt as specified under the Act.
- (12) The medical institution shall send the list of admitted students to the Commission within one month of his admission and the Commission may verify the medical institution to ensure the compliance of the provisions of the regulations at any time.
- 4. **Duration of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course** -The duration of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall be five years and six months as specified in the table below, namely:-

Serial Number	Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course	Duration
(1)	(2)	(3)
(1)	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Eighteen Months;
(2)	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(5)	Compulsory Rotatory Internship	Twelve Months.

Table-1

- 5. **Degree to be awarded**. -The candidate shall be awarded Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Degree after passing all the examinations and completion of the laid down course of study extending over the laid down period and the compulsory rotatory internship extending over twelve months.
- 6. **Pattern of study**. -The Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course shall consist of main programme and electives and the pattern of study shall follow the following manner, namely:-
 - (1) Main programme :-
 - (a) after admission, the student shall be inducted to the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course through a Foundation Programme not less than ten working days/sixty hours based on the 'Content for Foundation programme' which intends to introduce newly admitted student to Homoeopathy system of medicine and sk illsreq u i r ed to make him well aware of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course he is going to undergo for next five years and six months.
 - (b) during the Foundation Programme, the student of Homoeopathy shall learn history of Homoeopathy, get oriented with development of homoeopathic science across the globe, understanding on improvising interpersonal communication skills, management of stress and time, basic life support and first-aid along with other subjects as per syllabus specified in
 - (c) total teaching hours for first professional session shall be not less than two thousand one hundred and six (2106) while for second, third and fourth professional session, a minimum of one thousand four hundred and four (1404) hours teaching in each professional session to complete.
 - (d) working hour may be increased by the University or medical institution as per requirement to complete the stipulated period of teaching and requisite activity.

Explanation. - For the purposes of this sub-regulation, -

(a) "Lectures" means Didactic teaching such as classroom teaching,

(b) Non – lecture includes Practical or Clinical and Demonstrative teaching and the Demonstrative teaching includes Small group teaching or Tutorials or Seminars or Symposia or Assignments or Role play or Drug Picture presentation or Pharmacy training or Laboratory training or Dissection or Field visits or Skill lab training or Integrated learning or Problem based learning or Case based learning or Early clinical exposure or Evidence based learning etc. as per the requirement of the subject and in Non-lectures, the Clinical or Practical part shallbe seventy percent.

- (e) new department and subject like fundamentals of Psychology, Yoga, essentials of Modern Pharmacology and Research Methodology and Biostatistics are introduced in degree course to provide holistic and integrated knowledge of the health science along with development of research aptitude.
- (f) the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall consist of following Departments/Subjects, namely : -

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

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

Table-3

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

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

Table-4	
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Serial Number	Subject Code	Subject
(1)	(2)	(3)
1.	HomUG-HMM-II	Homoeopathic Materia Medica;
2.	HomUG-OM-II	Organon of Medicine and Homoeopathic Philosophy;
3.	HomUG-R-II	Homoeopathic Repertory and case taking;
4.	HomUG-FMT	Forensic Medicine and Toxicology;
5.	HomUG-Path M	Pathology and Microbiology;

6.	HomUG-Sur-I	Surgery;
7.	HomUG-ObGy-I	Gynecology & Obstetrics;
8.	Hom-UG PM-1	Practice of Medicine;
9.	HomUG-Yoga-II	Yoga for health promotion.

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

Table-5

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

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

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-IV	Homoeopathic Materia Medica;
2	HomUG-OM-IV	Organon of Medicine and Homoeopathic Philosophy;
3	HomUG-R-IV	Homoeopathic Repertory and case taking;
4	HomUG-PM-III	Practice of Medicine;
5	HomUG-CM-RM-Stat- II	Community Medicine, Research Methodology and Biostatistics;
6	HomUG-Yoga - IV	Yoga for health promotion.

Table-6

- (k) Clinical training. -Clinical training of the student shall start from the first professionalsession after second term and subject related clinical training shall be provided in theattached hospital by the concerned faculty and department in non-lecture hour as per the requirement of the subject as mentioned below-
- (i) During first professional session, clinical training shall be provided in Outpatient Department (OPD), Inpatient Department (IPD), community and peripheral clinics and clinical exposure may also be arranged through appropriate audio-visual media or simulated patient.
- (ii) Students shall be placed in Hospital Pharmacy to get familiar with prescription patterns, medicine names, dosage, dispensing of medicines etc.
- (iii) During second, third and fourth professional session, clinical training shall be provided through the specialty Outpatient Department (OPD) and Inpatient Department (IPD),

peripheral Outpatient Departments (OPDs) and community posting wherein teacher of the above departments shall be consultant. The students shall be involved in screening patients in Outpatient Department (OPD); case taking, analysis, evaluation and totality of symptoms, clinical examination, repertorisation and investigation including Radiology, Hematology and Pathology Laboratory and prescription writing.

- (iv) Training/ orientation on add on therapy: Training for Yoga, Physiotherapy and diet and nutrition shall be provided to the student by the concerned professional.
- (v) Clinical training shall be on rotation basis as per the non-lecture/clinical batches and in accordance with the clinical/ non-lecture teaching hour stipulated for the following subjects, namely: -
 - (A) Homoeopathic special and general Outpatient Department (OPD) and Inpatient Department (IPD), peripheral Outpatient Department (OPD), community Outpatient Department (OPD), with compulsory repertorisation through software.
 - (B) Practice of Medicine: Outpatient Department (OPD), Inpatient Department (IPD) and specialty clinics like Pediatrics, Pulmonology, Cardiology, Nephrology, Gastroenterology, Dermatology, Psychiatry, Oncology or any other, functioning under the department, in attached hospital/Super specialty hospital with Memorandum of Understanding (MoU).
 - (C) Surgery: Eye, Ear Nose Throat (ENT), Dental Outpatient Department and any other related specialty clinics; Operation Theater Unit, Preparation room, postoperative recovery room, Sterilization, wound care & infection control, bio-waste management and any specialty units in the attached hospital/Super specialty hospital with Memorandum of Understanding (MoU).
 - (D) Gynecology and Obstetrics: Outpatient Department (OPD), Inpatient Department (IPD), Labour room, procedural room, and other related specialty clinics for reproductive, mother &child health, if any.
 - (E) Department of Community Medicine will provide training through specialty clinics, adopted villages /health programmes i.e. awareness camps, campaigns and public health programs and Inpatient Department (IPD) for waste management, prophylaxis and health education programs. Inpatient Department (IPD) Nutritional assessment and diet requirement of cases admitted in Inpatient Department (IPD) shall be determined by the dietitian of the Hospital. Awareness about nutritional disorders and balanced diet shall be included in the training programme.
 - (F) Clinical Outpatient Department (OPD), Inpatient Department (IPD) and clinics functioning under School Health programme .
 - (vi)Clinical training for the fourth professional session shall be provided in Outpatient department (OPD), Inpatient department (IPD), and Physiotherapy room in accordance with the requirement of subject, and shall be on rotation basis as per the non-lecture/clinical batches and also in accordance with the clinical/ non-lecture teaching hour stipulated for the following subjects, namely: -
 - (A) General and special Homoeopathic Outpatient Department (OPD) and Inpatient Department (IPD)
 - (B) Emergency/Casualty department in hospital
 - (C) Skill lab in hospital;
 - (D) Practice of Medicine: Outpatient Department (OPD), Inpatient Department (IPD) and specialty clinic (Pediatrics, Pulmonology, Cardiology, Nephrology, Gastroenterology, Dermatology, Psychiatry, Oncology) functioning under the department if any, in attached hospital /Super speciality hospital with Memorandum of Understanding (MoU).
- (2) **Electives** (a) It constitutes an optional course of study devised to enrich the educational experience of the student and each discipline has distinctive requirements not adequately covered by the regular courses.
 - (b) The Electives shall be conducted as an online programme by the Commission:
 - Each student from first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course to third professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall opt two electives in each academic year.
 - (ii) The electives shall start from the second term of first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.

- (iii) One elective shall be compulsory in each professional year for student and he may select any one elective from the list provided by the Commission for a particular professional year.
- (iv) Completion of two electives shall be compulsory for passing the respective academic year.
- (v) Each elective may vary in terms of duration of the academic year but shall be available and divided into component of approximately two or more hours and the content or presentation shall be hosted on the online portal of the commission.
- (vi) Each component shall comprise an audio-visual component in the form of lecture/demonstration, some suggested reading material/activity and an assessment.
- (vii) The student may progress from one component to the next after satisfactorily completing each assessment.
- (viii) At the end of each elective, the commission shall issue an elective completion certificate online to the student and the certificate, having the grade, shall be submitted to the medical institution authority as proof of completing the electives and same shall be sent to affiliating university.
- (ix) The student who fails to complete the electives shall not be allowed to appear in annual university examination.
- (x) The commission shall provide a unique number to the student to log in the portal.

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

- (1) To accomplish the supplementation of modern advancement, scientific and technological developments in Homoeopathy System of Medicine, all the thirteen departments as mentioned in table 2 of regulation 7, shall be supplemented, enriched and updated with relevant and appropriate advancement or development in the area of diagnostic tools, conceptual advancement and emerging areas as under-
 - (a) Innovations or advancement or new development in basic sciences like Biology, Chemistry, Physics, Mathematics, Microbiology, Bioinformatics, Molecular biology etc.;
 - (b) Diagnostic advancements;
 - (c) Pharmaceutical technology including quality and standardization of drugs, drug development etc.;
 - (d) Teaching, Training methods and Technology;
 - (e) Research Methods, Parameters, Equipment and Scales etc.;
 - (f) Technological automation, software, artificial Intelligence, digitalisation, documentation etc.;
 - (g) Biomedical advancements;
 - (h) Medical equipment;
 - (i) Any other innovations, advancement, technologies and development useful for understanding, validating, teaching, investigation, diagnosis, treatment, prognosis, documentation, standardisation and conduction of research in Homoeopathy.
- (2) There shall be multidisciplinary Core Committee constituted by the Commission for the purpose of supplementation of modern advancement, scientific and technological developments in Homoeopathy, that identify the advancement and developments that are suitable and appropriate to include in anyone or multiple departments.
- (3) There shall be an Expert Committee for each department constituted by Commission, to define and suggest the method of adaptation and incorporation of the said advancement and developments and also specify the inclusion of the same at undergraduate or postgraduatelevel and the expert committee shall develop detailed methodology for usage, standard operating procedure and interpretation as required.
- (4) Teaching staff, practitioner, researcher, student and innovator etc. may send his suggestions through a portal specified by National Commission for Homoeopathy regarding supplementation of modern advancement, scientific and technological development in Homoeopathy and suggestion shall be placed by Homoeopathy Education Board before core committee for consideration.
- (5) The modern advancement shall be incorporated with due interpretation of the said advancement based on the principles of Homoeopathy, supported by the studies and after five years of inclusion of such

advancement in syllabus, they shall be considered as part of Homoeopathy syllabus.

- (6) Once Core Committee approves the recommendations of the Expert Committee, National Commission for Homoeopathy shall direct the Homoeopathy Education Board, to include the same in curriculum of undergraduate or postgraduate course as specified by the ExpertCommittee and the Commission shall issue guidelines or if required to conduct orientation of teacher for incorporation of the recommended modern advancement or scientific and technological development.
- (7) (a) There shall be a Core Committee for each department comprising of the following persons, namely -
- (i) President, Homoeopathy Education Board-Chairman;
- (ii) four experts from Homoeopathy (one expert from Materia Medica, Organon of Medicine, Repertory and Practice of Medicine)-members;
- (iii) one expert (either retired or in service) each from Central Council for Research in Homoeopathy (CCRH), National Institute of Homoeopathy

(NIH), pharma industry, public health – member;

- (iv) one educational technologist–member;
- (v) Member of Homoeopathy Education Board-Member Secretary:
- Provided that the core committee may co-opt an expert as per the needs and withpermission of the Commission.
- (b) Terms of reference. -(i) The term of the Committee shall be three years;
- (i) The committee shall meet at least twice in a year.
- (ii) The committee shall identify any modern advancement, scientific and technicaldevelopment as specified in the sub-regulation (1) of regulation for; -
- (A)understanding of validating conduction of research activities inHomoeopathy;
- (B) diagnosis or prognosis in a specific clinical condition and treatment;
- (C) teaching and training;
- (D)health care services through Homoeopathy.
- (iii)The committee shall ensure the applicability of the identified modernadvancements or scientific and technical development to basic principles of Homoeopathy with the help of the four expert members of Homoeopathy.
- (iv)The Core Committee shall identify and recommend suitable expert for the Expert Committee to develop methodology for identification of modern advancement or development.
- (v) The Core Committee shall suggest the application of the advancements or developments in terms of its usage in specific department or to incorporate in under-graduate or post-graduate syllabus etc. as the case may be.
- (vi)The Core Committee shall identify the outdated part of the modern science and technology and suggest the Commission to replace it with the appropriate modern advancements.
- (8) (a) There shall be an expert committee for each department consisting of the following persons namely:-
- (i) Subject Expert as recommended by Homoeopathy Education Board– Chairman;
- (ii) Two experts from relevant Homoeopathy subjects, one from under graduate (UG) andone from post graduate (PG) –members;
- (iii) One expert from relevant modern subject–member;
- (iv) One expert from teaching technology –member:
- Provided that the Expert Committee may co-opt concerned expert in accordance to theselected area with the permission of the Commission.
- (b) Terms of reference. –
- (i) the term of the Expert Committee shall be three years;
- (ii) The Expert Committee shall meet as many times as per the direction of the Commission;
- (iii) The Expert Committee shall work on the suggestion from the core committee and decide how to incorporate it in the syllabus, its mode of teaching (i.e., lecture/non-lecture) and the assessment with the help of educational technologist, experts;

- (iv) The Expert Committee shall first understand the application of modern advancement that are identified to incorporate and its relevance to the basic principles of Homoeopathy;
- (v) The Expert Committee shall also identify the need of advance technology in Homoeopathy particular to that vertical and identify the suitable technology and recommend its usage along with the standard operating procedure or methodology;
- (vi) The Expert Committee shall suggest Core Committee regarding the modern advancement and technology to be included at undergraduate or post graduate level.

8. General guidelines for examinations, results and re-admission.-

- (1) The University or agencies empowered by the Commission shall conduct examination for the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course.
- (2) The examining body shall ensure the minimum number of hours for lectures or demonstrations or practical or seminars etc. in the subject in each Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination as specified in these regulations are followed, before allowing medical institution to send the student for university examination.
- (3) The examining body shall ensure that the student of the medical institution, who does not fulfill the criteria laid down in these regulations are not sent for the university examination.
- (4) Each student shall be required to maintain at least seventy five percent. attendance in each subject in theory/lecture hours/ practical and clinical / non-lecture hours separately for appearing at examination.
- (5) Where the medical institution is maintaining physical register, it shall be recorded in cumulative numbering method as per Annexure-III and at the end of the course/ term/ part of the course, after obtaining each student signature, the same shall be certified by respective Head of the Department and approved by Head of the institute.
- (6) The approved attendance shall be forwarded to the concerned university.
- (7) Internal assessment examinations to be conducted by medical institution during first, second, third and fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) professional year.
- (8) The weightage of internal assessment shall be ten percent. of the total marks specified for each subject for main university examination and internal assessment shall be in the forms of practical only.
- (9) Internal assessment examination shall include one periodic assessment and one term test in each term of six months.
- (10) It is compulsory for every student to pass with minimum fifty percent. marks in the internal assessment examination prior to filling the final university examination form of the respective professional year and Head of medical institution shall send the marks of internal assessment and term test to the university prior to final examination of any professional year.
- (11) There shall be no separate class for odd batch student (those students who could not keep the term) and the student must attend the class along with regular batch or with junior batch as applicable.
- (12) To become eligible for joining the Compulsory Rotatory Internship programme, a student must pass all four professional examinations and qualified in six electives and the entire course of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) including internship shall be completed within a period of maximum ten years.
- (13) The theory examination shall have ten percent. marks for Multiple Choice Questions (MCQ), forty per cent. marks for Short Answer Questions (SAQ) and fifty percent. marks for Long Explanatory Answer Questions (LAQ) and these questions shall cover the subject widely.
- (14) Each theory examination shall be of three hours duration.
- (15) The minimum marks required for passing the examination shall be fifty percent. in theory component and fifty percent. in practical component including practical, clinical, viva-voice, internal assessment and electives wherever applicable separately in each subject.
- (16) Electives shall be assessed in terms of attendance and assessment by grading as following, namely: -
 - (a) Grading shall be only for two electives per professional session and mentioned in the certificate obtained by the student after online teaching and assessment.
 - (b) Grading shall be mentioned in the University mark sheet of student.
 - (c) The examination branch of the institution shall compile the grade of electives obtained by student and submit to university through the head of institution so that the University shall add the same to final mark sheet of the student.

- (17) Grading of electives shall be assessed as following, namely :-
 - (a) Electives shall be assessed online by the resource person who has prepared the contents of elective and assessed to the student.
 - (b) The following points shall be taken in to consideration for grading, namely:-
 - (i) Depth of problem definition -15%
 - (ii) Extent of work undertaken -20%
 - (iii) Innovation 15%
 - (iv) Logical and integrated way of presentation -20%
 - (v) Quality of learning derived -20%
 - (vi) Adequacy of references undertaken 10%
 - (c) The final grades would be as follows, namely: -
 - (i) "A" Excellent (above 70%)
 - (ii) "B" Good (above 60 %)
 - (iii) "C" Average (around 50%)
 - (iv) "D" below average (around 40%)
 - (v) "E" Poor (below 40%)
 - (d) The student shall have to secure at least 'C' grade in all the electives in order to pass the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.
- (18) The examining body shall hold examinations on such date and time as the examining body may determine and the theory and practical examination shall be conducted on the center approved by the examining body.
- (19) There shall be a regular examination and a supplementary examination in a year and the supplementary examination shall be conducted within three months of declaration of results of regular examination including issuance of mark sheets.
- (20) A candidate obtaining sixty percent. and above marks shall be awarded first class in the subject and seventy five percent. and above marks shall be awarded distinction in the subject.
- (21) The award of class and distinction shall not be applicable for supplementary examination.
- (22) For non-appearance in an examination, a candidate shall not have any liberty for availing additional chance to appear at that examination.
- (23) Any Diploma/Degree qualification, at present included in Schedule II and Schedule III of the Homoeopathy Central Council Act 1973 (59 of 1973) where nomenclature is not in consonance with these regulations shall cease to be recognised medical qualification when granted after commencement of these regulations. However, this clause will not apply to the students who are already admitted to these courses before the enforcement of these regulations.
- (24) (a) No person shall be appointed as an external or internal examiner or paper setter or moderator in any of the subjects of the Professional examination, leading to and including the final Professional examinations for the award of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) degree unless he has taken at least three years previously, a M.D.(Hom.) degree of a recognised university or an equivalent qualification in the particular subject as per recommendation of the Commission on teachers' eligibility qualification and has had at least three years of teaching experience in the subject concerned in a college affiliated to a recognised university at a faculty position.
 - (b) Non-medical scientist engaged in the teaching of medical students as full time teacher, may be appointed examiner in his concerned subject provided he possess requisite Post Graduate qualification and three-year teaching experience of medical students after obtaining his postgraduate qualifications:

Provided further that the fifty percent. of the examiner (Internal and External) shall be from the medical qualification stream.

- (c) A university having more than one college shall have separate set of examiner for each college, with internal examiner from the concerned college.
- (d) In a state where more than one affiliating university is existing, the external examiner shall be from other university.
- (e) External examiner shall rotate at an interval of two years.
- (f) Any fulltime teacher with teaching experience of not less than three years in a concerned subject in a Homoeopathic Medical Institution shall be appointed internal / external examiner by rotation in his subject.

- 9. University examination. (1) First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination:
 - (a) The student shall be allowed to appear for the First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination provided that he has required attendance as per clause (4) of regulation 9 of head of the medical institution.
 - (b) The process of conduction of examination and declaration of the results of First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) shall be completed between seventeen to eighteen Months from the date of admission.
 - (c) In order to be declared as "Passed" in First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessments examination.
 - (2) Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:
 - (a) No candidate shall be allowed for the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination unless he has passed all the subjects of First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination and has required attendance as specified in sub section (4) of regulation 9.
 - (b) The process of conduction of examination and declaration of results of Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination shall be completed between twenty nine to thirty Months from the date of admission.
 - (c) In order to be declared "Passed" in the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessment examination.
 - (3) Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:
 - (a) No candidate shall be allowed for the Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination unless he has passed all the subjects of the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination and has required attendance as specified in sub section (4) of regulation 9.
 - (b) The process of examination conduction and results of Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) shall be completed between forty one to forty two month from the date of admission.
 - (c) In order to be declared as "Passed" in the Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessment examination.
 - (4) Fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:
 - (a) No candidate shall be allowed for the Fourth Bachelor of Homoeopathic Medicine and Surgery examination unless he has passed all the subjects of Third Bachelor of Homoeopathic Medicine and Surgery examination and has required attendance asspecified in sub section (4) of regulation 9.
 - (b) The process of conduction of examination and declaration of result of Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination shall be completed between fifty three to fifty four Month from the date of admission.
 - (c) In order to be declared as "Passed" in the Fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination, a candidate shall have to pass all the subjects of University examination including the internal assessment examination.
 - Result : (a) The examining body shall ensure to publish the results within one month from the last date of examination so that student can complete the course in five and half year after admission.
 - (b) Who passes in one or more subjects need not to appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination within four chances including the original examination.
 - (c) Notwithstanding contained in the foregoing regulations, the student shall be allowed the facility to keep term on the following conditions:
 - (i) The candidate shall pass First Bachelor of Homoeopathic Medicine and Surgery examination in all the subjects at least one term of six months before he is allowed to appear at the Second Bachelor of Homoeopathic Medicine and Surgery examination.
 - (ii) The candidate shall have to pass the Second Bachelor of Homoeopathic Medicine and Surgery examination at least one term of six months before heis allowed to appear at the third Bachelor

of Homoeopathic Medicine and Surgery examination.

- (iii) The candidate must pass the Third Bachelor of Homoeopathic Medicine and Surgery examination at least one term of six months before he is allowed to appear at the Fourth Bachelor of Homoeopathic Medicine and Surgery examination.
- (d) The student who has not passed any of the four professional examinations even after exhausting all four attempts, shall not be allowed to continue his Course:

Provided that in case of any unavoidable circumstances, the vice Chancellor of the concerned university may provide two more chances in any one of four professional examination.

- (e) The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the commission and arrange for conducting re-examination in those subjects within a period of thirty days from the date of such cancellation.
- (f) The university or examining authority shall have the discretion to award grace marks not exceeding to ten marks in total if a student fails in one or more subjects.
- 10. Assessment.-Assessment of students shall be in the form of Formative and Summative Assessments as under-
 - (1) Formative Assessment. Student shall be assessed periodically to assess his performance in the class, determine the understanding of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course material and his learning outcome in the following manner, namely: -
 - (a) Periodical Assessment shall be carried out in practical and at the end of teaching of a topic or module or a particular portion of syllabus and the following evaluation method may be adopted as appropriate to the content, namely:-

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

(b) (i) First Bachelor of Homoeopathic Medicine and Surgery(B.H.M.S.) course : There shall be minimum three periodical assessments for each subject (ordinarily at 4th, 9th, and 14thmonth) and two term test (ordinarily at 6th and 12th month) followed by final University examination.

- (ii) Second, Third and Fourth Bachelor of Homoeopathic Medicine and Surgery(B.H.M.S.) course: There shall be minimum two periodical assessments at 4th and 9th month and one term examination at 6th month followed by final university examination.
- (iii) The scheme and calculation of assessment shall be as per the following tables, namely:-

Table-8 [Scheme of Assessment (Formative and Summative)]

Seria Numb		Dur	atio	n of Profession	al Course	
(1)	(2)	(3)				
		First Term	S	econd Term	Third T	erm and University exam
		(a)		(b)		(c)
(1)	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT-1	2.	Second PA and Thi Second TT-2 PA		First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Exam (FUE)
		First Term			Second	Term and
					Unive	rsity exam
(2)	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT-1		Seco	nd PA	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)
(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT		Second PA		Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exan (FUE)
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First T	Т	Seco	nd PA	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)

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

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

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

Table -09

First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)						
(3 terms)						
Subject	Number of teaching hours					
	(2)					

(1)	Lectures	Non- Lectures	Total
	(a)	(b)	(c)
Hom UG-OM-I	180	100	280
Hom UG-AN	325	330	655
Hom UG-PB	325	330	655
Hom UG-HP	100	110	210
Hom UG-HMM-I	120	75	195
Hom UG-R-I	21	-	21
HomUG-Yoga-I	-	30	30
Total	1071	975	2046
Foundation Course=10 Wor	rking days (60hours)) Teaching Hours :2046	

Table –	10
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S.N.	Subject Code	Papers	Theory	Practical or	Clinical A	ssessme	ent		Grand Total
(1)	(2)	(3)	(4)			(5))		(6)
				Practical/ Clinical	Viva	IA	lectives grade	Sub total	
				(a)	(b)	(c)	(d)	(e)	
1	HomUG- OM-I	1	100	50	40	10	Elective I - Elective II-	100	200
2	HomUG- AN	2	200	100	80	20		200	400
3	HomUG- PB	2	200	100	80	20		200	400
4	HomUG- HP	1	100	50	40	10		100	200
5	HomUG- HMM-I	1	100	50	40	10		100	200
				Grand T	otal		•		1400

Table-11

Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). (2 terms) Teaching hours=1404								
Serial Number	Subject Code	Number of	Number of teaching hours					
(1)	(2)	(3)						
		Lectures	Non-Lectures	Total				
		(a)	(b)	(c)				
1	Hom UG-HMM-II	150	30	180				
2	Hom UG-OM-II	150	30	180				
3	Hom UG R-II	50	30	80				
4	Hom UG-FMT	120	50	170				
5	Hom UG-Path-M	200	80	280				
7	Hom UG-PM-I	80	92	172				
8	Hom UG Sur- I	92	60	152				
9	Hom UG ObGy- I	100	60	160				
10	Hom UG-Yoga-II	-	30	30				
		942	462	1404				

Table-12

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

Table-13

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

Table-14

	Marks Distribu			essional Bac y (B.H.M.S		-	hic Medic	ine	-	
Serial Number	Subject Code	Papers	Theory	P	t	Grand Total				
(1)	(2)	(3)	(4)	(4) (5)						
				Practical or Clinical	Viva	Electives grade	ΙΑ	Sub Total		
				(a)	(b)	(c)	(d)	(e)		
1	HomUG-HMM- III	1	100	50	40	Elective I - Elective II-	10	100	200	
2	HomUG-OM-III	2	200	100	80	Elective II-	20	200	400	
3	Hom-UG-R-III	1	100	50	40	-	10	100	200	
4	Hom-UG Sur-II	2	200	100	80		20	200	400	
5	Hom-UG ObGy- II	2	200	100	80		20	200	400	
6	Hom-UG-CM	1	100	50	40		10	200	200	
							Gr	and Tota	1800	

Table-15

Foι	Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) (2 terms) Teaching hours=1404								
Serial number	Subject Code	Num	Number of teaching hours						
(1)	(2)		(3)						
		Lectures	Non-Lectures	Total					
		(a)	(b)	(c)					
1	HomUG-HMM-IV	200	83	283					
2	HomUG-OM-IV	100	75	175					
3	HomUG-R-IV	60	120	180					
4	HomUG-PM-III	300	300	600					
5	HomUG-CM II including RM-stat	71	75	146					
6	HomUG-Yoga-II	-	20	20					
	Total	731	673						
			Grand Total	14					

Table-16

	Subjects)										
S.N.	Subject Code	Subject Code Papers Theory Practical or Clinical Assessment									
(1)	(2)	(3)	(4)			(5)		(6)			
				Practical or Clinical	Viva	IA	Sub Total				
				(a)	(b)	(c)	(d)				
1	Hom UG-HMM-IV	2	200	100	80	20	200	400			
2	Hom UG-OM-IV	1	100	50	40	10	100	200			
3	Hom UG-R-IV	1	100	50	40	10	100	200			
4	Hom UG-PM-III	3	300	100	80	20	200	500			
5	Hom UG-CM-RM- STAT	1	100	50	40	10	200	200			
6	Hom UG-Ess. of Pharmacology	1	50		40	10	50	100			

12. **Migration of students during the study:** -(1) The student may be allowed to take migration to continue his study in another medical institution after passing the first professional examination, but the student who fails in such examination shall not be considered for transfer and mid-term migration.

- (2) For migration, the students shall have to obtain the mutual consent of both Medical Institution and University and it shall be against the vacant seat.
- (3) Migration from one Medical Institution to other is not a right of a student.
- (4) Migration of students from the Medical Institution to another Medical Institution in India shall be considered by the Commission only in exceptional cases on compassionate ground, if following criteria are fulfilled and routine migrations on other grounds shall not be allowed;
 - (a) Medical Institution at which the student is studying present and Medical Institution to which migration is sought are recognised as per provisions of Commission.
 - (b) The applicant shall submit his application in the Form- 3 for migration, complete in all respects, to the Medical Institution within a period of one month of passing (declaration of result) the first professional Bachelor of Homoeopathic Medicine and Surgery examination.
 - (c) The applicant shall submit an affidavit stating that he shall pursue twelve months of prescribed study before appearing at second professional Bachelor of Homoeopathic Medicine and Surgery examination at the transferee college, which shall be duly certified by the Registrar of the concerned University in which he is seeking transfer and the transfer shall be effective only after receipt of the affidavit.
 - (d) Migration during internship training shall be allowed on extreme compassionate grounds and the migration shall be allowed only with the mutual consent of the medical

institution at which the student is studying at present and the medical institution one to which migration is sought are recognised as per provisions of Commission.

- (5) All applications for migration shall be referred to the Commission by medical institution and no medical institution shall allow migration without the approval of the Commission.
- (6) The Commission reserves the right not to entertain any application except under the following compassionate grounds, namely: -
 - (a) death of a supporting guardian;
 - (b) illness of candidate causing disability supported by medical grounds certified by a recognized hospital;
 - (c) disturbed conditions as declared by concerned Government in the area where the college is situated.
- (7) A student applying for transfer on compassionate ground shall apply in Form 3.

13. **Compulsory Rotatory Internship Training**. - There shall be compulsory rotatory internship training , followingly :-

- (1) (a) Each candidate shall be required to undergo compulsory rotatory internship including internship orientation and finishing programme within one year from passing of fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination.
 - (b) Ordinarily the internship training shall commence on first working day of April for regular batch students and first working day of September for supplementary batch students.
 - (c) The student shall be eligible to join the compulsory internship programme after passing all the subjects from First to Fourth (Final) Professional examination including six electives and after getting Provisional Degree Certificate from respective Universities and provisional registration Certificates from respective State Board or Council for Compulsory Rotatory Internship.
 - (2) During internship, the interns belonging to institute of the Central Government, State Government or Union territory as the case may be, and all the private homoeopathic medical colleges/institutions shall be eligible to get the stipend at par with other medical systems under respective Government and there shall not be any discrepancy between medical systems.
 - (3) (a) Migration during internship shall be issued with the consent of both the medical institution and university; in the case where migration is between the medical institution of two different Universities.

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

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

- (4) The objective of the orientation programme shall be to introduce the activity to be undertaken during the internship.
 - (a) The interns shall attend an orientation programme regarding internship and it shall be the responsibility of the teaching institution to conduct the orientation before the commencement of the internship.
 - (b) The orientation shall be conducted with an intention to make the intern to acquire the requisite knowledge as following , namely:-
 - (i) Rules and Regulations of the Medical Practice and Profession,
 - (ii) Medical Ethics;
 - (iii) Medico legal Aspects;
 - (iv) Medical Records;
 - (v) Medical Insurance;
 - (vi) Medical Certification;
 - (vii) Communication Skills;
 - (viii) Conduct and Etiquette;
 - (ix) National and State Health Care Programme;
 - (x) Project work.

- (c) The orientation workshop shall be organised at the beginning of internship and an elog book shall be maintained by each intern, in which the intern shall enter date-wise details of activities undertaken by him/her during orientation.
- (d) The period of orientation shall be for three days prior to date of commencement of internship.
- (e) The manual for conducting the orientation as prescribed from time to time by the National Commission for Homoeopathy shall be followed.

(a) There shall be a finishing programme for three days at the completion of internship.

(b) This programme is designed for the interns and will consist of ten sessions spread over a period of three days. The program may include both online and offline modes of training. It is aimed to enlighten the interns on various career opportunities available after successful completion of the program and how to equip themselves to meet the requirements and fulfill their dreams.

(c) After successful completion of this training the student will be able to:

- (i) list the various career opportunities available after successful completion of the degree program.
- (ii) identify their Strengths and Weaknesses;
- (iii) choose a career of their choice;
- (iv) enumerate the requirements to be met to become a successful professional;
- (v) demonstrate positive outlook and attitude towards the profession;
- (vi) exhibit better skills in communication, problem solving, writing, team building, time management, decision making etc.;
- (vii)demonstrate ethical and professional values and be a compassionate and caring citizen / professional.
- (6) The finishing programme shall be as follows, namely:-
 - (a) Job opportunities after successful completion of the program
 - (b) Study opportunities in India and abroad after successful completion of the program
 - (c) Entrepreneurship opportunities after successful completion of the program
 - (d) Research opportunities after successful completion of the program
 - (e) Public Service opportunities after successful completion of the program
 - (f) Training and awareness about Competitive exams
 - (g) Self analysis to choose the right option
 - (h) Building Interpersonal & Soft Skills including Interview skills, Leadership skills, Resume writing skills, problem solving and decision making skills
 - (i) Certificate writing and prescription writing and medico-legal issues relevant to the profession
 - (j) Loan assistance and other scholarship facilities available for establishment and study.
 - (k) Ethical / Professional and Social responsibilities after successful completion of internship
- (7) Activities during Internship shall consist of clinical work and project work.
 - (a) (i) Clinical work in the Outpatient Department (OPD)s/ medical institution hospital/ memorandum of understanding hospital/Primary Health Centre or Community Health Centre or Research institute of Central Council for research in Homoeopathy or RuralHospital or district hospital or civil Hospital or any government hospital of modern medicine or homoeopathy medicine or National Accreditation Board and for Hospitalaccredited private hospital of Homoeopathy.
 - (ii) The daily working hours of intern shall be not less than eight hour and the internshall maintain an e-log book/log book containing all the activities undertaken byhim/her during internship.
 - (iii) The medical institution shall opt any one of the Option as specified below for completion of internship and the same shall be mentioned in its prospectus.

(5)

- (A) Option I shall be divided into clinical training of ten months in the Homoeopathy hospital attached to the college and two months in Primary Health Centre or Community Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of Modern Medicine or Homoeopathy Medicine or National Accreditation Board for Hospital accredited private hospital of Homoeopathy.
- (I) The interns shall be posted in any of the following centers where National Health Programs are being implemented and these postings shall be to get oriented and acquaint with the knowledge of implementation of National Health Programmes in regard to,-
- (a) Primary Health Centre;
- (b) Community Health Centre or Civil Hospital or District Hospital;
- (c) Any recognized or approved Homeopathy Hospital or Dispensary;
- (d) In a clinical unit/hospital of Central Council for Research inHomoeopathy.
- (II) All the above institutions mentioned in clauses (a) to (d) shall have to be recognised by the concerned University or Government designated authority for providing such training.
- (III) During the two months internship training in Primary Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or Community Health Centre or District Hospital or any recognized or approved hospital of Modern Medicine or Homoeopathy Hospital or Dispensary, the interns shall:-
- (1) get acquainted with routine of the Primary Health Centre and maintenance of their records;
- (2) get acquainted with the diseases more prevalent in rural and remote areas and their management;
- (3) involve in teaching of health care methods to rural population and also various immunization programmes;
- (4) get acquainted with the routine working of the medical or non-medical staff of Primary Health Centre and be always in contact with the staff in this period;
- (5) develop research aptitude;
- (6) get familiarized with the work of maintaining the relevant register like daily patient register, family planning register, surgical register, etc. and take active participation in different Government health schemes or programmes;
- (7) participate actively in different National Health Programmes implemented by the State Government.
- (IV). The record of attendance during two months in Primary Health Center (PHC)/Community Health Center (CHC)/Dispensary must be maintained by the interns according to his posting and should be certified by the Medical Officer/Deputy medical superintendent/ Research officer/Resident Medical Officer (RMO)/Faculty/Outpatient department incharge, where student undergone the training and shall be submitted to and counter signed by the principal of medical institution on monthly basis.
- (B) Option II shall consists of clinical training of twelve months in Homoeopathy hospital attached to the medical institution and the record of attendance during twelve months in hospital attached to medical institution shall be maintained by the intern according to his posting and shall be certified by the Medical Officer/Deputy medical superintendent/ Research officer/ Resident Medical Officer (RMO)/Faculty/ Outpatient Department (OPD) in-charge, where the intern undergo the training and shall also be submitted to and counter signed by Dean/ Principal of medical institution on monthly basis.
- (V) Division of Clinical work during posting in Option I and Option II. The clinical work during internship shall be conducted as per the following table, namely:-

(Distribution of Internship duration)							
Serial Department Option I Option II							
Number	S						
(1)	(2)	(3)	(4)				

Table-17

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

(D) The intern shall undertake the following activities in respective department in the hospital attached to the College, namely: -

- (1) The intern shall be practically trained in practice of medicine to acquaint with and to make him competent to deal with following, namely: -
 - (a) all routine works such as case taking, investigations, diagnosis and management of patients with homoeopathic medicine;
 - (b) routine clinical pathological work such as hemoglobin estimation, complete haemogram, urine analysis, microscopic examination of blood parasites, sputum examination, stool examination, interpretation of laboratory data and clinical findings and arriving at a diagnosis and all pathological and radiological investigations useful for monitoring the status of different disease conditions;
 - (c) training in routine ward procedure and supervision of patients in respect of his diet, habits and verification of medicine schedule.

(2) The intern shall be practically trained in Surgery to acquaint with and to make him competent to deal with following, namely:-

- (a) Clinical examination, diagnosis and management of common surgical disorders according to homoeopathic principles using homoeopathic medicines;
- (b) Management of certain surgical emergencies such as fractures and dislocations, acute abdomen;
- (c) Intern shall be involved in pre-operative and post-operative managements;
- (d) Surgical procedures in ear, nose, throat, dental problems, ophthalmic problems;
- (e) Examinations of eye, ear, nose, Throat and Refractive error with the supportive instruments in Out-Patient Department; and
- (f) Practical training of a septic and antiseptic techniques, sterilization;
- (g) Practical use of local anesthetic techniques and use of anesthetic drugs;
- (h) Radiological procedures, clinical interpretation of X-ray, Intra venous Pyelogram, Barium meal, Sonography and Electro Cardio Gram;
- (i) Surgical procedures and routine ward techniques such as-
 - (i) suturing of fresh injuries;
 - (ii) dressing of wounds, burns, ulcers and similar ailments;
 - (iii) incision and drainage of abscesses;
 - (iv) excision of cysts and;
 - (v) venesection;

(3) The intern shall be practically trained in Gynecology and Obstetrics to acquaint with and to make him competent to deal with following, namely:-

(a) Ante-natal and post-natal problems and their remedies, ante-natal and post-natal care;

- (b) Management of normal and abnormal labors;
- (c) Minor and major obstetric surgical procedures;
- (d) All routine works such as case taking, investigations, diagnosis and management of common gynecological conditions with homoeopathic medicine;
- (e) Screening of common carcinomatous conditions in women.

(4) The intern shall be practically trained in pediatrics to acquaint with and to make him competent to deal with following, namely:-

(a) Care of newborns along with immunization programme:

(b) Important pediatric problems and their homoeopathic management;

(5) The intern shall be practically trained in Community Medicine to acquaint with and to make him competent to deal with following, namely:-

- (a) Programme of prevention and control of locally prevalent endemic diseases including nutritional disorders, immunization, management of infectious diseases, etc.;
- (b) Family Welfare Planning programme;
- (c) All National Health Programme of Central Government at all levels
- (d) Homoeopathic prophylaxis and management in cases of epidemic/endemic/pandemic diseases.
- (6) The intern shall be practically trained in Emergency or Casualty management to acquaint with and to make him competent to deal with all emergency condition and participate actively in Casualty section of the hospital for identification of casualty and trauma cases and his first aid treatment and also procedure for referring such cases to the identified hospital.
- (b) The project work shall consist of the following, namely:-
 - (a) Each intern will undertake a project utilizing the knowledge of Research Methodology and Biostatistics acquired in IVth Bachelor of Homoeopathic medicine and Surgery (B.H.M.S)
 - (b) It would be the responsibility of the intern to choose the topic of the subject (clinical/community/education) within the first month of the internship and shall communicate to guide/mentor allotted by Principal.
 - (c) The project shall run through three phases of planning (three months), data collection (three months) and finalization and writing (three months).
 - (d) The writing shall be as per the format taught in the course on research methodology and will be minimal one thousand five hundred words and it shall be type written and submitted in a spiral bond form as well as in the electronic format.
 - (e) The project shall end with a brief presentation to the IV Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) students.
 - (f) The principal shall assign a teacher to evaluate the project which will be with respect to the following:
 - (i) Originality of the idea
 - (ii) Scientific methodology followed in formulating the ideas and the designs
 - (iii) Analysis
 - (iv) Results and conclusion
 - (v) Merits of writing
 - (vi) The grades shall range from A (70% and above), B (60 70%), C50-60%) and D (below 50%)

(c) A Certificate shall be awarded to the intern stating the title of the project and grade received.

- 14. Electronic Logbook / Logbook. -(i) It shall be compulsory for an intern to maintain the record of procedures done/assisted/observed by him on day-to-day basis in a specified e-logbook/ logbook as the case may be and the intern shall maintain a record of work, which shall be verified and certified by the concerned Medical Officer or Head of the Unit or Department under whom he is placed for internship.
- (ii) Failure to produce e-logbook/ logbook, complete in all respects certified by the concerned authority to the Dean / Principal / Director at the end of Internship Training Programme, may result in cancellation of his performance in any or all disciplines of Internship Training Programme.
- (iii) The institution shall retain soft copy of the completed and certified –e log book/ logbook and available for further verification, if required.
- 15. **Evaluation of Internship program.** –(1) The evaluation system shall assess the skills of an intern while performing the minimum number of procedures as enlisted with an objective that successful learning of these procedures will enable the interns to conduct the same in his/her actual practice.

(2) The evaluation shall be carried out by respective Head of Department at the end of each

posting and the reports shall be submitted to Head of the institute in Form-1.

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

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

(5) The intern shall have the right to register his grievance in any aspect of conduct of evaluation and award of marks, separately to the concerned Head of the Department and Head of the Institution, within three days from the date of completion of his evaluation, and on receipt of such grievance, the Head of the Institution in consultation with the Head of the concerned Department shall redress and dispose of the grievance within seven working days.

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

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

17. **Completion of internship**.-(1) If there is any delay in the commencement of internship or break during internship due to unavoidable conditions, in such cases, internship period shall be completed within maximum period of twenty four months from the date of passing the qualifying examination of Fourth Final Professional Bachelor of Homoeopathic Medicine and Surgery and in such case, the student shall take prior permission from the Head of the institution in writing with all supporting documents thereof;

- (2) It shall be the responsibility of the Head of the institution/college to scrutinise the documents, and assess the genuine nature of the request before issuing permission letter;
- (3) if the student rejoins internship, he shall submit the request letter along with supporting document, in this regard to the head of institution/college.

SEC.4]**Academic calendar**: University, Institution/ College shall prepare academic calendar of a particular batch in accordance with the template of tentative academic calendar specified in Annexure II in these regulations and the same shall be circulated to students, hosted in respective websites, and followed accordingly.

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

Dr. TARKESHWAR JAIN, President, (Homoeopathy Education Board) [ADVT.-III/4/Exty./453/2022-23]

Appendix A

(See sub regulation (5) of regulation 4)

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

- 1. Physical disability-
- (a) Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-
 - (i) "Leprosy cured person" means a person who has been cured of leprosy but is suffering from-
 - a) Loss of sensation in hands or feet as well as loss of sensation and paresisin the eye and eye-lid but with no manifest deformity;
 - b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
 - c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly.
 - (ii) "Cerebral palsy" means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly afterbirth.
 - (iii) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less.
 - (iv) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multipledystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health of muscles. It is characterizedby progressive skeletal muscle weakness, defects in muscle proteins, and thedeath of muscle cells and tissues.
 - (v) "Acid attack victim" means a person disfigured due to violent assaults by throwing acid or similar corrosive substance.
- (b) Visual impairment-
 - (i) "blindness" means a condition where a person has any of the following conditions, after best correction-
 - a) Total absence of sight, or
 - b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or
 - c) Limitation of the field of vision subtending an angle of less than10degree.
 - (ii) "Low-vision" means a condition where a person has any of the followingconditions, namely:-
 - a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to10/200 (Snellen) in the better eye with best possible corrections; or
 - b) Limitation of the field of vision subtending an angle of less than 40degree up to 10 degree.
- (c) Hearing impairment-
 - (i) "Deaf" means persons having 70 DB hearing loss in speech frequencies in bothears;
 - (ii) "Hard of hearing" means person having 60 DB hearing loss in speech frequencies in both ears,
- (d) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes;
- (e) Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in a dative behavior which covers a range of every day, social and practical skills, including-
 - (i) "Specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.
 - (ii) "Autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviors.

- 2. "Mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,
- 3. Disability caused due to-
- (a) Chronic neurological conditions, such as-
- (i) "Multiple sclerosis" means an inflammatory, nervous system disease inwhich the myelin sheaths around the axons of nerve cells of the brain andspinal cord are damaged, leading to demyelination and affecting

the ability of nerve cells in the brain and spinal cord to communicate with each other.

- (ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.
 - (b) Blood disorder-
- "Hemophilia" means an inherited disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding,
- (ii) "Thalassemia" means a group of inherited disorders characterized by reducedor absence of haemoglobin.
- (iii) "Sickle cell disease" means a hemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage "Hemolytic" refers to the destruction of cell membrane of red blood cells resulting in the release of hemoglobin,
 - 4. Multiple Disabilities (more than one of the above specified disabilities) including deaf, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
 - 5. Any other category as may be notified by the Central Government from time to time.

Appendix B

(See sub-regulation (5) of regulation 4)

Guidelines regarding admission of students, with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in Bachelor ofHomoeopathic Medicine and Surgery (B.H.M.S).

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

Serial	Disability	Type of	Specified	Disability Range (5)					
Number	Category	Disabilities	Disability						
(1)	(2)	(3)	(4)	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Not Eligible for Persons with Disabilities Quota	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Eligiblefor Persons with Disabilities Quota	Not Eligible for Course			

TABLE 18

1.	Physical Disabilit y	(A) Locomotor disability, including specified disabilities (a to f).	 (a) Leprosy cured person* (b)Cerebr alPalsy** (c) Dwarfism (d)Muscular Dystrophy (e) Acid attackvictims 	Less than 40 disability	Persons w 80% disabi be allowed case basis function incompeten aid of assi if it is bein	sability- ith more than ility may also d on case to s and their of ncy will the stive devices, g used, to see ought below	More than 80%
			(f)Other* ** such as Amputation, Poliomyeliti s,etc.		possess motor, abil	pursue and he Course	
			amputation recommen ** Attention a function of *** Both hand of motion Homoeop	n, as well as dations be loo should be paic etc. and corres is intact, with in a are essentia bathic Medicin	I to impairment of ponding recomme intact sensations, s I to be considere e and Surgery (B.	eyes and co f vision, hearin ndations be loo ufficient streng d eligible for	orresponding ng, cognitive oked at. gth and range Bachelor of e.
		(B) Visual Impairment(*)	(a) Blindne (b) Low vis		Less than 40% disability (i.e. Category '0 (10%)' I(20%)' & II (30%)		Equal to or more than 40% disability (i.e. Category III and above)
		(C) Hearing Impairment@	(a) Deaf (b) Hard of hearing		Less than 40% disability		Equal to or more than 40% disability
			be made eligib Surgery (B.H.M condition that t benchmark of 4 magnifier. @ Persons with to pursue Bach Course and ma hearing disability with the aid of a	the to pursue 1.S). Course a he visual disa 40% with adv hearing disab elor of Homo y be given re ty is brought t issistive device this, the indiv	ment/ visual disab Bachelor of Hor nd may be given bility is brought anced low vision ility of more than beopathic Medicin eservation, subject o a level of less thes. vidual should hav	moeopathic M reservation, s to a level of 1 aids such as 40% may be r e and Surgery t to the condi han the benchi	Iedicine and ubject to the less than the telescopes / made eligible / (B.H.M.S). tion that the mark of 40%
		(D) Speech & language	Organic/neurolo		Less than 40%		Equal toor more than
		disability			disability		40% disability
		Speech Intelligib than 40%) to be (B.H.M.S) course	mission to Bachelor of Homoeopathic Medicine and Surgery (B.F Intelligibility Affected (SIA) score shall not exceed 3 (which will 0%) to be eligible to pursue the Bachelor of Homoeopathic Med I.S) course. The individuals beyond this score will not be eligible for or of Homoeopathic Medicine and Surgery (B.H.M.S) course.				

		Persons with an Aphasia Quotient (AQ) upto 40% may be eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). course but beyond that they will neither be eligible to pursue the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course nor will they have any reservation.								
2.	Intellectual disability		 (a) Specific learning disabilities (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia &Developmental aphasia)# 		severity of SLD; more evidence is a Less than E 40% 40 disability se on co w re te in		b; therefore the cut-off of s needed. Equal to or morethan 40% disability but selection will be based onthe learning competency evaluated with the help of the remediation/assisted technology/ aids/ infrastructural changes			lable to assess the is arbitrary and
			(b) Autism spectrun disorde		individual deemed fit f	f A) he is for of nic id	by theexpert panel. Currently, not recommended due to lack of objective method. However, the benefit of reservation/quot a may be considered in future after developing better methods of disability assessment.		Equal to or morethan 60% disabilityor presence of cognitive/intellectual disability and/ or if the person is deemedunfit for pursuingBachelor of Homoeopathic Medicine and Surgery course by an expert panel.	
3.	Mental Behaviour		Mental	illness	Absence of mild disability: lea than 40% (under IDEAS)		Currently, recommende to lack of o method to e presence and of mental illr However, benefit reservation/q may be cons in future developing methods disability assessment.	bjective establish d extent ness. the of uuota		to or more than ity or if the person
4.	Disability caused dueto	n	Chronic eurological onditions	(i) Multip (ii) Parkin	ple Sclerosis insonism		ess than 40% sability	40%80 disabili		More than 80% disability
		(b) E disor	Blood rders	(i) Hemo (ii) Thala (iii)Sickle	-		ess than 40% sability	40%80 disabili		More than 80% disability

5.	Multiple disabilities including deafness blindness	More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely , visual, hearing, speech &language disability, intellectual disability, and mental illness as a component of multiple disabilities. Combining formula as notified by the related Gazette Notification issued by the Govt. of India:
			<u>a+b (90-a)</u>
			90
			(where a=higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended
			for computing the disability ar when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the
			specific disabilities present in a given individual

- **Note:** For selection under PwD category, candidate shall be required to produce Disability Certificate before his scheduled date of counsellingissued by the disability assessment boards as designated by concerned authority of Government of India.
- **Note:** 2- if the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats shall be included in the annual sanctionedseats for the respective category.

Annexure -I

Foundation Programme

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

BACKGROUND

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

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

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

Goals and Objectives

Broad goals of the Foundation Programme in Homoeopathy include:

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

Objectives

- (a) The Objectives of the Foundation Programme are to:
 - Orient the learners to:
 - (i) The medical profession and the mission of a homoeopath in society
 - (ii) The BHMS Course
 - (iii) Vision and Mission of the institute
 - (iv) Concept of holistic and positive health and ways to acquire and maintain it
 - (v) History of Medicine and Homoeopathy and the status of Homoeopathy in the world
 - (vi) Medical ethics, attitudes and professionalism
 - (vii) Different health systems available in the country
 - (viii) Health care system and its delivery
 - (ix) National health priorities and policies
 - (x) Principles of primary care (general and community-based care)
 - (xi) Concept of mentorship programme
- (b) Enable the learners to appreciate the need to enhance skills in:
 - (i) Language
 - (ii) Observation, documentation & understanding of basic medical technologies
 - (iii) Interpersonal relationships and team behavior
 - (iv) Communication across ages and cultures

- (v) Time management
- (vi) Stress management
- (vii) Use of information technology
- (c) Train the learners to provide:
 - (i) First-aid/ Emergency management
 - (ii) Basic life support
 - (iii) Universal precautions and vaccinations
 - (iv) Patient safety and biohazard safety
- (d) Impart Language and Computer skills
 - (i) Local language programme
 - (ii) English language programme
 - (iii) Computer skills

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

Content and Methodology

The programme will be run in professional session which must be interactive.

The major components of the Foundation Programme include:

1) Orientation Program:

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

2) Skills Module (Basic):

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

3) Field visits to Community and Primary Health Centre:

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

4) Professional development including Ethics:

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

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

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

Structure of the program for students

Serial Number	Торіс	Type of activity	Duration hours
(1)	(2)	(3)	(4)
1.	Welcome and Introduction to Vision/ Mission of the Institute	Lecture	1
2.	Mission and role of Homoeopathy and a Homoeopath in society including showcasing effects of Homoeopathy Interactive discussion		3
3.	BHMS Course of study and introducing to first year faculty	Presentation	1
4.	Visit to institution / campus / facilities	Walking tour	2
5.	Concept of Holistic and Positive health	Interactive discussion	2
6.	History of Medicine and Homoeopathy and state of Homoeopathy in the world	Presentation	2
7.	Adult learning principles	Interactive discussion	2
8.	Health care system and delivery	Visit to PHC/ Urban Health Centre and interaction with staff	3
9.	Different health care systems recognized in the country and the concept of pluralistic health care systems	Presentation	1
10.	Primary community care	Interaction	2
11.	Basic life support	Demonstration video and practice	4
12.	Communication – its nature and importance in different social and professional settings	Practical with scenarios and enactment with observation	4
13.	Medical ethics – role in enhancing patient care	Role play	2
14.	Who is professional?	Debate between two sides on a topic	2
15.	Time management	Practical exercise	3
16.	First aid – principles and techniques	Demonstration and presentation	2
17.	National health priorities and policies	Presentation	1
18.	Importance of Mental Health and Hygiene to a medical student in the medical profession Stress management including importance of sports and extracurricular activities	Practical demonstration / video	4
19.	Concept and practice of mentoring	Interactive discussion	4
20.	Constitutional values, equality, gender sensitization and ragging policy	Presentation and Interactive discussion	3
21.	Universal precautions and vaccinations	Presentation followed by discussion	1
22.	Importance of Observation and Documentation in Homoeopathic practice		
23.	Team working	Game and debriefing	2
24.	Patient safety and biomedical hazards	Video and presentation	1
25.	Computer skills	Demonstration and practice of basic use of word, Excel and PPT	2
26.	Language skills	Language labs	2
	TOTAL		60

Annexure -II

PART A

TENTATIVE TEMPLATE OF ACADEMIC CALENDAR First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). (18 MONTHS)

Serial Number	DATE / PERIOD	ACADEMIC ACTIVITY	
(1)	(2)	(3)	
1.	First working day of October	Course commencement	
2.	10 working days	Foundation Programme	
3	First periodic assessment	January- Internal Assessment (PA-1)	
4.	Fourth Week of March	First Terminal Test -Internal Assessment (TT-1)	
5	Second periodic assessment	June -Internal Assessment (PA-2)	
6.	First week of September	Second Terminal Test -Internal Assessment (TT-2)	
7.	Third periodic assessment	November – Internal Assessment – (PA-3)	
8.	Second week of February to March	University Examination	
9.	First Working Day of April Start of second professional year		
	of that particular batch of studen respective websites.2. Institution/College established in	shall specify dates and year while preparing academiccalendar ts. The same is to be informed to students and displayed in n Extreme Weather Conditions may adjust the timings as lated hours of teaching. However, the structure of academic	
	 Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time. 		

PART-B TENTATIVE TEMPLATE OF ACADEMIC CALENDAR Second/Third/ Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). (12 MONTHS)

Serial Number	DATE /PERIOD	ACADEMIC ACTIVITY		
(1)	(2)	(3)		
1.	First working day of April	Course commencement		
2.	Fourth week of July	First periodic - Internal Assessment (PT-1)		
3.	Fourth week of September	First terminal examination- Internal Assessment (TT-1)		
4.	Fourth week of December	Second periodic - Internal Assessment (PT-2)		
5.	Third week of February	University Examination		
6.	First Working day of April	Commencement of third/fourth/internship professional year		
	 NOTE University/ Institution / College shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites. Institution / College established in Extreme Weather Condition may adjust the timing as required by maintaining the stipulated hour of teaching and however, the structure of academic calendar shall not be altered Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time. 			

Annexure-III

GUIDELINES FOR ATTENDANCE MAINTENANCE (THEORY/PRACTICAL/CLINICAL/NON-LECTURE HOURS)

Institutes/colleges offering education in Homoeopathy are recommended to maintain online attendance system. However, in case physical registers are being maintained for recording attendance of various teaching/training activities, the following guidelines are to be followed:

- (1) Attendance is to be marked in cumulative numbering fashion:
 - (a) In case presence, it is to be marked as 1, 2, 3, 4, 5, 6.....soon;
 - (b) In case of absence, it must be marked as 'A';
 - (c) Example: P PPP A P P AA P P P.... may be marked as (1, 2, 3, 4, A, 5, 6, A, A, 7, 8, 9...).
- (2) Avoid strictly marking 'P' for presence.
- (3) Separate register for theory and practical/clinical/non-lecture activities are to be maintained.
- (4) At the end of term or course or part of syllabus, the last number to be taken as total attendance.
- (5) The total attendance after student's signature is to be certified by respective Head of department (HOD) followed by approval by Principal.
- (6) In case of multiple terms, at the end of course all term attendance is to be summarised and percentage is to be calculated separately for theory and practical including clinical & non- lecture hours.

[Note : *If any discrepancy is found between Hindi and English version, the English version will be treated as final.]

FORM 1

[See sub- regulation (2) and (3) of regulation 16] (NAME OF THE COLLEGE AND ADDRESS)

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

CERTIFICATE OF ATTENDANCE AND ASSESSMENT OF INTERNSHIP

- (1) Name of the Intern :
- (2) Attendance during internship
- (a) Number of working days(b) Number of days attended
- (c) Number of days leave availed
- (d) Number of days absent

Assessment of Internship

·

Serial Number	Category	Marks obtained
(1)	(2)	(3)
1.	General	Maximum10
(a)	Responsibility and Punctuality	()outof2
(b)	Behavior with sub-ordinates, colleagues and superiors	()outof2
(c)	Documentation ability	()outof2
(d)	Character and conduct	()outof2
(e)	Aptitude for research	()outof2
2.	Clinical	Maximum20
(a)	Proficiency in fundamentals of subject	()outof4
(b)	Bedside manners & rapport with patient	()outof4
(c)	Clinical acumen and competency as acquired	()outof4
	(i) By performing procedures	
	(ii)By assisting in procedures	()outof4
	(iii) By observing procedures	()outof4
	Total Score obtained	()out of 30

Performance Grade of marks

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

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

Place:

Signature of the Intern

Signature of the Head of the Department and Office Seal

FORM 2

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

(NAME OF THE COLLEGE AND ADDRESS)

(BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY – (B.H.M.S)) COURSE CERTIFICATE OF COMPLETION OF COMPULSORY ROTATORY INTERNSHIP

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

TABLE 20

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

During the internship period, the conduct of the student is ______

Date:

Place:

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

Form-3

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

Migration of Mr. / Miss_		from	Homoeopathic Medical
College	to	Homoeopathic Medical C	College

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

FINAL VERSION OF COMPETANCY BASED CURRICUUM FOR ANATOMY FOR FIRST BHMS COURSE

HUMAN ANATOMY

Subject Code: Hom UG-AN

NCH LINK

https://nch.org.in/upload/2-Anatomy-02-02-20224.pdf

Sl. No	Description		
1	Preamble		
2	Program Outcomes (PO)		
3	Course Outcomes (CO)		
4	Teaching Hours		
5	Course Content		
6	Teaching Learning Methods		
7	Content Mapping (Competencies Table)		
8	Practical Topics (Non-Lecture Activities)		
9	Assessment		
10	List of Recommended Books		
11	List of Contributors		

Index

1. PREAMBLE

Anatomy is a study of the structural organization and development of man from gross to cellular aspects along with exploring the interrelationship of different tissues, organs and systems.

An important aspect for the homoeopathic student to grasp is the essentially holistic approach emphasized by Hahnemann. From that perspective, study of anatomy is not a study of isolated organs, parts or tissues but that of a hierarchical system which is intimately interconnected and functions with a purpose of striking balance when in a state of adaptation. The subtle ways in which this balance is lost through a malfunctioning of the vital force needs to be appreciated. This can occur when anatomy is taught with applied anatomy in the background.

While anatomy explores the structural organization of man, physiology gives us an understanding of the functional organization of the human being. These subjects, which are in reality the two sides of the coin, need to be taught interdependently. This enables the student to develop an insight into the essential interconnection of both in normal health and how both these alter when the disease process gets initiated in the system. This will also reduce the number of teaching hours due to avoiding duplication of information. While the clinical integration is taking place, homoeopathic connection is emphasized when the relevance of the Homoeopathic subjects being taught in the 1st year (Philosophy, Materia Medica, Pharmacy and Repertory), is simultaneously brought to the forefront and hence student-centered teaching of the first BHMS year be achieved.

Advances in the understanding of tissues and cell structures which subsume functions of the organs and systems can afford a fertile area for exploring the action of drugs of Materia medica.

2. PROGRAMME OUTCOMES

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

- 1) Develop the knowledge, skills, abilities and confidence as a primary care homoeopathic practitioner to attend to the health needs of the community in a holistic manner
- 2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time
- 3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work
- 4) Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community
- 5) Be willing and able to practice homoeopathy as per medical ethics and professionalism.
- 6) Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies
- 7) Develop the capacity for critical thinking, self reflection and a research orientation as required for developing evidence based homoeopathic practice.
- 8) Develop an aptitude for lifelong learning to be able to meet the changing demands of clinical practice
- 9) Develop the necessary communication skills and enabling attitudes to work as a responsible team member in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and environmental conservation.

3. COURSE OUTCOMES

At the end of the I BHMS course, I BHMS student should be able to;

- **1**. Discuss the evolution of life and the developmental anatomy and genetics of human.
- 2. Explain the ethics of Anatomy, such as Anatomy act, Body donation & receiving procedure and its legal aspects, develop respect to thehuman cadaver.
- **3**. Differentiate the structural organization of man from micro to macro and its evolution from embryo.
- 4. Correlate the structural organization of man with functional organization and its applied aspect.
- 5. Apply anatomy knowledge to achieve vertical integration with clinical subjects.
- 6. Correlate structural organization of man with Homeopathic Philosophy and concept of man, Homoeopathic Materia Medica, Repertoryand Pharmacy.
- 7. Correlate structural organization in interpreting different investigations.

4. TEACHING HOURS

Sl. No.	Subject	Theoretical Lecture	(Non – Lecture hours) Practical / Tutorials / Seminars / ClinicalPostings
01	Anatomy	325 hrs.	330hrs.

Theory (hrs)	Non-lecture (hrs)			
225	Practical	Non-lecture activities		
325	250	80		
Total – 655 hours				

a. TEACHING HOURS (THEORY)

	Paper-I		
Sl. No	List of Topics	Term	Teaching Hours
1	General Anatomy	Ι	32
2	Head, Neck & Face	II	50
3	Central Nervous System	II	30
4	Upper Extremities	Ι	35
5	Embryology	Ι	20

	Paper-II			
Sl. No	List of Topics	Term	Teaching Hours	
1	Thorax	II	28	
2	Abdomen & Pelvis	III	70	
3	Lower Extremities	III	40	
4	Histology	Ι	20	

b. TEACHING HOURS (PRACTICAL)

Sl. No	List of Topics	Term	Teaching Hours
1	Head, Neck & Face	II	56
2	Central Nervous System	II	16

3	Upper Extremities	Ι	34
4	Thorax	II	30
5	Abdomen & Pelvis	III	50
6	Lower Extremities	III	40
7	Histology	Ι	24

5. COURSE CONTENT: Syllabus Planning

- **a.** Theory:
 - **a.** Syllabus should start with revision of some of important topics of BIOLOGY (To connect Biology to Medical Science), originof Earth and Environment, Origin of LIFE-Evolution of Human Lives.
 - **b.** The complete course of Human Anatomy should be subdivided in number of modules according to topics/regions/systems.
 - **c.** Syllabus of other subjects of same course should be planned out where the maximum integration (Vertical & Horizontal) oftopics is possible.
 - **d.** Theory/Practical/Tutorial/Case based learning should be arranged in parallel.
 - **e.** Each module should be planned according to the need of system-Co-relation with Homoeopathy & time dimension (number of hours).
 - **f.** At the end of each module knowledge should be assessed by arranging joint seminars (application of classroom knowledgeto practical understanding).
 - **g.** The curriculum includes the following;
 - **1.** Anatomy Act.
 - 2. Body donation procedure and its legal aspects.
 - **3.** Develop respect to the human cadaver, empathy towards diseased and sense of gratification for the voluntary bodydonors and their families.
 - 4. Anatomy and Ethics.

b. Practical

- **a.** Dissection of whole Human Body, Demonstration of dissected parts and small group discussions.
- **b.** Identification of histological slides, related to tissue & organs.
- c. Students shall maintain Practical/Dissection & Histology record.

THEORY

Sl. No.	Topics	No. of hours	Term	
1.	GENERAL ANATOMY			
	1. Modern concepts of cell and its components; cell division, types with their significance	2		
	2. Basic tissues	2		
	Genetics			
	DNA & RNA			
	Chromosomes			
	Genes	6		
	Inheritances			

Sr. No.	Topics	No. of hours	Term
	v. Genetic basis of diseases and Integration with homoeopathic		
	concept of miasmatic influence		
	4. Basics of General Anatomy-	1	
	i. Definition and subdivisions of Anatomy	1	
	ii. History of Anatomy	2	
	iii. Anatomical terms of position & movement	2	
	iv. Skin, superficial and deep fasciae	2	
	v. Muscles	2 2 2 2 2 2 2 2 2	
	vi. Bones	2	
	vii. Joints	2	
	viii. Blood vessels	2	
	ix. Lymphatic system	2	
	X. Nerves	2	
	xi. Glands: types and classification		
	5. Revision	2	
	Total Hours	32	
2			т
2.	DEVELOPMENTAL ANATOMY (EMBRYOLOGY) 1. Introduction	1	Ι
		1	
	1 0	1	
	3. Oogenesis	1	
	4. Fertilization	2	
	5. Cleavage and implantation	2	
	6. Bilaminar germ disc formation	3	
	7. Gastrulation: Germ layers & Derivatives	1	
	8. Intraembryonic mesoderm derivatives: Somites	1	
	9. Ossification	1	
	10. Notochord	2	
	11. Folding of the embryonic: formation of primitive gut	1	
	12. Placenta	2	
	13. Revision		
	Total Hours	20	
3.	HISTOLOGY (General)		Ι
	1. Introduction	1	
	2. Epithelial tissue	2	
	3. Connective tissue	2	
	4. Cartilage	1	
	5. Bone 6. Muscle	2	
	7. Nervous tissue	2	
	8. Skin	2	
	9. Lymphoid organs	2	
	10. Blood vessels	2	
	11. Glands	2	
	12. Revision	2	
	Total Hours	20	
4.	UPPER EXTREMITY		Ι
	1. Introduction	1	
	2. Pectoral region and axilla	2	
	3. Mammary Gland	2	
	4. Brachial plexus	2	
	5. Axillary artery	1	

	6. Back and Intermuscular spaces around scapula	2	
	7. Shoulder Joint	2	
	8. Musculocutaneous and axillary nerves	1	
	9. Arm and cubital fossa; brachial artery	2	
	10. Fore arm: Muscles, nerves and blood	4	
	vessels(Superficial and Deep Flexors and		
	Extensors)		
	11. Radial artery	1	
	12. Ulnar artery	1	
	13. Median nerve	2	
	14. Ulnar nerve		
	15. Radial nerve		
	16. Elbow joint and radio-ulnar articulations		
		2	
	17. Wrist joint	1	
	18. Flexor and extensor retinacula	1	
	19. Palmar aponeurosis and spaces in palmar spaces	2	
	20. Venous drainage of upper extremity	1	
	21. Revision	2	
		_	
_	Total Hours	35	
5.	LOWER EXTREMITY		III
	1. Introduction	1	
	2. Lumbar plexus and femoral nerve	2	
	3. Front of thigh	2	
	4. Femoral Triangle and Femoral artery	2	
	5. Median compartment of thigh and obturator nerve	2	
	6. Gluteal region	2	
	7. Sacral plexus and sciatic nerve, tibial and common peroneal nerves	4	
	8. Back of the thigh Popliteal fossa	2	
	9. Hip joint10. Front of the leg and dorsum of the foot: Anterior tibial artery, deep	2 4	
	peroneal nerve	4	
	11. Back of the leg: Tibial nerve and posterior tibial artery	3	
	12. Side of the leg: Superficial peroneal nerve	2	
	13. Retinacula around the ankle	1	
	14. Sole of foot	2	
	15. Knee Joint	2	
	16. Ankle joint	1	
	17. Arches of foot	2	
	18. Venous drainage of lower extremity	2	
	19. Revision	2	
	Total Hours	40	
6.	THORAX		П
	1. Introduction	1	**
		1 +	
	2. Trachea	1	
	2. Trachea 3. Pleura	1	
	3. Pleura	-	
		1	
	3. Pleura 4. Lungs	1 3	
	 3. Pleura 4. Lungs 5. Mediastinum 	1 3 2	
	 Bleura Lungs Mediastinum Pericardium and Heart 	$ \begin{array}{c} 1\\ 3\\ 2\\ 4\\ \end{array} $	
	 Blood supply of heart 	$ \begin{array}{c} 1\\ 3\\ 2\\ 4\\ 2\\ \end{array} $	
	 Pleura Lungs Mediastinum Pericardium and Heart Blood supply of heart Superior mediastinum: Arch of aorta 	$ \begin{array}{c} 1\\ 3\\ 2\\ 4\\ 2\\ \end{array} $	
	 Pleura Lungs Mediastinum Pericardium and Heart Blood supply of heart Superior mediastinum: Arch of aorta Superior mediastinum: Superior Vena cava 	$ \begin{array}{c} 1 \\ 3 \\ 2 \\ 4 \\ 2 \\ 1 \\ 1 \end{array} $	

	13. Diaphragm	1	
	14. Systemic embryology: Development of Heart and lung	3	
	15. Systemic histology: Trachea and Lung	1	
	16. Revision	2	
	Total Hours	28	
7.	ABDOMEN, PELVIS & PERINEUM		Ш
	1. Introduction	1	
	2. Anterior Abdominal wall	2	
	3. Peritoneum	2	
	4. Stomach	2	
	5. Liver	2	
	6. Gall bladder and Extrahepatic biliary apparatus	2	
	7. Spleen	1	
	8. Duodenum	1	
	9. Pancreas	2	
	10. Jejunum and Ileum, Superior mesenteric artery	2	
	11. Caecum & appendix	2	
	12. Large intestine	2	
	13. Portal venous system	2	
	14. Kidney	2	
	15. Supra renal glands	1	
	16. Abdominal aorta	1	
	17. Posterior abdominal wall	1	
	18. Urinary bladder	2	
	19. Ureter	1	
	20. Prostate gland	2	
	21. Ovary	1	
	22. Uterus	2	
	23. Fallopian tube	1	
	24. Scrotum and testis	2	
	25. Vas deferens	1	
	26. Rectum	1	
	27. Anal canal	1	
	28. Walls of pelvis including pelvic diaphragm	2	
	29. Perineum: superficial and deep perineal pouches	3	
	30. Ischiorectal fossa	1	
	31. Systemic embryology: Development of digestive system	4	
	32. Systemic embryology: Development of urogenital organs	2	
	33. Systemic histology: Digestive system	4	
	34. Systemic histology: Urinary system & supra renal gland	2	
	35. Systemic histology: Male reproductive system	2	
	36. Systemic histology: Female reproductive system	2	
	37. Revision	6	
	Total Hours	70	
8.	HEAD, NECK & FACE		П
	1. Introduction	1	
	2. Scalp	2	
	3. Face: muscles, nerves and blood vessels	2	
	4. Lachrymal apparatus	1	
	5. Side of the neck: Posterior triangle	1	
	6. Front of the neck: Anterior triangle and its subdivisions	3	
	7. Deep cervical fascia	1	
	8. Back of the neck: Suboccipital triangle	1	
	9. Contents of vertebral canal	1	
	10. Parotid gland	1	
	11. Submandibular gland	1	

	12. Muscles of mastication	1	
	13. Temporomandibular joint	1	
		2	
	14. Thyroid gland15. Cranial cavity: Dura mater, Dural venous sinuses & Pituitary gland	3	
	16. Contents of the orbit	5	
	17. Extraocular muscles	1	
		1	
	18. Oral cavity	1	
	19. Soft palate and palatine tonsil	1	
	20. Tongue		
	21. Pharynx	2	
	22. Larynx	2	
	23. Nose and paranasal air sinuses	2	
	24. Ear: EAC & middle ear, inner ear	2	
	25. Eustachian tube	1	
	26. Eyeball	2	
	27. Common & Internal carotidartery	1	
	28. External carotid artery	2	
	29. Vertebral artery	1	
	30. Internal Jugular vein	1	
	31. Systemic histology: Thyroid gland, Pituitary gland and Tongue	3	
	32. Systemic embryology: Pharyngeal arches: derivatives	1	
	33. Revision	3	
	Total Hours	50 hrs	
9.	CENTRAL NERVOUS SYSTEM: BRAIN		II
	1. Introduction	1	
	2. Meninges & CSF	1	
	3. Spinal cord	1	
	4. Medulla oblongata	1	
	5. Pons	1	
	6. Cerebellum	1	
	7. Fourth ventricle	1	
	8. Mid-brain	1	
	9. Diencephalon: Thalamus & Hypothalamus	2	
	10. Third Ventricle	1	
	11. Lateral Ventricle	1	
	12. Cerebrum: external features	2	
	13. Functional areas of cerebral cortex	1	
	14. Basal ganglia	1	
	15. White matter of cerebrum: Corpus callosum & Internal capsule	2	
	16. Blood supply of brain	2	
	17. Cranial nerves	6	
	18. Systemic embryology: Development of Brain	2	
	19. Revision	2	
	Total Hours	30	
1	GENERAL HISTOLOGY		I
1.		4	1
	 Epithelial tissue: Simple & Stratified Connective tissue: Loose/Areolar & Adipose 	4	
	1	2	
	3. Connective tissue: Cartilages	2	
	4. Connective tissue: Compact bone (L.S, T.S) and Spongy bone	2	
	5. Muscle tissue: Skeletal (L.S, T.S), Smooth and Cardiac	2	
	6. Nervous tissue: Peripheral nerve (T.S) & Nerve fibre (L.S)	2	
	7. Skin: Thick & Thin	2	
	8. Lymphoid organs: Lymph node, Spleen, Thymus & Tonsil	4	
	9. Blood vessels: Large artery, Medium sized artery & Large vein	2	
	10. Glands: Serous, Mucous & Mixed	2	
	Total Hours	24	

2.	UPPER EXTREMITY		Ι
	1. Introduction	2	
	Osteology	•	
	2. Clavicle	2	
	3. Scapula	2	
	4. Humerus	2	
	5. Radius	2	
	6. Ulna	2	
	7. Articulated hand	2	
	8. Surface Markings in upper extremity	2	
	Dissection	2	
	9. Pectoral region	2	
	10. Axilla		
		2	
	11. Back & Shoulder	2	
	12. Arm: Front & Cubital fossa and Back of the arm	2	
	13. Front of Forearm & palm of hand	4	
	14. Back of Forearm & Dorsum of Hand	2	
	15. Joints of upper extremity	2	
	16. Radiology of upper extremity	2	
	Total Hours	34	
3.			
	HEAD, NECK & FACE 1. Introduction	<u>II</u> 2	
	Osteology	2	
	2. Skull	6	
	3. Mandible	2	
	4. Hyoid bone	2	
	5. Cervical vertebrae: Typical & Atypical	2	
	6. Surface Markings in head, neck & face.Dissection	2	
	7. Scalp	2	
	1		
	8. Face	2	
	9. Posterior triangle of neck	2	
	10. Anterior triangle of neck	2	
	11. Back of neck	2	
	12. Cranial cavity & Contents of vertebral canal	4	
	13. Deep dissection of neck	2	
	14. Orbit & Eyeball	2	
	15. Ear	2	
	16. Parotid region	2	
	17. Temporal & infratemporal region	2	
	18. Sub mandibular region	2	
	19. Mouth, Tongue & Pharynx	2	
	20. Nose & Larynx	2	
	21. Temporo-Mandibular joint & joints of Neck	2	
	22. Radiological anatomy of Head, Neck and Face	2	
	Systemic Histology-		
	23. Thyroid gland (including parathyroid)	2	
	24. Pituitary gland	2	
	25. Revision	2	
4.	Total Hours	56	
т,	CENTRAL NERVOUS SYSTEM 1. Introduction	2	II
		÷	
	Demonstration		
	2. Parts of the brain	4	
	3. Spinal cord	2	

SI. No.	Topics	No. of hours	Term
	4. Ventricles (model)	2	
	5. Radiology of brain	2	
	Systemic Histology		
	6. Nervous tissue: Cerebrum & Cerebellum 2		
	7. Revision	2	
	Total Hours	16	
5.	THORAX	10	П
	1. Introduction	2	
	Osteology		
	2. Sternum. Ribs: Typical & Atypical	2	
	3. Thoracic vertebrae: Typical & Atypical	2	
		4	
	Surface Marking Dissection	4	
		2	
	4. Anterior Thoracic wall, Intercostal space & contents	2	
	5. Pleura & Lungs	4	
	6. Contents of superior mediastinum & Pericardium	2	
	7. Heart: External features	2	
	8. Interior of Heart with valves of heart	2	
	9. Contents of posterior Mediastinum	2	
	10. Radiological anatomy	2	
	Systemic Histology		
	11. Trachea & Lung	2	
	12. Revision	2	
	Total Hours	30	
6.	LOWER LIMB	L	III
	1. Introduction	2	
		2	
	Osteology		
	Osteology 2. Hip Bone	2	
	Osteology 2. Hip Bone 3. Femur & Patella	2 2	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia	2 2 2 2	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula	2 2 2 2 2	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot	2 2 2 2 2 2 2 2	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface Marking	2 2 2 2 2	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot 7. Surface Marking Dissection	2 2 2 2 2 2 2 2 2	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot 7. Surface Marking Dissection 8. Front of thigh	2 2 2 2 2 2 2 2 2 2 4	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot 7. Surface Marking Dissection 8. Front of thigh 9. Medial side of thigh	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot 7. Surface Marking Dissection 8. Front of thigh 9. Medial side of thigh 10. Gluteal region	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot 7. Surface Marking Dissection 8. Front of thigh 9. Medial side of thigh 10. Gluteal region 11. Back of thigh & Popliteal fossa	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology 2. Hip Bone 3. Femur & Patella 4. Tibia 5. Fibula 6. Articulated Foot 7. Surface Marking Dissection 8. Front of thigh 9. Medial side of thigh 10. Gluteal region 11. Back of thigh & Popliteal fossa 12. Front of Leg & Dorsum of Foot	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
7.	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity17. RevisionTotal HoursABDOMEN & PELVIS	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	III
7.	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity17. RevisionTotal Hours	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	III
7.	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity17. RevisionTotal HoursABDOMEN & PELVIS1. Introduction2. Osteology	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
7.	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity17. RevisionTotal Hours1. Introduction	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	111
7.	Osteology2. Hip Bone3. Femur & Patella4. Tibia5. Fibula6. Articulated Foot7. Surface MarkingDissection8. Front of thigh9. Medial side of thigh10. Gluteal region11. Back of thigh & Popliteal fossa12. Front of Leg & Dorsum of Foot13. Leg: Medial, Lateral & Back of Leg14. Sole of Foot15. Joints of the lower extremity16. Radiology lower extremity17. RevisionTotal HoursABDOMEN & PELVIS1. Introduction2. Osteology	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	III

Sl. No.	Topics	No. of hours	Term
	6. Surface Marking	4	
	Dissection		
	7. Anterior abdominal wall	2	
	8. External genitalia of Male	2	
	9. Abdominal cavity: Positions & Relations of viscera, Peritoneum, Greater & Lesser sac	2	
	10. Stomach & Spleen	2	
	11. Small intestine (Jejunum & Ileum) & Large intestine	2	
	12. Duodenum & Pancreas	2	
	13. Liver, Gall bladder & blood vessels of Digestive system	2	
	14. Kidney & Suprarenal gland	2	
	15. Posterior Abdominal wall & Diaphragm	2	
	16. Walls of the pelvis & Pelvic cavity : position & relations of viscera, Perineum	2	
	17. Urinary bladder, Urethra & Prostate	2	
	18. Ovary, Uterus, Fallopian tubes, Vagina	2	
	19. Sigmoid colon, Rectum & Anal canal	2	
	20. Radiological anatomy	2	
	Systemic Histology		
	21. Digestive system: Basic structure of GIT	2	
	22. Digestive system: Liver & Gall bladder, Pancreas	2	
	23. Urinary system: Kidney, Ureter & Suprarenal gland	2	
	24. Male Reproductive system: Testis & Prostate	2	
	25. Female Reproductive system: Ovary & Uterus	2	
	Total Hours	50	
Total P	Practical hours	250 Hours	

Non-Lecture activities

Sl. No	Non-Lecture Teaching Learning methods	Time Allotted per Activity (in Hours)
1.	Seminars/ Workshops	10
2.	Group Discussions	10
3.	Problem based learning	10
4.	Integrated Teaching	15
5.	Case Based Learning	10
6.	Self-directed Learning	15
7.	Tutorials, Assignments and projects	10
	Sub total	80
8.	Practical	250
	Total	330

Description of Non-Lecture Activities

SI. No	Non-Lecture Teaching Learning methods	Time Allotted per Activity (in Hours)	Topics
1.	Seminars/ Workshops	10	Seminars: Guest Seminars, Student Seminars of Fast Learners can be conducted on any topic of Anatomy. E.g.: Shoulder joint, Liver etc. Workshop: Workshop can be arranged on important topics of

			Anatomy.E.g.: Abdomen, Thorax, CNS etc.
2.	Group Discussions	10	Group discussions can be conducted during practical hours on any topic ofPractical and dissection. E.g.: Heart, Lungs, actions of joints etc.
3.	Problem based learning	10	Problem based learning can be conducted on any applied anatomy topic.E.g.: Bell's palsy, Frozen shoulder, Varicose veins etc.
4.	Integrated Teaching	15	A] Horizontal Integration
			Physiology: Any topic related to Physiology can be conducted. E.g.: Anatomy: Physiology Seminar on Respiratory System.
			Homoeopathic Subjects: Any topic related to Homoeopathic Materia Medica, Repertory, Organon of Medicine. E.g.:
			a) Integrated lecture with HMM - Homoeopathic drugs related to organsof Abdomen.
			b) Integrated lecture with Repertory – Rubrics related to structures of Thorax.
			c) Integrated lecture with Organon –Miasmatic influence on heredity.
			d) Integrated lecture with Homoeopathic Pharmacy - Action ofHomoeopathic drugs on cellular level.
			B] Vertical Integration
			Gynecology – E.g.: Any topic related on female reproductive
			System.Surgery – E.g.: Integrated lecture on radiology.
			Medicine – E.g.: Embryological basis of major congenital anomalies ofheart
5.	Case Based Learning	10	Case Based Learning can be conducted on any clinical topic of anatomy bypresenting a case scenario with the help of Simulation or Audiovisual aid in the classroom. E.g.: A case of Bell's Palsy for the topic Facial Nerve, A case of Wrist drop for the topic Radial Nerve etc.
6.	Self-Directed Learning	15	Self-Directed Learning can be conducted for any topic of Anatomy. E.g.:Functional areas of cerebrum, Actions of Facial muscles.
7.	Tutorials, Assignments, Projects	10	Tutorials, Assignments, projects can be conducted on any topic of anatomy at the end of the topic.

6. Teaching Learning Methods General Instructions

- (a) Instructions in anatomy should be so planned as to present a general working knowledge of the structure of the human body both atmicro and macro level and should correlate with function. Topics/syllabus should be planned out in parallel with other subjects for better understanding & to achieve integration.
- (b) The amount of detail which a student is required to memorise should be reduced to the minimum but should connect to syllabus of other subjects and applied anatomy.
- (c) Major emphasis should be laid on functional anatomy of the living subject rather than on the static structures of the cadaver and on general anatomical positions and broad relations of the viscera, muscles, blood vessels, nerves and lymphatics and study of the cadaver is the only means to achieve this.

- (d) Students should know the basic applied anatomy & should not be burdened with minute anatomical details which have no clinical significance.
- (e) Only such details which have professional or general educational value for the Homoeopathic medical students need to be focused.
- (f) Normal radiological anatomy may also form part of practical or clinical training and the structure of the body should be presented linking functional aspects.
- (g) A good part of theoretical lectures on anatomy can be transferred to tutorial classes with the demonstrations/ Projection / Dissection.
- (h) Case based learning should be conducted for the students on various clinical conditions with the help of case scenario, simulation or Audiovisual aids as a Non-Lecture activity.
- (i) Seminars and group discussions to be arranged periodically with view of presenting these subjects in an integrated manner.
- (j) More stress on demonstrations and tutorials should be given. Emphasis should be laid on the general anatomical positions and broadrelations of the viscera, muscles, blood vessels, nerves and lymphatics.
- (k) There should be joint seminars with the departments of Physiology and Biochemistry, Repertory, HMM, Philosophy and Pharmacywhich should be organized wherever necessary as per the topic.
- (1) There should be a close correlation in the teaching of gross Anatomy, Histology, Embryology and Genetics and the teaching of Anatomy, Physiology including Biochemistry along with Homoeopathic subjects shall be integrated.
- Though dissection of the entire body is essential for the preparation of the student for his clinical studies, the burden of dissection can be reduced and much saving of time can be affected with considerable reduction of the number of topographical details while following the above points.
- The purpose of dissection is to give the student an understanding of the body-Structure from Macro to Micro correlate to its function- Functional anatomy to integrate with Physiology and the dissection should be designed to achieve this goal.
- Dissection should be preceded by a course of lectures on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to students in an integrated form and the instruction of the whole course of anatomy and physiology made interesting, lively practical or clinical. Syllabus of all the subjects of First BHMS course should be structured torun parallel, horizontally & vertically as far as possible to achieve maximum integration.
- Students should be able to identify anatomical specimens and structures displayed in the dissection. Teaching and Demonstration methods should be supported with latest software/Practical/Charts/slides/Working or 3D Diagrams, Audio-Visual/ Multimedia presentation/Simulation to train clinical application.
- The Teaching Learning activities in Anatomy requires change in structure & process in order to be more skill based

& providing hands on experience.

The Teaching Learning methods with respect to Anatomy may be covered in the following manner:

- a. Class Room Lectures Oral Presentation, Board Work, Power point Presentation. Tutorials on the topics covered.
- b. Assignments For Slow Learners
- c. **Practical Class** Demonstration, Dissection, Surface Marking, Histology, Radiology
- d. Student Activities Working out the Assignments, Projects, PowerPoint presentations as assigned
- e. **Case based Learning & Problem Based Learning (CBL & PBL)** for students to understand the application of knowledge of Anatomy with Clinical subjects.
- f. **DOAP (Demonstration Observation Assistance Performance)** For Clinical Anatomy.

7. CONTENT MAPPING (COMPETENCY TABLE)

- 1. General Anatomy
- 2. Developmental anatomy (Embryology)
- **3.** Regional anatomy (Upper and Lower Extremities, Thorax, Abdomen, Pelvis & Perineum, Head, Neck & Face and Brain)
 - **3.1** Each of the region will be studied under the following headings
 - (a) Osteology
 - (b) Syndesmology and Arthrology (Joints)
 - (c) Myology
 - (d) Angiology
 - (e) Neurology
 - (f) Splanchnology (Viscera/Organ)
 - (g) Histology
 - (h) Surface anatomy
 - (i) Applied anatomy
 - (j) Radiographic anatomy
 - (k) Correlation with homoeopathic subjects

8. Practical Topics (Non-Lecture Activities)

Sl. No	Non-Lecture Teaching Learning methods	Time Allotted per Activity (in Hours)
1.	Seminars/ Workshops	10
2.	Group Discussions	10
3.	Problem based learning	10
4.	Integrated Teaching	15
5.	Case Based Learning	10
6.	Self-Directed Learning	15
7.	Tutorials, Assignments & projects	10
	Sub total	80
8.	Practical	250
	Total	330

9. ASSESSMENT

Assessment Summary - Number of papers and Mark Distribution

SI. No.	Course Code	Papers	Theory	Practical	Viva Voce	Internal Assessment- Practical	Electives Obtai	 Grand Total
1.	Hom UG- AN	2	200	100	80	20		400

Scheme of Assessment (formative and Summative)

Sl. No	Professional Course	1 st term (1-6 Months)	2 nd Term (7-12 Months)	3 rd Term (13-18 Months)	
1.	First Professional BHMS	1 st PA + 1 ST TT	2 nd PA+2 ND TT	3 rd PA	UE

$1^{st} PA - 4^{th} month 1^{st} TT$	$2^{nd} PA - 9^{th} month$	3 rd PA - 14 th	1 oth
-6^{th} month	2^{hd} 11^{H} $-$ 12^{th} month	month	17 th month

PA: Periodical Assessment; TT: Term Test; UE: University Examinations Evaluation Methods for Assessment

Sl. No	Evaluation Criteria
1.	Theory, Practical, Viva voce Performance
2.	Theory: MCQs, SAQs and LAQs (MEQ - Modified Essay Questions/Structured Questions)

9.1 Theory Question Paper Layout

	Paper-1 (100 marks)	
General Anatomy, Head, face	e and neck, Central nervous System, Upper	extremities and Embryology.
1.	MCQ	10 marks
2.	SAQ	40 marks
3.	LAQ	50 marks
Paper-2 (100 marks)		
Thorax, Abdomen, Pelvis, Lower extrem	ities and Histology (micro anatomy).	
1.	MCQ	10 marks
2.	SAQ	40 marks
3.	LAQ	50 marks

I. Distribution of marks (Theory)

	Paper-I					
				D		
				Type of Ques	tions and mark	s allotted "Yes" can
Sl. No	Α	В	С		be asked	
				"N	o" should not l	be asked.
	List of Topics	Term	Marks	MCQ	SAQ	LAQ
				(1 Mark)	(5 Marks)	(10 Marks)
1.	General Anatomy	Ι		Yes	Yes	No
2.	Head, Neck & Face	II		Yes	Yes	Yes
3.	Central Nervous System	II	Refer Next	Yes	Yes	Yes
4.	Upper Extremities	Ι	Table	Yes	Yes	Yes
5.	Embryology	Ι		Yes	Yes	No

	Paper-II						
				D			
				Type of Q	uestions and m	arks allotted	
	Α	В	С		Yes" can be ask	ted.	
Sl. No		"No" should not be ask		asked.			
	List of Topics	Term	Marks	MCQ	SAQ	LAQ	
				(1 Mark)	(5 Marks)	(10 Marks)	
1.	Thorax	II		Yes	Yes	Yes	
2.	Abdomen, Pelvis & Perineum	III	Refer Next	Yes	Yes	Yes	
3.	Lower Extremities	III	Table	Yes	Yes	Yes	
4.	Histology	Ι		Yes	Yes	No	

Theme table Paper-I

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
А	General Anatomy	Ι	12	Yes	Yes	No
В	Upper Extremities	Ι	27	Yes	Yes	Yes
С	Embryology	Ι	12	Yes	Yes	No
D	Head, Neck and Face	Π	32	Yes	Yes	Yes
Е	Central nervous System	Π	17	Yes	Yes	Yes

Paper-II

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
А	Lower Extremities	III	27	Yes	Yes	Yes
В	Thorax	II	28	Yes	Yes	Yes
С	Abdodmen, Pelvis & Perineum	III	37	Yes	Yes	Yes
D	Histology	Ι	8	Yes	Yes	No

Question paper Blue Print Paper-I

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

A Question Serial Number	B Type of Question	Question Paper Format (Refer table II Theme table for themes)
Q1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All compulsory Must know part:7 MCQ Desirable to know: 2 MCQ. Nice to know: 1 MCQ	 Theme A Theme A Theme B Theme B Theme B Theme B Theme C Theme C Theme D Theme D Theme D Theme D
Q2	Short answer Questions (SAQ) eight Questions 5 Marks Each All compulsory Must know part: 7 SAQ Desirable to know: 2 SAQ Nice to know: 1 SAQ	 Theme A Theme A Theme A Theme B Theme C Theme C Theme C Theme C Theme D
Q3	Long answer Questions (LAQ) five Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	 Theme A Theme B Theme B Theme C Theme C

Paper-II

II. Scheme of Practical and Viva voce Examination and distribution of marks (Practical 100 marks – Viva voce 80 marks + Internal assessment 20 marks: Total 200 marks)

Scheme of Practical Examination		
1. Spotters: 4 (5 marks each)		
A. Histology Slide – 2 (5 marks each)		
a) Identification – 1 mark		
b) Draw and label -2 marks		
c) Two identification features -2 marks		
B. Radiology – 2 X-RAYS (5 marks each)	20 marks	
a) Identification of X-Ray and its view – 1 mark		
b) Identification of features – 4 marks		
2. Osteology - Bones of Upper Extremity, Lower Extremity, Skull, Ribs and Vertebrae. 20 mark		
3. Viscera - Organs from Thorax, Abdomen and CNS. 20 mark		
4. Knowledge of dissected parts - Dissected Specimens of Upper and Lower Extremities. 20 mark		
2. Surface marking 10 mar		
3. Journal – Practical record of Anatomy including Histology and dissection card.	10 marks	
Fotal 100 M		
Viva voce Max. Marks - 80 + Internal assessment marks – 20		
Total marks 100 mark		

9B - Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6 Months)			2 nd Term	(7-12 Mon	ths)	3 rd Term (13-18	8 M
1	First	1 st PA	1 ST TT		2 nd PA	2 ND TT		3 rd PA	UE
	Professional	20 Marks	100	100	20 Marks	100	100	20 Marks	
	BHMS	Practical/Viva	Marks	Marks	Practical/Viva	Marks	Marks	Practical/Viva	
			Theory	Practical/		Theory	Practical/		
				Viva			Viva		

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted) Method of Calculation of Internal Assessment Marks for Final University Examination:

PA1 Practical/Vi va (20 Marks)	PA2 Practical/Vi va (20 Marks)	PA3 Practical/Vi va (20 Marks)	Periodical Assessment Average PA1+PA2+PA3 /3	TT1 Practica l/ Viva (100 Marks)	TT2 Practica l/ Viva (100 Marks)	Termin al Test Averag e TT1+ TT2/ 200*20	Final Internal Assessme nt Marks
Α	В	С	D	Ε	F	G	D+G/2

PA- Periodical Assessment, TT- Terminal Test, UE- University Examination

10. List of recommended books - Standard Book

- Garg K, B.D.Chaurasia's Human Anatomy Regional & Applied, Dissection & Clinical. Upper limb & Thorax. CBS Publishers & Distributors Pvt Ltd, New Delhi.
- Garg K, B.D. Chaurasia's Human Anatomy Regional & Applied, Dissection & Clinical. Lower limb & Abdomen.CBS Publishers & Distributors Pvt Ltd, New Delhi
- Garg K, B.D. Chaurasia's Human Anatomy Regional & Applied, Dissection & Clinical. Head, Neck &Brain.CBS Publishers & Distributors Pvt Ltd, New Delhi
- Singh V. General Anatomy. Elsevier; New Delhi
- Singh V. Anatomy of Head, Neck & Brain. Elsevier; New Delhi.
- Singh V. Anatomy of Upper limb & Thorax. Elsevier; New Delhi
- Singh V. Anatomy of Abdomen & Lower limb. Elsevier; New Delhi
- Singh V. Anatomy of Clinical embryology. Elsevier; New Delhi
- Garg K, Indira Bahl, Mohini Kaul. Textbook of Histology. Ed. 5. CBS Publishers & Distributors Pvt Ltd, New Delhi
- Halim A. Surface and Radiological Anatomy. CBS Publishers & Distributors Pvt Ltd, New Delhi
- Khurana A, Khurana I, Garg K B.D. Chaurasia's Dream Human Embryology, CBS Publishers & Distributors Pvt Ltd, New Delhi
- Loukas M, Benninger B, Tubbs R S. Gray's Clinical Photographic Dissector of Human Body. Elsevier; Philadelphia
- Romanes G J. Cunningham's Manual of Practical Anatomy. Upper & Lower limb. Oxford Medical Publisher; Oxford
- Romanes G J. Cunningham's Manual of Practical Anatomy. Abdomen & Pelvis. Oxford Medical Publisher; Oxford
- Romanes G J. Cunningham's Manual of Practical Anatomy. Head & Neck. Oxford Medical Publisher; Oxford

Reference books

- Eroschenko VP. Di'fiore's Atlas of Histology with functional correlation. Lippincot, William, Wilkins; London
- Gunasegaran JP. Text book of Histology & Practical Guide. Elsevier; New Delhi.
- Hansen JT. Netter's Atlas of Human Anatomy. South Asian Ed. Elsevier; New Delhi
- Mescher AL. Junqueria's Basic Histology Text & Atlas. Lange; New York
- Mortan DA, Peterson KD, Albretine K. H. Gray's Dissection Guide for Human Anatomy. Elsevier; London
- RomanesGJ.Cunningham's Textbook of Anatomy. Oxford Medical Publisher; Oxford
- Ross &Wilson.Anatomy and Physiology in Health and Illness. Elsevier; London
- Singh, Inderbir. Human Embryology. Jaypee; New Delhi
- Sinnathamby CS. Snell's Clinical Anatomy for Medical Students. Lippincot, William, Wilkins; London
- Standring Susan. Gray's Anatomy The Anatomical Basis of Clinical Practice. Elsevier; London
- Tortora GJ & Derrickson B. Anatomy & Physiology. New Delhi: Wiley; New Delhi.

Human physiology & Biochemistry

Course code: Hom UG – PB

NCH Link:

https://nch.org.in/upload/3-Human-physiology-02-02-2024.pdf

INDEX

S. No	Description
1	Preamble
2	Program Outcomes (PO)
3	Course Outcome (CO)
4	Teaching Hours
5	Course Content
6	Teaching Learning Methods
7	Content Mapping (Competencies Table)
8	Practical Topics
9	Assessment
10	List of Recommended Books
11	List of Contributors

2. PREAMBLE

Physiology studies the functional organization of man at several levels like atom, chemical, cells, tissues, organ systems and the whole body to understand fundamental mechanisms that operate in a living organism. The underlying goal is to explain the operations in a living organism.

Besides satisfying a natural curiosity about how humans function, the study of physiology is of central importance in medicine and related health sciences, as it underpins advances in our understanding of disease and our ability to treat it more effectively. It is also important from psychological and philosophical viewpoints, helping us to understand the different systems. Homoeopathic Philosophy postulates the force animating every cell as the Vital Force which helps in homoeostasis. When it is deranged due to web of causes, disease develops.

Homoeopath must understand Man in a holistic way which would help him to deliver the therapeutic action for the purpose of bringing about a cure. Understanding the structural organisation i.e., Anatomy along with psychological organisation go hand in hand. Their interplay maintains health and delivers optimum function for healthy living and progressing towards higher purpose as per Hahnemannian guidelines. Hence physiology needs to be integrated horizontally with Anatomy, Materia Medica, Organon of Medicine, Psychology & Pharmacy as well as vertically with Pathology, Surgery, Obstetrics &Gynaecology, Community Medicine, Practice of Medicine & Repertory for better grasp of health, disease and process of cure.

Advances in biochemical processes have been occurring at an astonishing pace. The action of homoeopathic medicines does occur at sub-cellular levels. Hence an in-depth understanding and correlation of the processes in health and disease can open up a whole new way of understanding Homoeopathic drugs and their far-reaching effects.

3. PROGRAMME OUTCOMES:

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

- 1) Develop the knowledge, skills, abilities and confidence as a primary care homoeopathic practitioner to attend to the health needs of the community in a holistic manner
- 2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time
- 3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work
- Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community
- 5) Be willing and able to practice homoeopathy as per medical ethics and professionalism.
- 6) Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies
- 7) Develop the capacity for critical thinking, self reflection and a research orientation as required for developing evidence based homoeopathic practice.
- 8) Develop an aptitude for lifelong learning to be able to meet the changing demands of clinical practice
- 9) Develop the necessary communication skills and enabling attitudes to work as a responsible team member in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and environmental conservation.

4. Course Outcomes (COs):

At the end of the course the student will be able to

- 1. Discuss the Homoeopathic concept of health in relation to integrated body structure and functions.
- 2. Explain the normal functioning of the human body at all levels of organization.
- 3. Relate the concept of homoeostasis with relevant ideas in Anatomy, Materia medica and Organon of Medicine at BHMS I level .
- 4. Elucidate the physiological aspects of normal growth and development with focus on evolution.
- 5. Correlate micro functions at cellular level with macro functions at organ-system level.
- 6. Use necessary communication skills required for history-taking of the patient & relating various clinical findings in the patient.
- 7. Perform experiments in haematology, clinical physiology & biochemistry as required for the study of physiological phenomena and for assessment of normal function.
- 8. Identify the normal values of haematology, clinical physiology & biochemistry.
- 9. Perform clinical physiological examination under supervision.
- 10. Correlate knowledge of Organon & Materia Medica with Physiology.
- 11. Explain the integrated responses of the organ systems of the body to physiological and pathological stresses.

4. TEACHING HOURS

Sr No.	Subject	Theoretical Lecture	Practical/Tutorial/ Seminar / Clinical Posting
1	PHYSIOLOGY & BIOCHEMISTRY	325 hrs.	330 hrs.

Theory Wise Teaching Hours Distribution - 325 Hours

Sr. No	Paper-I		
	List of System	Teaching Hours	
1	General Physiology	20	
2	Bio Physics Science	15	
3	Skin & The Integumentary System	15	
4	4 Body fluids & Immune mechanism		
5	5 Nerve Muscle physiology 15		
6	Cardiovascular system 20		
7	7 Respiratory and Environmental Physiology 25		
8	Renal Physiology20		
	Total	165	

Sr. No	Paper-II		
	List of System	Teaching Hours	
1	Central Nervous System	35	
2	Endocrinology	30	
3	Reproduction	15	
4	Special Senses	20	
5	Digestion and Nutrition	35	
6	Biochemistry	25	
	Total	160	

Practical / Clinical Physiology / OPD Wise Teaching Hours Distribution - 330 Hours

No	Practical	Demonstration / Performance	Number of Teaching Hours
HA	EMATOLOGY		
1	Study of the Compound Microscope	Performance	05
2.	Collection of Blood Samples	Performance	05
3	Estimation of Haemoglobin Concentration	Performance	05
4	Determination of Haematocrit	Demonstration	05
5	Hemocytometry	Performance	05
6	Total RBC Count	Performance	10
7	Determination of RBC Indices	Demonstration	05
8	Total Leucocytes Count (TLC)	Performance	10
9	Preparation And Examination Of Blood Smear	Performance	10
10	Differential Leucocyte Count (DLC)	Performance	10
11	Absolute Eosinophil Count	Demonstration	05
12	Determination of Erythrocyte Sedimentation Rate	Demonstration	05
13	Determination of Blood Groups	Performance	05
14	Determination of Bleeding Time and Coagulation Time	Performance	05
BIO	CHEMISTRY		
1	Demonstration of Uses Of Instruments Or Equipment	Demonstration	05
2	Qualitative Analysis of Carbohydrates, Proteins And Lipids	Performance	10
3	Normal Characteristics of Urine	Performance	04
4	Abnormal Constituents of Urine	Performance	10
5	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood	Performance	05
6	Liver Function Tests	Demonstration	04
7	Kidney Function Tests	Demonstration	04
8	Lipid Profile	Demonstration	04
9	Interpretation and Discussion of Results of Biochemical Tests	Demonstration	04
	Total		140

CI	LINICAL PHYSIOLOGY		
1	Case Taking & Approach to pt	Performance	05
2	General Concept Of Examination	Performance	10
3	Examination of muscles, joints,	Performance	10
4	Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG,PerformanceClinical Examination		
5	Nervous System- Clinical Examination	Performance	15
6	Respiratory System- Clinical Examination, Spirometry, Stethography	Performance	15
7	Special Senses- Clinical Examination	Performance	15
8	Reproductive System- Diagnosis of Pregnancy	Performance	05
9	Gastrointestinal System- Clinical Examination	Performance	10
	Total		100
O	PD – APPLIED PHYSIOLOGY		
1	OPD (Applied Physiology)	Demonstration & Performance	90
	TOTAL		90

Semester Wise Distribution of Theory, Practical, Clinical Physiology & OPDs

Sr. No	Theory, Practical, Clinical Physiology & OPDs		
	SEMESTER - 1		
Module 1. Organization of the human body	 Theory : General physiology Bio Physics Science Skin & The integumentary System Clinical Physiology : Case Taking & Approach to Patient General concept of examination. 		
Module 2 Principals of Support System & Movements with transportation	 Theory : Body Fluid & Immune Mechanism Nerve Muscles Physiology 		
	 Practical : Study of the Compound Microscope Collection of Blood Samples Estimation of Haemoglobin Concentration Determination of Haematocrit Haemocytometry Total RBC Count Determination of RBC Indices Total Leucocytes Count (TLC) Preparation And Examination Of Blood Smear 		

	Absolute Eosinophil Count
	Determination of Erythrocyte Sedimentation Rate
	Determination of Blood Groups
	Determination of Bleeding Time and Coagulation Time
	Clinical Physiology :
	Examination of muscles, joints,
4th Month - 5 days PA	
6 th Month – 10 days TT – inc	luding Viva Voce
	SEMESTER – 2
Module 3.	Theory :
Vital Maintenance of the	Cardiovascular System
human body	Respiratory & Environmental Physiology
	Clinical Physiology :-
	 Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG, ClinicalExamination
	Respiratory System- Clinical Examination, Spirometry, Stethography
	• OPD (Applied Physiology)
Module 4.	Theory :
Control system of the human body with	Central Nervous System
continuity	• Endocrinology
·	Clinical Physiology :
	Nervous System- Clinical Examination
	Special Senses- Clinical Examination
	Reproductive System – Diagnosis of pregnancy
	• OPD
9th Month – 5 days PA	
12 th Month – 10 days TT – in	ncluding Viva Voce
	SEMESTER - 3
Module 5.	Theory :
Energy maintenance of	Reproductive System
human body	Special Senses
	Digestion System & Nutrition
	Renal Physiology
	• Bio-Chemistry
	Practical : -
	Demonstration of Uses Of Instruments Or Equipment
	• Qualitative Analysis of Carbohydrates, Proteins And Lipids
	Normal Characteristics of Urine
	 Normal Characteristics of Orme

	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood		
	Liver Function Tests		
	Kidney Function Tests		
	Lipid Profile		
	• Interpretation and Discussion of Results of Biochemical Tests		
	Clinical Physiology :-		
	Gastrointestinal System- Clinical Examination		
	• OPD		
14 th Month – 5 days PA			
18 th Month – 12 days TT – including Viva Voce – University exam			

4.COURSE CONTENT

- 1. The purpose of a course in physiology is to enable the students to learn the functions, processes and inter-relationship of the different organs and systems of the normal disturbance in disease so that the student is familiar with normal standards of reference while diagnosing deviations from the normal, and while treating the patients.
- 2. There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which ismaintaining state of health
- 3. Physiology shall be taught from the stand point of describing physical processes underlying them in health;
- 4. Applied aspect of every system including the organs is to be stressed upon while teaching the subject.
- 5. Correlation with Organon and philosophy especially the concept of health and its derangement the interplay of different cell, tissue organ and system, their representation in repertory and integration in HMM
- 6. There should be close co-operation between the various departments while teaching the different systems;
- 7. There should be joint courses between the two departments of anatomy and physiology so that there is maximum

co-ordinationin the teaching of these subjects;

8. Seminars should be arranged periodically and lecturers of anatomy, physiology and bio-chemistry should bring

home the point to he students that the integrated approach is more meaningful.

THEORY:-

- **1.** GENERAL PHYSIOLOGY:
 - Introduction to cellular physiology
 - Cell Junctions
 - Transport through cell membrane and resting membrane potential Body fluids compartments
 - Homeostasis
- 2. BIO-PHYSICAL SCIENCES
 - Filtration Ultra-filtration Osmosis
 - Diffusion Adsorption Hydrotropy, Colloid
 - Donnan Equilibrium Tracer elements Dialysis
 - Absorption Assimilation Surface tension
- **3.** SKIN & THE INTEGUMENTARY SYSTEM
 - Skin & Integumentary System
 - Layers of Skin

- Function of Skin
- Sweat
- Body temperature and its regulation
- **4.** BODY FLUID & IMMUNE MECHANISM
 - Blood
 - Plasma Proteins
 - Red Blood Cells
 - Erythropoiesis
 - Haemoglobin and Iron Metabolism
 - Erythrocyte Sedimentation Rate
 - Packed Cell Volume and Blood Indices
 - Haemolysis and Fragility of Red Blood Cells
 - White Blood Cell
 - Immunity
 - Platelets
 - Haemostasis
 - Coagulation of Blood
 - Blood groups
 - Blood Transfusion
 - Blood volume
 - Reticulo-endothelial System and Tissue Macrophage Lymphatic System and Lymph
 - Tissue Fluid and Oedema
- 5. NERVE MUSCLE PHYSIOLOGY
 - Physiological properties of nerve fibres
 - Nerve fibre- types, classification, function, Degeneration and regeneration of peripheral nerves
 - Neuro-Muscular junction
 - Physiology of Skeletal muscle
 - Physiology of Cardiac muscle
 - Physiology of Smooth muscle
 - EMG
- 6. CARDIO-VASCULAR SYSTEM
 - Introduction to cardiovascular system Properties of cardiac muscle
 - Cardiac cycle
 - General principles of circulation Heart sounds
 - Regulation of cardiovascular system
 - Normal and abnormal Electrocardiogram (ECG)
 - Cardiac output

- Heart rate
- Arterial blood pressure
- Radial Pulse
- Regional circulation- Cerebral, Splanchnic, Capillary, Cutaneous & skeletal muscle circulation.
- Cardiovascular adjustments during exercise
- 7. RESPIRATORY SYSTEM AND ENVIRONMENTAL PHYSIOLOGY
 - Physiological anatomy of respiratory tract
 - Mechanism of respiration: Ventilation, diffusion of gases
 - Transport of respiratory gases Regulation of respiration Pulmonary Function Test
 - High altitude and space physiology Deep sea physiology
 - Artificial respiration
 - Effects of exercise on respiration
- 8. CENTRAL NERVOUS SYSTEM
 - Introduction to nervous system Neuron
 - Neuroglia
 - Receptors
 - Synapse
 - Neurotransmitters
 - Reflex
 - Spinal cord
 - Somato-sensory system and somato-motor system Physiology of pain
 - Brain stem, Vestibular apparatus
 - Cerebral cortex
 - Thalamus
 - Hypothalamus
 - Internal capsule
 - Basal ganglia
 - Limbic system
 - Cerebellum Posture and equilibrium
 - Reticular formation
 - Proprioceptors
 - Higher intellectual function Electroencephalogram (EEG)
 - Physiology of sleep
 - Cerebro-spinal fluid (CSF) Autonomic Nervous System (ANS)

9. ENDOCRINOLOGY

- Introduction of endocrinology and importance of PNEI axis Hormones and hypothalamohypophyseal axis
- Pituitary gland
- Thyroid gland
- Parathyroid
- Endocrine functions of pancreas Adrenal cortex

- Adrenal medulla
- Endocrine functions of other organs

10. REPRODUCTIVE SYSTEM

- Male reproductive system-testis and its hormones; seminal vesicles, prostate gland, semen.
- Introduction to female reproductive system
- Menstrual cycle
- Ovulation
- Menopause
- Infertility
- Pregnancy and parturition Placenta
- Pregnancy tests
- Mammary glands and lactation Fertility
- Foetal circulation
- **11.** SPECIAL SENSES
 - Eye: Photochemistry of vision, Visual pathway, Pupillary reflexes, Colour vision, Errors of refraction
 - Ear: Auditory pathway, Mechanism of hearing, Auditory defects
 - Sensation of taste: Taste receptors, Taste pathways
 - Sensation of smell: Olfactory receptors, olfactory, pathways Sensation of touch

12. DIGESTIVE SYSTEM & NUTRITION

- Introduction to digestive system
- Composition and functions of digestive juices
- Physiological anatomy of Stomach, Pancreas, Liver and Gall bladder, Small intestine, Large intestine
- Movements of gastrointestinal tract
- Gastrointestinal hormones
- Digestion and absorption of carbohydrates, proteins and lipids

13. RENAL PHYSIOLOGY

- Physiological anatomy of kidneys and urinary tract
- Fluid & electrolyte with acid base balance need to be include
- Renal circulation
- Urine formation: Renal clearance, glomerular filtration, tubular reabsorption, selective secretion, concentration of urine, acidification of urine
- Renal functions tests
- Micturition

14. BIO-CHEMISTRY THEORY

- Carbohydrates: (Chemistry, Metabolism, Glycolysis, TCA, HMP, Glycogen synthesis and degradation, Blood glucose regulation)
- Lipids: (Chemistry, Metabolism, Intestinal uptake, Fat transport, Utilization of stored fat, Activation of fatty acids, Beta oxidation and synthesis of fatty acids)
- Proteins: (Chemistry, Metabolism, Digestion of protein, Transamination, Deamination Fate of Ammonia, Urea cycle, Endproducts of each amino acid

and their entry into TCA cycle

- Enzymes: (Definition, Classification, Biological Importance, Diagnostic use, Inhibition)
- Vitamins: (Daily requirements, Dietary source, Disorders and physiological role)
- Minerals (Daily requirement, Dietary Sources, Disorders and physiological role) mineral metabolism
- Organ function tests

PRACTICAL & CLINICAL PHYSIOLOGY:-

S.N.	Practical	Demonstration / Performance			
Hematology					
1	Study of the Compound Microscope	Performance			
2.	Collection of Blood Samples	Performance			
3	Estimation of Haemoglobin Concentration	Performance			
4	Determination of Haematocrit	Demonstration			
5	Hemocytometry	Performance			
6	Total RBC Count	Performance			
7	Determination of RBC Indices	Demonstration			
8	Total Leucocytes Count (TLC)	Performance			
9	Preparation And Examination Of Blood Smear	Performance			
10	Differential Leucocyte Count (DLC)	Performance			
11	Absolute Eosinophil Count	Demonstration			
12	Determination of Erythrocyte Sedimentation Rate	Demonstration			
13	Determination of Blood Groups	Performance			
14	Determination of Bleeding Time and Coagulation Time	Performance			
Biochemistry					
1	Demonstration of Uses Of Instruments Or Equipment	Demonstration			
2	Qualitative Analysis of Carbohydrates, Proteins And Lipids	Performance			
3	Normal Characteristics of Urine	Performance			
4	Abnormal Constituents of Urine	Performance			
5	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood	Performance			
6	Liver Function Tests	Demonstration			
7	Kidney Function Tests	Demonstration			
8	Lipid Profile	Demonstration			
9	Interpretation and Discussion of Results of Biochemical Tests	Demonstration			
	Clinical Physiology & OPD				
1	Case Taking & Approach to pt	Performance			
2	General Concept Of Examination	Performance			
3	Examination of muscles, joints,	Performance			
4	Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG, Clinical Examination	Performance			

5	Respiratory System- Clinical Examination, Spirometry, Stethography	Performance
6	Nervous System- Clinical Examination	Performance
7	Special Senses- Clinical Examination	Performance
8	Reproductive System- Diagnosis of Pregnancy	Performance
9	Gastrointestinal System- Clinical Examination	Performance
10	OPD	Demonstration & Performance

6. TEACHING LEARNING METHODS

Different teaching-learning methods must be apply for understanding holistic and integrated way of physiology. There has to be classroom lectures, small group discussions, case discussion where case based learning (CBL) and problem based learning (PBL). In the applied physiology, Case discussion (CBL-PBL) methods are helpful for students. AV – Methods for demonstration of physiological processes will be very helpful. In process of Clinical Physiology – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

Practical & Clinics are the best medium to demonstrate all physiological processes in objective ways. They help us to understand and explain the physiological signs. Haematological & Biochemistry practical are done in laboratory, where one can apply the DOAP (Demonstration – Observation – Assistance – Performance) & OSPE (Objective Structured Practical Examination) methods. All this should be recorded in the journal.

In the clinics / OPD / IPD / Bed side there shall be exposure of Clinical & Applied Physiology. These can be demonstrated by DOAP(Demonstration – Observation – Assistance – Performance) & OSCE (Objective Structured Clinical Examination) methods. These methods are more objective, and t will help students to develop the attitude as clinicians. In these type of exposure students has to observe the teachers or consultants and able to corelate what they have learned in clinical physiology classes. They do not have to examine the patient by themselves but only observe the teachers. They can keep the record of all physiological function which are disturbed.

Other Innovative methods include preparation of charts and models.

Assessment

7. PRACTICAL TOPICS

No	Practical	<u>Demonstration /</u> <u>Performance</u>			
HAEMATOLOGY					
1	Study of the Compound Microscope	Performance			
2.	Collection of Blood Samples	Performance			
3	Estimation of Haemoglobin Concentration	Performance			
4	Determination of Haematocrit	Demonstration			
5	Hemocytometry	Performance			
6	Total RBC Count	Performance			
7	Determination of RBC Indices	Demonstration			

PRACTICAL & CLINICAL PHYSIOLOGY:-

8	Total Leucocytes Count (TLC)	Performance		
9	Preparation And Examination Of Blood Smear	Performance		
10	Differential Leucocyte Count (DLC)	Performance		
11	Absolute Eosinophil Count	Demonstration		
12	Determination of Erythrocyte Sedimentation Rate	Demonstration		
13	Determination of Blood Groups	Performance		
14	Determination of Bleeding Time and Coagulation Time	Performance		
BI	OCHEMISTRY			
1	Demonstration of Uses Of Instruments Or Equipment	Demonstration		
2	Qualitative Analysis of Carbohydrates, Proteins And Lipids	Performance		
3	Normal Characteristics of Urine	Performance		
4	Abnormal Constituents of Urine	Performance		
5	Quantitative Estimation of Glucose, Total Proteins, Uric Acid in Blood	Performance		
6	Liver Function Tests	Demonstration		
7	Kidney Function Tests	Demonstration		
8	Lipid Profile	Demonstration		
9	Interpretation and Discussion of Results of Biochemical Tests	Demonstration		
CLINICAL PHYSIOLOGY & OPD				
1	Case Taking & Approach to pt	Performance		
2	General Concept Of Examination	Performance		
3	Examination of muscles, joints,	Performance		
4	Cardio-Vascular System – Blood Pressure Recording, Radial Pulse, ECG, Clinical	Performance		
	Examination			
5	Respiratory System- Clinical Examination, Spirometry, Stethography	Performance		
6	Nervous System- Clinical Examination	Performance		
7	Special Senses- Clinical Examination	Performance		
8	Reproductive System- Diagnosis of Pregnancy	Performance		
9	Gastrointestinal System- Clinical Examination	Performance		
10	OPD (Applied Physiology)	Demonstration &		
		Performance		
SPOTTING				
1	Haematology			
2	Bio-Chemistry			
3	Clinical Physiology			

8. ASSESSMENT

PHYSIOLOGY THEME TABLE

	PAPER – 1						
Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's	
А	General Physiology	Ι	07	Yes	Yes	No	
В	Biophysics Science	Ι	07	Yes	Yes	No	
С	Body fluids& Immune Mechanism	Ι	26	Yes	Yes	Yes	
D	Cardiovascular system	Π	16	Yes	Yes	Yes	
Е	Respiratory system	Π	16	Yes	Yes	Yes	
F	Excretory system	III	16	Yes	Yes	Yes	
G	Skin & The Integumentary System	Ι	06	Yes	Yes	No	
Н	Nerve Muscle physiology system	Ι	06	Yes	Yes	No	

QUESTION PAPER BLUE PRINT

UNIVERSITY EXAM PAPER-1-100 MARKS

MCQs - 10 M	larks. SAQs – 40 Marks.	FAQs – 50 Marks
Question	Type of Question	Question Paper Format
Serial Number	Type of Question	(Refer Theme table for themes)
Q1	Multiple choice Questions (MCQ)All questions compulsory	1. Theme A
	1 mark each	2. Theme A
		3. Theme B
		4. Theme B
		5. Theme C
		6. Theme D
		7. Theme E
		8. Theme F
		9. Theme G
		10. Theme H
Q2	Short answer Questions(SAQ)	1. Theme A
	All questions compulsory5 Marks Each	2. Theme B
		3. Theme C
		4. Theme D
		5. Theme E
		6. Theme F
		7. Theme G
		8. Theme H
Q3	Long answer Questions (LAQ)All questions compulsory	1. Theme C
	10 marks each	2. Theme C
		3. Theme D
		4. Theme E
		5. Theme F

	PAPER – 2						
Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's	
А	Endocrine system	II	21	Yes	Yes	Yes	
В	Central Nervous System	II	21	Yes	Yes	Yes	
С	Digestive system and Nutrition	III	16	Yes	Yes	Yes	
D	Reproductive system	III	17	Yes	Yes	Yes	
Е	Sense organs	III	17	Yes	Yes	Yes	
F	Biochemistry	III	08	Yes	Yes	No	

PAPER – 2

UNIVERSITY EXAM PAPER-II – 100 MARKS

	MCQs – 10 Marks. SAQs – 40 Marks.	FAQs – 50 Marks
Question Serial Number	Type of Question	Question Paper Format (Refer Theme table for themes)
Q1	Multiple choice Questions (MCQ)All questions compulsory 1 mark each	 Theme A Theme B Theme C Theme D Theme D Theme D Theme E Theme E Theme F Theme F Theme F Theme F
Q2	Short answer Questions (SAQ)All questions compulsory 5 Marks Each	10) Theme P1) Theme A2) Theme A3) Theme B4) Theme B5) Theme C6) Theme D7) Theme E8) Theme F
Q3	Long answer Questions (LAQ)All questions compulsory 10 marks each	1) Theme A 2) Theme B 3) Theme C 4) Theme D 5) Theme E

Distribution of Marks for Practical Exam:

Practical Exam: 100 Mar	is a second s	
Haematology	20 marks	
Bio-chemistry	20 marks	
Clinical Physiology	20 marks	
Spotting - 10 Spots	30 marks	
Journal	10 marks	
Viva: 80 Marks		
Viva Voce	80 marks	
Internal Assessment: 20		
IA	20	

The Pass Marks in Each Component of the Examination shall be 50%.

Sr. No	Professional Course	1 st ter	rm (1-6 Mo	nths)	2 nd Ter	rm (7-12 Me	onths)	3 rd Term (13- Months)	18
1	First Professional	1 st PA	1 ST TT		2 nd PA	2 ND TT		3 rd PA	UE
	BHMS	20 Marks Practical/Viva	100 Marks Theory	100 Marks Practical/ Viva	20 Marks Practical/Viva	100 Marks Theory	100 Marks Practical/ Viva	20 Marks Practical/Viva	

9B - Scheme of Assessment (formative and Summative)

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted)

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

PA1 Practical/ Viva(20 Marks)	PA2 Practical/ Viva(20 Marks)	PA3 Practical/Viva (20 Marks)	Periodical Assessment Average PA1+PA2+PA3/3	TT1 Practical/ Viva (100 Marks)	TT2 Practical/ Viva (100 Marks)	Terminal Test Average TT1+ TT2/ 200*20	Final Internal Assessment Marks
Α	В	С	D	E	F	G	D+G/2

PA- Periodical Assessment TT- Terminal Test UE- University Examination

LIST OF RECOMMENDED BOOKS THEORY

TEXT BOOKS

- John N A (2023) Chatterjee C C. Text Book of Physiology 14th Edition. CBS Publication. (CBDC based)
- b. Tortora G (2020). Principles of Anatomy & Physiology. Wiley Publication.
- c. Jain A (2021). Text Book of Physiology Vol 1 & 2. Avichal Publishing Company.
- d. Reddy L P(2023)Fundamentals of Medical Physiology. CBS Publishers and Distributors(CBDC based)

REFERENCE BOOKS

- 1. Hall J. (2020). Guyton & Hall Text book of Medical Physiology. Elsevier Publication.
- 2. Khurana I (2021). Essential Medical Physiology. Elsevier Publication.

PRACTICAL & CLINICAL PHYSIOLOGY:-

- 1. Varshney VP, Bedi M, (2023) Ghai's Textbook of Practical Physiology: 10th Edition. Jaypee Brothers Medical Publisher (CBDCbased)
- 2. John N Aet al (2021) C C Chatterjee's Manual of Practical Physiology: CBS Publishers and Distributors(CBDC based)
- 3. Jain A. (2019) Manual of Practical Physiology. 6th ed. Arya Publications.
- 4. Glynn M., William D. (2017). Hutchison's Clinical methods. 24th edition Elsevier Publication

Homoeopathic Pharmacy

Course code: Hom-UG-HP

NCH link

https://nch.org.in/upload/4-Homoeopathic-Pharmacy-02-02-2024.pdf

Sr. No	Description
1	Preamble
2	Program Outcomes (PO)
3	Course Outcomes (CO)
4	Teaching Hours
5	Course Content
6	Teaching Learning Methods
7	Content Mapping (Competencies Table)
8	Practical Topics
9	Assessment
10	List of Recommended Books
11	List of Contributors

INDEX

1. PREAMBLE

Pharmacy holds a unique place in Homoeopathic practice and education. It involves knowledge of sources of drugs and the process through which these are processed to obtain dynamic, potent homoeopathic drugs for use at the bedside. It encompasses knowledge of drug action, drug proving, methods of Quality testing, standardization & storage with up todate information of changing drug laws related to Homoeopathic Pharmaceutical Industry & Homoeopathy.

We all know the travails which Master went through while establishing the right to manufacture and dispense what he had so painfully discovered. The challenges have not lessened in the modern era when 'scientific' evidence has been gathered for dubbing Homoeopathic medicines as nothing more than a placebo. It is important that the entrant to our science is introduced to the scientific nature of the process employed to prepare our medicines and he develops confidence in the soundness of the practices as well as its efficacy. The student should also appreciate the more than 250 year advance that Hahnemann was able to establish of Homoeopathic science. We now know that Homoeopathy is the 'greenest' of all medical systems in existence and that is sustainable, eco-friendly and the most economic while being effective over a wide range of conditions.

The way that this can be conveyed is by adopting an integrated approach to Pharmacy education and training. Effective linkages with the subjects of Homoeopathic Philosophy and Materia Medica will be able to convey the strong roots that the practice of Pharmacy has not only in the philosophical approach but also the experimental results as seen through the proving from which the world of Materia Medica has evolved.

Simultaneously, the recent advances in the bio-physical and quantum physics has opened new avenues to address the age-old question of how homoeopathic medicines act. A host of researchers are already doing work which the student needs to be made conversant with. That will produce an insight of the way new researches and developments in related fields of the 21st century are able to start explaining Hahnemann's insights of the 18th! This will also firmly root the student in the first year itself to being a participant in ongoing research related to the discipline which will be his own. Hence the teacher of Pharmacy has a crucial role to play in being abreast of the developments in the field and lend to the student the excitement that becomes a part of teaching-learning.

2. PROGRAMME OUTCOMES

At the end of BHMS program, a student must

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

2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time

3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work

4) Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community

5) Be willing and able to practice homoeopathy as per medical ethics and professionalism.

6) Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies

7) Develop the capacity for critical thinking, self reflection and a research orientation as required for developing evidence based homoeopathic practice.

8) Develop an aptitude for lifelong learning to be able to meet the changing demands of clinical practice

9) Develop the necessary communication skills and enabling attitudes to work as a responsible team member in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and environmental conservation.

3. COURSE OUTCOMES

At the end of the course of Homoeopathic Pharmacy, I BHMS Student will be able to

- 1. Explain the principles that govern homoeopathic pharmacy.
- **2.** Discuss the pharmacognosicalbasis of homoeopathic drugs with respect to their identification, nomenclature, source, part used, method of collection and preparation.
- **3.** Prepare homoeopathic medicines from their respective sources according to the different scales& methods of potentisation on a small scale in the laboratory.
- 4. Describe the pharmacology of homoeopathic drugs with respect to the types of drug action, sphere of action and pharmacological action of homoeopathic drugs integrated with Homoeopathic Materia Medica, Anatomy and physiology.
- 5. Relate the methodology of Homoeopathic Drug Proving integrated with Organon of Medicine.
- **6.** Apply the principles of Homoeopathic Posology in different health care setting like OPD/IPD integrated with Organon of Medicine and Homoeopathic Materia Medica.
- 7. State the methods of standardization and quality control of homoeopathic medicines to ensure the genuineness of homoeopathic medicines.
- **8.** Explain the principles of pharmaconomy, dispensing and preservation of homoeopathic medicines.
- **9.** Engage the principles of pharmaco-vigilance, and adverse drug reaction in relation to homoeopathic medicines.
- **10.** Write an ideal prescription.
- **11.** Evaluate the scope for research in homoeopathic pharmacy in the context of the recent advancements in pharmaceutical sciences

1. TEACHING HOURS

Sr No.	Subject	Theoretical Lecture	Practical + Posting at IPD/OPD/HospitalDispensing
			Section
01	Homeopathic Pharmacy	100 hrs.	110 hrs.

Teaching Hours (Theory)

	A. List of Topics	B.Term	C. Teaching Hours
a) General Concepts and	Orientation:		
	Definition of Pharmacy & Homoeopathic Pharmacy	Ι	03
emphasis on emergence of	Concept of Drug substance, Drug, Medicine & Remedy		
Homoeopathic Pharmacy.	Forming Basic concept of other AYUSH Schools of		
	Pharmacy (Ayurveda, Siddha, Sowa Rigpa& Unani		
	Pharmacy)		
Homoeopathic Pharmacy	Sources of Homoeopathic PharmacyBranches of	Ι	04
Basics	Pharmacy		
	Scope of Homoeopathic PharmacySpecialty and		
	originality of Homoeopathic Pharmacy		
	The Principles of Homoeopathy		
	Law of Similia, Simplex & Minimum Theory		
	of Chronic Disease & Vital Force		
	Doctrine of Drug Proving & Drug Dynamisation		

Homoeop	The Evolution, History & Development of Homoeopathic	Ι	04
athic	Pharmacopoeias throughout the world (year wise		
Pharmaco	Publications) – GHP, BHP, HPUS, FHP		
poeia	Official –(HPI) & Unofficial Pharmacopoeias –		
	(M Bhattacharya & Co's Homoeopathic Pharmacopoeia		
	Encyclopaedia of Homoeopathic		
	Pharmacopoeia – P N Verma, Homoeopathic		
	Pharmaceutical Codex)		
	Monograph, Contents of Monograph with its individual		
	importance		
Ideal laboratory	Pre requisites of ideal Laboratory (GeneralLaboratory),	I	02
ideal laboratory	Laboratory safety Rules	1	02
	Role of Laboratory in Homoeopathic Pharmacy		
	Education		
Weights and	Metrology	I	01
Weights and Measurements.	Basics & Units of Apothecary System, BritishImperial	1	01
weasurements.	System, Metric System		
	Interrelationship between various systems of Weight & Measure		
	Concept on Domestic Measures with MetricEquivalents		
Nomenclature	The Basic Rules of Nomenclature	Ι	02
	Nomenclature of Homoeopathic Drugs		
	Important terminologies like scientific names,common		
	names, synonyms		
	Anomalias in Nomanalatura		
Pioneers of	Anomalies in Nomenclature Role & contributions of Pioneers in	.	0.0
HomoeopathicPharmacy	development of Homoeopathic Pharmacy	Ι	02
b) Raw Material: Drugs Source of drugs	Different sources - Plant kingdom, Animal kingdom,	-	~ =
in Homoeopathy	Mineral kingdom, Nosodes, Sarcodes, Imponderabilia,	Ι	07
mmonocopamy	Synthetic source,		
	New Sources - Allersode, Isodes with reference to their		
	clinical utility		
	Introduction to Bowel Nosodes, Tissueremedies		
Collection of	General and Specific guidelines for collectingdrugs from	Ι	03
drugsubstances	all available sources		
Vehicles.	Definition, classification, General Use	Ι	06
	Source, Properties & Particular use of Vehicleswith		
	respect to List Provided in Appendix D		
	Preparation – Commercial Lactose, AlcoholPurity		
	tests – Water, Alcohol, Sugar of Milk		
c) Homoeopathic Pharm	aceutics:		
Mother tincture and its	Extraction – Principles & Various Methods Old	II	07
preparation	Method (Based on Class I to IX) Concept of		01
	Uniform Drug Strength Estimation of Moisture		
	Content - Necessity		
	New Method/Modern Approach of Homoeopathic Drug		
	Preparation		
	History of development, Introducer, Designation,	II	03
Various Scales of			

Homoeopathic pharmacy.	Preparation, Administration & Application with respect to		
	- Centesimal Scale, Decimal Scale & 50 Millesimal Scale		
Drugs Dynamisation	The Evolution of Dynamisation Concept in	II	06
	Homoeopathy Potentisation & its types The Merits		
	of PotentisationSuccussion & Trituration		
	Various types of Potency- Fluxion Potency, Jumping		
	Potency, Back Potency, Single Vial Potency, Multiple		
	Vial Potency, Mixed Vial Potency		
	Post-Hahnemannian Potentization Techniques		
External applications	Scope of administration of External Applications in	II	05
11	Homoeopathic Practice Dr Hahnemann's View as per		
	Organon (5 th & 6 th Ed) Preparation & Uses of lotion,		
	glycerol, liniment and ointment.		
Deselect	Commercial Preparation of Ointment	III	06
Posology	Basic principles of Homoeopathic Posology	III	06
	Related aphorisms of Organon of medicine.		
	Criteria for Selection of Potency & Repetition of Dose		
	Various Kinds of Dose, Emphasis on MinimumDose		
Prescription	Prescription Writing	III	02
	Important Abbreviations		
	Parts & Contents of Prescription		
	Merits & Demerits of Prescription Writing		
Dispensing of	Various Dosage Forms – Solid, Liquid DosageForms,	II	02
Homoeopathic Medicines	Methods of Dispensing		
Placebo.	Concept of Homoeopathic Placebo	II	01
	The Philosophy of administration of placeboConcept		
	of Placebo Effect		
Pharmaconomy	Routes of Homoeopathic drug administration.	II	02
Preservation	Preservation Rules - Raw Materials Drug Substance,	II	02
	Mother Preparations, Finished products & Vehicles		
d) Pharmacodynamics			
Doctrine of	Basic Concept, Its Evolution & Application inAncient	II	01
Signature.	Medical System		
	Supporters of the Doctrine		
	Dr Hahnemann's view on the Doctrine		
Drug Proving.	Homoeopathic Pharmacodynamics	III	06
Drug Proving.	With reference to aphorisms 105 – 145 of Organon of		
	Medicine -6^{th} Ed)		
	Post Hahnemannian Drug Proving		
	Homoeopathic Pathogenetic Trial (HPT)CCRH		
	& Other Protocols on HPT		
	Other Noted Provers & their work on DrugProving		
• Advance Drug		II	02
Adverse Drug Reactions	Basic Idea, Reporting of ADE	11	02
Reactions	Drug safety with Ref to HPI		
	Medication errors, Causality Assessment		
D1	Incompatible Remedies	T	0.2
Pharmaco-	Pharmacovigilance in Homoeopathy Activities	II	02
vigilance.	of Pharmacovigilance Centres		
	Awareness on Medicinal Preparations against		
	Homoeopathic Principles – Patents, Combinations		

Pharmacological study of drugs	listed in Appendix-A (Any 15)	III	05
e) Quality Control:			
• Standardisation inHomoeopathy	Different Methods of Standardisation Quality Control of Raw Materials – VariousEvaluation techniques In Process Quality Control Quality Control of finished products – Variousstandard parameters	Π	02
• Industrial pharmacy.	Good Manufacturing Practices (GMP) Schedule M1	II	02
Homoeopathic pharmacopoeia laboratory (HPL)	Functions and Activities of HPL relating toquality control of drugs. Pharmacopoeia Commission for Indian Medicines	Π	01
f) Legislations pertaining	to Homoeopathic Pharmacy:	III	04
The Drugs and Cosmetics	Act, 1940 (23 to 1940)		
Drugs and Cosmetics Rule	s, 1945		
Medicinal and Toilet Prepa	arations (Excise Duties) Act, 1955 (16 of 1955)		
Drugs and Magic Remedie	es (Objectionable Advertisements) Act, 1954 (21 of1954)		
The Narcotic Drugs and Ps	sychotropic Substances Act, 1985 (61 of 1985)		
Dangerous Drug Act, 1930)		
g) Recent Advances in He	III	02	
 Principles of Drug Introduction to Na Molecular Mecha 	-		
Scope of Research in Hom		III	01
 Drug Discovery Principles of New Clinical evaluation 	Drug discovery		
h) Homoeopathic Pharma	· · · · ·	III	02
Relation of Homoeopathic		52	
· ·	Pharmacy with Physiology		
	Pharmacy with Materia Medica		
With reference to Source of	of Drugs, Identification, Common Name of Drugs, Role of pes of Proving in construction of Materia Medica, Clinical		
Family wise study of Sp Liliaceae, Anacardiaceae,	ohere of action – Solanaceae, Loganiaceae, Compositae, Rubiaceae etc		

Teaching Hours (Practical)

Hom	oeopathic Pharmacy Practical's	Teaching Hours	Peyton's 4 step assessment criteria		
	Particulars of Experiments				
1	Estimation of size of globules	2	Execution		
2	Medication of globules (Small Scale)	2	Execution		
3	Purity test of Sugar of milk	2	Comprehension & Execution		
4	Purity test of water	2	Comprehension & Execution		
5	Purity test of Ethyl alcohol	2	Comprehension & Execution		
6	Determination of Specific gravity of a given liquid Vehicle & identifying the same.	2	Execution		
7	Preparation of dispensing alcohol from strong alcohol.	1	Comprehension & Execution		
8	Preparation of dilute alcohol from strong alcohol.	1	Comprehension & Execution		
9	Trituration of drug in Old Method (One each of Class VII, VIII & IX)	3	Execution		
10	Trituration of one drug as per HPI	1	Execution		
11	Succussion in decimal scale from Mother Tincture (Prepared in Old Method) to 3Xpotency.	2	Execution		
12	Succussion in decimal scale from Mother Tincture (Prepared in New Method) to 3Xpotency	2	Execution		
13	Succussion in centesimal scale from Mother Tincture (Prepared in Old Method) to3C	cale from Mother Tincture (Prepared in Old 2			
14	Succussion in centesimal scale from Mother Tincture (Prepared in New Method) to3C	ther Tincture (Prepared in New 2			
15	Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.	1	Execution		
16	Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency.	1	Execution		
17	Preparation of 0/2 potency (Solid form) (LM scale) of 1 Drug from 3 rd DegreeTrituration.	2	Execution		
18	Preparation of external applications – Lotion	1	Execution		
19	Preparation of external applications – Glycerol	1	Execution		
20	Preparation of external applications – Liniment	1	Execution		
21	Preparation of external applications – Ointment	1	Execution		
22	Writing of prescription & Dispensing the Medicine in Water with preparation ofDoses	1	Execution		
23	Writing of prescription & Dispensing the Medicine in Sugar of Milk with Preparation of Doses	1	Execution		
24	Preparation of mother tinctures according to Old Hahnemannian method (Class I, II,III, IV)	s according to Old Hahnemannian method 8 Executi			
25	Preparation of mother solutions according to Old Hahnemannian method (Class Va,Vb, VIa, VIb)	4	Execution		

5. COURSE CONTENT

A. THEORY

Table 4: Homoeopathic Pharmacy Theory					
a) General Concepts and Orien					
History of Pharmacy with	Definition of Pharmacy &				
emphasis on emergence of	Homoeopathic Pharmacy				
Homoeopathic Pharmacy.	Concept of Drug substance,				
1	Drug, Medicine & Remedy				
	Forming Basic concept of other AYUSH Schools of Pharmacy				
	(Ayurveda, Siddha, Sowa Rigpa &Unani Pharmacy)				
Homoeopathic Pharmacy	Sources of Homoeopathic Pharmacy Branches of Pharmacy Scope of				
Basics	Homoeopathic PharmacySpecialty and originality of Homoeopathic				
2 45.25	Pharmacy The Principles of Homoeopathy Law of Similia, Simplex				
	& Minimum Theory of Chronic Disease & Vital Force Doctrine of				
	Drug Proving & Drug Dynamisation				
Homoeopathic	The Evolution, History & Development of Homoeopathic				
Pharmacopoeia	Pharmacopoeias throughout the world(year wise Publications) – GHP,				
T harmaeopoeta	BHP, HPUS, FHP				
	Official –(HPI) & Unofficial Pharmacopoeias –				
	(M Bhattacharya & Co's Homoeopathic Pharmacopoeia				
	Encyclopaedia of Homoeopathic Pharmacopoeia – P N Verma,				
	Homoeopathic PharmaceuticalCodex)				
I de al laboratorra	Monograph, Contents of Monograph with its individual importance				
Ideal laboratory	Pre requisites of ideal Laboratory (General Laboratory),				
	Laboratory safety RulesRole of Laboratory in				
XX7 * 1	Homoeopathic Pharmacy Education				
Weights and measurements.	Metrology				
	Basics & Units of Apothecary System, British Imperial				
	System, Metric SystemInterrelationship between various				
	systems of Weight & Measure				
	Concept on Domestic Measures with Metric Equivalents				
Nomenclature	The Basic Rules of Nomenclature Nomenclature of Homoeopathic Drugs				
	Important terminologies like scientific names, common names, synonyms				
	Anomalies in Nomenclature				
Pioneers of Homoeopathic	Role & contributions of Pioneers in development of Homoeopathic				
Pharmacy	Pharmacy				
b) Raw Material: Drugs and V					
Source of drugs in	Different sources - Plant kingdom, Animal kingdom, Mineral kingdom,				
Homoeopathy	Nosodes, Sarcodes,Imponderabilia, Synthetic source,				
	New Sources - Allersode, Isodes with reference to their clinical utility				
	Introduction to Bowel Nosodes, Tissue remedies				
Collection of drug substances	General and Specific guidelines for collecting drugs from all available				
	sources				
Vehicles.	Definition, classification, General Use Source, Properties & Particular use				
	of Vehicles with respect to List Provided in Appendix DPreparation -				
	Commercial Lactose, Alcohol				
	Purity tests – Water, Alcohol, Sugar of Milk				

c) Homoeopathic Pharmaceuti	cs:
Mother tincture and its	Extraction - Principles & Various Methods Old Method (Based on Class I
preparation	to IX) Concept of Uniform Drug Strength Estimation of Moisture Content
	Necessity
	New Method/Modern Approach of Homoeopathic Drug Preparation
Various Scales of	History of development, Introducer, Designation, Preparation,
Potentization inHomoeopathic	Administration & Application withrespect to - Centesimal Scale, Decimal
pharmacy.	Scale & 50 Millesimal Scale
Drugs Dynamisation	The Evolution of Dynamisation - Concept in HomoeopathyPotentisation &
	its types The Merits of PotentisationSuccussion & Trituration
	Various types of Potency- Fluxion Potency, Jumping Potency, Back
	Potency, Single Vial Potency, Multiple Vial Potency, Mixed Vial Potency
	Post-Hahnemannian Potentization Techniques
External applications	Scope of administration of External Applications in Homoeopathic Practic
	Dr Hahnemann's View as per Organon (5 th & 6 th Ed)
	Preparation & Uses of lotion, glycerol, liniment and ointment.
	Commercial Preparation of Ointment
Posology	Basic principles of Homoeopathic PosologyRelated aphorisms of Organon
	of medicine.
	Criteria for Selection of Potency & Repetition of Dose
	Various Kinds of Dose, Emphasis on Minimum Dose
Prescription	Prescription Writing Important Abbreviations
	Parts & Contents of Prescription
	Merits & Demerits of Prescription Writing
Dispensing of	Various Dosage Forms – Solid, Liquid Dosage Forms,
Homoeopathic Medicines	Methods of Dispensing
Placebo.	Concept of Homoeopathic Placebo
	The Philosophy of administration of placeboConcept of Placebo Effect
Pharmaconomy	Routes of Homoeopathic drug administration.
Preservation	Preservation Rules - Raw Materials Drug Substance, Mother
	Preparations, Finished products & Vehicles
d) Pharmacodynamics	
 Doctrine 	Basic Concept, Its Evolution & Application in Ancient Medical System
ofSignature.	Supporters of the Doctrine
	Dr Hahnemann's view on the Doctrine
 Drug Proving. 	Homoeopathic Pharmacodynamics
	With reference to aphorisms $105 - 145$ of Organon of Medicine -6^{th} Ed)
	Post Hahnemannian Drug Proving
	Homoeopathic Pathogenetic Trial (HPT)CCRH & Other Protocols on HPT
	Other Noted Provers & their work on Drug Proving
 Adverse 	Basic Idea, Reporting of ADEDrug safety with Ref to HPI
DrugReactions	Medication errors, Causality Assessment
~	Incompatible Remedies
 Pharmaco-vigilance. 	Pharmacovigilance in Homoeopathy Activities of Pharmacovigilance
	Centres
	Awareness on Medicinal Preparations against Homoeopathic Principles -
	Patents, Combinations

Pharmacological	listed in Appendix-A (Any 15)
study of drugs	
e) Quality Control:	
Standardisation	Different Methods of Standardisation
inHomoeopathy	Quality Control of Raw Materials – Various Evaluation techniquesIn
	Process Quality Control
	Quality Control of finished products – Various standard parameters
• Industrial pharmacy.	Good Manufacturing Practices (GMP)Schedule M1
Homoeopathic	Functions and Activities of HPL relating to quality control of drugs.
pharmacopoeia	Pharmacopoeia Commission for Indian Medicines
laboratory (HPL)	
f) Legislations pertaining to H	omoeopathic Pharmacy:
The Drugs and Cosmetics Act, 1	940 (23 to 1940)
Drugs and Cosmetics Rules, 194	
Medicinal and Toilet Preparation	ns (Excise Duties) Act, 1955 (16 of 1955)
Drugs and Magic Remedies (Ob	jectionable Advertisements) Act, 1954 (21 of 1954)
The Narcotic Drugs and Psycho	tropic Substances Act, 1985 (61 of 1985)
Dangerous Drug Act, 1930	
g) Recent Advances in Homoe	opathic Pharmacy
Modern theories related with Ho	moeopathic Drug action
Principles of Drug action	
Introduction to Nanomedicine	
Molecular Mechanism of Drug	Action
Mechanism of Action of Homoe	opathic Medicines
Scope of Research in Homoeopa	thic Pharmacy
Drug Discovery	
Principles of New Drug discover	
Clinical evaluation of New Drug	S
Pre-Clinical Research in Homoe	
h) Homoeopathic Pharmacy -	
Relation of Homoeopathic Pharman	
Relation of Homoeopathic Pharman	
Relation of Homoeopathic Pharm	•
	ugs, Identification, Common Name of Drugs, Role of Drug Proving &
	ruction of Materia Medica, Clinical Verification
Family wise study of Sphere of a Rubiaceaeetc	action – Solanaceae, Loganiaceae, Compositae, Liliaceae, Anacardiaceae,
Kublaceaeetc	

B. Practical – Lab Work – Field – Clinical Hospital Work

1.Laboratory Work –

Practical Class (Experiments) - Maintaining Record of Experiments Conducted (Principle, Requirements, Calculation if applicable, Process, Label, Conclusion/Inference) Practical Class (Demonstration) – Maintaining Records of Practical Demonstrated (Principle, Requirements, Calculation if applicable, Process, Label, Conclusion/Inference)

Field Visits-

- A) Maintain File/Report on Visit to GMP Compliant Large Scale Medicine Manufacturing Unit (Format should be as per Appendix– E)
- B) Maintain File/Report on Visit to Medicinal Plant Garden(Format should be as per Appendix -F)

Activity -

- (a) Clinical Hospital Work Maintain Record (Activities/Posting in Dispensing Section, Prescriptions based on Homoeopathic Principles in IPD/OPD) – Record to be maintained as per format in Appendix G
- (b)Seminar Maintain Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned – Record to be maintained asper Appendix - H
- (c) Herbarium Maintenance of 30 Plant Drug Substances Samples

B. PRACTICALS

Table 5 :	Homoeopathic Pharmacy Practical's
Sr. No.	Particulars of Experiments
1	Estimation of size of globules
2	Medication of globules (Small Scale)
3	Purity test of Sugar of milk
4	Purity test of water
5	Purity test of Ethyl alcohol
6	Determination of Specific gravity of a given liquid Vehicle & identifying the same.
7	Preparation of dispensing alcohol from strong alcohol.
8	Preparation of dilute alcohol from strong alcohol.
9	Trituration of drug in Old Method (One each of Class VII, VIII & IX)
10	Trituration of one drug as per HPI
11	Succussion in decimal scale from Mother Tincture (Prepared in Old Method) to 3X potency.
12	Succussion in decimal scale from Mother Tincture (Prepared in New Method) to 3X potency
13	Succussion in centesimal scale from Mother Tincture (Prepared in Old Method) to 3C
14	Succussion in centesimal scale from Mother Tincture (Prepared in New Method) to 3C
15	Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.
16	Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency.
17	Preparation of 0/2 potency (Solid form) (LM scale) of 1 Drug from 3 rd Degree Trituration.
18	Preparation of external applications – Lotion
19	Preparation of external applications – Glycerol
20	Preparation of external applications – Liniment
21	Preparation of external applications – Ointment
22	Writing of prescription & Dispensing the Medicine in Water with preparation of Doses
23	Writing of prescription & Dispensing the Medicine in Sugar of Milk with Preparation of Doses
24	Preparation of mother tinctures according to Old Hahnemannian method (Class I, II, III, IV)
25	Preparation of mother solutions according to Old Hahnemannian method (Class Va, Vb, VIa, VIb)

Demonstration

- **1.** Homoeopathic pharmaceutical instruments and appliances with their cleaning (List provided in Appendix C)
- 2. Estimation of moisture content using water bath
- 3. Paper chromatography & TLC of any mother tincture
- 4. Laboratory methods Sublimation, distillation, decantation, filtration, crystallization.
- 5. Preparation of mother tincture Maceration and Percolation
- 6. Study & demonstration of Drug Substances (listed in Appendix B)
 - i)Macroscopic Characteristic (Any 15)
 - ii) Microscopic characteristic (Any 05)
- 7. Study & demonstration of vehicles (Solid, Liquid & Semi solid as available)
- 8. Microscopical study of Trituration (One drug up to 3X Potency)
- 9. Medication of Globule (Large Scale)

Activities

- 1. Collection of 30 drugs for herbarium
- 2. Visit to a Large-scale manufacturing unit of Homoeopathic medicine (GMP compliant).
- 3. Visit to a Medicinal Plant /Botanical Garden & shall keep details Visit report
- 4. Clinical Class: Visit to IPD, OPD to take note on prescriptions as per Homoeopathic Principles &keep record
- 5. Visit to Hospital dispensing section to observe & gain knowledge on Dispensing techniques & Keep Records

Demonstration

- 1. Homoeopathic pharmaceutical instruments and appliances with their cleaning (List provided in Appendix C)-06 Hours
- 2. Estimation of moisture content using water bath-02 Hours
- 3. Paper chromatography & TLC of any mother tincture-04 Hours
- 4. Laboratory methods Sublimation, distillation, decantation, filtration, crystallization.-04 Hours
- 5. Preparation of mother tincture Maceration and Percolation- 04 Hours
- 6. Study & demonstration of Drug Substances (listed in Appendix B)- 10 Hours i)Macroscopic Characteristic (Any 15)
 - ii) Microscopic characteristic (Any 05)
- 7. Study & demonstration of vehicles (Solid, Liquid & Semi solid as available)- 02 Hours
- 8. Microscopical study of Trituration (One drug up to 3X Potency)-02 Hours
- 9. Medication of Globule (Large Scale)-1 Hour

Clinical Hospital Work – Maintain Record (Activities/Posting in Dispensing Section, Prescriptions based on Homoeopathic Principles in IPD/OPD) – Record to be maintained as per format in Appendix G- 20 Hours

Seminar – Maintain Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned-07 Hours

6. TEACHING LEARNING METHOD

The Teaching Learning activities in Homoeopathic Pharmacy requires change in structure & process in order to be more skill based & providing hands on experience. The Teaching Learning methods with respect to Homoeopathic Pharmacy may be covered in the following manner –

- a) Class Room Lectures Oral Presentation, Board Work, Power point Presentation
- b) Tutorials Special Classes on Doubt Clearing of Completed topics/Chapters, Special Classes for Slow Learners (involving Students in Groups comprising 5-10)
- c) **Practical Class** Demonstration & Explanation of the Experiments, this would follow by conduction of the Experiment by the studentson their own, write up of the Experiment conducted
- d) Clinical Class Visit to IPD/OPD for gaining Knowledge on Prescription writing, Administration of Homoeopathic medicines based onHomoeopathic Posology, Visiting Hospital Pharmacy to observe & Gain Knowledge on dispensing techniques
- e) Field Visit Visit to One GMP Compliant Homoeopathic Manufactory.

Visit to One Medicinal Plant Garden

f) Student Activities - Working out the Assignments, Projects, Power point presentations as assigned

Non-Lecture Activities

- 1. Collection of 30 drugs for herbarium
- 2. Visit to a Large-scale manufacturing unit of Homoeopathic medicine (GMP compliant).
- 3. Visit to a Medicinal Plant /Botanical Garden & shall keep details Visit report
- 4. Clinical Class: Visit to IPD, OPD to take note on prescriptions as per Homoeopathic Principles and keep record
- 5. Visit to Hospital dispensing section to observe & gain knowledge on Dispensing techniques & Keep Records

7. PRACTICAL TOPICS

Home	Iomoeopathic Pharmacy Practicals					
Sr No.	Particulars of Experiments					
1	Estimation of size of globules					
2	Medication of globules (Small Scale)					
3	Purity test of Sugar of milk					
4	Purity test of water					
5	Purity test of Ethyl alcohol					
6	Determination of Specific gravity of a given liquid Vehicle & identifying the same.					
7	Preparation of dispensing alcohol from strong alcohol.					
8	Preparation of dilute alcohol from strong alcohol.					
9	Trituration of drug in Old Method (One each of Class VII, VIII & IX)					
10	Trituration of one drug as per HPI					
11	Succussion in decimal scale from Mother Tincture (Prepared in Old Method) to 3X potency.					
12	Succussion in decimal scale from Mother Tincture (Prepared in New Method) to 3X potency					
13	Succussion in centesimal scale from Mother Tincture (Prepared in Old Method) to 3C					
14	Succussion in centesimal scale from Mother Tincture (Prepared in New Method) to 3C					
15	Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.					
16	Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency.					

17	Preparation of 0/2 potency (Solid form) (LM scale) of 1 Drug from 3rd Degree Trituration.
18	Preparation of external applications – Lotion
19	Preparation of external applications – Glycerol
20	Preparation of external applications – Liniment
21	Preparation of external applications – Ointment
22	Writing of prescription & Dispensing the Medicine in Water with preparation of Doses
23	Writing of prescription & Dispensing the Medicine in Sugar of Milk with Preparation of Doses
24	Preparation of mother tinctures according to Old Hahnemannian method (Class I, II, III, IV)
25	Preparation of mother solutions according to Old Hahnemannian method (Class Va, Vb, VIa, VIb)

Demonstration

1. Homoeopathic pharmaceutical instruments and appliances with their cleaning (List provided in Appendix C)

- 2. Estimation of moisture content using water bath
- 3. Paper chromatography & TLC of any mother tincture
- 4. Laboratory methods Sublimation, distillation, decantation, filtration, crystallization.
- 5. Preparation of mother tincture Maceration and Percolation
- 6. Study & demonstration of Drug Substances (listed in Appendix B)i)Macroscopic Characteristic (Any 15)
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- 7. Study & demonstration of vehicles (Solid, Liquid & Semi solid as available)
- 8. Microscopical study of Trituration (One drug up to 3X Potency)
- 9. Medication of Globule (Large Scale)

Activities

- 1. Collection of 30 drugs for herbarium
- 2. Visit to a Large-scale manufacturing unit of Homoeopathic medicine (GMP compliant).
- 3. Visit to a Medicinal Plant /Botanical Garden & shall keep details Visit report
- 4. Clinical Class: Visit to IPD, OPD to take note on prescriptions as per Homoeopathic Principles &keep record
- 5. Visit to Hospital dispensing section to observe & gain knowledge on Dispensing techniques & Keep Records

Demonstration

- **1.** Homoeopathic pharmaceutical instruments and appliances with their cleaning (List provided in Appendix C)-06 Hours
- 2. Estimation of moisture content using water bath-02 Hours
- 3. Paper chromatography & TLC of any mother tincture-04 Hours
- 4. Laboratory methods Sublimation, distillation, decantation, filtration, crystallization.-04 Hours
- 5. Preparation of mother tincture Maceration and Percolation- 04 Hours
- 6. Study & demonstration of Drug Substances (listed in Appendix B)- 10 Hours i)Macroscopic Characteristic (Any 15)
 - ii) Microscopic characteristic (Any 05)
- 7. Study & demonstration of vehicles (Solid, Liquid & Semi solid as available)- 02 Hours
- 8. Microscopical study of Trituration (One drug up to 3X Potency)-02 Hours
- 9. Medication of Globule (Large Scale)-1 Hour

- **Clinical Hospital Work** Maintain Record (Activities/Posting in Dispensing Section, Prescriptions based on Homoeopathic Principles in IPD/OPD) – Record to be maintained as per format in Appendix G- 20 Hours
- Seminar Maintain Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned-07 Hours

8. Assessments Assessment Summary

8A- Number of papers and Mark Distribution

Sr. No.	Course Code	Papers	Theory	Practical	Viva Voce	Internal Assessment- Practical	Electives Grade Obtained	Grand Total
1	Hom UG-HP	1	100	50	40	10		100

8B - Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6 Months)			2 nd Term	(7-12 M	onths)	3 rd Term (Month	
1	First	1 st PA	18	^T TT	2 nd PA	2 ^N	TT ^{ID}	3 rd PA	UE
	Professional	10 Marks	50	50 Marks	10 Marks	50	50 Marks	10 Marks	
	BHMS	Practical/	Marks	Practical/	Practical/	Marks	Practical/	Practical/	
		Viva	Theory	Viva	Viva	Theory	Viva	Viva	

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted.

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

PA1	PA2	PA3	Periodical	TT1	TT2	Terminal Test	Final
Practical/	Practical/	Practical/	Assessment	Practical/	Practical/	Average	Internal
Viva (10	Viva (10	Viva (10	Average	Viva (50	Viva (50	TT1+TT2/10	Assessm
Marks)	Marks)	Marks)	PA1+PA2+P	Marks)	Marks)	0*10	ent
Α	В	С	A3/3	Ε	F	G	Marks
			D				D+G/2

PA- Periodical Assessment TT- Terminal Test UE- University Examination

9C - Evaluation Methods for Periodical Assessment

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

9 D- Paper Layout

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

9 E– I - Distribution of Theory exam

Sr. No	Paper			D Type of Questions "Yes" can be asked. "No" should not be asked.		
	A List of Topics	B Term	C Marks	MCQ (1 Mark)	SAQ(5 Marks)	LAQ (10 Marks)
1	General Concepts and Orientation	Ι	Refer	Yes	Yes	Yes
2	Raw Material: Drugs and Vehicles	Ι	Next	Yes	Yes	Yes
3	Homoeopathic Pharmaceutics	II	Table	Yes	Yes	Yes
4	Pharmacodynamics	III		Yes	Yes	Yes
5	Quality Control	II		No	Yes	No
6	Legislations pertaining to Homoeopathic Pharmacy	III		No	No	Yes
7	Homoeopathic Pharmacy - Relationships	III		No	Yes	No

9 E – II - Theme table

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
А	General Concepts and Orientation	Ι	16	Yes	Yes	Yes
В	Raw Material: Drugs and Vehicles	Ι	25	Yes	Yes	Yes
C	Homoeopathic Pharmaceutics	Π	23	Yes	Yes	Yes
D	Pharmacodynamics	III	16	Yes	Yes	Yes
Е	Quality Control	Π	05	No	Yes	No
F	Legislations pertaining to Homoeopathic Pharmacy	III	10	No	No	Yes
G	Homoeopathic Pharmacy - Relationships	III	05	No	Yes	No

9 F Question paper Blueprint

A Question Seria Number	B I Type of Question	Question Paper Format (Refer table 7 F II Theme table for themes)
1	Multiple choice Questions(MCQ)	1. Theme A
	10 Questions	2. Theme B
	1 mark each All compulsory	3. Theme B
	Must know part: 6 MCQ Desirable to	4. Theme B
	know: 2 MCQ.Nice to know: 2 MCQ	5. Theme B
		6. Theme B
		7. Theme C
		8. Theme C
		9. Theme C

		10. Theme D
Q2	Short answer Questions(SAQ) 8 Questions 5 Marks Each All compulsory Must know part: 7 SAQ Desirable to know: 1 SAQ	 Theme A Theme B Theme B Theme C Theme C
		6. Theme D7. Theme E
	Nice to know: Nil	8. Theme G
Q3	Long answer Questions (LAQ) 5 Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and	3. Theme C
	Desirable toknow	5. Theme F

9 G - Distribution of Practical Exam

Practical, Viva& Internal Assessment - 100 marks

Spotting	20 marks
Experiment	20 marks
Journal	10 marks
Viva voce	40 marks
Internal assessment	10 marks

LIST OF RECOMMENDED BOOKS

Text Books

- a. Dr. Partha Mandal &Dr. Biman Mandal, A Textbook of Homoeopathic Pharmacy, Revised and Enlarged 3rd Edition, 2012,New Central Book Agency Publishers.
- b. Dr.Sumit Goel, Art and Science of Homoeopathic Pharmacy, 4THEnlarged Revised Edition, 2021, IBPP Publishers.
- c. Dr. D.D. Banerjee, Augmented Textbook of Homoeopathic Pharmacy, 2 nd Edition, 2012, B. Jain Publishers.
- d. Dr. K.P. Mujumdar, Textbook of Homoeopathic Pharmacy, 2013, New Central Book Agency Publishers Reference Texts
- 1. Banerjee SK & Sinha N. (Reprint edition, 1993). A Treatise on Homoeopathic Pharmacy. B Jain Publishers, New Delhi.
- 2.Govt. of India, Ministry of Health & Family Welfare, New Delhi (1971 to 2006). Homoeopathic Pharmacopoeia of India (1-9Vol.)
- 3. Hughes R (Reprint edition, 1999). A Manual of Pharmacodynamics. B Jain Publishers, New Delhi.
- 4. Dr. P.N. Verma &Dr. (Mrs.) InduVaid, Encyclopaedia of Homoeopathic Pharmacopoeia, Vol- I,II,III, Edition 2002,B. JainPublishers.

APPENDIX – A

1.	Aconitum Napellus	16.	Glonoinum
2.	Adonis vernalis	17.	Hydrastis Canadensis
3.	Allium cepa	18.	Hyoscyamus niger
4.	Argentum Nitricum	19.	Kali bichromicum
5.	Arsenicum album	20.	Lachesis
6.	Atropa Belladonna	21.	Lithium carbonicum
7.	Cactus grandifloras	22.	Mercurius corrosivus
8.	Cantharis vesicatoria	23.	Naja tripudians
9.	Cannabis indica	24.	Nitricum acidum
10.	Cannabis sativa	25.	Nux vomica
11.	Cinchona officinalis	26.	Passiflora incarnate
12.	Coffea cruda	27.	Stannum metallicum
13.	Crataegus oxyacantha	28.	Stramonium
14.	Crotalus horridus	29.	Symphytum officinale
15.	Gelsemium sempervirens	30.	Tabacum
APPE	NDIX – B	I	
	drugs for identification		
i.	Vegetable Kingdom		
1.	Aegle folia		
2.	Anacardium orientale		
3.	Andrographis paniculata		
4.	Calendula officianlis		
5.	Cassia sophera		
6.	Cinchona officinalis		
7.	Cocculus indicus		
8.	Coffea cruda		
9.	Colocynthis		
10.	Crocus sativa		
11.	Croton tiglium		
12.	Cynodon dactylon		
13.	Ficus religiosa		
14.	Holarrhenaantidysenterica		
15.	Hydrocotyle asiatica		
16.	Justicia adhatoda		
17.	Lobelia inflata		
18.	Nux vomica		
19.	Ocimum sanctum		
20.	Opium		
21.	Rauwolfia serpentina		
22.	Rheum		
23.	Saraca indica		
24.	Senna		
25.	Stramonium		
26.	Vinca minor		

ii. Chemicals or M	in anala			
	inerais			
Acetic acid				
Alumina				
Argentum Metallicum	m			
Argentum Nitricum				
Arsenicum Album				
Calcarea Carbonica				
Carbo Vegetabilis				
Graphites				
Magnesium Phospho Natrum Muriaticum	oric			
Sulphur iii. Animal Kingdor	n			
	11			
Apis mellifica				
Blatta orientalis				
Formica rufa				
Sepia				
Tarentula cubensis				
Appendix C				
	k Appliance	es for Demonstration & Stu		
Crucible with lid		Test Tube	Tripod stand	Hot Air Oven
Porcelain Basin		Conical Flask	Wire gauze	Water bath
Mortar & Pestle Porce	elain	Volumetric flask	Spatula	Macerating Jar
Ointment Slab		Minim glass	Leather pad	Percolator
Chemical Balance		Thermometer	Stop watch	Microscope
Hydrometer		Mortar & Pestle - Glass	Chopping Board	pH Meter
Alcoholometer		Glass Phials	Chopping Knife	Burette
Lactometer		Pyknometer	Sieve	Pipette
Spoon		Measuring Cylinder	Tincture Press	Dropper
Beaker		Graduated Conical Flask	Funnel	Glass Rod
Appendix – D (List	of Importa	nt Vehicles for Study)		
Solid	Liquid			Semisolid
Sugar of Milk	Water			Vaseline
Globules	Ethyl A	lcohol		Beeswax
Tablets	Glyceri	ne		Lanolin
Cane Sugar	Olive O	il		Spermaceti
	Simple	Syrup		Isin glass
	Lavende	er Oil, Sesame Oil, Rosemar	y Oil, Almond Oil	
Appendix E	1	-		
Format for Maintai	ining Recor	d on visit to Homoeopathic	Manufactory (GMP	Compliant)
Date of Visit				
No. of Visiting Stude	ents & Teacl	ning Faculty Name of Teachi	ng Faculty	
Detail of the Instruct	or/s at the M	Ianufactory		
How the Tour was an	rranged Nan	ne & Location of the Homoe	opathic Manufactory	
History about the Ma	anufactory I	Different Sections of the man	ufactory with its working	ng process
Activities of R&D D	ept. How th	e visit helped in correlation v	with topics studied in T	heory Conclusion
(Any other related i	information	, not mentioned in format,	if required can be inc	luded)

Appendix F
Format for Maintaining Record on visit to Medicinal Plant Garden
Date of the Visit
No. of visiting Students & Teaching FacultyName of Teaching Faculty
Detail of Instructor/s
How the Tour was arranged
Name & Location of the Medicinal Plant GardenHistory & about the Medicinal Plant Garden
A list Medicinal Plants seen with brief description,
Conclusion
Appendix G
Format for maintaining record on Hospital Activities (Visit to OPD/IPD & Dispensing Section)
Record on Prescriptions based on Homoeopathic Principles in IPD/OPDNo of Cases: Total 10 cases (5
Acute, 5 Chronic)
Format - Patient IDComplaint
Diagnosis
Details of 1st Prescription - Name of Medicine, Potency, Dose with its Repetition, Second Prescription (if
Record is available)
Conclusion at the end of Acute & Chronic Cases on Lessons learnt on Homoeopathic Principles
Record on Activities/Posting in Hospital Dispensing SectionTotal No. of Patients Date wise,
Sl No as per Prescription Register, Dosage form-Liquid/solid,
Name of Vehicle used, Medication Process etc
Conclusion at the end on Lessons learnt on Homoeopathic Dispensing Techniques
Appendix H
Format for Maintaining record on Departmental Seminars
Maintenance of Record on Seminar Presentation on Topics of Homoeopathic Pharmacy as assigned
Circular/Notice of Departmental Seminar
Title of Topic for Presentation, Date
Presented by Name of Student/sBrief Report on the Seminar
Any New Information provided by the SpeakersRating on a Scale of 10
No of Students & Faculty Members attending the SeminarPhotos
Signed by the Departmental Head

Homoeopathic Materia Medica

Subject code: Hom UG-HMM-I

NCH link

https://nch.org.in/upload/5-Homoeopathic-Materia-Medica-02-02-2024.pdf

S. No	Description
1	Preamble
2	Program Outcomes (PO)
3	Course Outcomes (CO)
4	Teaching Hours
5	Course Content
6	Teaching Learning Methods
7	Content Mapping (Competencies Table)
8	Assessment
9	List of Recommended Books
10	List of Contributors

INDEX

1. PREAMBLE

Homoeopathic Materia Medica is the study of the action of drugs on healthy human being as a whole taking into consideration individual susceptibility and its reaction to various circumstances and time. A good prescription by a homoeopath mainly depends upon the casereceiving, processing and a sound knowledge of Homoeopathic Materia Medica.

Each drug in Materia Medica not only has its own personality with its mental and physical constitution but also has its own affinity to an area, direction, spread, tissue, organ, system. Study of a drug in context of altered sensation, function and structure covers the pathology caused by it, which is also expressed in the pathogenesis of the drugs. Materia Medica also has symptoms from toxicological and clinical proving. All this knowledge is of utmost importance in order to apply the remedies in various clinical conditions. This can be achievedonly by integrating the study of Materia Medica with other parallel subjects taught during the course.

Apart from the source books of Materia Medica there are different types of Materia Medica constructed on different philosophical backgrounds by different authors. Materia Medica alsoforms the platform of various repertories. Therefore, it becomes very important for a student for homoeopathy to learn the plan and construction of all the basic Materia Medica in order to understand their practical utility in practice.

It is also important to keep in mind that the end point of the teaching of HMM is not to burden the student with information of more number of remedies but to equip with an approach which will help to develop the vision towards self-guided study and apply the knowledge in practice.

This self-directed learning can ultimately lead to a critical approach of studying Materia Medica hence empowering evidence based practice and initiate the process of lifelong learning. Exploring Materia Medica is an endless journey as newer illnesses will keep on emerging and newer drugs or undiscovered facets of existing drugs will be needed to explore for managing these situations.

2. PROGRAM OUTCOMES:

At the end of BHMS program, a student must

- 1. Develop the competencies essential for primary health care in clinical diagnosis andtreatment of diseases through the judicious application of homoeopathic principles
- 2. Recognize the scope and limitation of homoeopathy and to apply the HomoeopathicPrinciples for curative, prophylactic, promotive, palliative, and rehabilitative primaryhealth care for the benefit of the individual and community.
- **3.** Discern the relevance of other systems of medical practice for rational use of crossreferral and life saving measures, so as to address clinical emergences
- 4. Develop capacity for critical thinking and research aptitude as required for evidencebased homoeopathic practice.
- 5. Demonstrate aptitude for lifelong learning and develop competencies as and whenconditions of practice demand.

- 6. Be competent enough to practice homoeopathy as per the medical ethics and professionalism.
- 7. Develop the necessary communication skills to work as a team member in various healthcare setting and contribute towards the larger goals of national policies such as school health, community health, environmental conservation.
- 8. Identify and respect the socio-demographic, psychological, cultural, environmental & economic factors that affect health and disease and plan homoeopathic intervention achieve the sustainable development Goal.

3. COURSE OUTCOMES

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

- 1. Define the homoeopathic Materia Medica.
- 2. Understand the philosophy of homoeopathic Materia Medica.
- **3.** Describe evolution, sources and construction of different types of Homoeopathic Materia Medica.
- 4. Enumerate the scope and limitations of Homoeopathic Materia Medica.
- 5. Evolve the portrait and symptomatology of a particular drug using the knowledge of pharmacy, psychology, anatomy, physiology and Organon of medicine.
- 6. Observe the symptoms of a particular medicine in a clinical set-up with emphasis on individualizing symptoms.

Learning Objectives

- 1. To define the homoeopathic Materia Medica and grasp the basic concept with philosophy of it based on Hahnemannian directions.
- 2. To discuss different sources and types of homoeopathic Materia Medica.
- **3.** To understand the drug in context of its pharmacological data, constitution, temperament, sphere of action, pathogenesis, both mental and physical generals, particular symptoms, characteristic/ individualising symptoms, general and particular modalities, relationship with other remedies including doctrine of signature.
- 4. To study and understand the bio-chemic system of medicine.
- 5. To identify the symptoms of a sick individual corresponding to the symptoms of a particular drug.
- 6. To develop an insight into scopes and limitations of homoeopathic Materia Medica.

4. TEACHING HOURS Distribution of Teaching Hours:

Homoeopathic Materia Medica					
Year Teaching hours- Lectures Teaching hours-Non-					
		lectures			
1 st BHMS	120	75			

4. A. Teaching Hours Theory:

S. no.	List of Topics	Hours
1.	Definition and introduction of Materia Medica	3
2.	Types of Homoeopathic Materia Medica	3
3.	Sources of Homoeopathic Materia Medica	4
4.	Study of drug picture (term I)	32
5.	Study of drug picture (term II)	33
6.	Theory of Bio chemic salts	2
7.	Individual bio chemic salts	14
8.	Study of drug picture (term III)	28
9.	Scope and Limitation of HMM	1
	Total	120

4.B. Teaching Hours Non-lecture:

Sr. No	A	B	C
	Study Setting	Term	Teaching Hours
1	OPD/IPD/Classroom	II & III	75

Non-Lecture Activities (Practical)-

Sr. No	Non Lecture Teaching Learning methods	Time Allotted per Activity
		(Hours)
1	Group Discussions	5
2	Problem based learning	5
3	Tutorials	10
4	Case Based Learning (live case)	55
	Total	75

5. COURSE CONTENTS BHMS I (Theory)

1. Introductory Lectures

- a. Definition and introduction of basic Materia Medica. Contrast between Materia Medica and Homoeopathic Materia Medica.
- b. Sources, types, construction, scope and limitation of Homoeopathic MateriaMedica
- c. Theory of biochemic system of medicine, its comparison with Homoeopathy and study of **12 biochemic tissue salts** with their physico-chemical reaction.

2. Homoeopathic medicines:

1. Aconite	18. CalcareaPhos	35. Hypericum
2. Aethusa Cynapium	19. Calendula	36. Ignatia
3. Allium Cepa	20. Carbo Veg	37. Ipecac
4. Aloe Soc	21. Chamomilla	38. Ledum Pal
5. Ammonium Carb	22. Cina	39. Lycopodium

6. Ammonium Mur	23. Cinchona	40. Natrum Carb
7. Antim Crude	24. Cocculus	41. Natrum Mur
8. Antim Tart	25. Coffea Cruda	42. Nux Vomica
9. Apis Mel	26. Colchicum	43. Podophyllum
10. Arnica Montana	27. Colocynth	44. Pulsatilla
11. Ars Alb	28. DioscoriaVillosa	45. Rhus Tox
12.Arum Triph	29. Croton Tig	46. Ruta
13. Baryta Carb	30. Drossera	47. Silicea
14. Belladona	31. Dulcamara	48. Spongia
15. Borax	32. Euphrasia	49. Sulphur
16. Bryonia Alba	33. Gelsemium	50. Symphytum
17. Calc Carb	34. HeparSulph	

3. Biochemic tissue salts:

1. Calc Flour	5. Kali Mur	9. Nat Mur*
2. Calc Phos*	6. Kali Phos	10. Nat Phos
3. Calc Sulph	7. Kali Sulph	11. Nat Sulph
4. FerrPhos	8. Mag Phos	12.Silicea*

*Also included in the list of Homoeopathic medicines, hence total no. of medicines shall remain 59 for BHMS I.

Contents for Term I:

I. Introductory Lectures –

Definition and introduction of basic Materia Medica, contrast between Materia Medica and Homoeopathic Materia Medica

II. Homoeopathic medicines:

1. Arnica montana	8.Natrum Mur
2.Bryonia	9.Rhus tox
3.Baryta carb	10.Ruta
4.Calc Carb	11.Silicea
5.Calendula	12.Sulphur
6.Hypericum	13.Symphytum
7. Ledum pal	

Contents for Term II:

I. Homoeopathic medicines:

1. Aconite nap	11.Colchicum
2.Aloes soc	12. Colocynth
3. Apis mellifica	13.Dioscorea
4. Arsenic Alb	14. Dulcamara

5.Belladona	15. Gelsemium
6.Cina	16. Ignatia
7.Chamomila	17. Lycopodium
8.Carbo veg	18. Nux vomica
9.Cinchona	19. Podophyllum
10.Cocculus	20. Pulsatilla nig.

II. Theory of biochemic system of medicine, its comparison with Homoeopathy

III. Study of 5 **biochemic tissue salts** with their physico-chemical reaction:

1. Calc Flour
2. Calc Phos
3. Calc Sulph
4. Natrum Phos
5.Natrum sulph

Contents for Term III:

I. Homoeopathic medicines:

1. Aethusa cyn	9. Coffea cruda	
2. Alliun cepa	10. Croton tig	
3. Ammon Carb	11. Drosera	
4. Ammon Mur	12. Euphrasia	
5. Antim Crud	13.Hephar Sulph	
6. Antim Tart	14.Ipecacuanha	
7. Arum triph	15.Natrum carb	
8. Borax	16.Spongia	

II. Study of 5 **biochemic tissue salts** with their physico-chemical reaction:

1. FerrPhos
2. Kali Mur
3. Kali Phos
4. Kali Sulph
5. Mag Phos

III. Scope and limitations of Homoeopathic Materia Medica

6. TEACHING LEARNING METHODS

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

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

7. Assessment Summary

7A- Number of papers and Mark Distribution

Sr.	Course Code	Papers	Theory	Practical	Viva	Internal	Grand Total
No.				(Assignment+	Voce	Assessment-	
				Spotting)		Practical*	
1	HomUG-HMM-I	1	100	30+20= 50	40	10	200

*<u>Note</u>- For Internal assessment, only Viva marks obtained in three PAs and two TTs will be considered as explained in table 8B-1 and to be calculated as per the table 8B-2 given below. Theory marks shall not be taken into account for this purpose.

7B-I - Scheme of Assessment (formative and Summative)

Sr.	Professional	1 st ter	rm (1-6	2 nd Ter	m (7-12	3rd Tern	n (1 3-18
No	Course	Mo	nths)	Mor	nths)	Mor	ths)
	First	First PA	$+1^{ST}TT$	2 nd PA+	-2 ND TT	3 rd PA	A+UE
1	Professional BHMS	1 st PA	1 st TT	2 nd PA	2 nd TT	3 rd PA	UE

	10 marks	50	50	10 marks	50	50	10 marks	As per
	practical/viva	marks	marks	practical/viva	marks	marks	practical/viva	table 8A
		theory	viva		theory	viva		

PA: Periodical Assessment to be done only through practical/viva; TT: Term Test shall include both theory and viva; UE: University Examinations shall include both theory and viva as per table 8A

7B-II- Method of calculation of internal assessment marks for final university examination:

		PA3 Practical/Viv a (10 Marks)	Periodical Assessment Average PA1+PA2+PA3 /3	TT1 Practica I/ Viva (50 Marks)	TT2 Practica I/ Viva (50 Marks)	Termina l Test Average TT1+ TT2/10	Final Internal Assessme nt Marks
А	В	С	D= A+B+C/3	Е	F	G=E+F/1 0	D+G/2

7C - Paper Layout Summative assessment:

<u>Theory- 100 marks</u>

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

7D– I - Distribution of Theory exam

Sr. No	Paper			• •	D estions "Yes" should not be	can be asked. e asked.
	A List of Topics	B Term	C Marks	MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
1	Definition and introduction of basic materia medica and HMM; compare HMM and other Materia Medica	Ι		Yes	Yes	No
2	Sources, types, construction, scope and limitation of Homoeopathic Materia Medica	I,III	Refer Next	Yes	Yes	Yes
3	Theory of Biochemic system of medicine, its comparison with Homoeopathy and study of 12 Biochemic tissue salts with their physico- chemical reaction	П	Table	Yes	Yes	Yes
4	Drug Picture- 50 Homoeopathic Medicines	II & III		Yes	Yes	Yes

7D–II - Theme table

Theme*	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Definition and introduction of basic materia medica and HMM; compare HMM and other Materia Medica	Ι	7	Yes	Yes	No
В	Sources, types, construction, scope and limitation of Homoeopathic Materia Medica	I,III	17	Yes	Yes	Yes
С	Theory of Biochemic system of medicine, its comparision with Homoeopathy and study of 12 Biochemic tissue salts with their physico- chemical reaction	П & Ш	22	Yes	Yes	Yes
D	Drug Picture- 50 Homoeopathic Medicines	I,II& III	54	Yes	Yes	Yes

7E- Question paper Blue print

Question Serial Number	Type of Question	Question Paper Format (Refer table 8D- II Theme table for themes)
Q1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All compulsory Must know part: 7 MCQ Desirable to know: 2 MCQ. Nice to know: 1 MCQ	 Theme A Theme A Theme B Theme B Theme C Theme C Theme D Theme D Theme D Theme D Theme D
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory Must know part: 6 SAQ Desirable to know: 2 SAQ Nice to know: 0 SAQ	1. Theme B1. Theme A2. Theme B3. Theme C4. Theme C5. Theme D6. Theme D7. Theme D8. Theme D
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory All questions on must know No Questions on Nice to know and Desirable to know	 Theme B Theme C Theme D Theme D Theme D Theme D

7F - Distribution of Practical Exam

Practical & Viva-100 marks

Viva voce	40 marks
Practical (Assignment)*	30 marks
Practical (Spotting)	20 marks
Internal assessment**	10 marks (viva/ clinical assessment)

*Assignment shall comprise of compilation of complete drug-portrait of 6 polychrest remedies and 4 biochemic salts

** Method of calculation explained in table no. 8B-II

8. LIST OF RECOMMENDED REFERENCE BOOKS:

- Allen HC, 2005, Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, Reprint edition, B.Jain Publishers, New Delhi
- b. Choudhuri NM, 2006, A Study On Materia Medica Enriched with real case studies, Reprint revised edn, B.Jain Publishers, New Delhi
- Kent JT, 2015, Lectures On Homoeopathic Materia Medica, Reprint edn, B.Jain Publishers, New Delhi
- d. Burt W, 2009, Physiological Materia Medica, Third edn, B.Jain Publishers, New Delhi
- e. Boericke W, Dewey W, 2016, The Twelve Tissue Remedies By Schessler, Reprint edn, B.Jain Publishers, New Delhi
- f. All source books may be referred whenever required.

Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology

Subject CODE: Hom UG-OM-I

NCH link

https://nch.org.in/upload/7-Organon-and-psychology-02-02-2024.pdf

TEACHING HOURS:

1 st BHMS				
Organon of Medicine and Homoeopathic Philosophy, and Fundamentals of Psychology				
YEAR	TEACHING HOURS-			
	LECTURES	NON-LECTURE		
1 ST BHMS	180	100		

Preamble-

Organon of Medicine with Homoeopathic Philosophy is a central fulcrum around which education and training of a homoeopathic physician revolves. It lays down the foundations of homoeopathic practice, education, training and research. It not only elaborates on the fundamental laws but also how to apply them in practice. It defines the qualities of a healer, guides the homoeopathic physician in inculcating values and attitude and develop skills.

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

The biggest challenge in teaching-learning of Organon is to first understand the fundamentals according to the Master's writing and then demonstrate them in practice. Quality and real time integration with other subjects helps a student to conceive the holistic perceiving of Man and Materia Medica. The concepts and knowledge required by the

Physician with operational knowledge of management of patients and their diseases will need horizontal and vertical integration with Homoeopathic subjects and clinical subjects. First BHMS will need horizontal integration with Anatomy, Physiology, Homoeopathic Pharmacy and Homoeopathic Materia Medica. Organon will have spiral integration with itself and vertical integration with clinical subjects. Second year will need integration with pathology, community medicine, forensic medicine, along with other homoeopathic subjects. Third and fourth year establishes links with clinical subjects, research methodology and pharmacology.

Science is never static. Since the time of Hahnemann, medical science has advanced by leaps and bounds. Since Homoeopathy is based on principles rooted in nature, they would stand the test of time. However, their application in the changing times and circumstances would find newer avenues to heal. This is an opportunity for a homoeopath to connect the current advances while relating with the fundamental laws. Mastering all this will make him a master healer and will move him towards higher purpose of existence.

INDEX

Sr. No	Title
1.	Course Code and Name of Course
2.	Course Outcomes (CO)
3.	Contents of CourseHomUG-OM-I (Course Contents, Teaching Hours)
4.	Table 2-Learning Objectives (Theory) of Course HomUG-OM-I
5.	Psychology
6.	Assessment
7.	References/ Resources
8.	List of Contributors

1. Course Code and Name of Course

Course Code	Name of Course
Hom UG-OM-I	Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology.

2. COURSE OUTCOMES (CO):

At the end of course in Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology, the BHMS student shall be able to:

- 1. Explain the Cardinal Principles and Fundamental laws of Homoeopathy.
- 2. Describe the concept of Health, Disease and Cure in Homeopathy
- **3.** Interpret a case according to the Hahnemannian Classification of Disease
- 4. Apply the Theory of Chronic Disease to determine the miasmatical background ina case.
- 5. Demonstrate case taking and show empathy with the patient and family duringcase taking
- 6. Demonstrate Analysis, evaluation of the case to form the Portrait of disease
- 7. Apply the concept of Susceptibility to determine posology in a given case
- 8. Interpret the action of the medicine in a case on the basis of Remedy reactions.
- 9. Apply knowledge of various therapeutic modalities, auxiliary measures & its integration with prevalent & other concepts in the management of patients.
- **10**. Identify the various obstacles to cure and plan treatment accordingly.
- 11. Display qualities, duties & roles of a Physician as true practitioner of healing art
- **12.** Develop the competencies essential for primary health care in clinical diagnosis and treatment of diseases through the judicious application of homoeopathic principles
- **13.** Recognize the scope and limitation of homoeopathy and to apply the Homoeopathic Principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community.
- **14**. Discern the relevance of other systems of medical practice for rational use of cross referral and life saving measures, so as to address clinical emergences

- **15**. Develop capacity for critical thinking and research aptitude as required for evidence based homoeopathic practice.
- **16.** Demonstrate aptitude for lifelong learning and develop competencies as and when conditions of practice demand.
- **17.** Be competent enough to practice homoeopathy as per the medical ethics and professionalism.
- **18**. Develop the necessary communication skills to work as a team member in various healthcare setting and contribute towards the larger goals of national policies such as school health, community health, environmental conservation.
- **19.** Identify socio-demographic, psychological, cultural, environmental & economic factors that affect health and disease and plan homoeopathic intervention to achieve the sustainable development Goal.

Specific Objectives of Organon of Medicine and Homoeopathic philosophy in1stBHMS

- 1. Recall the history of medicine and history of homoeopathy to relate its evolution
- 2. Correlate the first six aphorisms of Organon of Medicine for the study of anatomy, physiology, pharmacy.
- **3.** Discuss the concept of health, indisposition and disease and its importance into thelearning of anatomy, physiology, pharmacy and psychology
- 4. Discuss concept of Dynamization with health, disease and drug
- 5. Develop portrait of drug in the context of knowledge of anatomy, physiology,psychology and pharmacy
- 6. Explain the procedure and ethics of Drug proving

COURSE OUTCOMES (CO) of Organon of Medicine and Homoeopathic Philosophy for I-BHMS

At the end of I BHMS, the student should be able to,

- **1.** Summarize the important milestones in the History of Medicine and development of Homoeopathy.
- 2. Value the contributions and qualities of Dr. Hahnemann as a physician and person
- 3. Recall the contributions of stalwarts in development of Homoeopathy
- 4. Explain the Cardinal Principles and Fundamental laws of Homoeopathy
- 5. Explain the Homoeopathic concept of Health, Disease and Cure in light of modernconcepts
- 6. Apply Inductive and Deductive Logic in the study of the Basic principles of Homoeopathy
- 7. Describe the important features of the various editions and Ground plan of Organonof Medicine
- 8. Explain the meaning and significance of aphorisms§1-27
- 9. Relate the concepts of homoeopathic philosophy with other pre-, para-, and clinicalskills by way of horizontal, vertical and spiral integration.

3. Contents of Course Hom UG-OM-I

Course Contents-

- 1. Introduction:
 - **1.1.** History of medicine
 - **1.2.** History of Homoeopathy

Short history of Hahnemann's life, his contributions, and situation leadingto discovery of Homoeopathy

- **1.3.** Brief history and contributions of Boenninghausen, Hering, Kent, R L Dutt, ML Sircar& B K Sarkar.
- 1.4 History and Development of Homoeopathy in brief in India, U.S.A. and European countries
- **1.5.** Fundamental Principles of Homoeopathy.
- 1.6. Basic concept: Individualistic, Holistic& Dynamic1.6.1. Life; Hahnemann's concept and modern concept.
- **1.6.2.** Health: Hahnemann's concept and modern concept.
 - **1.6.3.** Disease: Hahnemann's concept and modern concept.
 - 1.6.4. Cure.
- **1.7.** Understanding Homoeopathy in vertical, horizontal & spiral integration withpre, para & clinical subject.
- Logic: To understand Organon of medicine and homoeopathic philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive and deductive reasoning. Preliminary lectures on inductive and deductive logic (with reference to philosophy book of Stuart Close Chapter 3 and 16).
- **3**. § 1 to 27 of Organon of medicine, § 105 to 145
- 4. The physician purpose of existence, qualities, duties and knowledge
- 5. Vital force- dynamization- homoeopathic cure- natures law of cure & its Implications-drug proving

1: Topics with reference list referring to Chapters from the	e text boo	oks		
Торіс	Kent	Roberts	Close	Dhawale
Understanding the first six aphorisms and its application in the study of anatomy, physiology, pharmacy.	1-6	1	6	4
Concept of health, indisposition and disease and itsimportance in learning anatomy, physiology, pharmacyand psychology	1 to 9	2, 3, 4	6	2
Dynamization and relating with health, disease anddrug	10, 11	2-6	14, 15	2, 16
Developing portrait of drug with help of knowledge of anatomy, physiology, psychology and pharmacy	13,21- 25,26	15	15	16

Non lectures- community - OPD/IPD -

Students will be exposed to OPD/PD-community from first BHMS:

Students will understand the first six aphorisms in action and will get sensitized to socio- culturalpolitical-economical perspective of the community. They should develop insight into what constitutes health and how disease develops.

Introduce Journals from 1st year-

Habit of collecting evidence and noting them down vis-a-vis the expected objective will trainthem for evidence-based learning and inculcating the habit of using logic so inherent in Homoeopathic practice.

They also will realize the importance of skill and attitude and relevance of each subject in relation to Organon and Homoeopathic philosophy

They will write their experience of the clinic/OPD in relation to Observation/Cure/relief/Mission/Prevention/acute/chronic/indisposition etc.

- (i) 5 medicines from HMM to correlate with Physiology-Anatomy-Pharmacy.
- (ii) 5 cases observed in OPD

Teaching Learning Method Assignments- Group work

Problem Based Learning through Cases- Literature

Group Discussion – Problem based learningProject work with its presentations in class Practicing Evaluation & Feedback system- after Project work, assignments & GroupDiscussions.

Teaching Hours-

1 st BHMS Organon Classroom	teaching and non-lecture hours	
YEAR	TEACHING HOURS-	Non-lecture
	LECTURES	
1 ST BHMS	130	78

Teaching Hours Theory

Sr. No.	List of Topics	Term	Lectures	Non- Lectures
1	History of medicine in brief History and Development of Homoeopathy In brief in India, U.S.A. & European Countries	Ι	5	5
2	Short history of Hahnemann's life, his contributions & situation leading to discovery of Homoeopathy	Ι	5	5
3	Brief History & Contributions of Boenninghausen, Hering, Kent, RL Dutt, ML Sircar & BK Sirkar	Ι	15	
4	Logic: To understand organon of medicine & homoeopathic philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive & deductive reasoning. Preliminary lectures on inductive & deductive logic with reference to philosophy of Stuart Close.	Ι	5	5
5	Science & Art in Homoeopathy	Ι	5	
6	Different Editions & Constructions of Hahnemann's Organon of Medicine	Ι	10	5
7	Fundamental Principles of Homoeopathy	II	20	5
8	Basic concept of: Individualistic & Holistic Life: Hahnemann's concept & Modern Concept Health: Hahnemann's Concept & Modern Concept Disease: Hahnemann's Concept & Modern Concept Cure: Hahnemann's Concept & Modern Concept	П	5	5
9	§1-27&105-145 of Organon of medicine	II/III	60(20+40)	48
			130	78

Teaching-Learning Methods

- a. Classroom teaching
 - i. Lecture
 - ii. Demonstration
 - iii. Group discussion
 - iv. Problem based learning
- b. Practical
 - i. Psychological theories -Models / Experiments / Any activity
 - ii. Facial recognition spotting
 - iii. Individual learning
 - iv. Assignment
 - v. Short project -e.g. searching MM or Repertory for representation of emotions, thoughts and behaviour

V Practical – Lab work – Field – Clinical Hospital work

- a. Journal club: a team of students to present the understanding of current development inpsychological aspects of everyday events
- b. Field work Some survey for identification of psychological disturbance in Common Man
- c. Clinical Hospital Work- Small project on psychometric tests.

Sr. No	Торіс	No of	Non-
		lectures	lectures
1.	Introduction to the study of Mind in Homoeopathy	3	-
2.	Psychological organization and the interrelationship of Thought (Cognition), Feelings(Affect) and Behaviour (Conation); Conscious and Unconscious elements	2	1
3.	Physiological basis of behaviour - the place of conditioned and unconditioned reflex	3	1
4.	Understanding Behavior and Functioning and expressions in Repertory and MateriaMedica	4	2
5.	Understanding Emotion, its different definitions and expressions in Repertory and MateriaMedica	5	3
6.	Understanding Intellect: Attention, memory and its function and expression in Repertoryand Materia Medica	4	3
7.	Understanding Intellect: Perception and expressionsin Repertory and Materia Medica	3	2
8.	Understanding Intellect: Thinking, intelligence and its measurementand expressions inRepertory and Materia Medica	4	2
9.	Motivation and their types with role in our lives	2	2
10.	Learning and its place in adaptation	4	2
11.	Growth and development of Mind and its expressions from Infancy to old age	4	2
12.	Structure of Personality, the types, their assessment, relationship to Temperament and representation in Materia Medica	4	2
13.	Conflicts: their genesis and effects on the mind and body	3	1
14.	Applied Psychology: Clinical, Education, Sports, Business, Industrial	2	-

IV No of Teaching Hours: Theory

15.	Psychology and its importance in Homoeopathic practice	2	-
	Total	50	22

4. Assessment

8A- Number of papers and Mark Distribution

Sr.	Course Code	Papers	Theory	Practical	Viva Voce	Internal Assessment	Grand
No.						Practical	Total
1	HomUG-OM-I	1	100	50	40	10	200

4B - Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6 Months)	2 nd Term (7-12 Months)	3 rd Term (1.	3-18 Months)
1	First Professional BHMS	First PA + 1 ST TT	2 nd PA+2 ND TT	3 rd PA	UE

4C - Evaluation Methods for Periodical Assessment

Sr.	Evaluation Dimensions
No	
1	Practical/Clinical Performance
2	Viva Voce, MCQs, MEQ (Modified Essay Questions/Structured Questions)
3	Open Book Test (Problem Based)
4	Reflective writing
5	Class Presentations; Work Book Maintenance
6	Problem Based Assignment
8	Co-curricular Activities, (Social Work, Public Awareness, Surveillance/ Prophylaxis Activities, Sports or Other Activities which may be decided by the Department).
9	Small Project

4D - Scheme of Assessment (formative and Summative)

Sr. No	Professional Course	1 st term (1-6	6 Months)	2 nd Term (7		hs)	3 rd Term (13-18 Months)	
1	First Professional	1 st PA	1 st TT		2 nd PA	2 ND TT		3 rd PA	UE
	BHMS	10 Marks Practical/ Viva	50 Marks Theory	50 Marks Practical/ Viva	10Marks Practical/ Viva	50 Marks Theory	50 Marks Practical/ Viva	10Marks Practical/ Viva	

For Internal assessment, Only Practical/Viva marks will be considered. Theory marks will not be counted)

4E - Method of Calculation of Internal Assessment Marks for Final University Examination:

PA1 Practical/Viv a(10 Marks)PA2 Practical/Viv a(10 Marks)PA3 Practical/Viv a(10 Marks)Periodical Assessment Average PA1+PA2+PA3 3 DABC3 D	TT1 Practical/Viv a(50 Marks) E	TT2 Practical/Viv a(50 Marks) F	0	Final Internal Assessme ntMarks	
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PA: Periodical

Assessment; TT: Term Test; UE: University Examinations8 F -Paper Layout Summative assessment:<u>Theory- 100 marks</u>

Organon -50 marks

MCQ	5 marks
SAQ	20 marks
LAQ	25 marks

Psychology - 50 marks

MCQ	5 marks
SAQ	20 marks
LAQ	25 marks

Sr. No.	Paper		D Type of Questions "Yes" can be ask "No" should not be asked			
	A List of Topics	B Terms	C Marks	MCQ (1 mark)	SAQ (5 Marks)	LAQ (10 Marks)
1	Introductory Topics	Ι	Refer Next	Yes	Yes	No
2	Logic	Ι	Table	No	Yes	No
3	§1-27&105-145 of Organon of medicine, Vital Force – Dynamisation – Homoeopathic Cure – Natures Law of Cure & Implications – drug proving	II & III		No	Yes	Yes
4	The Physician – Purpose of Existence, Qualities, Duties, Knowledge	III		No	No	Yes

4 G – I – Distribution of Theory Exam – Organon

4 G – II – Theme Table - Organon

Theme*	Topic	Term	Marks	MCQ's	SAQ's	LAQ's
А	Introductory Topics	Ι	10	Yes	Yes	No
В	Logic	Ι	05	No	Yes	No
С	§1-27&105-145 of Organon of medicine, Vital Force –	II &	25	No	Yes	Yes
	Dynamisation – Homoeopathic Cure – Natures Law of Cure	III				
	& Implications – drug proving					
D	The Physician – Purpose of Existence, Qualities, Duties,	III	10	No	No	Yes
	Knowledge					

Theme table: -Psychology

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
*	-			-	-	-
А	Introduction to psychology	Ι	05	NO	Yes	No
В	Psychological organization	Ι	01	Yes	No	No
	of Mind –Structural and					
	Functional					
С	Understanding	Ι	16	Yes	Yes	Yes
	Emotion/thinking/					
	Behaviour					
D	Motivation and their types	Ι	05	No	Yes	No
	withrole in our lives					
E	Growth and development	II	11	Yes	No	Yes
F	Personality	III	06	NO	Yes	No
	development andstress					
	management					
G	Applied Psychology	III	06	Yes	Yes	No

4 H Question paper Blue print :

Organon -50 marks +Psychology - 50 marks

A Question Serial	B Type of Question	Question Paper Format (Refer table 4FII theme table for themes)
Number		
Q1Organon	Multiple Choice Questions (MCQ)5 Questions	Theme A
05 Marks	1 mark each All Compulsory	
	Must Know part – 3 MCQ Desirable to know – 2 MCQ	
	Nice to know – NIL	

Q1	All compulsory	Theme B+C+E+F+G
Psychology	Multiple choice Questions (MCQ) 5 Questions -1 mark each	
05 Marks	Must know – 3MCQ Desirable to know-1 MCQNice to know -1	
	MCQ	
Q2	Short Answer Questions (SAQ)3 Questions	Theme ATheme BTheme C
Organon 15	5 Marks Each All Compulsory	
Marks	Must Know part – 3SAQDesirable to Know – NIL	
	Nice To Know - NIL	
Q2	Short answer Questions (SAQ) 5 Questions 5Marks Each	Theme A+C+D+F+G
Psychology	All compulsory	
25 Marks	Must know part: 4 SAQ Desirable to know: 1 SAQ	
Q3	Long Answer Questions (LAQ)	Theme C (10 Marks)Theme C
Organon 30	3 Questions of 10 Marks Each Respectively All Compulsory	(10 Marks)Theme D (10 Marks)
Marks	All questions on must knowDesirable to Know – NIL	
	Nice To Know - NIL	
Q3	Long answer Questions (LAQ) 2 Questions of 10 marks each	Theme C=10 marksTheme E=10
Psychology	All compulsory	marks
20 Marks	Must know part: 2 LAQ	

4 I - Distribution of Practical ExamPractical -100

Practical Organon: 50 marks

Practical	25 marks
Viva voce	20 marks
Internal assessment	5 marks

Practical Psychology: 50 marks

Practical	25 marks
Viva voce	20 marks
Internal assessment	5 marks

5. References

I. Text book/s

- 1. Hahnemann S. Organon of medicine. 6ed (2016) New Delhi: Indian Book & Periodicals Publishers;.
- 2. Sarkar. B. K. Hahnemann's organon of medicine. (2014) Reprint ed. Birla Publications Pvt.Ltd;.
- **3**. Roberts H. A. The principles and Art of cure by homoeopathy. student ed. (2014) New Delhi: B. Jain Publisher's (P) Ltd; 2006.
- 4. Kent J. T. Lecture's on homoeopathic philosophy. Reprint ed. New delhi: B Jain Publisher's (P) Ltd;
- 5. M. L. Dhawale. Principles & Practice of Homoeopathy. 5th ed. 2014.
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- 9. Banerjee P N.: Chronic diseases- Its cause and cure, Reprint ed. New Delhi:B Jain Publisher's (P)Ltd.

II. Reference books

- Arya M.P (2018): A study of Hahnemann's Organon of medicine. 6thed. New Delhi: B Jain Publisher's(P) Ltd.
- 2. Singh Mahindra: Pioneers Of Homoeopathy, B Jain Publisher's(P) Ltd. B Jain Publisher's(P) Ltd.
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- 1. Shelley E Tylor. 10th edition (2018) Health psychology
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- **3.** Psychology textbook for class XI.7th edition (2013) National Council for Educational Research and training
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- 11. Diana Papilia (2001) Developmental psychology, Colombia: Editorial McGraw Hill
- 12. Atkinsons & Hilgard (2015) Introduction to Psychology, Cengage India Private Limited

HOMOEOPATHIC REPERTORY AND CASE TAKING

INDEX

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1. PREAMBLE

The Homoeopathic Materia Medica has expanded manifold since the proving of "Cinchona Bark" by Dr. Samuel Hahnemann and today we have over five thousand remedies in the Materia Medica. It is impossible for any human mind to memorise all the symptoms of each drug and to recall those symptoms while prescribing. Therefore, the need of indexing of these symptoms along with the drugs producing those symptoms were felt by Dr. Samuel Hahnemann himself and subsequently by other homoeopaths for prescribing at the bedside of the patient.

Homoeopathic Repertory is a Dictionary or Storehouse or an index to the huge mass of symptoms of the Homoeopathic Materia Medica. The repertory is organized in a practical form indicating the relative gradation of drugs. Repertories not only contain symptoms of proving but also clinical and pathological symptoms found in the Homoeopathic Materia Medica. Repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms of the vast Homoeopathic Materia Medica.

Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the nonindicated remedies. Repertorisation is not the end but a means to arrive to the simillimum and reference to Homoeopathic Materia Medica based on sound principles of Philosophy is the final court of appeal.

Each repertory has been compiled on the basis of distinct philosophy, structure and utility. In order to use these instruments effectively, one must understand thoroughly its conceptual base, construction and utility and limitations. Even though there are a number of repertories, the student at the under graduate level is expected to learn the philosophy and application of basic core repertories namely Kent, Boger's Boenninghausen Characteristics and Repertory and Boenninghausen's Therapeutic Pocket Book. The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy, Physiology in I BHMS; Pathology, Surgery, Gynaecology and Practice of Medicine in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Homoeopathic Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching in all the years will help the student to grasp and understand the subjects better and connect repertory to all other subjects.

Similarly, case taking demands virtual integration of all the subjects taught from the Ist BHMS to IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all that is to the case taking process. Every new patient has a new lesson to teach.

The advent of computerization and resulting software has opened up vast newer avenues to collate and correlate the vast information found in the Homoeopathic Materia Medica through the repertories. Continued exploration of these connections will generate new data, newer repertories and the newer application to existing or newer illnesses.

2. PROGRAMME OUTCOMES:

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

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

2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time

3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work

4) Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community

5) Be willing and able to practice homoeopathy as per medical ethics and professionalism.

6) Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies

7) Develop the capacity for critical thinking, self reflection and a research orientation as required for developing evidence based homoeopathic practice.

8) Develop an aptitude for lifelong learning to be able to meet the changing demands of clinical practice

9) Develop the necessary communication skills and enabling attitudes to work as a responsible team member

in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and environmental conservation.

3.COURSE OUTCOMES (CO):

At the end of course in Repertory, the Final BHMS student shall be able to

1. Describe the philosophical background, construction, utility and limitations of various repertories

2. Demonstrate case taking and show empathy with the patient and family during case taking

3. Demonstrate various steps for systematic case processing viz. analysis of case, evaluation of symptoms as per Homoeopathic principles to form Totality of symptoms

4. Choose the appropriate repertorial approach, Method and Technique to repertorize a case

5. Utilize Repertory as a tool to find out simillimum in all types of cases and in the study of Materia Medica

6. Integrate other subjects in understanding the construction and utility of repertories

7. Utilize different software for Repertorization, patient data management and record keeping.

8. Demonstrate aptitude to utilize repertory for research in Homoeopathy and lifelong learning

COURSE OUTCOMES OF REPERTORY FOR I BHMS

At the end of IBHMS, the student should be able to,

1. Define Repertory.

2. Explain the need and utility of repertory to find simillimum, and for the study of Materia Medica

- 3. Define various terminologies used in repertory
- 4. Locate different rubrics related to anatomy, physiology and psychology in Kent's Repertory
- 5. Illustrate the construction of Kent's Repertory as per the Hahnemannian Anatomical schema

4. TEACHING HOURS

Total Number of Teaching Hours: 21				
Course Name	Lectures	Non-Lectures	Total	
Homoeopathic Repertory				
and Case Taking	21	-	21	
(Hom UG-R-I)				

5. COURSE CONTENT (Hom - UG-R-I)

S. No	List of Topics	Lecture Hours
1	Introduction to Repertory, Definition and Meaning of Repertory	3
	 General Introduction to Repertory 	
	 Origin of Repertory 	
	 Need of Repertory 	
	 Definition of Repertory 	
	 Meaning of REPERTORIUM 	
2	Need and uses of repertory and repertorisation	3
	 Uses and Scopes of Repertory 	
	 Limitations of Repertory 	
	 Definition of Repertorization 	
	 Introduction to Methods and Techniques of Repertorization 	
3	Terminologies relevant to Repertory	3
	* Repertory	
	* Rubric	
	✤ Gradation	
	 Cross Reference 	
	 Synonym 	
	* Repertorization	
	 Totality of Symptoms 	
	 ✤ Repertorial Totality 	
	 Potential Differential Field 	
	 Conceptual Image 	
	✤ Case taking	
	✤ Analysis of a case	
	 Evaluation of a Case 	
	 Longitudinal case Study 	
	 Cross Section Study of a case 	
	 General Repertory 	
	 Regional Repertory 	
	 Logico-Utilitarian Repertory 	
	 Puritan Repertory 	
4	Correlation of Anatomy, Physiology and Psychology with Repertory	6
	 Introduction to correlation Anatomy, Physiology and Psychology 	
	with Repertory	

	 Chapters and Rubrics related to Anatomical parts in Dr. Kent's Repertory Chapters and Rubrics related to Physiology in Dr. Kent's Repertory Rubrics related to emotions, intellect and memory in Mind chapter of Dr.Kent Repertory 	
5	Schematic representation of chapters in Kent's repertory	6
	 Introduction to Kent's Repertory 	
	 Listing of Chapters in Kent's Repertory 	
	 Correlation of Chapters in Kent's Repertory to Hahnemannian 	
	Anatomical Schema	
	 Chapters and Rubrics related to anatomical structures, physiological 	
	processes and psychology in Kent's Repertory	

6. Teaching Learning Methods

Theory	Practical's / Clinics	
Lectures	Clinical Bedside Teaching	
Small Group Discussion	Integrated Clinics	
Integrated Lectures	Case Study	
Integrated Seminars	Rubric Banks	
Assignments		
Rubric Banks		
Library Reference		

7. List of Practical Topics

S. No	Name of Topic	Activity/ Practical	TL Method
1	Basic Structure of Repertory	Arrangement of Chapters and	Integrated teaching in
	showing arrangement of rubric of	rubrics related to anatomical	Clinics in I BHMS
	anatomy, physiology and	structures, physiology and	
	psychology	psychology (Emotions,	
		intellect and	
		behaviour) in Kent's	
		Repertory	

8. List of Recommended Books

- Dhawale ML (2000) Principles and Practice of Homoeopathy,3rd Edition, Institute of Clinical Research Mumbai
- ✤ Hahnemann S (2017). Organon of Medicine 6th edition, 48th Impression, B. Jain Publishers
- Kent, JT- Repertory of the Homoeopathic Materia Medica (Sixth American Edition), 54thImpression (2017), B. Jain Publishers
- Kishore, Jugal (2004) -Evolution of Homoeopathic Repertories and Repertorization, Revised Edition, B. Jain Publishers
- Munir Ahmed R (2016). Fundamentals of Repertories: alchemy of homeopathic methodology. Hi-Line Publishers, Bengaluru.
- Patel, R.P (1998): The Art of Case Taking and Practical Repertorization, 6th Edition. Sai Homoeopathic Book Corporation
- Tiwari, Shashikant (2005) Essentials of Repertorisation, 4th Edition, B. Jain Publishers

Yoga for Health Promotion

Subject Code: Hom UG-Yoga I

The syllabus of Yoga for the 1st BHMS students should include the basic concept of Yoga and its philosophy, with a clear idea of the different section of asana, pranayama, kriya and meditation. Total 30 hours of class will include practical training. The students will be trained in understanding the relationship between Yoga and Homoeopathy in a wholistic approach, and the point of application of yoga in part of treatment.

Sr.no.	TOPIC	CLASS
1.	Yoga definition, concept, types, benefits, and origin.	Hours 1
2.	History and patanjali, yoga philosophy and development of yoga.	Hours 1
3.	Astanga, yoga, hathayoga.	Hours 1
4.	Asana-types, examples, benefits.	Hours 1
5	Corelation of vital force and prana.	Hours 1
6	Meditation-types, methods, benefits.	Hours 1
7	Kriya-types, methods, benefits.	Hours 1
8	Relationship of yoga and homoeopathy on wholistic plane.	Hours 1
9	Application of yoga in terms of hahnemann's accessory circumtanses.	Hours 1
10	Pranayanam, types, benefits.	Hours 1
11	Practical learning about asanas (postures)-pawanmuktasna, backstreching, sunsalutation, classical sequences.	Hours 5
12	Practical learning about Breathing, pranyama including abdominal, thoracic, clavicular, hasthamudra, vilom, lung sensitising.	Hours 5
13	Practice of relaxation, tense and relax, short yoganidra, extended, savasana, yoganidra, sankalpa.	Hours 5
14	Meditation practice, sitting posture, kaya sthairam, omchanting, trataka.	Hours 5

The topic and respective allotted hours are as follows-

* For More Details of Syllabus please refer NCH Portal

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