



'A' GRADE BY GOVT. OF INDIA

'A' GRADE - REACCREDITED BY NAAC

'A+' ACCREDITATION (THIRD CYCLE) BY 'NAAC' IN 2017

Faculty of Homoeopathy

DOCTOR OF MEDICINE IN HOMOEOPATHY M.D. (HOM.) COURSES

**Post Graduate Degree Course, Curriculum
(Rules And Regulations C.C.H.2016 Course)
SYLLABUS - 2022**



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 78th position 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.

**BHARATI VIDYAPEETH DEEMED UNIVERSITY,
L.B.S. Marg, Pune – 411030.**

M.D.(Homoeopathy) Post Graduate Degree Courses

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NOTIFICATION

The rules and regulations adopted by Bharati Vidyapeeth University are in complete conformity to / with Homoeopathy [Post Graduate Degree Course] M. D.(Hom.) Regulations 1989, 1993, 2001, 2012 and as amended up to 2016 (dated 22nd March 2016) as notified by the Central Council of Homoeopathy, New Delhi.

PREAMBLE

DEFINITION OF SOME CONCERN WORDS:

- a) "Act" means the Homoeopathy Central Council Act. 1973. (59 of 1973).
- b) "Course" means a course of study in the subjects referred to in sub-regulation (3) of regulations.
- c) "M.D.(Hom)" means a post graduate degree in Homoeopathy (Doctor of Medicine in Homoeopathy) as prescribed in 3 (these regulation).
- d) "Homoeopathic College" means a Homoeopathic Medical College or an institute affiliated to a University and "permitted by the Central Government".
- e) "Schedule" means the schedule annexed to the said Act.
- f) "Syllabus" and "curriculum" means the syllabus and curriculum for (s) study as prescribed by the Central Council under these regulations.
- g) "Teaching experience" means teaching experience in the subject concerned in a Homoeopathic College and includes teaching experience in the subjects of Medicine, Surgery, Obstetrics and Gynecology gained in a Medical College, recognized by the Medical, Council of India".
- h) "University" Bharati Vidyapeeth Deemed University, Pune.
- i) "College" Bharati Vidyapeeth Deemed University, Homoeopathic Medical College, Pune.
- j) "Homoeopathic Hospital" Bharati Vidyapeeth Medical Foundation's, Homoeopathic Hospital.

INTRODUCTION: M.D.(Hom.) Post Graduate Courses

AIMS AND OBJECTIVES OF COURSES:

- 1) Have high degree of proficiency both in theoretical and practical aspects in the subject of speciality backed by scientific knowledge and philosophy.
- 2) Have the confidence to assess and manage the patients who are sick and in cases of paucity of symptoms develop the ability to overcome the difficulties in the process of cure.
- 3) Have the caring attitude and sympathy towards sick and maintain high moral and ethical standards.
- 4) Have the knowledge regarding latest happenings and issues pertaining to the prevention of disease and promotion of health and the epidemiology underlying the common health problems with special relevance to India.
- 5) Shall obtain competency in providing complete health care (physical, mental, social and spiritual) to the needy, so as to achieve a permanent restoration of health in gentle manner as quoted in the Organon of Medicine.
- 6) To investigate what is to be cured in disease and what is curative in the various medicines in order to understand the scope of Homoeopathy.
- 7) Shall obtain the communicative and interpersonal skills to communicate and interact with health care teams.
- 8) Shall have a profound knowledge in Homoeopathic Materia Medica including rare and uncommon remedies in order to achieve restoration of health at any level of sickness.
- 9) Shall adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment throughout his/ her professional life.
- 10) Shall be able to coordinate the recent advances in science with his/ her knowledge of Homoeopathy, so as to reflect better art of healing.
- 11) To develop an open mind to update himself / herself by self-study, attending workshops, conferences and seminars relevant to the specialty.
- 12) To develop excellent teaching skills, different techniques and educational methods in teaching homoeopathic students and its practitioners.
- 13) Make use of information technology and carry out research both basic and clinical with the objective of publishing his/ her work and presenting at various scientific forums by which our fellow Homoeopaths can be benefited.
- 14) To prove medicines which are partially proved in order to ascertain its true nature and qualities for the better implementation of similia.

ELIGIBILITY FOR ADMISSION:

- 1) **No candidate shall be admitted to M.D.(Hom.) course unless he holds the Degree of**
 - i) Bachelor of Homoeopathic Medicine & Surgery or Equivalent qualification in Homoeopathy included in second schedule the Act after undergoing a course of study of not less than five year & six months duration including one year compulsory internship or

ii) Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the second schedule of the Act. after undergoing a course of study of not less than two years duration.

2) The University or the authority prescribed by the Central Government or State Government as the case may be shall select candidates on merit for post graduate course. Preference shall be given to candidates who have worked in rural areas for two years in respect of one seat in each subject as per merit.

COURSE OF STUDY:

3. Subjects of specialization for Post Graduation in Homoeopathy:-

Special Subjects:

- (i) Homoeopathic Philosophy
- (ii) Materia Medica
- (iii) Repertory
- (iv) Homoeopathic Pharmacy;
- (v) Practice of Medicine;

(1) The Course shall be of three years' duration, including one year of house-job, during which the candidate shall be a resident in the campus and shall be given training as per the provisions of sub-regulation (2) of regulation 10.(Refer Page-2 CCH M.D.(Hom.) Regulation amended on 22/03/2016.)

“Provided that a candidate shall complete the course of M.D.(Hom.) in a speciality subject within the duration of six years from the date of his admission.”

(2) The course shall comprise of the followings, namely;

A] EACH COURSE SHALL COMPRISE OF THE FOLLOWING FOR M.D.(HOM.) PART - I:

Subject of Speciality	Main/ Subject	Speciality	General / Subsidiary Subjects
i) M.D.(Hom) Homoeopathic Philosophy	a) Homoeopathic philosophy and Organon of Medicine.		a) Research Methodology & Bio-statistics. b) Advance teaching of Fundamentals of Homoeopathy
ii) M.D.(Hom) Materia Medica	a) Materia Medica.		a) Research Methodology & Bio-statistics. b) Advance teaching of Fundamentals of Homoeopathy
iii) M.D.(Hom) Repertory	a) Repertory		b) Research Methodology & Bio-statistics. c) Advance teaching of Fundamentals of Homoeopathy

iv) M.D.(Hom) Homoeopathic Pharmacy	a) Homoeopathic Pharmacy.	a) Research Methodology & Bio-statistics. b) Advance teaching of Fundamentals of Homoeopathy
v) M.D.(Hom) Practice of Medicine	a) Practice of Medicine.	a) Research Methodology & Bio-statistics. b) Advance teaching of Fundamentals of Homoeopathy

“Note:- For M.D.(Hom) Part-I Examination there will be special / Main subject and two general/subsidiary subject.

B] EACH COURSE SHALL COMPRISE OF THE FOLLOWING FOR M.D.(HOM.) PART - II:

Subject of Speciality	Main Subject
i. M.D. (Hom) Homoeopathic Philosophy	Homoeopathic Philosophy and Organon of Medicine Paper -I Paper - II
ii. M.D.(Hom) Materia Medica	Materia Medica Paper -I Paper - II
iii. M.D. (Hom) Repertory	Repertory Paper -I Paper- II
iv. M.D. (Hom) Homoeopathic Pharmacy	Homoeopathic Pharmacy Paper -I Paper -II
v. M.D.(Hom) Practice of Medicine	Practice of Medicine Paper-I Paper -II

Note:- For M.D.(Hom.) Part-II examination there shall be only main speciality subject and no subsidiary subject.

SUBJECTS OF SPECIALITY WITH NOMENCLATURE OF DEGREE TO BE AWARDED:

1. M. D. (Hom.) - (Doctor of Medicine in Homoeopathy) – Homoeopathic Philosophy
2. M. D. (Hom.) - (Doctor of Medicine in Homoeopathy) - Materia Medica
3. M. D. (Hom.) - (Doctor of Medicine in Homoeopathy) - Repertory.
4. M. D. (Hom.) - (Doctor of Medicine in Homoeopathy) - Homoeopathic Pharmacy.
5. M. D. (Hom.) - (Doctor of Medicine in Homoeopathy) - Practice of Medicine.

METHOD OF TRAINING:

1. Period of Training: The period of training for M.D. shall be 3 years after full Registration including one year of house job.
2. Method of Training: The emphasis should be on in service training and not on didactic lectures. The candidate should take part in seminars group discussions, clinical meetings etc., The candidate should be required to write a thesis or Dissertation with detailed commentary which should provide the candidate will necessary background of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be a resident in the campus and shall be given graded responsibility in the management and treatment of patients entrusted to his care. He shall participate in teaching and training of undergraduate students or interns. Adequate number of posts of clinical residents or tutors shall be created for this purpose.

ATTENDANCE OF SCHOLARS (STUDENTS):

Attendance:

- i. A candidate pursuing M. D. Homoeopathy Course shall study in the concerned Department of the institution for the entire period as a full time student. No candidate is permitted to work in any laboratory/college/industry/Pharmacy, etc., while studying here postgraduate course.

No candidate should join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of registration.

- ii. Each year shall be taken as a unit for the purpose of calculating attendance.
- iii. Every student shall attend symposia, seminars, conferences, journal review meetings and lectures during each year as prescribed by the Department/college/university and not remain absent himself / herself without valid reasons.
- iv. Candidate who has put in a minimum of 80% of attendance in the theory and practical assignments separately and equally should shows satisfactory progress of performance shall be permitted to appear for M. D. Homoeopathy Part-I examination.
- v. Candidate who has put in a minimum of 80% of attendance in the theory and practical assignments separately equally, and should show satisfactory progress of performance shall be permitted to appear for M. D. Homoeopathy Part-II examination.
- vi. Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the University examinations. A certificate to this effect shall be sent to university by the Principal.

MONITORING PROGRESS OF STUDIES:

Every candidate shall maintain a work diary and record of his/her participation in the training programmes conducted by the Department such as journal reviews, seminars, etc. (please see Chapter IV for model checklists and logbook specimen copy). The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution, and presented in the university practical examination if called for. Special mention may be made of the presentations by the candidate as well as details of experiments or laboratory procedures, conducted by the candidate. The presentations will be assessed by the faculty members and peers using relevant checklists given in Section IV.

Synopsis: Every candidate shall submit to the Registrar of the University in the prescribed proforma, a synopsis (about 200 words) containing particulars of proposed Dissertation work within six months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the Head of Institute.

DISSERTATION:

- a) Every candidate pursuing M. D. Homoeopathy course is required to carry out work on a selected research project under the guidance of a recognized postgraduate teacher. The results of such a work shall be submitted in the form of a Dissertation.
- b) The Dissertation shall be submitted to the Guide/Supervisor at least three months before the time fixed for submitting it to the University, and the Guide/Supervisor shall certify that the work has not previously formed the basis for award of any post graduate degree or diploma and that the work is the record of the candidate's personal efforts and submitted to the University duly countersigned by the Guide/Supervisor.
- c) The examiners appointed to conduct the examinations shall scrutinize the Dissertation and jointly report whether the Dissertation be accepted or rejected or may make suggestions, as they deem fit.
- d) The Dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of the problem, formulation of a hypothesis, review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions.
- e) The Dissertation should be written under the following headings
 1. Introduction
 2. Aims and Objectives of study
 3. Review of literature
 4. Material and Methods
 5. Results
 6. Discussion
 7. Conclusion
 8. Summary
 9. References
 10. Tables
 11. Annexure
 12. Bibliography

- f) The written text of Dissertation shall be not less than 50 pages and shall not exceed 150 pages excluding references, tables, questionnaires and other annexures. It should be neatly typed with double line spacing on one side of the bond paper (A4 size, 8.227" x 11.69") and bound properly, **Spiral binding should be not allowed.** The Dissertation shall be certified by the guide and co-guide, if any, Head of the Institution.
- g) Six copies of Dissertation thus prepared out of which **four unidentical copies** only shall be submitted to the Registrar (Evaluation), six months before final examination on or before the dates notified by the University.
- h) A guide shall be a full time postgraduate teacher of an institution affiliated to BVU and recognized by BVU as a guide for supervision of Dissertation work. However a Co guide can be opted wherever required. The Co-Guide shall also be a postgraduate teacher recognized by BVU as guide.
- i) The candidate shall be allowed to appear for the Part II examination three months after the examiner accepts the Dissertation.
Provided that the candidate, whose Dissertation has not been accepted, may be permitted to resubmit the same within a period of six months and not more than one year after rejection.
- j) Every candidate seeking admission to the Part II of the examinations shall submit a Dissertation of not less than 10000 words. The viva-voce examination shall be on the basis of Dissertation.

Syllabus for Post Graduate Degree M.D.(Hom.) Part -I

The following shall be the syllabus for M.D.(Hom.) Course Part- I for Main subject and General subjects.

A. General Subjects -

1. Research Methodology and Biostatistics

INTRODUCTION:

In the study of any branch of Science, an acquaintance with the historical development of knowledge is an important element to clear understanding of our present conceptions. It is because the past supplies the key to the concepts involved in the homoeopathic art of healing in the light of the evolutionary growth of general, philosophical and medical concepts. In this regard the study of History of Medicine-evolution with special emphasis on Hahnemann's contribution to medicine in general and Homoeopathy in particular is very apt.

Objectives:

1. To explain the nature and scope of statistics and application of statistical methods to medicine in general and homoeopathy in particular.
2. To explain methods of collection, classification, tabulation, analysis and presentation of data.
3. To explain measures of central tendency, measures of variation, skewness/kurtosis of a distribution and correlation regression analysis.
4. To understand the utility of sampling theory, probability theory, theoretical distributions in conducting research.
5. To understand and apply various tests of significance to different areas to medical science for the purpose of making estimation and inferences based on available data.
6. To explain what research is and what it is not, the criteria for research and the different types of research.
7. To present some aspects of the debate about the nature of knowledge and the value of scientific method.
8. To discuss what a "researchable problem" is and to describe how a research problem is found and stated.
9. To clarify the objectives of research and to explain the process of research.
10. To explain how to plan and conduct a research project.
11. To describe the range of research methods available to the researcher for collecting and analyzing qualitative and quantitative data.
12. To explain how to write and present research findings and recommendations.

Research Methodology and statistics

1. Basic knowledge of medical statistics
2. Nature of classification of research work in homoeopathy with the help of recent advance
3. In statistics.
4. Explanatory research work/confirmatory research work/experimental research work.

Research Methodology

1. Choosing the statistical methods.
2. Clinical measurement.
3. Morality statistics and population structure.
4. Multi fractional methods.
5. Determination of sample size.

Research Methods:-

1. Methodological problems of clinical research specific of homoeopathy
2. Study protocol
3. Selection of research topics.
4. Types of research and their requirement the art of scientific research, the anatomy and physiology of clinical research. Writing and funding a research proposal controlled clinical trials in Homoeopathy.

2. Bio-Statistics:

1. Introduction to Biostatics including definition and scope.
2. Health information system in collection of data
3. Uses, Merits & Demerits
4. The design of experiments
5. Sampling and observational studies
6. Data Collection
7. Summarizing
8. Presenting data
9. Probability
10. Frequency Distribution tables
11. Normal distribution and Estimations

12. Possession and Binomial Distribution
13. Mean, Median, Mode, Comparing the mean of small samples (Standard error of mean)
14. Confidence Limit
15. Data tabular presentation, pictogram
16. Graphical Presentation
17. Significance test
18. Measure of variance - range, interquartral range, Average Deviation, Standard Deviation
19. Analysis of variance coefficient of variance
20. Correlation and Regression
21. Method based on Rank order:- Non-parameter methods, The Mann-Whitney U test.
22. Wilcoxon matched pair test. Spearman's rank correlation coefficient, P, Kendall's rank correlated coefficients, t, continuity correlation parameteric of non parametric methods.
23. The Analysis of cross tabulations : the Chi-square test
24. 'Z' Text.
25. 'F' Test.
26. 't' test - paired and unpaired.

Research and Methodology:

1. Ram Ahuja - Research Methods, Rawat Publications , New Delhi.
2. Singh K.- Research Methodlology, Published by Prakashan Kendra, Luknow.
3. Kapoot R. L. - Qualititative Methods in Mental Health Research, Published by National Institute of Advanced Studies , Bangalore.
4. Kumar- Research Methodology, 2nd Edition 1999, Published by Laxmi Narain Agarwal. Agra.
5. R. Raveendran and B. Gitanjali, A practical apporach to P.G. disseratation,1997, Jaypee Publishers, New Delhi
6. Dr. Indrayan - Research Methodology
7. G Jagdeesh, A Murty, Y K Gupta, A Prakash (Editors)- Bio-Medical Research From Ideation to Publication, Publisher - Walters Kluwer, Health (India)

8. Health Research Publication - WHO Publication 2001.
9. Dr. Dhadphale G B - Research Methodology for Homoeopathy.

Bio-Statistics:

1. K. Park and Park - Park's Text Book of preventive and Social Medicine Published by M/s Bhanarasi Bhanot Publishers, Jabalpur).
2. Dr. Dixit J V - Principles and Practice of Bio-statistics, Bhanot Publishers, Jabalpur.
3. Dr. B K Mahajan - Medical Statistics
4. Jekel, David Katz - Epidemiology, Bio-statistics and Preventive Medicine, W. B. Saunders Company, Hulda Bankrost - Introduction to Bio-statistics, Hoeber-Harper publication.

2. Advanced teaching of Fundamentals of Homoeopathy

Introduction -

Homeopathy, like any scientific discipline, possesses a rich tapestry woven from its historical evolution, causative principles, mechanistic underpinnings, observable outcomes, real-world application, economic considerations, and societal impact. **This course dissects homoeopathy into two distinct yet interconnected strands: its well-established theoretical corpus and its clinically validated aspects. Unfortunately, the theoretical framework often remains tethered to traditional perspectives, failing to fully embrace contemporary scientific advancements and rigorous hypothesis testing.** Conversely, much of homoeopathic practice thrives on clinical experience and empirical data, sometimes at the expense of stringent scientific exactitude.

Contemporary challenges in homoeopathy revolve around the enigmatic nature of high dilutions, the intricacies of its modus operandi, and the precise measurement of treatment efficacy. Additionally, the placebo effect, the ultra-molecular existence of high dilutions, the concept of vital force, the integration of homoeopathy into public health systems, and its future within national healthcare frameworks have emerged as crucial areas of ongoing exploration and debate.

To equip homoeopathic students with the real-world information and practical skills necessary for postgraduate studies, this course delves into the relevant advancements within the homoeopathic field, emphasizing their implications for the development and progress of contemporary homoeopathic literature. The syllabus is meticulously divided into two sections for optimal understanding. The first section delves into the evidence-based advancements in the cardinal principles of homoeopathy, drawing upon clinical and laboratory studies to reinforce theoretical concepts. The second section explores miscellaneous developments, including response assessment tools and database applications, further enriching the student's homoeopathic repertoire

Section I-

ADVANCES IN CARDINAL PRINCIPLES

- **Law of similars**

The Law of Similars, a core principle of homeopathy, was extensively documented by Dr. Samuel Hahnemann based on clinical observations. While these reports provided valuable insights, they were often subjective and potentially susceptible to bias. **Recognizing these limitations, modern scientists have sought to objectively validate the principle at the cellular level, minimizing experimenter bias and maximizing replicability.** This module explores prominent biological models showcasing the Law of Similars in action, providing a more robust and evidence-based understanding of this fundamental concept.

- ❖ Cellular models
- ❖ Immunomodulatory models
- ❖ Rebound effect

- **Law of minimum**

The highly dilute nature of homeopathic medicines challenges our understanding of dose-effect relationships. **While conventional science struggles to detect the original drug substance at high dilutions, their undeniable clinical effects spark curiosity about alternative mechanisms. This module delves into the non-linearity of these relationships, exploring possibilities beyond traditional linear models.** We investigate concepts like bio-informational imprinting and nanostructure formation within diluted solutions, alongside the intriguing phenomenon of hormesis, where minute doses trigger opposite effects than higher ones. By employing new simulation tools and drawing upon theoretical physics and chemistry, we aim to unravel this enigma, bridging the gap between current scientific understanding and observed clinical benefits. Ultimately, this exploration paves the way for future research that can shed light on the unique nature of homeopathic dose-effect relationships.

- ❖ Non-linearity of homeopathic preparations
- ❖ Hormesis
- ❖ **Arndt-Schultz Law**

- **Law of simplex**

Homeopathy's core principle, the single remedy prescription, rests on the tenet that a single well-chosen medicine can address a multitude of symptoms and disease states. This principle stems from Hahnemann's provings conducted on healthy individuals using individual remedies, not mixtures. **While modern practice reveals diverse therapeutic applications for each remedy, the Hahnemannian ideal remains relevant. Recent well-designed randomized controlled clinical trials, focusing on safety and efficacy of single-remedy homeopathic interventions, lend support to this traditional approach.** This reaffirms the scientific validity of the single remedy prescription, bridging the gap between historical foundations and contemporary clinical research.

- ❖ Efficacy of homoeopathic medicines
- ❖ Safety of homeopathic medicine
- ❖ **Designing of research trial**
- **Doctrine of drug proving**

Homeopathic drug proving, a cornerstone of the system, functions as a unique method to acquire real-time data on the therapeutic potential and effects of remedies. **While early provings followed less structured protocols, modern research has refined the process with directive principles and rigorous ethical guidelines. These standardized protocols, conducted on healthy human volunteers under strict regulatory oversight, aim to gather reliable and reproducible data on the symptom-producing and therapeutic properties of individual remedies. By embracing rigorous scientific methodology and ethical considerations, modern drug proving offers a robust framework for advancing the understanding and application of homeopathic medicines.**

 - ❖ Homoeopathic pathogenetic trials (HPT)-Phase 1 protocol
 - ❖ **New drug proving guidelines**
 - **CCRH**
 - **LMHI-ECH**
- **Doctrine of drug dynamization**

Homeopathic dynamization, the process of serial dilution and succussion, has sparked considerable interest in its potential connection to energy dynamics and particulate physics. Mathematical models, simulations, and various formulas have opened avenues for further research into its underlying principles. To fully grasp the biophysical and chemical nature of homeopathic remedies, understanding the conversion of the original drug substance into an active moiety through this mathematico-mechanical process is crucial. This module delves into essential theories relevant to drug dynamization, exploring potential explanations for its observed effects beyond traditional physicochemical models. **By critically examining these unconventional perspectives, we aim to bridge the gap between current scientific understanding and the phenomenon of homeopathic dynamization, potentially paving the way for future research and clinical exploration.**

 - ❖ Mathematics of dynamization
 - ❖ **Quantum effects of potentization**
 - ❖ **Nanostructuring**
 - ❖ Langmuir's equation
- **Theory of vital force**

While the concept of "vital force" has historically held significant importance, contemporary scientific discourse focuses on understanding the intricate interplay of biological processes that govern living systems. Instead of a singular force, we recognize the complex interplay of cellular and molecular pathways, energy metabolism, and regulatory mechanisms. This "ontological

exploration" delves into the dynamic nature of life, particularly focusing on the energy fluctuations associated with growth, development, and adaptation across various life stages. To illuminate these intricate processes, we employ diverse analogies and measurement tools that provide quantitative insights into the activities of living organisms. **This shift from a singular "vital force" to a nuanced understanding of the underlying mechanisms driving biological responses offers a more robust and empirically grounded approach to studying the fascinating nature of life.**

- ❖ Ontogenic growth
- ❖ **Gyroscopic Model of Vital Force**
- ❖ **Quantum Field Theory**

- **Theory of chronic diseases-**

The concept of miasms in homeopathy proposes a link between chronic diseases and past, potentially suppressed, influences. These influences, often categorized as psora, sycosis, and syphilis, are thought to manifest in various ways, potentially contributing to the development of chronic conditions. While the notion of inherited miasms exists within the homeopathic framework, it lacks a strong scientific basis. Modern research focuses on understanding the complex interplay of genetic, environmental, and lifestyle factors in the development of chronic diseases. **This module critically examines the miasmatic concept, exploring its historical roots, potential connections to modern pathology, and limitations in light of current scientific knowledge.** We will delve into the concept of fundamental and predominant miasms as well as the challenges associated with their identification and application in clinical practice. **The aim is to provide a balanced and critical perspective on this controversial concept, encouraging students to engage in thoughtful analysis and evidence-based reasoning.**

- ❖ Patient-practitioner-remedy (PPR) entanglement.
- ❖ Miasms and modern pathology.
- ❖ Chronic diseases: what are they? How are they inherited?

Section II –

MISCELLANEOUS

- **Advances in technology**

The diversity of homeopathic remedies, ranging from concentrated mother tinctures to highly diluted potencies, presents a unique challenge for standardization and validation. This module delves into the technological advancements facilitating the reliable characterization of these remedies, particularly at extreme dilutions where conventional detection methods falter. **Recent innovations like nano-detection systems offer promising avenues for ensuring the uniformity and scientific soundness of homeopathic preparations. These systems hold the potential to analyze the presence and properties of particulate matter within highly diluted solutions, providing valuable data for standardization and quality control.** By

exploring these cutting-edge techniques, we aim to bridge the gap between traditional homeopathic practices and contemporary scientific rigor, laying the groundwork for more standardized and evidence-based use of these remedies.

- ❖ Quantification of extreme homeopathic dilutions
- ❖ Nano-particulate hypothesis
- ❖ **Defining the plausibility of homeopathy**

- **Logic and Homeopathy**

Homeopathy's foundation in symptom-based diagnosis relies on a rigorous and logical framework. This framework, encompassing extensive symptom analysis and evaluation, utilizes various statistical concepts and principles to guide remedy selection. **These statistical tools, including those listed below, assist in identifying symptomatic correlations that form the logical thread connecting case-taking to the administration of the single most appropriate remedy. By delving into these statistical techniques, we gain a deeper understanding of how homeopathy utilizes data-driven methods to personalize treatment and achieve positive clinical outcomes.**

- ❖ Bayesian Theorem
- ❖ Likelihood ratio
- ❖ Fuzzy sets

- **Introduction to newer remedies in homeopathic materia medica**

The homeopathic materia medica, a vast and ever-evolving compendium of remedies, has seen significant additions in recent years. **This module delves into the dynamic landscape of modern homeopathic remedies, exploring those sourced from diverse and novel materials. Students will gain familiarity with remedies regularly documented in trusted scientific journals, databases, and other recognized bibliographic sources.** This exposure equips them to navigate the rich tapestry of homeopathic remedies with confidence, ensuring they are well-versed in both established and emerging therapeutic options. By emphasizing the importance of reliable sources and critically evaluating new additions, this module fosters a responsible and evidence-based approach to remedy selection in modern homeopathic practice.

- **Advances in experimental pharmacology**

Homeopathy is not a placebo effect instead a very potent therapeutic system of effective cure established under harmonized principles. But a very nature of homeopathic dilutions is complex and its real-time real world efficacy is dubious. Higher possibility of bias and human errors can't be ruled out in homeopathic drug proving process as well as outcome after homeopathic treatment. **On the other hand it's now unambiguous that homeopathic medicines acts not only in human pathogenetic trials but also have shown similar effects on different *in-vivo* and *in-vitro* models.**

- In vitro studies (cell-line)

- **In vivo studies (animal models)**
- **In silico studies**
- **Plant models**
- **Modus Operandi**

The intricate mechanisms of action underlying homeopathic remedies remain partially elusive, posing a fascinating scientific challenge. **The observed dynamic and non-linear effects have spurred numerous recent hypotheses, each aiming to shed light on their therapeutic potential. This module delves into these cutting-edge theories, exploring their merits and limitations in deciphering the essence of homeopathic action and optimizing clinical outcomes. By critically examining various viewpoints, from bio-informational imprinting to nanostructural effects and hormesis, we strive to bridge the gap between traditional approaches and contemporary scientific understanding.** Ultimately, this exploration paves the way for further research and refined clinical applications, solidifying the foundation for evidence-based practices in the field of homeopathy.

 - ❖ Silica hypothesis
 - Hormesis within a mechanistic context.
 - Electromagnetic and magnetic vector potential bio-information and water.
 - **Water memory Theory**
- **Quality of life**

Evaluating patient responses in clinical practice is crucial for gathering evidence-based data and informing treatment decisions in homeopathy. This module explores various assessment tools, encompassing both numerical scales and qualitative questionnaires. Such tools enable practitioners to systematically and objectively monitor patients' progress, particularly in relation to homeopathic remedy reactions and the principles of Hering's Law of Cure. By employing standardized assessment methods, we can gain valuable insights into the effectiveness and safety of interventions, fostering continuous improvement and evidence-based practices within the field of homeopathy.

 - HELAT
 - PRATHoT
 - RedHot
- **Data Bases in Homoeopathy: (Introduction and Knowledge)**

Homoeopathy has large number of scientific publications based on literature, clinical trials, drug proving, meta-analysis, systematic reviews, critical appraisals and many other records in basic as well as applied fields. For the ease of reference of these many sources the databases are now constructed for its easy availability and future research.

 - CORE-HOM : A powerful and exhaustive database of clinical trials in homeopathy
 - HomBRex: Database of basic research in homoeopathy

- **Vet-CR**

Section III:

Practical

Practical application of patient's response tools such as Helat as well as PRATHoT in clinical scenario. Utility and knowledge of symptomatology, theory of suppression, successibility at bedside case analysis and evaluation. Knowledge and applications of dynamization models. Use of newer remedies. Different mice and rat models as well as cell-lines studies to prove efficacy of homeopathic medicines. Detailed application different statistical principles and its correlation with totality of symptoms and rubric selection.

BIBLIOGRAPHY (Including of syllabus but not limited to):

Homoeopathic philosophy,

Hering's Law Assessment Tool [HELAT]: Brien SB, Harrison H, Daniels J, Lewith G. Monitoring improvement in health during homoeopathic intervention. Development of an assessment tool based on Hering's Law of Cure: the Hering's Law Assessment Tool (HELAT). *Homoeopathy*. 2012 Jan 31;101(1):28-37.

Hering's Law Assessment Tool Revisited Introducing a Modified Novel Version—Patients' Response Assessment Tool After Homoeopathic Treatment (PRATHoT): Saha S, Koley M, Arya JS, Choubey G, Ghosh S, Ganguly S, Gosavi T, Ghosh A, Ali SA, Gupta N. Hering's Law Assessment Tool Revisited Introducing a Modified Novel Version—Patients' Response Assessment Tool After Homoeopathic Treatment (PRATHoT) in Chronic Cases. *Journal of evidence-based complementary & alternative medicine*. 2014 Jul 22;2156587214543142.

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Vital force: Bell IR, Lewis DA, Lewis SE, Brooks AJ, Schwartz GE, Baldwin CM. Strength of vital force in classical homoeopathy: bio-psycho-social-spiritual correlates within a complex systems context. *The Journal of Alternative & Complementary Medicine*. 2004 Feb 1;10(1):123-31.

Hormesis: Bellavite P, Chirumbolo S, Marzotto M. Hormesis and its relationship with homoeopathy. *Human & experimental toxicology*. 2010 Jul 1;29(7):573-9.

REDHOT guideline Dean ME, Coulter MK, Fisher P, Jobst K, Walach H. Reporting data on homeopathic treatments (RedHot): a supplement to CONSORT. *Homoeopathy*. 2007 Jan 31;96(1):42-5.

Repertory:

Rutten AL, Stolper CF, Lugten RF, Barthels RW. Statistical analysis of six repertory rubrics after prospective assessment applying Bayes' theorem. *Homoeopathy*. 2009 Jan 31;98(1):26-34.

Rutten AL, Stolper CF, Lugten RF, Barthels RW. A Bayesian perspective on the reliability of homeopathic repertories. *Homoeopathy*. 2006 Apr 30;95(2):88-93.

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Stolper CF, Rutten AL, Lugten RF, Barthels RJ. Improving homoeopathic prescribing by applying epidemiological techniques: the role of likelihood ratio. *Homoeopathy*. 2002 Oct 31;91(4):230-8.

Rutten AL, Frei H. Opposite repertory-rubrics in Bayesian perspective. *Homoeopathy*. 2010 Apr 30;99(2):113-8.

Homeopathy pharmacy:

Rao ML, Roy R, Bell IR, Hoover R. The defining role of structure (including epitaxy) in the plausibility of homeopathy. *Homoeopathy*. 2007 Jul 31;96(3):175-82.

Chikramane PS, Suresh AK, Bellare JR, Kane SG. Extreme homoeopathic dilutions retain starting materials: A nanoparticulate perspective. *Homoeopathy*. 2010 Oct 31;99(4):231-42.

Khuda-Bukhsh AR. Mice as a model for homeopathy research. *Homoeopathy*. 2009 Oct 31;98(4):267-79.

Baumgartner S. Status of basic research in homeopathy. *The Current State of Homoeopathic Research*. 2016 May:40.

Kirby BJ. Safety of homoeopathic products. *Journal of the Royal Society of Medicine*. 2002 May 1;95(5):221-2.

Molski M. Quasi-quantum model of potentization. *Homoeopathy*. 2011 Oct 31;100(4):259-63.

Materia Medica:

Fisher P, Dantas F. Homoeopathic pathogenetic trials of *Acidum malicum* and *Acidum ascorbicum*. *British Homoeopathic Journal*. 2001 Jul 31;90(3):118-25.

Advanced teaching of fundamental of Homoeopathy shall comprise of integration of knowledge (learnt at degree level course) in respect of subjects namely, Homoeopathic Philosophy, Materia Medica, and Repertory.

C.C.RH.Publications.

B. SPECIALITY SUBJECTS -

1. HOMOEOPATHIC PHILOSOPHY

INTRODUCTION –

Organon is a high water mark in Medical Philosophy. it is a product of application of inductive logical method of reasoning in the solution and treatment of human pathos.

Homoeopathic philosophy builds up the Homoeopathic graduate to understand the system and to become excellent professional thinker and practitioner.

The subject enables Homoeopath to develop a true rational healing art, to employ unprejudiced reflection, how to investigate what is to be cured in disease and to know what is curative in medicine and also to develop the communicative and interpersonal skills for better application of art of healing.

The subject gives sound knowledge of Philosophy of our school of medicine for undertaking Practice, Teaching and Research studies.

Focus of the subject is to build up the conceptual base of relationship between Philosophy, Science and logic.

A postgraduate student of Organon needs to be grounded in the fundamentals of General Philosophy, Logic, Scientific Method and study of Man in Universe. Evolutionary study of Hahnemannian concepts in these disciplines will enable the student to firmly grasp the homoeopathic principles in evolution and the methods and techniques developed by Hahnemann. This will prepare him to critically study the contributions of masters-past and present

A thorough grasp of their philosophical and conceptual background, the teaching will experientially deliver to the candidate the entire experience of application of philosophy in clinical practice. This will allow the student to integrate the knowledge and help him to gain insight regarding the clinical application of the concepts and principles laid down in Homeopathic Philosophy and prepare him to take on a larger role in the exploration at academic, clinical and research levels.

Program Outcome:

1. During Postgraduate courses students undertake individual projects. Health camps during program duration help to understand local health issues
2. 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.
3. 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.
4. Develop the capacity for critical thinking, self-reflection and a research orientation as required for developing evidence based homoeopathic practice.
5. Comprehend the person in wider dimensions to identify factors responsible for the genesis and maintenance of the disease, and treat with symptom similarity.

PART – I

In addition to UG Syllabus, the following topics shall be taught in detail:

General Philosophy

1. General Philosophy-Study of Development of Western Philosophy and its reflections on Medicine in general and Homoeopathy in specific. (Existentialism, Substantialism, Realism, Pragmatism, Idealism, Romanticism Materialism, Naturalism, Vitalism)
2. Relationship between Philosophy, Science and Logic-Inductive and Deductive, Contribution of Lord Bacon, Logical fallacies, Application in Homoeopathy

3. Universal Concept of Life in General and of “Man in Universe”. Study of different Models of Man and Basic Psychology and its implications in understanding Hahnemannian Concepts of Man in Health and Disease. Recovery and Cure, Suppression/ Palliation, Causation & Concomitant

HAHNEMANN AND EVOLUTIONARY HAHNEMANNIAN PHILOSOPHY

Following concepts have to be studied from Organon of Medicine 1st Edition to 6th Edition as it evolved and its application in the Clinical set up.

1. Concept of ‘Medical Observer’ and ‘Unprejudiced observer’ his ‘Mission’ and ‘Knowledges’ as conceived by Hahnemann. Methods to operationalize these in the light of current advances of methods to study man. Homoeopathic case taking and its various *Dos & don’ts*. Relationship with demands placed on the Healing Professions in the Modern World
2. Development of the Scientific Spirit and Methods of Science with reference to Hahnemannian Homoeopathy as a Science. Study of Precursors of Organon-Medicine of Experience, An essay on the New Principles and Study of Editions of Organon in ground plan, Evolutionary study of Principle of Similia, Vital Principle, Posology and its Scientific application in Homoeopathy
3. Concept and Methods of Drug proving integrating modern analytical developments in study of effects of drugs on human organism.
4. Concept of Symptomatology, Susceptibility, Suppression and its importance in Totality formation-Evolutionary study importance in Health, Constitution, Diathesis, Disease, Recovery, Cure, Drug-effects, Remedy-effects, Suppression and Palliation, Local Application and Remedy-Reaction and regulation so that the various observations made by Hahnemann in the management of Chronic Diseases-One sided, Miasmatic, (Single and Complex), Mental diseases, Intermittent diseases, Surgical diseases, Local diseases.
5. Concept of Aetiology, Pathology, Clinical Diagnosis, and their importance in understanding Homoeopathic Theory of Chronic Diseases; its Principles, Classification and Identification of the Four Miasmatic Types, their pre-dispositions and Diseases associated with each Type. Combination of Miasms: Concept, Implications and Identification. Representation of the Four Miasmatic Types in the Homoeopathic Materia Medica and Classification of Drugs on Miasmatic Basis. Homoeopathic Management of Miasmatic Disorders and its impact on Therapeutics

6. Principles & Applications of Organon in clinical practice-Management of Acute Diseases-Sporadic, Epidemic, Pandemic
7. Remedy-Selection: Concepts of Individualization; Totality of Symptoms; and Portrait of the Disease Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship,
8. Concept of Non remedial, ancillary methods in treatment of diseases.
9. Importance of an in-depth study of Aphorisms 1-6 as conveying the Fundamental Approach to the teaching of Organon and Homoeopathic Philosophy
10. The new Therapeutic method and Preparation of Medicine, 50 milisimal scale- LM Potency, its preparation, indications
11. Importance of Disease Diagnosis in Homoeopathic treatment. Significance of Disease diagnosis & Miasmatic Diagnosis for final selection of remedy (Remedial Diagnosis)
12. Emphasis on Study of life space & Mentals in case taking.
13. Use of body language & face reading, & skills for psychoanalysis.

PART II

In addition to Part I, the following topics are included

A lot of work has been done by his illustrious followers based on Hahnemannian concepts and philosophy as available in their homoeopathic literature. Students need to grasp these concepts and their clinical applications. Hence part 2 will take up study of all these concepts which have evolved post-Hahnemann based on his teachings

Paper – I

Post Hahnemannian contributions to the literature focusing on philosophical concepts, critical comparisons and applications in Materia Medica, Repertory and Medicine and allied branches focusing on Comparative study of the following concepts:

1. Man in Health, Constitution, Diathesis, Disease, Recovery and Cure and its relation to Methods of Case Taking.
2. Symptomatology, Classification and Evaluation.
3. Susceptibility, Immunology, Suppression and Miasmas.
4. Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship.

The following authors will be studied in detail:

- a. Boenninghausen
 - b. Kent
 - c. Boger
 - d. Stuart Close
 - e. Herbert Roberts
5. Comparison of idiosyncrasy & Allergy, Comparison of Homoeopathic case taking and Modern medicine, Comparison of Concept of Susceptibility and Immunology
 6. Classification of disease according to Dr. Hahnemann and WHO (ICD-11)
 7. Different types of diseases like one sided diseases like mental diseases, intermittent and alternating diseases, iatrogenic diseases, Occupational hazards & their homoeopathic management.

Paper – II

8. Study of the contributions of other illustrious followers- old and recent- to the literature focusing on philosophical concepts, critical comparisons and applications in Materia medica, Repertory and Medicine and allied branches focusing on Comparative study of the following concepts
 - a. Man in Health, Constitution, Diathesis, Disease, Recovery and Cure and its relation to Methods of Case Taking.
 - b. Symptomatology, Classification and Evaluation.
 - c. Susceptibility, Immunology, Suppression and Miasmas.
 - d. Homoeopathic Theory of Chronic Diseases; its principles and interpretation ***in the light of present knowledge***. Clinical Classification and Identification of the Four Miasmatic Types, Combination of Miasms: Concept, Implications and Identification. Representation of the Four Miasmatic Types in the Homoeopathic Materia Medica and Classification of Drugs on Miasmatic Basis. Homoeopathic Management of Miasmatic Disorders and its impact on Therapeutics
 - e. Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship,
 - i. Hering
 - ii. J. H. Allen
 - iii. Farrington
 - iv. Richard Hughes
 - v. Dunham
 - vi. Clarke
 - vii. Boericke
 - viii. Sarkar
 - ix. Whitmont
 - x. Ortega
 - xi. Dhawale
9. Comparative study of the Philosophical and Conceptual framework of Current Schools of medicine - Modern Medicine, Ayurveda, Unani, Siddha and Homoeopathy
10. Concept of Law of simple/minimum/single; Law of Similars: Evolution, Deduction, and Scientific Experimental Proof; Application and Corollaries

- Concept of the Dynamic Action and the Dose, in Relation to current research in Physics, metaphysics, quantum theory, molecular and nanomedicine
11. Applied aspects of Homoeopathic philosophy & psychology in day to day practice
 12. Application of homoeopathic principles, it's practicability & necessary changes as the need of hour.
 13. Evolution of cardinal principles of homoeopathy.

List of Reference Books for Organon of Medicine with Homoeopathic philosophy as a speciality subject are as follows –

1	S. Hahnemann - Organon of Medicine- 6 th Edition, B. Jain Publisher , New Delhi.
2	S. Hahnemann-Lesser Writings, B. Jain Publisher, New Delhi.
3	S. Hahnemann-Chronic Diseases, B. Jain Publisher, New Delhi.
4	J. K. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, New Delhi.
5	J. T. Kent - Minor Writings, B. Jain Publisher, New Delhi.
6	J. T. Kent - Lesser writings, B. Jain Publisher, New Delhi
7	Sarcar, B. K. Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta
8	H. A. Robert - Principles and practices of Homoeopathy, B. Jain Publisher, New Delhi
9	S. Close - Genius of Homoeopathy, B. Jain Publisher, New Delhi
10	Boeninghausen - Lesser Writings, B. Jain Publisher, New Delhi
11	Farrington - Lesser Writing, B. Jaia Publisher, New Delhi.
12	M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, New Delhi
13	M.L. Dhawale - Symposium Volumes, Indian Books and Periodicals Publishers, New Delhi
14	G. Boericke- Principles of Homoeopathy, B. Jain Publisher, New Delhi
15	Clarke - Constitutional Medicine, B. Jain Publisher, New Delhi.
16	C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, New Delhi
17	W. K. Wright - A History of Modern Philosophy
18	Banerjee - Chronic Disease its cause and <i>cure</i> , B. Jain Publisher, New Delhi
19	J. H. Allen-Chronic Miasms, B. Jain Publisher, New Delhi

20	Phillis Spaight-- Chronic miasms
21	Bradford - Life History of Hahnemann Vol. I & Vol. II, B. Jain Publisher, New Delhi
22	Dudgeon-Principles and Practices of Homoeopathy, B. Jain Publisher. New Delhi
23	Richard Hael; Life of Hahnemann, B. Jain Publisher, New Delhi.
24	Hospers John: Introduction to Philosophy
25	Irving Copi: Introduction to Logic
26	Sharma C. D.: Indian Philosophy
27	Wolf A. Textbook of logic - Surjit Publication
28	Boger, C. M.: Collected Works
29	Dudgeon: Principles and Practice of Homoeopathy
30	Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A Collection of Papers elucidating and illustrating the Principles of Homoeopathy
31	Haehl Richard: Life & Work of Hahnemann Vol.- I & II
32	Hahnemann, S.: Organon of Medicine (5 th Edition), Translated from the 5 th German Edition by Dudgeon, R. E. Introduction and Commentary by Sarkar, B. K.
33	Hughes Robert: Principles & Practice of Homoeopathy
34	Ortego: The Chronic Miasms
35	Sarkar B.K.: Essays on Homoeopathy
36	Shepherd Dorothy: Magic of Minimum dose
37	Whitmont E. Psyche & Substance
38	Whitmont E. The Symbolic Quest

SPECIALITY SUBJECT:

2. MATERIA MEDICA

INTRODUCTION

The syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic Materia Medica. It will include the basic philosophical background and conceptual framework necessary to understand the different approaches and their clinical applications in the exploration of Materia Medica at academic, clinical and research level.

The syllabus of M.D. Part I and Part II deals with the understanding of the basic science and philosophy of Materia Medica.. It will give a student insight into Clinical Materia Medica useful in their resident posting. Different approaches to Materia Medica will also form a part of the learning. It will guide the student to understand the different authors and their philosophical and conceptual background and clinical application.

Differential and comparative Materia Medica becomes an important step for bedside differentiation. Group study is the integrated component of understanding Materia Medica as it helps in exploring the general indications as well as understanding the components with the characteristics.

Program Outcome:

1. Develop the competencies essential for clinical diagnosis and treatment of diseases through the judicious application of homoeopathic principles
2. 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.
3. Discern the relevance of other systems of medical practice for rational use of cross referral and life saving measures, so as to address clinical emergencies
4. Develop capacity for critical thinking and research aptitude as required for evidence based homoeopathic practice.
5. Demonstrate aptitude for lifelong learning and develop competencies as and when conditions of practice demand.
6. Be competent enough to practice homoeopathy as per the medical ethics and professionalism.
7. Identify and respect the socio-demographic, psychological, cultural, environmental & economic factors that affect health and disease and plan homoeopathic intervention to achieve the sustainable development Goal.

PART-I

1. Sources of Homoeopathic materia medica, concept of Drug proving and collection of symptoms – classification of symptoms, construction of Materia medica, types of Materia medica- concept, philosophy, scope and limitation.
2. Science and philosophy of Homoeopathic Materia Medica .
3. Different types.

4. Scope and limitations of Homoeopathic Materia Medica.
5. Sources of Drugs, family or group characteristics. Drug relationships.
6. Comparative materia medica –comparative study of symptoms, drug pictures and therapeutic indications.
7. Concept of artificial and natural diseases. Understanding the evolution, philosophy and construction of the source books.
8. Concept of causation from the Hahnemannian perspective, viz. fundamental, exciting, maintaining causes and its application in the study of Hom Materia Medica.
9. Bio-Psycho-Social concept of aetiopathogenesis and evolution of the disease phenomena to integrate with the study of Hom Materia Medica..
10. Study of mental symptom, mental state, disposition, constitutions, temperaments and evolutionary study of Hom Materia Medica.
11. Clinico-pathological correlations of the diseases and integrating Pathogenesis in study of Homoeopathic materia medica.
14. Clinical Materia Medica and its practical application at the bedside.
15. Posology.

List of Drugs for Part – I

1	Abrotanum	27	Agaricus.muscariu s.	53	Cannabis indica
2	Aethusa cynapium	28	Agnus castus.	54	Cannabis sativa
3	Acetic acid	29	Alfalfa	55	Capsicum
4	Aconitum napellus	30	Anthracinum	56	Carbo animalis
5	Aloe.socotrina.	31	Apocynum	57	Carbo vegetabilis
6	Alumen	32	Arsencim iod	58	Causticum
7	Alumina	33	Arum triph	59	Cactus grandiflorum
8	Ambra grisea	34	Asafoetida	60	Cadmium sulph
9	Ammonium	35	Asterias rubens	61	Caladium

	muriaticum				
10	Ammonium carb	36	Bromium	62	Calcarea arsenica
11	Anacardium orient.	37	Bacillinum	63	Calcarea sulph
12	Antimonium crudum	38	Baptisia TM	64	Calendula
13	Antimonium tartaricum	39	Bellis.perennis	65	Cantharis
14	Apis mellifica	40	Benzoic acid	66	Carbolicum acid
15	Argentum metallicum	41	Berberis.vulgaris	67	Carcinosin
16	Argentum Nitricum	42	Bismuthum	68	Caulophyllum
17	Arnica montana	43	Bovista	69	Cedron.s
18	Arsenicum album	44	Bufo	70	Chamomilla
19	Aurum metallicum	45	Baryta carb	71	Chelidonium Maj
20	Actea racemosa	46	Baryta muriaticum	72	Cicuta virosa
21	Abies.canadensis.	47	Belladonna	73	Cina.
22	Abies.nigra	48	Borax	74	Cinchona officinalis
23	Acalypha indica	49	Bryonia Alb.	75	Cocculus indica
24	Actea spicata	50	Calcarea carb	76	Citrus v
25	Adonis vernalis	51	Calc phos	77	Colchicum
26	Aesculus hippoca.	52	Camphora	78	Collinsonia c

79	Condurango	107	Hydrocotyle	135	Mercurius corrosivus
80	Corallium	108	Hypericum	136	Mercurius cyanatus
81	Crategus	109	Ignatia	137	Mercurius sulph
82	Crocus sativa	110	Ipecacuanha	138	Millefolium
83	Cyclamen	111	Iodum	139	Murex
84	Cypripedium	112	Kali bichromicum	140	Natrum mur
85	Carduus marianus	113	Kali carbonicum	141	Natrum carb
86	Coffea cruda	114	kali phosphoricum	142	Natrum phos
87	Colocyntis	115	Kali brom	143	Natrum sulph
88	Conium Mac	116	Kali mur	144	Nitric acid
89	Crotalus horridus	117	Kali sulph	145	Naja tripudians
90	Cuprum metallicum	118	Kalmia Lati	146	Nux-moschata
91	Digitalis P.	119	Kreosotum	147	Nux-vomica
92	Drosera R.	120	Ledum pal	148	Opium

93	Dulcamara	121	Lithium carbonium	149	Onosmodium
94	Diosorea villosa	122	Lycopodium Clav	150	Oxalic acid
95	Euphrasia	123	Lac canium	151	Ocium canum
96	Eupatorium perf	124	Lac defloratum	152	Podophyllum
97	Eupatorium purpu	125	Lilium tigrinum	153	Pyrogenium
98	Fluoricum acidum	126	Lachesis	154	Phos. acid
99	Ferrum phos	127	Medorrhinum	155	Phosphorus
100	Gelsemium	128	Merc sol	156	Platina Met
101	Graphites	129	Mezereum	157	Plumbum Met
102	Gionoine	130	Moschus	158	Psorinum
103	Helleborus niger	131	Muriatic acid	159	Pulsatilla N
104	Hyoscyamus	132	Magnesia carb	160	Petroleum
105	Helonias	133	Magnesia mur	161	Physostigma
106	Hydrastis Canadeuri	134	Mephitis	162	Picricum acid

163	Rheum	185	Secale cornutum	207	Thlaspi bursa
164	Rhus toxicodendron	186	Stannum met	208	Tabacum
165	Radium Bromide	187	Staphysagria	209	Urtica Urens
166	Ranunvclus Bulbosus	188	Silicea	210	Ustilago
167	Raphanus	189	Stramonium	211	Veratrum alb.
168	Ratanhia	190	Sulphur	212	Veratrum viride
169	Rhododendron	191	Sulphuric acid	213	Vaccinium
170	Rumex crispus	192	Syphilinum	214	Variolinum
171	Ruta Graveolens	193	Sabadilla	215	Vinca Minor
172	Sambucus Nigra	194	Sabal serrulata	216	Vipera
173	Saguinaria Canaden	195	Sabina	217	Zincum met
174	Sepia	196	Spartium scoparium	218	Zingiber
175	Selenium	197	Spigelia		
176	Spongia tosta	198	Theridion		
177	Sticta pul	199	Tarentula hispania		
178	Strontia carb	200	Thuja occidentalis		
179	Strophanthus Hispidus	201	Tuberculinum		

180	Strychnium	202	Tarentula cubensis		
181	Sulphur iodatum	203	Taraxacum		
182	Symphytum	204	Tellurium		
183	Syzygium jambolanum	205	Terebinthina		
184	Sarasaparilla	206	Teucrium marum v.		

PART - II

Paper - I

1. Evolution of Hom. Materia Medica with focus on the evolving concepts, masters and the books, their construction and utility.
2. Different approaches of study of Hom Materia Medica i.e. Psycho-clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship
3. Theory of Biochemic system of Medicine and Biochemic Medicines.
4. Groups - Carbon group, Acids, Halogens, Antimony group, Ammonium group, Kali group, Natrum group, Calcareo group.
5. Family Loganiaceae, Anacardiaceae, Compositae, Papaveraceae, Cucurbitaceae, Coniferae, Ranunculaceae, Rubiaceae, Solanaceae, Umbelliferae.
6. Comparative Materia Medica: from symptomatic, regional location, closely coming drug pictures and group symptoms its application in the practice of medicine, surgery and gynecology- obst.
7. Study of pure effects of Homoeopathic Drugs from all source books & to interpret the same.
8. Scope & Limitations of the current state of knowledge of Homoeopathic Materia medica with the demands of Clinical practice and Education.
9. Comparative study Of Homoeopathic Materia Medica in all systems of Medicine under AYUSH for integrated study so as to understand the Philosophical Background, Posological Study with difference in way of Preparations of the Medicine – can help promote solidarity and integrity in treatment of patients under the Umbrella of BIOETHICS
10. Drug pathogenesis of all remedies belonging to different families, groups.

Paper - II

1. Group study of Hom Materia Medica. -- Ophidia ,Pisces , Insect , Arachnida , Magnesia ,Alkali Group , Alkaline Earths, Baryta group, Radio-active Group, Ferrum Group, Mercury Group, Metal Group.
2. Study of group characteristics with remedy differentiation
3. Comparative Materia Medica: from symptomatic, regional location, closely coming drug pictures and group symptoms its application in the practice of medicine, surgery and gynecology- obst.
4. Mother Tinctures, Nosodes (including Bowel Nosodes), Sarcodes and Bach Flower therapy.

5. Repertorial Techniques for the evolution of the Drug Pictures from Symptoms
6. Hom Materia Medica of acute illnesses, emergencies.
7. Review of latest research conducted in Homoeopathy- a) Homoeopathic Pathogenetic Trial b) Veterinary Homoeopathy c) Agro Homoeopathy
Observational studies this will help in updating the application of Organ Remedies/Specifics.
8. Therapeutic indications of all drugs with special reference to rare remedies.
9. Systematic study of common diseases in medicine & its homoeopathic management.
10. Drug proving of new & of rare remedies.
11. Clinical verification of partially proved drugs.
12. Correlation of symptoms of drug from Materia Medica with Rubrics present in different repertories.

Teaching Learning Methods:

1. Problem Based Learning

- Journal Club Activity
- Small group discussions
- Integrated Lectures with Organon and Practice of Medicine
- Integrated Seminars with Organon and Practice of Medicine
- Assignments
- Case study discussion
- Tutorials

2. Self Directed Teaching and Learning

- Define the homoeopathic Materia Medica and grasp the basic concept with philosophy of it based on Hahnemannian directions.
- Discuss different sources and types of homoeopathic Materia Medica.
- 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.
- Study and understand the bio-chemic system of medicine.
- Identify the symptoms of a sick individual corresponding to the symptoms of a particular drug.
- Develop an insight into scopes and limitations of homoeopathic Materia Medica.

List of Drugs for Part – II

1	Abroma Angusta	24	Adrenaline	47	Chlorum
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2	Ammonium iod	25	Ailanthus g	48	Chrysarobinum
3	Ammonium phosp.	26	Agraphis n.	49	Cimex
4	Amyl nitrite	27	Aletris farinosa.	50	Cinearia
5	Amygdalus	28	Ammonium brom	51	Cinnaberis m.
6	Andographis paniculata	29	Allium sativa.	52	Clematis
7	Anagalis	30	Azadirachta indica	53	Cobultum
8	Angustura	31	Badiaga	54	Coca
9	Antim-ars	32	Baryta iodata	55	Cocainum
10	Anthrakokali	33	Blata orientallis	56	Coccus cacti
11	Apium graveolans	34	Blumea odo	57	Comocladia d
12	Aralia.racemosa.	35	Bothrops	58	Convellaria majus.
13	Aranea.diadema.	36	Boerrhavia diffusa	59	Copavia
14	Arsenicum brom	37	Brachyglottis	60	Croton tig
15	Arsencim sulph.	38	Calcarea iod	61	Cubeba
16	Artemisia vulgaris	39	Calcarea silicate	62	Cuprum aceticum
17	Asarum Europ	40	Calcarea fluorica	63	Cuprum arsenitum
18	Asparagus	41	Castor equi	64	Curare
19	Aspidosperma	42	Ceanothus	65	Cinnamonum
20	Aurum mur.nat.	43	Chaparro a	66	Cistus.c
21	Aurum iod	44	Chenopodium g	67	Daphne indica
22	Avena sativa	45	Chimphila umbel	68	Diphtherium
23	Alstonia	46	Chininum ars	69	Dolichos pruriens
70	Arsenic sulph.flav	97	Chininum sulph	124	Echinacea r.
71	Acetanilidum	98	Cholestrinum	125	Elaps.corallinus
72	Elaterium e.	99	Hamamelis v.	126	Lemna minor
73	Erigeron	100	Heper sulphuris calcareum	127	Lobelia Inflata
74	Eucalyptus g.	101	Hekla lava	128	Lycopus v
75	Eugenia jambos	102	Hydrangea	129	Lathyrus
76	Euphorhia	103	Hydrophobinum	130	Menyathes
77	Ephorbium	104	Iberis	131	Mercurius iod
78	Eupion	105	Indigo	132	Mercurius iod ruber
79	Ferrum metallicum	106	Insulin	133	Morphinum
80	Fagopyrum	107	Iodoformum	134	Mygale

81	Fel tauri	108	Iris vers	135	Myrica
82	Ferrum ars	109	Jaborandi	136	Napathaline
83	Ferrum picricum	110	Jalapa	137	Natrum ars
84	Filix mas	111	Jatropha	138	Niccolum
85	Formic acid	112	Justicia adhatoda	139	Ocium canum
86	Formica rufa	113	Juglanc C.	140	Oenathe
87	Fraxinus americana	114	Kali arsenicum	141	Oleander
88	Ficcus relig	115	Kali chlor	142	Oophorium
89	Gaultheria	116	Kali cyanatum	143	Ornithogalum
90	Gambogia	117	Kali hydroiodicum	144	Paeonia
91	Ginseng	118	Kali nitricum	145	Palladium
92	Gnaphalium	119	Lactium acid	146	Pareiara brava
93	Granatum	120	Lapis alb.	147	Paris quadrifolia
94	Gratiola	121	Lactium acid	148	Passiflora Incarnata
95	Grinadelia	122	Latrodectus Mac	149	Pertussin
96	Guaiacum	123	Lauroserasus	150	Pothos foetidus

151	Populus candicans	165	Senega	179	Trombidium
152	Polygonum punctaluni	166	Serum anguillar ich (Els serum)	180	Uranium nitricum
153	Pilocarpus Micro	167	Squilla maritime	181	Viola odorata
154	Piper nigrum	168	Saccharum officinale	182	Viola tricolor
155	Pitultory gland	169	Salicylicum acidum	183	Viscum album
156	Pix Liquida	170	Sanicula Aqua	184	Valeriana
157	Plantago major	171	Solidago virga	185	Variolinum
158	Phellandrium	172	Sumbulus moschatus	186	Vespa rabro
159	Rhus glabra	173	Tellurium	187	Viburnum opulus
160	Rhus venenata	174	Thyrodidium	188	Wyethia
161	Rhus aromatica	175	Thiosinaminum	189	Xanthosylum
162	Rosa damascene	176	Thallium met	190	Zincum v
163	Robinia	177	Trifolium p	191	Zincum phos
164	Senecio Aureus	178	Trillium pendulum		

Note: The remedies included in the syllabus should be studied with respect to their sphere of action, groupwise. The examples are adduced below.

1. Drugs should be studied in Groups, stressing the Common as well as the differential features of the individual drugs included in the Group.
2. Study should lay stress on the Method and Approach and not so much on Factual Knowledge, access to which, is readily provided by the Repertories. Examination, thus, would not be **primarily** a Test of Memory but of the capacity to organize and deal effectively with the mass of data presented by the Homoeopathic Materia Medica.
3. **Drugs in Category I:** These are to be studied systematically to bring out the 'Portrait of the Disease'. Full Questions on the Group or individual members of the Group may be asked in the Paper. (In part I this category is to be studied from clinical perspective and for demonstrating the concept and philosophy. In part two the detailed drug picture need to be studied)
4. **Drugs in Category II:** These are to be studied in a more restrictive manner, stressing their Prescribing Totalities in the spheres in which the drug is commonly employed. Here stress is more often on the Characteristics Particulars; important Generals, where they are clearly established, however, are not to be neglected. None of these drugs shall form the topic for a full question in the Paper.(these drugs are to be studied in part one only)

Examples -

CATEGORY I		CATEGORY II	
1. Congestive Group			
Aco. n. Bell. Stram. (Comp. Verat. Alb.) Hyosc. Verat. vir. Ferrum met. Ferrum phos.		Glonoine	
2. Injuries, Rheumatic states, Neuralgias			
Ars .mont Rhus tox(comp.other rhus) Bry.alb. Puls.n.(comp.kali sulph and cyclamen) Phytolacca Cimicifuga Eup.perf.(comp.Eur.pur.) Coffea Natrum sulph		Rhododendron kalmia Ledum Hyper. Symph. Ginseng Formica rufa Colchicum Benzoic acid Angutura vera Actea spicata Viscum album Strontium carb Lithium carb Paris quadrifolia	Bellis p. Guaiacum Ruta Urtica urens Stront.carb. Dulcamara Sanicula Sanguinaria Spigelia Ranunculus b. & s. Plantago m Solanum Lycopus Sulphuric acid Gnaphallium
3. Spasmodic & Irritable Group			
Cham. Cina	Cup. met. (Comp. Verat. alb) Cup. ars.	Cicuta V. Dioscorea	

Coloc. Staph.	Secale cor. Nux vom.	Viburnum Caulophyllum Lyssin
4. Urinary drugs		
Canth.(Comp.Merc.cor.) Apis mel. Berberis V. Sarsaparilla Capsicum	Cannabis indica & sat Terebinthina Hydrangea Equisetuim cubeba clematis	Solidago Thalapsi bursa pastoris Sabal Serrulata Pareina Brava ocimum can Chimaphilia Umbellat
5. Digestive system drugs		
Verat . alb (Comp.camph, Cup, Secale cor & carb.veg.) Anacardium	Aethusa Ipecac Rheum Cheild Leptandra Cadmium met.& Sulph	m.
6. Rectal drugs		
Nitric acid	Muratic acid Sanguinaria Ruta Paeonia	Aloes aesculus Hammameli Ratanhia Podophyllum
7. Respiratory		
Upper respiratory Tract		
	Allium cepa Arum T. Euphrasia Sabidilla Cistus Sambucus	Sticta pul. Justicia Adhatoda Eucalyptus Aralia Racemosa Agraphis nutans
8. Spasmodic cough		
	Coccus cacti Corallium rubrum Pertussin Trifolium partense Naphthelene Mephites	Justicia adhatoda Formalin Cuprum Met Castanea Vesca Bromium Aralia Racemosa
9. Dry cough		
Spongia Bromium	Corallium rubrum Aralia racemosa	
10. Loose cough		
Stannum met. Stannum iod.	Rumex Senega Hydratis Lobelia	Squilla Pix Liquida Badiaga
11. Collapse		
Antimony crud. & tart Ipecac Ammonium carb.(Comp. Ars.Alb) Antimony		
12. Heart Drugs		
Digitalis Aurum met Naja	Ars. Iod. Strychnine Ars & Phos	Spartium Scoparium Strantium Carb Oxalic Acid

Baryta Carb	Cactus g. Laurocerasus Lycopus Lactroectus Strophanthus Crategus Adonis Vernalis Spigelia Sacchrum Off	Lithium Carb Kalmia Latifolia Iberis Convallaria Majalis Asparagus Amyl Nitrosum Acetanilidum
13. Debility Group		
China Phos. Acid Mur. Acid		Chin. Ars. Picric Acid Selenium Uranium Nitrate
14. Natrum Group		
Natrum Carb. Natrum mur. Natrum phos. Sycotic Drugs Natrum sulph. Thuja Medorrhinum		Natrum Ars. Natrum Iod Natrum H. Borax
15. Kali Group		
Kali Carb. Kali Bichrom. Kali Mur.	Kali Sulph. Causticum (Comp. Phos.)	
16. Calcarea Group		
Calc. Carb Calc. Phos. Calc. F. Calc. S. Calc. Iod.		Calc. Ars Calc. Sil.
17. Baryta group		
Baryta carb. Baryta mur Baryta iod		
18. Magnesia group		
Mag. Carb Mag .mur	Mag.sulph Mag .phos	
19. Alumina, silica & carbon group		
Alumina Silica Can.an. Carbo veg	Graph. Petroleum Saniculla	Alumen
20. Phosphorus & Tuberculins		
Phos.(Comp.Causticum) Tubercullinum bovinum	Aviare Bacillinum	
21. Mercury Group & Antisyphilitics		
Mercurius sol. Merc.cor Merc cyan Merc.dul Merc. Iod.fl Merc . iod.r	Nitric acid Aurum met Ars.alb Ars.iod Fluoric acid Kali iod	Merc.sulph Cinnaberis Asafoetida Mezerium Aurum.mur Aurum mur n.

Hepar sulph	Syphilinum	Ars.sulph
22. Snake Venoms & Sepsis		
Lachesis Crotalus h. Naja Baptisia Pyrogen Echinecia Ars.alb Secale cor	Crotalus c. Cencrhris Bothrops I Elaps Vipera Tarentula cubensis Anthracinum Pyrogen	Crotalus horr Sulphuric acid Carbolic acid Tarent.c. Anthraxinum Staphylococin B.coli Diptherinum
23. Spider Venoms		
Tarent h.	Tarent.c. Latrodectus m. Aranea d. Mygale Theridion	
24. Argentum Group & Related Drugs		
Arg. nit. Arg. met. Gelsemium s. Sepia	Murex Liliumtig. Sabadilla Sabina	
25. Hysterical Group		
Ignatia Nux moschata Platina Lac. C.	Valeriana off. Croc.sat. Moschus Asterias Rubens AmbraGrisea	
26. Paralytic Group		
Camphor Conium Helleborus Opium Plumbum Zincum	Agaricus Coca Cocculus Lathyrus sat. Manganum Tabaccum Thallium	
27. Halogen Group & Related Drugs		
Iodine	Chlorum Bromium Spongia Badiaga Thyrodinum	
28. Miscellaneous		
	Cadmium met. Cadimumphos. Cadimumsulph Cobaltum	Radium brom Radium iod X-Rays
29. Uterine Group		
Sepia	Sabina Bovista Trillium Caulophyllum Viburnum o. Thlaspi bursa pastoris	Xanthoxyllum Ustilago Trillium Pendulum Helonias FraxinusAmericna Eupion Erigeron

	Murex LillumTig Palladium Aurum Mur Nat	Cyclamen Bufo AletrisFarinosa
30. Lycopodium(Comp. Berb.v. &Chelid.)		
31. Sulphur		Sulphuriiod.
32. Psorinum		
33. Kreosote		
34. Kidneys- Nephritis/ Bright's Disease		
Puls Apis	Terebinthina Brachyglottis Solidago Eel's Serum	SenecioAureus Radium Brom Picric Acid CalcArs
35. Teeth		
Syphilitinum Kreosote Merc	Staph Flouric acid Thuja	Coffea Mezereum
36. Neuralgia		
Spigelia		Zinc valeriana Verbascum
37. Convulsive Group		
Cup met Stramonium		Cicuta Bufo Oenantheocroata
38. Thyroid		
Nat mur Iodum	Spongia Lapis alba Thallium Pilocarpinum LycopusVirginicus	Thyrodinum Bromium
39. Tuberculosis		
Phos Silica Drosera Kali carb Kali iod	Trillium pendulum Theridion Phellandrinum Manganumaceticum Lycopusvirgincus Lecithin Iodoform AcalyphaIndica	
40. R.B.C.s/W.B.C.s		
CalcArs	Vanadium Trinitroleuene Lecithin	Antipyrine Benzenum Coal Naphtha Acetalidinum
41. Haemorrhagic Group		
Phos	Millefolium Trillium pendulum Thlapsi Bursa Pastoris	FicusReligosa Erigeron Cinamonum AcalyphaIndica Hamamelis
42. Diabetes		
	Insulinum SyzygiumJambolan CephlandraIndica	Uranium Nitricum Lactic Acid
43. Worm Group		
	Teucrium	Granatum

	Sabadilla Spigelia	Filix
44. Liver		
Lycopodium Pulsatilla NatrumPhos Phosphorus NuxVom	Cardus Chelidonium Ptelea Yucca Filamentosa Taraxacum	CornusCircinata Cholesterinum Chionanthus Chelone Carlsbad Iberis
45. Male Sexual System		
Selenium Staphysagria Acid Phos	Bufo Avena Sativa OleumAnimale Cobaltum Caladium AgnusCustus	

GROUP STUDY - Groups and their related remedies

a) Animal Kingdom

1. Ophidia
2. Pisces
3. Mollusca
4. Insect
5. Arachnida

b) Plant kingdom

- | | |
|------------------|------------------|
| 1. Loganiaceae | 6. Coniferae |
| 2. Anacardiaceae | 7. Ranunculaceae |
| 3. Compositae | 8. Rubiaceae |
| 4. Papaveraceae | 9. Solanaceae |
| 5. Cucurbitaceae | 10. Umbelliferae |

c) hemical Approach to the Study of Homoeopathic Materia

- | | |
|-------------------|------------------------|
| 1. Carbon group. | 9. Magnesia |
| 2. Acids | 10. Alkali Group |
| 3. Halogens | 11. Alkaline Earths |
| 4. Antimony group | 12. Baryta group |
| 5. Ammonium group | 13. Radio-active Group |
| 6. Kali group | 14. Ferrum Group |
| 7. Natrum group | 15. Mercury Group |
| 8. Calcareo group | 16. Metal Group |

List of Reference Books for Homoeopathic Materia Medica & Therapeutics

1	S.Hahnemann - Materia Medica Pura Vol I & II, Jain Publishers, New Delhi
2	S.Hahnemann - Chronic Diseases Vol I & II, B. Jain Publishers, New Delhi;
3	T. E. Allen- Encyclopedia of Homoeopathic Materia, Medica Vol 1 to,12. B.Jain
4	T.F.Allen - Handbook of Homoeopathy Materia Medica, B. Jain Publisher, New Delhi.
5	C. Hering- Guiding Symptoms of Homoeopathic Materia Medica, B, Jain

	Publisher, New Delhi.
6	J. T. Kent - Lectures of Homoeopathic Materia medica, B. Jain Publisher, New Delhi.
7	H. Coulter- Drug Pictures of Homoeopathic Materia medica, B. Jain Publisher, New Delhi.
8	Burt-Physiological Materia Medica, B.Jain Publisher, New Delhi.
9	M. L. Tyler - Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
10	Dunham - Pharmecodynamics I to IV, B. Jain Publisher, New Delhi.
11	E.A.Farrington-- Clinical Materia medica, B. Jain Publisher, New Delhi.
12	E.A.Farrington-- Comparative Materia medica, B. Jain Publisher, New Delhi
13	George Vithoukas - Classical Talks in Homoeopathy 3 volumes, B. Jain Publishers, new-Delhi
14	M. L. Dhawale - Symposium volumes, published by Dr. M. L. Dhawale Memorial Trust, Mumbai
15	N. M Choudhary - Materia Medica. B. Jain Publisher, New Delhi
16	C. M. Boger- Synoptic Key, B. Jain Publisher, New Delhi.
17	H. C. Allen Keynotes of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
18	E. B. Nash - Leaders in Homoeopathic Therapeutics, B. Jain Publishers, New Delhi
19	Otto Lesser - Materia Medica, B. Jain Publisher, New Delhi
20	Pulford-Text Book of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
21	W. Boericke- Clinical Materia Medica, B. Jain Publisher, New Delhi
22	Clarke - Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
23	Jan Scholten – Homoeopathy & Minerals
24	Jan Scholten – Homoeopathy & Elements
25	Dr. Rajan Shankaran – Insight into Plant Kingdom Vol. I, II, III
26	Catherine S. Coulter – Portraits Vol. I, Portraits Vol. II, Portraits Vol. III
27	Dr. George Vithalkous – Materia Medica Viva
28	Dr. George Vithalkous – Essence of Materia Medica
29	Vermulein – Prisma
30	T.F.Allen - Nosodes
31	Hughes - Cyclopaedia of Drug Pathogenesey
32	Anschutz - New Remedies
33	Ghosh - Drugs of Hindoostan
34	Clarke - Dictionary of Homoeopathic Materia Medica
35	Pierce:Plain Talks on Homoeopathic Materia Medica with Comparisons
36	Farrington Harvey - Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing
37	Tyler, Margaret - Drug Pictures
38	Boericke & Dewey - Twelve Tissue Remedies
39	Guernsey - Key-Notes
40	Lippe - Materia Medica

41	Comparative Materia Medica (Gross, Farrington and Roberts)
42	Allen - Therapeutics of Fevers
43	Tyler - Pointers to Remedies
44	Nash - Typhoid
45	Nash - Respiratory Organs
46	Hering & Wells - Typhoid
47	Guernsey - Haemorrhoids
48	Bell - Diarrhoea
49	Roberts - Rheumatic Remedies
50	Borland's - Pneumonia
51	Borland's- Influenza
52	Borland's - Digestive Organs
53	Borland's- Children's Types
54	Cartier - Respiratory Organs
55	Royal - Diseases of Chest
56	Royal -Nervous Diseases
57	Royal Practice of Medicine
58	Yingling - Accoucher's Manual
59	Underwood - Headache

SPECIALITY SUBJECT

3. REPERTORY

INTRODUCTION:

Repertory is a medium for facilitating reliable prescription in practice of Homoeopathy.

The study of repertories at the postgraduate level should offer opportunities for the scientific development of repertory as an independent entity to facilitate the selection of most similar medicine.

A postgraduate candidate of repertory is therefore expected to play a pivotal role in systematizing prescriptions at all levels (pathological, clinical, psychosomatic, etc.) and in all clinical disciplines.

Repertory is a compendium of symptoms and signs that are represented as rubrics collected from various sources-clinical and non clinical. Symptoms and signs are elicited after a proper case taking and the necessary Physical examination. The information so gathered needs to be organized on the basis of a schema which is firmly founded in Homoeopathic Philosophy. The symptoms and signs need to be looked from the characteristic nature of the symptom. How does anyone designate a symptom as common or characteristic? Principles and rules of symptom evaluation and classification laid down will guide the student. Repertory as a

tool comes to the rescue of a homoeopath only after the satisfactory completion of this lively as well as sometimes a tedious process. Hence, arise the need to study the processes of Case Taking and Repertorisation from where the tool of the Repertory derives its importance.

There are many repertories available in the form of books as well as softwares. The plethora of choice often leads to a confusion of which to use, when and why. This query can be solved only when the General Principles are thoroughly discussed. Study of the subject will demand the student understanding in detail of the philosophies underlying various repertories (books as well as software's), aspects of application of the various repertories and identify scope and limitations of various repertories.

Program Outcomes:

1. Regarding Case Taking, the capacity to read, analyze, and interpret the patient's history form, previous medical records, and investigation reports in order to formulate a diagnosis.
2. Proficiency in identifying the primary complaint, associated complaints, past medical history, and compiling a comprehensive symptom profile for disease diagnosis.
3. Ability to conduct a thorough examination of the patient, eliciting relevant signs, and recommending appropriate investigations.
4. Competence in handling the patient's life history, including dreams and sexual history, with sensitivity, while also considering general physical symptoms to gain a holistic understanding of the patient.
5. Aptitude for discerning various expressions of the patient's physical and mental state, categorizing symptoms to comprehend the case type.
6. Skill in choosing a suitable repertorial approach based on symptom analysis and evaluation.
7. Ability to select an appropriate Repertory for repertorization and convert symptoms into repertorial language, i.e., Rubrics.
8. Proficiency in creating a Repertory Sheet-Patient Data Form (RS-PDF), repertorizing the case using appropriate methods and techniques, and arriving at a probable list of remedies.
9. Capability to arrive at a final similimum through differentiation in Materia Medica.
10. Competency in understanding the philosophy, design, construction, and utility of major repertories, such as Therapeutic Pocket Book, Kent's Repertory, and Boger Boenninghausen's Characteristics and Repertory.
11. Ability to study various repertories, including puritan, regional, clinical, card, modern, and computerized ones, considering their philosophy, design, construction, scope, limitations, and utility.
12. Understanding the potential future applications of the Repertory and identifying emerging methods for its use in the study of Materia Medica.
13. Competence in conveying knowledge through effective teaching skills, both to peers and fellow students, as well as in large group settings such as seminars.

Part – I

A. Introduction to the Concept of Repertorisation and Historical evolution of the Repertory

- a. Concept of Repertorisation and its roots in Homoeopathic Philosophy, relation between artificial and natural drug disease.
- b. Studying the Philosophy and scientific background of repertories
- c. Historical evolution of the early repertories - significance of understanding the evolution, utility of this understanding.
- d. Classification of repertories - importance of understanding the classification.
- e. Principles of Repertorisation – Methods, Process, Technique and Prerequisites of Repertorisation.

B. Case Receiving: Principles and Techniques

- a. Case receiving and concept of the observer
- b. Unprejudiced observation: the concept and the methods
- c. Demands of case taking in various settings: urban, rural, tribal
- d. Demands of case taking in various Departments, e.g. medicine, gynaecology, pediatrics, skin, rheumatology, etc.
- e. Concepts of screening – case receiving in location of camps and mobile clinics.
- f. Demands of acute and chronic case taking
- g. Planning of a Clinical Interview
- h. Techniques of Case taking and views of stalwarts.
- i. Evaluation of a Clinical Interview
- j. Common difficulties of case taking and their solutions

(Note: Specialized case taking will be taken by the specialty subjects)

C. Hahnemannian classification of disease –

- Drug proving-direction as given in Organon and understanding the conversion of proving symptom into rubric.
- Miasmatic concepts and presentation in various Repertories.

D. Classification of Symptoms – At the level of mind and body and its presentations in the classical Repertories.

E. General Principles of Repertorization

- | | | |
|----------------------|---------------|------------------------|
| a. Generalization | b. Causation | c. Concomitance |
| d. Individualization | e. Evaluation | f. Doctrine of Analogy |

F. Contributions of major stalwarts in evolution and history of repertory.

G. Three Classical Approaches of Repertorization

- 1) Understanding Boenninghausen's philosophy – his life and works – application of philosophy to practice – Therapeutic Pocket Book-structure and its use

- 2) Understanding Kentian philosophy – his life and works – application of philosophy to practice –Structure of Kent’s Repertory and its use.
- 3) Understanding Boger’s philosophy – his life and works – application of philosophy to practice – Structure of BBCR and its use.

- H.** Basic understanding of Modern repertories – Synthetic, Synthesis, Complete, Murphy. Etc.
- I.** Card Repertories: Evolution, Philosophy, Construction, Utility and limitations of various card repertories.
- J.** Advances in repertorisation- Understanding computerized repertories - their creators - philosophy – utilities, approach to different Materia Medica’s and limitations.

Part – II
Paper – I

1. **Case Receiving** in -comatose patients, genetic, congenital disorder neonates, infants, children of different age group, childhood psychiatric disorder, learning disability.
2. Case taking in acute emergency, ICU, NICU, Acute mental illnesses
3. Use of family member and observation in Acute Emergencies and Paedatric cases.
4. Hahnemannian classification of disease- and its application in structuring different regional repertories.
5. Deeper meaning of the aphorism 3 and 5 for the study of the repertory.
6. Meaning of unprejudiced observer and its importance in the study of rubrics
7. Concept of health and disease with its different components in the structure of repertory and formation of rubrics.
8. Utility of principles of inductive and deductive logic in the construction of the repertory.
9. Application of concept of generalization and individualization in the construction of repertory and repertorisation.
10. The place of the concept of causation in different repertories.
11. Concepts of Trait, Temperament and Disposition and its listing in the repertory.
12. Conceptual Image -Understanding the different component of portrait and its conceptual background.
13. Understanding the meaning of the rubrics in the light of changes in medical terminology.

14. Understanding the meaning of the rubrics, cross references and synonyms in the light of changes in medical terminologies and pathological advances.
15. Presentation of different rubrics in different age group (neonate, infant, adolescence, teenage, young adult, adult, geriatrics) and its representation in different repertories.
16. Different approaches to find out similimum (eg.- classical, clinical, holistic, miasmatic, etc).
17. Presentation of various disease conditions in repertories and application of repertories in the Practice of Medicine, Surgery, Obstetrics & Gynaecology.
18. Importance of miasmatic concepts in Homoeopathy and its presentation in different repertories. (Miasmatic Repertory by Dr.R.P.Patel, etc).
19. Application of the concept of acute disease, chronic disease, intermittent disease, mental disease, periodic disorders in structuring different regional and clinical repertories.

Paper – II

- A.** Detail and comparative study of Kent's Repertory, B.B.C.R. and B.T.P.B.
 - i.** Understanding different rubrics listed in repertory in the mind section of Kent's repertory and compare with modern repertories.
 - ii.** Undertaking the study of Kent's comparative repertory of the Homoeopathic Materia medica By Docks & Koklenberg.
 - iii.** Understanding the pathogenesis of a remedy and Generalities, Modalities through the study of Boger Boeninghausen's repertory.
- B.** Clinical and Regional Repertories- Boericke ,B.S.K, Phatak, Bells Diarrhoea, Borland pneumonia , Berridge Eye, Sensation as if, Mintons Uterine Therapeutics, Allen Fever, Clinical repertory by Clarke, Respiratory Organs by Nash etc.
- C.** Understanding of Puritan repertories (Lippe, Knerr's repertory, Gentry's repertory, Herring's Analytical Repertory of the Mind, etc) - their authors - philosophy – application of philosophy to practice.
- D.** Approach of Repertorization and utility of Special Repertories in the cases of mental illnesses (Hering and Chitkara H.L. etc).
- E.** Modern repertories – Synthetic, Synthesis, Complete, Murphy. Etc.
- F.** Card Repertories: Boger, Sankaran and Kishore etc.
- G.** Comparative analysis of the different software's and their special features available in the market and utility of software's for extracting Materia Medica and group studies.

H. Future scope of repertories – identifying future methods of use of repertory for study of Materia Medica – clinical conditions at mental and physical level.

I. Homeopathic repertories and statistical principles:

- **Likelihood Ratio:** This is a statistical measure used in homeopathy to evaluate the probability of a particular symptom being associated with a remedy. It compares the likelihood of the symptom occurring in individuals who have the remedy to those who do not.
- **Probability of accurate repertorization:** It is crucial for finding the most suitable remedy for a patient. Probability calculations help in determining the likelihood of a remedy being effective based on the symptoms presented.

J. Bayesian perspective with reference to opposite repertory-rubrics:

- **Bayesian perspective:** Bayesian analysis involves updating probabilities as new information becomes available. This approach can be applied to refine repertorization based on the patient's response to a remedy.
- **Opposite repertory-rubrics:** Considering opposite symptoms or rubrics is a technique where symptoms contrary to the disease manifestation are also taken into account. Bayesian analysis helps in adjusting the probabilities based on the presence or absence of such opposite symptoms.

K. Fuzzy Logic: Logic is employed to deal with uncertainty and imprecision in homeopathic data. In repertorization, it allows for a more flexible approach, accommodating degrees of symptom expression rather than binary (yes/no) evaluations.

L. Homeopathic prescribing on epidemiological techniques:

- **Epidemiological techniques:** It helps understand the prevalence of symptoms in a population, aiding in the selection of remedies based on common symptomatology.

M. Artificial Intelligence in Repertorization:

- **AI in homeopathy:** AI is increasingly being used in repertorization processes. Machine learning algorithms can analyze vast amounts of data, learn from patterns, and suggest potential remedies based on historical cases. This can enhance the efficiency and accuracy of the repertorization process.

N. Integration of Modern Research:

- **Incorporating contemporary understanding:** This involves considering information about diseases, genetics, and pathology to enhance the understanding of how remedies interact with the human body. It bridges the traditional principles of homeopathy with current scientific knowledge.

Teaching Learning Methods:

1. Problem Based Learning –

- Small group discussions
- Integrated Lectures with Materia medica, Organon and Practice of Medicine
- Integrated Seminars with Materia Medica, Organon and Practice of Medicine
- Assignments
- Preparation of Rubric Banks
- Case study discussion

2. Laboratory Based Learning -

- Utilizing different Repertory Software for case study
- Study of Materia Medica through Drug Encyclopedia and different Modules of Softwares
- Comparative study of Rubrics from different Repertory Software
- Understanding different approaches of case solving
- Integrated sessions for understanding usage of softwares
- Understanding usage of Patient Management System
- Comparative study of cases to ascertain the further management and gaining knowledge about the future prescriptions.
- Record assessment

Examination –

1. The examination in speciality subject of Repertory consists of one theory paper (100 marks) in Part – I and Two Theory papers (100 marks each) total 200 marks in Part –II and one Practical / Oral Examination.
2. Each Theory paper consists of two sections (50 marks each).
3. No question will carry more than 10 marks.
4. Two sections should be written on separate answer books.

Syllabus for practical examination:

Practical examination consists of Table Viva, Dissertation Viva and Bedside Viva (1 long case and 1 short case.)

Table Viva consists of Rubric Hunting and knowledge of different types of repertories.

Dissertation Viva

Bedside Viva, students will be assessed on the basis of :

- Knowledge of Application of different softwares.
- Concept of cross repertorisation, eliminating method of repertorisation etc.
- Utility of different repertories (General, Clinical, regional etc.) in Chronic & Acute cases.
- Repertorial analyses, Rubric conversion, synthesis of case.
- Criteria for selection of similimum.
- Criteria for selection of Potency, dose and repetition.

List of Recommended Reference Books for Repertory.

1	J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
2	Fredrick Schroyens - Synthesis Repertory, B. Jain Publisher, New Delhi.
3	Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, Karol Bagh, New Delhi.
4	Barthel and Klunker- Synthetic Repertory of the Materia Medica, B. Jain Publisher, New Delhi.
5	Allen T. F. - Boenninighausen's Therapeutic Pocket Book, B. Jain Publisher, New Delhi.
6	C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
7	Knerr C. B. - Repertory of Herrings Guiding Symptoms of our Materia Medica, B. Jain Publisher, New Delhi.
8	Jugal Kishore - Card Repertory - Kishore Publication. Indira Chowk, Connaught Place, New Delhi
9	S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
10	Neathy Edwin-An Index of aggravations and ameliorations, B. Jain Publisher, New Delhi.
11	Hering -Analytical Repertory of the symptoms of mind, B. Jain Publisher, New Delhi.
12	Clarke J. H. - Clinical Repertory, B. Jain Publisher, New Delhi.
13	Docks and Koklenberg - Kent's Comparative Repertory of the Homoeopathic Materia Medica.
14	Roberts Herbert - Sensations as if, B. Jain Publisher, New Delhi.
15	Gallowardm J. P. - Repertory of Psychic Medicines with Materia Medica, B. Jain Publisher, New Delhi.
16	Hahnemann's - Chronic Diseases, B. Jain Publisher, New Delhi.
17	Hahnemann's - Materia Medica Pura, B. Jain Publisher, New Delhi.
18	Boenninighausen - The Lesser Writings, B. Jain Publisher, New Delhi.
19	J. T. Kent - New Remedies, Clinical Cases and Lesser Writings, B. Jain Publisher, New Delhi.
20	C. M. Boger - Study of Materia Medica and Case taking, B. Jain Publisher, New Delhi.
21	Garth Boericke - Principles and practice of Homoeopathy, B. Jain Publisher, New Delhi.
22	Wright Elizabeth -A Brief Study course in Homoeopathy, B. Jain Publisher, New Delhi.

23	Bidwell G L. How to use the Repertory, B. Jain Publisher, New Delhi.
24	Bell James – Homoeopathic Therapeutics of Diarrhea, B. Jain Publisher. New Delhi.
25	Allen H. C. - Therapeutics of Fever, B. Jain Publisher, New Delhi.
26	Berridge E. W. - Complete Repertory on the Diseases of eyes, B. Jain Publisher, New Delhi
27	Minton-Uterine Therapeutics, B. Jain Publisher, New Delhi.
28	Tyler M. L. Repertoring. B. Jain Publisher, New Delhi.
29	Banerjee P. N. - Chronic Diseases as causes and cure, B. Jain Publisher, New Delhi.
30	Boger CM. - Synoptic Key to Materia Medica with Repertory,
31	Boericke W. - Boericke's Materia Medica with Repertory, B. Jain Publishers, New Delhi.
32	Dr. Shashikant Tiwari - Essentials of Repertorisation, B. Jain Publishers, New Delhi.
33	C. M. Boger- Studies in Philosophy of Healing, B. Jain Publishers. New Delhi.
34	Dr. Munir Ahmed R.- Introduction to Principles of Repertorisation
35	Barford, T. L: Lesser writings of CMF Von Boenninghausen.
36	Bannan, Robert: Collected Works of Boger.
37	Boger, C. M: Studies in Philosophy of Healing
38	Castro, J. B ; Encyclopaedia of Repertory.
39	Dhawale, M. L. : Principles and Practice of Homoeopathy.
40	Dhawale, M. L. (Ed): ICR Symposium Volume on Hahnemannian Totality, Area D.
41	Hahnemann, S: Organon of Medicine.
42	Hahnemann : Lesser writings.
43	Harinadham K: the principles and Practice of Repertorization.
44	Kishore, Jugal: Evolution of Homoeopathic Repertories and Repertorization.
45	Khanaj, V: Reperire.
46	Kanjilal, J. N : Repertorization.
47	Kent, J. T: Use of Repertory: How to study the Repertory, How to Use the Repertory.
48	Kent, J. T: what the Doctor Needs to Know in Order to make a Successful Prescription.
49	Kent: Lesser writings.
50	Mohanty, N: Textbook of Homoeopathic Repertory.
51	Patel, R. P: Art of Case taking and Practical Repertorization.
52	Rastogi, D. P: an Overview of repertories for P.G. Student.
53	Sarkar, B. K: Essentials of Hom. Philosophy and Place of repertory in Hom. Practice.
54	Tarafdar, D: Repertory Explained.
55	Tyler, M. L: Different Ways of Finding a Remedy.
56	Tyler, M. L. and John Weir, Repertorization.
57	Allen, H.C.: The Therapeutics of Fevers.
58	Allen, W: Repertory of Intermittent Fevers.
59	Allen: Symptom Register.
60	Boericke, W: Pocket manual of Homoeopathic materia medica.
61	Boger, C. M: General Analysis.
62	Borland, Douglas: Pneumonias.
63	Borland, Children types.
64	Boenninghausen's A Systematic Alphabetical Repertory of Homoeopathic

	Medicines.
65	Bell, J. B.: The Homoeopathic Therapeutics of Diarrhoea.
66	Berridge: Complete Repertory to the Homoeopathic materia Medica on the Disease of the eye.
67	Bakshi, J.P.S.: Phoenix repertory.
68	Boger, C. M. : Times of remedies and moon phases.
69	Clarke, J. H. : A Clinical Repertory to the dictionary of Homoeopathic materia Medica.
70	Clarke, J. H. : Prescriber.
71	Douglas: Skin diseases.
72	Gentry, W. D. : the Concordance Repertory of the materia Medica.
73	Guerensey, W. J.; the Homoeopathic Theraputic of haemorrhoids.
74	Hering, C: Analalytical repertory of the symptoms of the Mind.
75	Hughes, Richard: Cyclopaedia of drug pathogenesis.
76	Knerr, C.B: Repertory of Herring's Guiding Symptoms of our Materia Medica.
77	Kunzli, Jost: Kent's repertorium Generale.
78	Lippe's Repertory.
79	Murphy, R: Homoeopathic Clinical repertory.
80	Nortan, A. B.: Repertory of Ophthalmic Diseases and therapeutics.
81	Nash: Leaders in Respiratory Organs.
82	Pulford, Alfred: Repertory of Rheumatism, sciatica, Etc.
83	Pulford, Alfred: Homoeopathic Leaders in Pneumonia.
84	Roberts, H. A (Ed): Boenninghausen's Therapeutic pocket Book.
85	Roberts, H. A.: Sensation as if.
86	Roberts, H. A.: The Rheumatic remedies.
87	Squire, Berkely: A repertory of Homoeopathic Nosodes and sarcodes.
88	Sivraman, P.: a concise repertory of Aggravations and Ameliorations.
89	Shrivastava, G. D. and J. Chandra: Alphabetical Repertory of Characteristic of Homoeopathic Materia Medica.
90	Tiwari, S. K. ; Homoeopathy and child care.
91	Underwood, D. F. : Headache and its materia Medica.
92	Van den Berg: Therapeutics of Respiratory System.
93	Ward, J. W. : Unabridged Dictionary of Sensations As If.
94	Yingling, W. A. ; Accoucher's Emergency Manual in Obstetrics.
95	Zandvoot, Roger: Complete Repertory.
96	Zandvoot, Roger: Repertorium Universale.
97	Schroyens, Fredrick, Synthesis Repertory.
98	Barthel and Klunker: Synthetic Repertory.
99	Phatak, S. R.: A concise Repertory of Homoeopathic Medicines.
100	Phatak, S. R.: Repertory of Biochemic remedies.
101	Schmidt, P and Diwan Harishchand: Kent's Final general Repertory.
102	Bidwell I.G (Reprint 1981) "How to use the repertory " B Jain publisher
103	Phatak.S.R; Clinical Experiences;
104	Sankaran.P; Introduction to Boger's Synoptic Key
105	How To Find The Simillimum with Boger-Boenninghausen's Repertory By Dr. Bhanu D.Desai

SPECIALITY SUBJECT

4. HOMOEOPATHIC PHARMACY

Introduction:

Purpose of M.D. (Homoeopathy) - Homoeopathic Pharmacy course:

Specialization in pharmacy course is to train the basic homoeopathic graduate in the field of pharmacy to adopt the principles of homoeopathy regarding recent advanced techniques in the field of Homoeopathic pharmacy which enables them to fit in the present competitive world and to make them better teachers in the field of pharmacy to incorporate highest standards.

Program Outcome :

At the end of P.G Program, the P.G Scholars should know –

1. The preparation, standardization of homoeopathic drugs
2. Sources & identification of drugs equally.
3. Industrial Pharmacy – Manufacturing company
4. Set up manufacturing unit.

PART – I

In addition to UG Syllabus, the following topics shall be taught in detail:

General Pharmacy, Pharmacology & Experimental Pharmacology in relation to Homoeopathic Drugs

1. Source, identification, collection, preparation, potentization, preservation, prescription, dispensing of homoeopathic drugs.
 - a. Definition and scope of pharmacology
 - b. Definition of drug, food and poison
 - c. Source of drugs
 - d. Routes of drug administration with special emphasis to oral route through, various methods for testing drugs.
2. Pharmacokinetic
 - a. Absorption, distribution
 - b. Biotransformation and excretion of Drugs
 - c. Mechanism of drugs action and factors modifying drug actions
 - d. Bio availability of drugs
3. Pharmacodynamics
 - a. ADR (Adverse Drug Reaction)
 - i. Indications
 - ii. Contra Indications

- iii. Side effects
- b. Factors effecting dose of a drug
- c. Structure activity relationship (SAR) ED50, LD50
- d. Toxicology studies.
- 4.** Development of new drugs
 - a. Drug proving on animal and human beings - sphere of action and affinities
 - b. Ethical committee formation for drug studies on human Beings.
- 5.** Systematic pharmacology: CNS, ANS Group of remedies acting on Central Nervous System on Autonomic Nervous System.
- 6.** Principles of Dispensing
 - a. Posology
 - b. Potency and duration of action
 - c. Metrology
 - d. Prescription writing
 - e. Pharmaceuticals calculations
 - f. Principles involved and procedure adopted in dispensing of following remedies

i. Mixtures	vi. Eye drops
ii. Pills	vii. Ear drops
iii. Lotion	viii. Tablet triturate
iv. Liniments	ix. Experimental pharmacology
v. Ointments	

Short Experiments [45 minutes]

1. Estimation of size of globule.
2. Medication of sugar of milk.
3. Preparation distilled water doses.
4. Preparation of dispensing alcohol
5. Preparation of dilute alcohol
6. Laboratory methods:- Sublimation
7. Laboratory methods:- Distillation
8. Laboratory methods:- Crystallization
9. Laboratory methods:-Decantation
10. Laboratory methods:-Percolation
11. Laboratory methods:-Maceration
12. Laboratory methods:- Filtration
13. Preparation of External applications – Lotion

14. Preparation of External applications – Liniment
15. Preparation of External applications –Ointment (Fusion & Mechanical Incorporation Method)
16. Writing of prescriptions and dispensing of the same.

PART - II

In addition to **Part I** syllabus, the following topics will be covered in **Part II**

Paper – I

I. STANDARDIZATION OF DRUGS: Laboratory methods and procedures in Homoeopathic Pharmacy

Standardization of drugs and vehicles through analytical methods and techniques

- i. Biological
- ii. Mechanical
- iii. Chemical
- iv. Toxicological process and characteristics
- v. Laboratory methods of drug study
- vi. Medical non-medical uses of drugs.
 - a. Evaporation :- Study of equipments used for evaporation
 - b. Distillation: - Study of Distillation equipments used for simple, vaccum, steam, Reflexes and molecular distillation. Separation of binary and ternary liquids of Similar volatility
 - c. Drying :- Definition, purpose of drying, theory of drying, loss on drying, moisture contents, classification of dryers
 - d. Mixing :- Fundamentals factors influencing the selection of mixture, mixing Mechanism
 - e. Crystallization :- introduction, principles study of various operations variable in vaccum & growth type crystallization
 - f. Filtration :- Theory of filtration, filter Medica, Filter acids, selection of filters, various types of filtrations
 - g. Sublimation
 - h. Percolations
 - i. Maceration
 - j. Microscopic study of trituration
 - k. Preparation and quantitative detection of drug by computer controlled HPCL and Other sophisticated instruments
 - l. Quality control & Quality Inspection

- m. Comparison of different systems of pharmaceutical with homoeopathic system of Pharmaceuticals
- n. Microscopic Study, comparative study
- o. Microscopic study of decimal, centesimal, 50 millesimal potency
- p. Role of HPL, Govt. of India, Ghaziabad

II. PHARMACOPOEIAS

- a. Historical background & importance of various pharmacopoeias with special reference to those of volumes of Homoeopathic pharmacopoeia of India (Vol- I - IX)
- b. Pharmaceutical ethics - related to Homoeopathy General Introduction to the code.
- c. Sources
 - i. Vegetable kingdom
 - ii. Animal kingdom
 - iii. Minerals & Chemicals
 - iv. Nosodes & Sarcodes
 - v. Imponderabilia (immaterial)
 - vi. Non vegetable, Synthetic sources

Paper- II

J. PHARMACOGNOSY

- a. Definition, history, scope & development
- b. Phyto - pharmaceuticals of commercial importance
- c. Different methods of classification of crude drugs systematic description of crude drug.
- d. Cultivation, collection, processing & storage of crude drug
- e. An introduction to chemical constituents of drugs, classification, covering carbohydrates, protein, enzymes lipids, volatile oils, phenetic compounds, alkaloids, glycosides etc.
- f. An introduction to biogenesis of primary & secondary plant metabolites.
- g. Spectrophotometric analysis of Homoeopathic drugs
- h. Detections, quality control of crude drugs.
 - i. Study of moisture content determination
 - ii. Extractive values, ash values, determination & analysis of volatile oil, determination of foreign Organic matters
 - iii. Application of paper & thin layer chromatography
- i. A list of crude drugs of Homoeopathic importance
- j. Systematic study of the following products of animal origin (pharmacognostic study) cantharides, cochineal, gelatin, cod-liver oil, shark liver oil, bees wax, honey.
- k. Introduction to HPLC,

Pharmacognostic study of the following Drugs

- a. Leaves- Senna, Digitalis, Eucalyptus
- b. Barks- Cinchona, Cinnamon, Cassia, Cascara, Kurchi
- c. Flowers- Calendula, Hibiscus
- d. Fruit - Capsicum, Coriander, Cardamom
- e. Seeds - Nux Vomica, Strophanthus, Nutmeg
- f. Others - Subterranean plant
- g. Rhubarb, Podophyllum, Ginger, Colchicum, Ipecac, Rauwalfia, Aconite
- h. Entire organism - Ergot, Belladonna, Dhatura, Hyoscyamus
- i. Unorganized drugs - Aloe, Opium etc.

II. INDUSTRIAL PHARMACY (HOMOEOPATHY) HOMOEOPATHIC PHARMACEUTICALS, ITS IMPORTANCE

- a. History of Homoeopathic Industry.
- b. Administration Principals of Industrial Management in relation of homoeopathic pharmaceuticals (drugs) (remedies) industry
 - i. Introduction to forms of business originations
 - ii. Introduction to concepts of management
 - a) Managerial work, function of management
 - b) Managerial planning, long term and short term plans
 - c) Management by objectives by result by exceptions
 - d) Decision making process
 - e) Management control systems
 - iii. Production Management
 - Goals & Organization
 - Plant locations Factory building layout
 - Operating problem
 - Policies
 - Purchasing of raw material
 - Inventory control
 - iv. Marketing Management
 - Distribution
 - Homoeopathic Pharmaceuticals (remedies) Market Consumer Profile
 - Physician Consumer profile
 - v. Marketing Organization
 - Manufacturer - to wholesaler - to retailer
 - vi. Marketing Communication
 - vii. Media For Communication Advertising & sale promotion methods

viii. Indian Homoeopathic product industry

Role in National Economy and National Health? Export and Import of Homoeopathic Remedies

ix. Drug store management

- a. Factors influencing the starting and running of a drug store
- b. Different types & forms of drug stores
- c. Financial requirements
- d. Location of drug store
- e. Store building, construction, furniture and fixture
- f. Internal planning and Layout
- g. Purchase and sales record,
- h. Sales promotion and advertisement
- i. Accounting and correspondence, Account ratio and their application books & accounts. Journals & ledgers, cash book, balance sheet, profit and loss accounts, principles of costing. Estimating elements of double entry
- j. Qualification of person who is running store
- k. Authority & issuing Licenses

Recent Advances

1. Systematic protocol regarding phase1 human pathogenic trials (human drug proving in homeopathy).
2. Quasi-quantum model of potentization
3. Extreme homeopathic dilutions and retention of starting material,(Advances in detection techniques of ultra molecular structure of homeopathic dilutions
4. Nano homeopathy and epitaxy
5. Mice and rat models in homeopathic formulation studies

Teaching Learning Methods:

1. Problem Based Learning –

- MOU with Manufacturing Unit for Industrial Training Program & Field Visit
- Small Group Discussion regarding Herbal Garden Visit for identification of plants & selection of the drug substance

2. Laboratory based Learning.

- Utilization of various tests for standardization of drug like TLC, HPTLC, etc.
- Preparation of mother Tincture in the Laboratory on small scale

PRACTICAL –

List of Practical/ Experiments -

Identification of important Homoeopathic drugs vide list attached.

List of Drugs for Identification

I. Vegetable Kingdom

1. Aegle folia	2. Anacardium orientale	3. Andrographis penniculata
4. Calendula offic	5. Cassia sophera	6. Cinchonna off.
7. Cocculus indicus	8. Coffea cruda	9. Colocynth citrallus
10. Crocus sativa	11. Croton tig	12. Cynodon
13. Ficus religiosa	14. Holerrhena antidysentrica	15. Hydrocotyle
16. Justisia adhatoda	17. Lobelia inflata	18. Nux vomica
19. Ocimum sanctum	20. Opium	21. Rauwolfia serpentina
22. Rheum	23. Saraca indica	24. Senna (cassia actifolia)
25. Stramonium met	26. Vinca minor	

II. Animal Kingdom

1. Apis mellifica	2. Blatta orientalis
3. Formica rufa	4. Sepia
5. Tarentula cubensis	

III. Chemicals

1. Acetic acid	2. Alumina	3. Argentum metallicum
4. Argentum nitricum	5. Arsenic alb.	6. Calcarea carb.
7. Carbo veg. (charcoal)	8. Graphitis	9. Magnesium
10. Mercury (the metal)	11. Natrum mur.	12. Sulphur

Macroscopic study and pharmacological action of 30 drug substances

List of drugs included the syllabus of Pharmacy for macroscopic study and Pharmacological action

1. Aconite nep.	2. Adonis vernalis
3. Allium cepa	4. Argentum nit.
5. Arsenic alb.	6. Belladonna
7. Cactus g.	8. Cantharis
9. Cannabis ind.	10. Cannabis sat.
11. Cinchonna off.	12. Coffea crud
13. Crataegus	14. Crotalus hor.
15. Gelsemium	16. Glonoine
17. Hydrastis can.	18. Hyoscyamus n.
19. Kali bich.	20. Lachesis
21. Lithium carb.	22. Mercurius cor.
23. Naja t.	24. Nitric acid
25. Nux vomica	26. Passiflora incarnata
27. Stannum met	28. Stramonium
29. Symphytum	30. Tabacum

Long Experiments [90 minutes]

1. Estimation of moisture content of drug substances with water bath.
2. Purity test of ethyl alcohol, distilled water, sugar of milk, including determination of specific Gravity of distilled water and alcohol.
3. Microscopic study of Triturations up to 3x potency.
4. Preparation of mother tinctures by new methods i.e. by Maceration & Percolation (as per HPI)
5. Preparation of mother tinctures and solutions other than 10 percent Drug strength
6. Potentisation of mother tinctures up to 6x and 3c.
7. Trituration of 3 drugs up to 6x and their conversion into liquid potency.
8. Trituration of 3 drugs in Decimal scale
9. Trituration of 3 drugs in Centesimal scale.
10. TLC [Thin Layer Chromatography] of Mother Tinctures.
 - Visit to a Homoeopathic Laboratories to study the manufacture of drugs on a scale.
 - Visit to a Homoeopathic Pharmacopoeia Laboratories, Gaziabad (U.P.).

List of Recommended Reference Books for Homoeopathic Pharmacy:

1	Bhattacharya - Homoeopathic Pharmacopoeia published by M. Bhattacharya and Co. (P) Ltd. 73, Netaji S. Road, Calcutta.
2	Banerjee N. K. & Singha N-Treatise on Homoeopathic Pharmacy, B. Jain Publishers, New Delhi.
3	Banerjee D. D. - Text Book of Homoeopathic Pharmacy, B. Jain Publishers, NewDelhi.
4	Warner P. K. - Indian Plants Compendium of 800 Species all Volumes.
5	Department of AYUSH - Homoeopathic Pharmacopoeia of India, All Volumes (I to IX).
6	Varma P. N. & Indu Vaid-Encyclopedia of Homoeopathic Pharmacy, B. Jain Publishers, New Delhi.
7	Hamilton-Flora Homoeopathic, Jain Publishers, New Delhi.
8	Mandal & Mandal - Text Book of Homoeopathic Pharmacy, Published by New Central Book agency (P) Ltd. Chintamoni Das Lane, Kolkata.
9	Satoskar and Bhandarker-Pharmacology & Pharmacotherapeutics, vol. 1 & 2, Published by Popular Prakashan (P) Ltd, 35C, Tardeo, Popular Press Building Mumbai.
10	Gopi R. S. - Encyclopedia of Medicinal Plants used in homoeopathy
11	Ministry of Health and Family Welfare, Government of India Publications - The drugs and Cosmetic Act, 1940 (23 of 1940), The Prevention of illicit traffic in Nercotic Drugs and psychotropic Substances Act, 1988, (46 of 1988), The Drugs(cont) Act, 1950,(21 of 1954), The medicinal and Toilet Preparation (Excise Duties) Act, 1955 (16 of 1955); The Poisons Act, 1919 (12 of 1919); The

	Homoeopathy Central Council Act, 1973 (59 of 1973); and The Pharmacy Act, 1948 (8 of 1948).
12	Samuel Hahnemann- Organon of medicine 6th edition, B. Jain Publishers, New Delhi.
13	American Homoeopathic Pharmacopoeia, all volumes
14	Homoeopathic Pharmacopoeia of United States
15	British Homoeopathic Pharmacopoeia.
16	Indian Homoeopathic Pharmacopoeia, all volumes.
17	German Homoeopathic Pharmacopoeia, all volumes.
18	S. K. Battacharjee - Handbook of aromatic Plants
19	Khan J & Jhanym A. - Role of Biotechnology in Medicinal and Aromatic Plants.
20	Maheshwari J. K, - Ethno botany and Medicinal Plants of Indian Sub continent
21	Seth High performance Thin Layer Chromatography
22	Seth-High performance Liquid Chromatography
23	Sharma- Cosmetics formula Mfg. and quality control
24	Watson - Modern CL Analysis and Instrumentation.
25	Dr. Wartikar M. J. - A Textbook of Homoeopathic Pharmacy
26	Dr. Sumit Goel - Art and Science of Homoeopathic Pharmacy
27	Drug & Cosmetic Act 1940 (23rd of 1940)
28	The prevention of illicit traffic in Narcotics drug and Psychotropic substance Act 1988 (46 of 1988)
29	The Drug (control) Act 1950 (26 of 1950) The Drug and magic Remedies / Objectionable advertisement Act 1954 (21 of 1954)
30	Medicinal and Toilet Preparation (Excise Duties) Act 1955 (16 of 1955)
31	The Poison Act 1919 (12 of 1919)
32	The Homoeopathy Central Council Act 1973 (59 of 1973, 2002)
33	The Pharmacy Act 1948 (8 of 1948).
34	Dangerous Drug Act
35	N.T. of S.C. and Information Resources - The Wealth of India Raw Materials, All volumes
36	Kirtikar and Basu - Indian Medicinal Plants
37	Sharma P.C. & M. B. Yelne - Database of Medicinal Plants used in Ayurveda,all volumes
38	Richards Huges - A Cyclopedia of Drug Pathogenesis
39	Publications of Homoeopathic Pharmacopoeia Laboratory, Ghaziabad U.P. India.

SPECIALITY SUBJECT

5. PRACTICE OF MEDICINE

INTRODUCTION:

As per aphorism 3, the Homoeopathic Physician must study natural disease and artificial drug disease in depth. Disease is a dynamic derangement of the vital force. It is the person who is sick and the expressions of disease differ in individuals. One needs to study the disease in its proper evolution. The anamnesis, the travel from health to sickness and the progress of disease has to be properly recorded, and inter-connections to be studied so that one can achieve cure.

Over a period of time, the concept and knowledge about diseases has extended through technological advancement and relentless research by modern medicine. The homoeopathic physician needs to study these advances adequately. He needs to integrate and interpret them according to the Homoeopathic concepts and miasmas. Thus the following inclusions in the Medicine Syllabus of M.D.(Hom) are essential.

PROGRAM OUTCOME:-

- Developing advanced Clinical Approach as a clinician and homeopathic physician
- Training of Evidence based clinical practice in Medicine.
- Use of modern technology in assessment of homeopathic treatment outcome.
- Integration of the following concepts to come to a final understanding of susceptibility-qualitative & quantitative, the only basis of therapeutic intervention and prognostication in medicines.
 - Hahnemannian classification of symptoms and miasmatic classification.
 - Kent's idea of Qualified Mental and his concept of Totality.
 - Boeninghausen's guidelines of making a complete symptom i.e. Locality, Sensation, Modality and Accompaniment (Concomitant).
 - Boger's ideas of disease process, the pathogenesis, the

characteristic individualistic way the development and progress takes place, the evolution of disease and his masterly contribution of the addition of time dimension to the existing concept of complete symptom..

- Efficient understanding of Scope and limitation of homoeopathy in clinical practice.

PART- I

The details study of following clinical conditions is expected with clinical and Homoeopathic approach for management.

1. Infectious Diseases And Susceptibility

1. Clinical approach to infectious diseases.
2. Homeopathic approach to infectious diseases.
3. Hospital acquired infections
4. Disinfections
5. Approach to a febrile patient
6. Glandular fever Syndromes (infectious mononucleosis, acute CMV infection,
7. Leptospirosis, swine flu, chikungunya, hand foot mouth disease etc.
8. Soft tissue infections- Impetigo, Ecthyma, Staphylococcal infection, Erysipelas,
9. Cellulitis, Folliculitis, Furuncle, Carbuncle
10. Toxic Erythematous Rashes
11. Erythematous and Vesicopustular eruptions - HSV, Chickenpox, Shingles
12. Viral Exanthemata - Measles, Rubella, Mumps
13. Food poisoning and Gastroenteritis
14. Fever from a tropical perspective and with hemorrhage - Malaria, Dengue,
15. Typhoid and Paratyphoid fever, Kala Azar, Diphtheria
16. Eosinophilia and Tropical Infections
17. Parasitic Infestation - Ancylostomiasis, E. Vermicularis, T. Trichura, Filariases,
18. Schistosomiasis, Cysticercosis and Hydatid disease
19. Leprosy

20. Fungal Infections
21. STD's including HIV
22. Epidemiological approach.
23. Host factors and immunity.
24. Immunisation principles and vaccine use
 - a) Vaccine impact- direct and indirect effects
 - b) Immunisation practice standards
 - c) Vaccination information statements
 - d) Storage and handling

2. Respiratory Disease

1. Applied anatomy physiology of respiratory system.
2. Differential diagnosis of dyspnoea, Cough, haemoptysis and cyanosis.
3. Investigations of Lung Diseases.
4. Diseases of nasopharynx, larynx, trachea.
5. Obstructive Pulmonary Diseases - Asthma, COPD - Bronchiectasis
6. Infections of the Respiratory System.
7. Interstitial & infiltrative pulmonary diseases

3. Kidney And Genitourinary Diseases

1. Applied anatomy physiology of respiratory system.
2. Investigations of Renal & Urinary tract disease
3. Glomerular Diseases
4. Tubulo - interstitial diseases
5. Infections of kidney and urinary tract
6. Urinary tract calculi and nephrocalcinosis.
7. Renal involvement of systemic diseases.
8. Renal vascular diseases.

4. Endocrine And Metabolic Disease

1. Focusing of controls and regulations, Psycho-Neuro-Endocrinal axis.
2. Applied anatomy, physiology of endocrinal glands.
3. Investigations of endocrine diseases.
4. Diseases of the thyroid gland and parathyroid gland.
5. Adrenal glands
6. Disorders of pituitary and hypothalamus.
7. DM
8. Gout

9. Bone and mineral metabolism
10. Intermediary metabolism (Wilson's disease, Hemochromatosis, Dyslipidemia, Porphyrias)
11. Role of circadian biology in health and disease
 - a) Basic evolution and structure of the circadian system
 - b) Molecular organisation of the mammalian circadian clock
 - c) Understanding of temperament, constitution and susceptibility in relation to the above points

5. Alimentary Tract & Pancreatic Disease

1. Alteration in Gastrointestinal functions with differential diagnosis.
 - a) Dysphagia
 - b) Nausea, vomiting, indigestion
 - c) Diarrhea and Constipation
 - d) Weight loss
 - e) Gastrointestinal bleeding
 - f) Jaundice
 - g) Abdominal swelling and ascites
2. Investigations of gastrointestinal disease
3. Applied anatomy physiology of gastrointestinal tract and pancreas
4. Diseases of mouth and salivary glands
5. Diseases of esophagus, stomach and duodenum - focusing on spectrum of functional disorder to Acid-peptic diseases
6. Diseases of the pancreas
7. Irritable bowel syndrome
8. Inflammatory bowel disease
9. Disorders of colon and anorectum

6. Liver And Biliary Tract Disease

1. Investigations of liver diseases.
2. Applied anatomy, physiology of liver and biliary system.
3. Introduction of Parenchymal liver diseases
 - Viral hepatitis
 - Ethanol liver disease
 - Autoimmune hepatitis
 - Cirrhosis
 - Liver abscess as examples

4. Gallbladder and biliary disorders

7. Genetic Factors (Co -Relating Diseases With The Concept Of Chronic Miasms.)

1. Introduction to genetics
2. Chromosomal n genetic disorders
3. Genetic counseling
4. Homoeopathic management with chronic miasms

8. Interpretations of Laboratory and Radiological Investigations

1. Hematology - All basic tests
2. Serology Biochemistry
3. Microbiology
4. Special tests - Hormonal Assays - Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti cardiolipin antibodies.
5. Basis Concepts of Radio Imaging like X-rays, CT, MRI
6. USG
7. ECG (Basic applications)
8. Investigations and Vaccination for various Infectious diseases

PART – II

Paper – I

The details study of following clinical conditions is expected with clinical and homoeopathic approach for management

1. Cardiovascular Diseases
 1. Differential diagnosis of chest pain, dyspnoea, cyanosis, edema.
 2. Applied anatomy physiology of heart and blood vessels.
 3. Investigations of Cardiovascular disease.
 4. Atherosclerotic Vascular diseases
 5. Coronary heart diseases
 6. Vascular & Valvular diseases
 7. Hypertension (New development & NHP, also from a community angle)
 8. Disorders of heart rate, rhythm and conduction
 9. Congenital heart disease
 10. Diseases of myocardium and pericardium
2. Musculoskeletal Diseases and Disorders of Bone Metabolism

1. Investigations of Musculoskeletal disease
 2. Applied anatomy, physiology of musculoskeletal system.
 3. MSS manifestations of disease in other systems
 4. Fibromyalgia
 5. Inflammatory joint disease e.g. RA
 6. Degenerative joint disease e.g. OA
 7. Systemic connective tissue disease
 8. Osteoporosis
 9. Diseases of the bone
3. Skin Diseases
1. Alteration in Skin functions – Itching, Eruptions and Disorders of pigmentation
 2. Applied anatomy and functions of skin.
 3. Investigations and major manifestations of skin disorders
 4. Skin manifestations in systematic diseases
 5. Eczema
 6. Psoriasis and other erythematous scaly eruptions
 7. Disorders of pilosebaceous unit
 8. Disorders of pigmentation
 9. Disorders of nails
4. Blood Disorders and Disorders of Lymphatic System.
1. Investigations of Blood diseases
 2. Anemia
 3. Hematological Malignancies
 4. Bleeding disorders
 5. Venous thrombosis
 6. Disorders of lymphnodes and spleen
 7. Disorders of granulocytes and monocytes.
5. Geriatric Medicine
1. Normal aging and concept of Major manifestations in old people.
 2. Frailty Syndrome
 3. Clinical assessment and investigations
 4. Rehabilitation
- 6. Basic Concepts of Nutrition, Nutritional Diseases and miasmatic assessment**

1. Nutritional and Dietary assessment
2. Malnutrition
3. Vitamin and Mineral deficiency
4. Obesity
5. Eating disorders
7. **ENT** – Otitis (Acute and Chronic), Nasal polyps, Epistaxis, Sinusitis, Tonsillitis, Pharyngitis, Laryngitis.

Paper – II

The details study of following clinical conditions is expected with clinical and homoeopathic approach for management

1. Neurological Diseases
 1. Investigations of Nervous system disease
 2. Applied anatomy, physiology of nervous system.
 3. Cerebro-vascular diseases
 4. Inflammatory Diseases of CNS e.g. MS
 5. Degenerative Diseases with sp. focus on Dementia e.g. Alzheimer's
 6. Akinetic - Rigid Syndromes e.g. Parkinson's disease
 7. Diseases of Peripheral nerves
 8. Disorders of muscles
 9. Infection of nervous systems
 10. Intracranial mass lesions and raised intracranial pressure
2. Common Mental Disorders
 1. Anxiety disorders
 2. Mood disorders
 3. Somatoform Disorders
 4. Personality Disorders
 5. Substance abuse
 6. Schizophrenia
3. Women's Diseases
 1. Infertility
 2. Applied anatomy, physiology of female genital tract.
 3. Pelvic Inflammatory Disease
 4. Disorders of Menstrual regulation
 5. Menopausal illnesses
 6. Malignancies
4. Oncology and Homoeopathy
 1. Approach to a patient with cancer
 2. Susceptibility and miasmatic assessment in Cancer
 3. Role of Homoeo-therapy in different stages of Cancer

4. All cancers which are prevalent in the society (e.g. breast, cervix, lung, oral, colorectal, prostate. etc)

5. Pediatrics –

1. Developmental delay
2. Learning disabilities.
3. Attention deficit hyperactivity disorder.
4. Protein energy malnutrition (PEM)
5. Neonatal jaundice.
6. Constipation.
7. Diarrhea.
8. Immunization schedule
9. Immune thrombocytopenic purpura (ITP).
10. Atopic dermatitis.

6. Ophthalmology- Conjunctivitis, Cataract, sty, Chalazion, Blepharitis, glaucoma, errors of Refraction.

7. National Health Programmes

1. Current National health Programmes - Concept/ Objectives/ Implementations/ Ground realities/ Impact
2. NRHM
3. Contribution of Homoeopathy in National Health Programmes

8. Homoeopathy and Emergency Medicine Including Poisoning

A. Role of homoeopathy in acute and emergency medicine.

1. Respiratory emergencies - status asthmatics.
2. Cardio-vascular emergencies - Cardiac arrest, Recognizing and treating cardiac condition, Electrocardiogram, Cardiac pacemaker's
3. Coma
4. Seizures and syncope
5. Diabetic emergencies, myxoedema coma.
6. Allergic reactions Poisoning emergencies -Poisons and airway management, Ingested poison, Inhaled poisons, Injected poison, Absorbed poisons, Food poisoning, Organophosphate poisoning, Carbon monoxide poisoning, Poisonous plants
7. Toxicology, drug abuse and alcohol emergency.
8. Environmental emergencies -Exposure to cold, Exposure to heat burns, scald, Bites and stings, drowning, near drowning, diving emergencies.
9. Trauma - Mechanism of injury, Bleeding and shock, Soft tissue injuries

B. Role of homoeopath in inpatient care of the patient - Communication and

documentation Documentation - reasons, pre hospital report, legal consent and multiple casualty incidence e.g. during natural calamities.

C. Role of homoeopathy (complementary role) in critical care in special set-ups like in ICU (encompassing common general conditions in ICU)

D. Applied Pharmacology -

1. Drugs and management of hypertension, angina, myocardial infarction, CCF, asthma, cough, Tetanus, etc.
2. Oxygen therapy - emergency procedures - tracheostomy.
3. Histamine, anti-histaminic; anti-convulsant drugs, local anesthetics, analgesics.
4. Related therapeutic problems, Prescription writing, drug sample spots.
5. Nitrites and angina pectoris.
6. O₂ poisoning, Coca, ORS, fluid therapy, antiseptics and disinfectants

Teaching Learning Methods:

- Problem Based Learning
- Self-Directed Learning and Teaching

List of Recommended Reference Books for the Practice of Medicine –

1. Fauci - Harrison's Principles of Internal Medicine. 2 Vols. Published by McGraw -Hill, New York.
2. A. P. I. - Text Book of medicine, Published by Association of Physicians of India Bombay.
3. Davidson - Principles and practice of Medicine, Published by I larcourt Publishers Ltd. London.
4. Cecil -Text Book of Medicine, Harcourt Publishers, International Company, Asia.
5. Kollegh - Practical Approach to Pediatrics.
6. Armstrong - Infectious Diseases, 2 Vol. Mosby Publishers, London.
7. Das P. C. - Text Book of Medicine.
8. Davis - Signs and Symptoms in Emergency medicine
9. Gami -Bedside Clinical Medicine
10. Kumar/ Clarke - Clinical Medicine, W. B. Saunders Harcourt Brace & Company Ltd. London.
11. Warner - Savill 's system of Clinical medicine.
12. Alagapan-Manual of practical medicine, 2nd Edition, 2002, Jaypee Publishers, Delhi.
13. Bhat - Short and long cases in Medicine, 2002, Jaypee Publishers, New Delhi.

14. Gupta - Differential Diagnosis, 6th Edition, Jaypee Publishers, New Delhi.
15. Jacques Wallach - Interpretation of Diagnostic Tests.
16. Michael Swash Hutchison - Clinical Methods.
17. Chamberlian Colin Ogilive - Symptoms and Signs in Clinical Medicine
18. Rustom Jal Vakil - Physical Diagnosis.
19. Stanley Hoppenfeld - Physical Examination of the Spine and Extremities
20. P.J. Mehta - Practical Medicine.
21. Barbara Bates - Physical Examination & History Taking.
22. John Bernard Henry - Clinical Diagnosis and Management by Lab Methods
23. James Wyngaarden Lloyd H. Smith - Cecil Textbook of Medicine- 2 Volumes
24. MacBryde - Signs & Symptoms.
25. E.A.Farrington-- Clinical Materia medica, B. Jain Publisher, New Delhi.
26. E.A.Farrington-- Comparative Materia Medica, B. Jain Publisher, New Delhi.
27. W. Boericke- Clinical Materia Medica, B. Jain Publisher, New Delhi.
28. C. M. Boger- Synoptic Key, B. Jain Publisher, New Delhi.
29. H. C. Allen Keynotes of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
30. Clarke - Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
31. E. B. Nash - Leaders in Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
32. Kent: Lectures on Homoeopathic Materia Medica and New Remedies
33. Borland's - Pneumonia
34. Borland's- Influenza
35. Borland's - Digestive Organs
36. Borland's- Children's Types

SCHEME OF EXAMINATIONS:

- 1) The examination shall be conducted in two parts, namely-
 - a) M.D. (Hom) Part I, which to be held six months after completions of house Job of one year's duration.
 - b) M.D. (Hom) Part II, which to be held after one year and six months after part- I examination.
- 2) Every candidate seeking admission to Part I of the examination shall submit Application to the University with the following documents, namely.
 - a) A certificate from the Principal or Head of the institution about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination. And
 - b) A certificate of having completed one year house job in a Homoeopathic Hospital as an essential part of the course.
 - c) A certificate from the Guide (Supervisor) of submission of Synopsis within the time prescribed in these regulations:
 - d) There shall be minimum of 80% attendance to become eligible for appearing in M.D. (Hom) Part - I examinations."

3) Every candidate seeking admission to the Part II of the examination shall submit a dissertation. The dissertation shall form the basis of viva-voce examination.

4) Departmental Periodical Assessment/Internal Assessment will be carried out. No marks will be included in University Examination for the same.

PART - I - M.D.(Hom.) EXAMINATION:

Part I M.D. (Hom.) examination shall be held in special / main subject and two general Subjects it shall Consist of &

Part – I M.D.(Hom.) examination. - Full marks for each subject and minimum number of marks required to pass shall be as follows-

Subjects	Theory	Practical including Viva-voce	Total	Pass Mark
(a) M.D. (Hom) Homoeopathic Philosophy				
(i) Homoeopathic Philosophy and Organon of Medicine.	100	50	150	75
(ii) Research Methodology & Bio-Statistics.	100	-	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75
(b) M.D.(Hom.) Materia Medica				
(i) Materia Medica.	100	50	150	75
(iv) Research Methodology & Bio-Statistics	100	-	100	50
(v) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75
(c) M.D. (Hom) Homoeopathic Repertory				
(i) Homoeopathic Repertory.	100	50	150	75
ii) Research Methodology & Bio-Statistics.	100	-	100	50
iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75
(d) M.D.(Hom) Homoeopathic Pharmacy				
(i) Homoeopathic Pharmacy	100	50	150	75
(ii) Research Methodology & Bio-Statistics.	100	-	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75
(e) M.D. (Hom) Practice of Medicine				
(i) Practice of Medicine	100	50	150	75
(ii) Research Methodology & Bio-Statistics.	100	-	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy.	100	50	150	75

- (i) Viva-Voce/Practical examination in each general subject, to be held by not less than four examiners together out of which one shall be the Supervisor (Guide):
- (ii) Provided that if all four examiners do not arrive at consensus in assessing a student then a decision taken by Three of them shall be final.
- (iii) The four examiners; shall jointly assess the knowledge of the candidate for recommending the result to the University as passed or failed.
- (iv) each theory examination shall be of three hours duration.
- (iv) The University shall allow a failed student to reappear in examination within six months.
- (v) A candidate not passing examination in a subject of Part- I-M.D. (Hom.) Course shall reappear in all parts of that subject but **only one chance to reappear** in that subject of examination shall be **provided failing which he has to reappear in examination in all the subjects (in all parts) of M.D. (Hom.) Part-I.**

8 (1)

(a) Every candidate shall prepare and submit six printed or typed copies of dissertation of not less than 10,000 words embodying his own research and contribution in advancing the Knowledge in the subject to the University for approval not later than six months prior to holding of Part II examination.

Provided that each candidate shall submit a synopsis of his dissertation within 12 months of his admission to the course to the University concerned through his guide (supervisor). In case of its rejection the candidate has to resubmit the synopsis to the University concerned through his guide (supervisor) in any case three months clear of 1-M.D. (Horn) examination.

(b) The dissertation shall be submitted to the Guide/Supervisor at least three months before the time fixed for submitting it to the University, and the guide/Supervisor shall certify that the work has not previously formed the basis for award of any post graduate degree and that the work is the record of the candidate's personal efforts and submitted to the University duly countersigned by the Guide/Supervisor.

(c) The examiners appointed to conduct the examinations shall scrutinize the dissertation and jointly report whether the dissertation be accepted or rejected or may make suggestions, as they deem fit.

(d) The candidate shall be allowed to appear for the Part II examination three months after the examiners accept the dissertation.

Provided that the candidate, whose dissertation has not been accepted, may be permitted to resubmit the same within a period of six months and not more than one year after rejection.

(2) Every candidate seeking admission to Part II of the examination shall submit an application to the University with the following, namely:-

- (a) A certificate showing that he has passed Part I Examination; and
- (b) A certificate from the Principal or Head of the Institution/College (where course is imparted) about the completion of the course of studies in the

subject in which the candidate seeks admission to the examination.
 (c) There shall be minimum of 80% attendance to become eligible for appearing in

M.D.(Hom) Part-II examination.

(3) M.D. (Hom.) Part II examination shall be held in the subject of specialty opted by

the candidate at the time of admission, and shall consist of:-

(i) Part-II M.D.(Hom.) Examination- Maximum marks of each subject and minimum marks required to pass shall be as under:-

(a) M.D. (Hom.) Homoeopathic Philosophy:-

Subjects	Theory (Maximum marks)	Practical/ Clinical including Viva-Voce	Total	Pass marks
Homoeopathic Philosophy and Organon of Medicine				
Paper I	100	200	400	200
Paper II	100			

b)M.D. (Hom.) Materia Medica:-

Subjects	Theory (Maximum marks)	Practical/ Clinical including Viva-Voce	Total	Pass marks
Materia Medica				
Paper I	100	200	400	200
Paper II	100			

(c) M.D. (Hom.) Repertory:-

Subjects	Theory (Maximum marks)	Practical/ Clinical including Viva-Voce	Total	Pass marks
Repertory				
Paper I	100	200	400	200
Paper II	100			

(d) M.D. (Hom.) Homoeopathic Pharmacy:-

Subjects	Theory (Maximum marks)	Practical/ Clinical including Viva-Voce	Total	Pass marks
Homoeopathic Pharmacy				
Paper I	100	200	400	200

Paper II	100			
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(e) M.D. (Hom.) Practice of Medicine:-

Subjects	Theory (Maximum marks)	Practical/ Clinical including Viva-Voce	Total	Pass marks
Practice of Medicine Paper I Paper II	100 100	200	400	200

N.B. 1. Result declared by University shall be 'Pass' or 'Fail'.

N.B. 2. The student shall be declared pass if he gets minimum 50 % marks each in theory and in Practical/ Clinical including viva-voce examination.

(ii) one practical/clinical examination, including Viva-Voce, in the subject of specialty, to test the candidate's acumen and his ability and working knowledge in the practice of the specialty and there shall be four examiners together, including one Supervisor (Guide) in the subject, for examining the candidate.

Provided that all the four examiners shall jointly assess the knowledge of the candidate for recommending the result to the University as passed or failed.

Provided that if all the four examiners do not arrive at consensus in assessing a student then a decision taken by three of them shall be final.

- (4)** The University shall give another chance to a failed student to re-appear in examination within six months."

9 Requirements for Post Graduate Teaching Centre:-

(1) A recognized Homoeopathic College shall be treated as P.G. Centre which meets all the prescribed minimum requirement, norm and standards for conducting B.H.M.S. Degree Course, and has been running B.H.M.S. Degree Course successfully for five consecutive years atleast.

(2) Every such college or teaching hospital shall have a department of the concerned specialty and shall also have the following additional facilities, with two teachers, having atleast one higher faculty namely:-

- (i) one Full Time Professor or Reader in the Department of speciality;
- (ii) one Lecturer on Full Time basis in the Department of speciality;
- (iii) staff such as two Assistants or Attendants, in the Departments of Psychiatry and Pediatrics;

- (iv) outpatient department (OPD) with minimum of 250 patients on an average per day during last one calendar year in the hospital of a college whether running as a standalone M.D.(Hom) course or running along with BHMS course".

N.B.: Calendar year for OPD purposes shall be taken as 300 working days out of 365 or 366 days of normal or leap year, as the case may be.

- (v) one bed shall be earmarked per student for each clinical subject of speciality, in addition to the beds required for Bachelor of Homoeopathic Medicine and Surgery (BHMS) course in its teaching (collegiate) Homoeopathic Hospital with 30 percent bed occupancy per day on an average in a calendar year.

N.B.: Colleges conducting only M.D. (Horn) Courses shall provide 1:1 student-bed ratio."

(c) While submitting applications for permission to start such Post Graduate Course, they shall also submit a no objection certificate from the State Government and provisional affiliation from concerned University.

10. **Training:**

- (1) Period of Training: The period of training for M.D. shall be 3 years after full registration including one year of house job.

- (2) Provided that students of P.G. Centres (not conducting BHMS Course) shall participate in teaching and training of P.G. Students undergoing House Job in the same College instead of UG Students)

“(3) Method of Training: The emphasis should be on bed side/practical training and not on didactic lectures alone. The candidates shall take part-in seminars, group discussions, clinical meetings. The candidates shall be required to write a dissertation with detailed commentary which shall provide the candidate with necessary background of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be given graded responsibility in the management and treatment of patients. He shall participate in teaching and training of undergraduate students and interns. The candidates shall attend seminars, case presentations and journal club meetings, maintain Log Books, do the Laboratory works, visit Homoeopathic Industries (where ever required), keeping in view the needs of each specialty subject.”

11. The examination shall consist of (i) written papers; (ii) Practical / Clinical including viva voce. Provided that a candidate who fails in the examinations may appear again in the next examination without undergoing further course of study."

12. (1) Student Guide ratio:-

- (a) The student -Supervisor (Guide) Ratio shall be 3:1 if the Guide or Supervisor is of Professor cadre.
- (b) The student –Supervisor (Guide) ratio shall be 2:1 if the Guide or Supervisor is of Reader cadre.
- (c) The student-Supervisor (Guide) ratio shall be 1:1 if the Guide or Supervisor is of Lecturer cadre.

Note:- The supervisor (guide) shall be from the teaching faculty of the Homoeopathic College wherein the concerned student has taken admission.

BHARATI VIDYAPEETH DEEMED UNIVERSITY,

HOMOEOPATHIC MEDICAL COLLEGE,

Katraj-Dhankawadi, Pune-43.

M.D.(Hom.) Part – I / Part – II Examination

General Subject – Research Methodology & Bio-statistics.

Day –

Total Marks-100 marks

Date -

Time – 3 hours.

Instruction –

1. All questions carry equal 10 marks.
2. Attempt any five questions from each section.
3. Write two sections in separate answer books.

Section – I

Q. 1.	.....	10
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10
Q. 5.	.....	10
Q. 6.	.....	10

Section – II

Q. 1.	.....	10
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10
Q. 5.	.....	10
Q. 6.	.....	10

M.D.(Hom.) Part – I Examination

General Subject – Advance teaching of Fundamentals of Homoeopathy.

Day –

Total

Marks-100

marks

Date -

Time – 3 hours.

Instruction –

1. All questions carry equal 10 marks.
2. Attempt any five questions from each section.
3. Write two sections in separate answer books.

Section – I

Q. 1.	.....	10
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10
Q. 5.	.....	10
Q. 6.	.....	10

Section – II

Q. 1.	.....	10
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10
Q. 5.	.....	10
Q. 6.	.....	10

M.D. (Hom.) Part – I

Advance teaching of Fundamentals of Homoeopathy

Practical including Viva - Voce Examination

Practical**Total- 50 marks**

Acute or chronic case analysis and evaluation with HELAT and PRATHoT assessment tools.	20 marks
Advance teaching in theory of cardinal principles oral	15Marks
Advance teaching in nano homeopathy, logic of homeopathy, homeopathic data bases, in vivo and invitro models in homeopathy. New methods in particle detection of original homeopathic medicines and newer remedies in homeopathic materia medica. Oral for	15 Marks

Subject –Homoeopathic Philosophy. (Part- I & II)

Day –

Total Marks-100 marks

Date -

Time – 3 hours.

Instruction –

1. All questions carry equal 10 marks.
2. Attempt any five questions from each section.
3. Write two sections in separate answer books.

Section – I

Q. 1.	.....	10
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10
Q. 5.	.....	10
Q. 6.	.....	10

Section – II

Q. 1.	.....	10
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10
Q. 5.	.....	10
Q. 6.	.....	10

Part – I

Practical including Viva - Voce Examination

Subject – Homoeopathic Philosophy. (Speciality Subject)

Sr. No.	Total 50 Marks	
	25 marks	25 marks
1	Table Viva /Voce	Practical (bedside)

Part – II

Sr. No.	Total 200 Marks			
	70	30	50	50
1	Long	Short	Viva on Dissertation	Table Viva

Subject –Materia Medica (Speciality Subject) Part – I

Day –

Total Marks-100 marks

Date -

Time – 3 hours.

Instructions –

1. All questions are compulsory.
2. Figures to right indicate full marks.
3. Each section to be attempted in separate answer book.

Section – I

Q. 1. A]	Descriptive / essay type (refer syllabus part -I)	10
B]	Essay type (give choice)	10
Q. 2.	Short notes –on applied HMM (Four out of Five)	20
Q. 3.	Descriptive – Portrait of a drug (give choice)	10

Section – II

Q. 4. A]	Descriptive / essay type (refer syllabus part -I)	10
B]	Group – give choice	10
Q. 5.	Comparative HMM– (Four out of Five)	20
Q. 6.	Therapeutic indications -(Two out of three)	10

Part- I Practical including Viva - Voce Examination (Total- 50 Marks)**Table 1:- 25 marks**

One Long case - (25 marks)	
Complete case taking – Nosological diagnosis	10 marks,
Case processing (Totality of Symptoms, D/D of remedy, Remedy and Potency Selection)	15 marks

Total – 25 Marks.

Table 2:- Table oral–(25 marks)

Topics of part I	25 marks
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Part – II**Materia Medica (Speciality Subject)****Instructions to Paper setters:**

- Paper – 1 and Paper -2 will have drugs from both part -1 and part -2.
- Note that only the list of groups and families mentioned in Paper – 1 and Paper – 2 should be asked in the respective paper.
- Choice to be given as mentioned in the sample paper.

Materia Medica

Day –

Total Marks-100 marks

Date -

Time – 3 hours.

Instructions -

1. All questions are compulsory.
2. Figures to right indicate full marks.
3. Each section to be attempted in separate answer book.

Paper - I**Section - I**

Q. 1. A]	Descriptive w.r.t. syllabus Part - II (Give choice)	10
B]	Essay type	10
Q. 2.	Biochemic system of medicine	10
Q. 3.	Short notes - Four out of Five -Applied HMM / Therapeutics	20

Section - II

Q. 4. A]	Groups (give choice from the following) Carbon group, Acids, Halogens ,Antimony group, Ammonium group, Kali group, Natrum group, Calcarea group.	10
B]	Family (give choice from the following) Loganiaceae, Anacardiaceae, Compositae, Papaveraceae, Cucurbitaceae, Coniferae, Ranunculaceae, Rubiaceae, Solanaceae, Umbelliferae.	10
Q. 5.	Short notes - Four out of Five - Comparative HMM	20
Q. 6.	Applied HMM	10

Materia Medica**Paper - II****Section - I**

Q. 1. A]	Group (give choice from the following) Ophidia ,Pisces , Insect , Arachnida , Magnesia ,Alkali Group , Alkaline Earths, Baryta group, Radio-active Group, Ferrum Group, Mercury Group, Metal Group.	10
B]	Portrait of drug (give choice)	10
Q. 2.	Homoeopathic management of any acute disease / emergency	10
Q. 3.	Short notes - Four out of Five -Applied HMM	20

Section - II

Q. 4. A]	Comparative HMM (Four Out of Five.)	20
Q. 5.	Nosodes / Bowel Nosodes / Sarcodes / Bach-flower therapy /mother tinctures	10
Q. 6.	Short notes - Four out of Five -Clinical HMM	20

M.D. (Hom.) Part - II

Practical including viva voce or oral: (Total Marks: 200) Distribution of marks

Table 1:

One long case
Complete case taking, Nosological diagnosis
35marks
Case processing (Totality of Symptoms, D/D of remedy, Remedy and Potency Selection)
35 marks

Marks **Total-** **70**

Table 2:-

One short case
Complete case taking – Nosological diagnosis 15 marks,
Case processing (Totality of Symptoms, D/D of remedy, Remedy and Potency Selection) 15 marks

Total **30**
Marks

Table 3:- Table oral

Topics of part I 20 marks
Topics of part II 20 marks

Total- **40**
Marks

Table 4:

Dissertation viva - Evaluation by External examiner 40 marks
Assessment by guide 20 marks

Total- **60**
Marks

Homoeopathic Repertory (Speciality Subject) Part – I

Day –
Date -

Total Marks-100 marks
Time – 3 hours.

Instruction –

1. Question 1 and 6 are compulsory.
2. Solve any three questions from remaining questions in each section .
3. Write two sections in separate answer books.

Section – I

Q. 1.	Short notes (any Four out of Six)	20
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.		10
Q.5.		10

Section – II

Q. 6.	Short notes (any Four out of Six)	20
Q. 7.	10
Q. 8.	10
Q.9		10

Q.10		10
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Part- I, Practical including Viva - Voce Examination

Sr. No.	Total 50 Marks	
1	Long case (20 marks)	Table Viva /Voce (30 marks)

Homoeopathic Repertory Part – II

Paper – I & Paper – II

Instruction –

1. Question one and six are compulsory.
2. Solve any three questions from remaining questions in each section.
3. Write two sections in separate answer books.

Section – I

Q. 1.	Short notes (any Four out of Six)	20
Q. 2.		10
Q. 3.		10
Q. 4.		10
Q. 5.		10

Section – II

Q. 6.	Short notes (any Four out of Six)	20
Q. 7.		10
Q. 8.		10
Q. 9.		10
Q.10.		10

Part – II Practical including Viva - Voce Examination

Sr. No.	Total 200 Marks			
	60 Marks	40 Marks	50 Marks	50 Marks
1	Long Case	Short Case.	Viva on Dissertation	Table Viva

Homoeopathic Pharmacy (Speciality Subject)

M.D. (Hom.) Part – I Examination

Day –

Total Marks -100 marks

Date -

Time – 3 hours.

Instructions –

1. All questions are compulsory.
2. Figures to right indicate full marks.
3. Each section to be attempted in separate answer book.

Section – I

Q. 1.	Short notes (any Four out of Six)	20
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10

Section – II

Q. 5.	Short notes (any Four out of Six)	20
Q. 6.	.....	10
Q. 7.	.....	10
Q. 8.	.....	10

Part – I Practical including Viva - Voce Examination

Sr. No.	Total 50 Marks	
	20 Marks	30 Marks
1	Short Experiment	Table Viva

Homoeopathic Pharmacy (Speciality Subject)

Part – II Examination
Paper – I & Paper - II

Section – I

Q. 1.	Short notes (any Four out of Six)	20
Q. 2.	.....	10
Q. 3.	.....	10
Q. 4.	.....	10

Section – II

Q. 5.	Short notes (any Four out of Six)	20
Q. 6.	.....	10
Q. 7.	.....	10
Q. 8.	.....	10

M.D. (Hom.) Part – II

Sr. No.	Total 200 Marks				
	20 Marks	60 Marks	20 Marks	50 Marks	50 Marks
1	Spotting	Long Experiment with Viva	Short Experiment with Viva	Viva on Dissertation	Table Viva

Subject – Practice of Medicine (Speciality Subject) Part – I

Day –

Total Marks-100 marks

Instructions –

1. All questions are compulsory.
2. Figures to right indicate full marks.
3. Each section to be attempted in separate answer book.

Section – I

Q. 1.	Write short notes on [Any 4] a) b) c) d) e)	20
Q. 2.	Write any one in details. a) b)	10
Q. 3.	Write in brief any two (5 marks each) a) b) c)	10
Q. 4.	Give homoeopathic approach on any condition [Any one] a) b)	10

Section – II

Q. 1.	Write short notes on [Any 4] a) b) c) d) e)	20
Q. 2.	Write any one in details. a) b)	10
Q. 3.	Write in brief any two (5 marks each) a) b) c)	10
Q. 4.	Give homoeopathic approach on any condition [Any one] a) b)	10

Practice of medicine (practical including viva - voce)**Part I** (Total Marks: 50)

One chronic Case – Bedside viva	25 marks
Topics of part I - Table oral	25 marks

Subject – Practice of Medicine (Speciality Subject) Part – II
Paper – I & Paper- II

Section – I

Q. 1.	Write short notes on [Any 4] a) b) c) d) e)	20
Q. 2.	Write any one in details. a) b)	10
Q. 3.	Write in brief any two (5 marks each) a) b) c)	10
Q. 4.	Give homoeopathic approach on any condition [Any one] a) b)	10

Section – II

Q. 1.	Write short notes on [Any 4] a) b) c) d) e)	20
Q. 2.	Write any one in details. a) b)	10
Q. 3.	Write in brief any two (5 marks each) a) b) c)	10
Q. 4.	Give homoeopathic approach on any condition [Any one] a) b)	10

Part II

Practical including viva voce or oral: (Total Marks: 200)

Distribution of marks

Table 1:- 50 marks

One long case -	(50 marks)
(Complete case writing- Bed side examination	15 marks
Clinical diagnosis with D/D	10 marks
Case processing (Totality of Symptoms, D/D of remedy, Remedy and Potency Selection)	25 marks

Table 2:- 50 marks

One short case -	(20 marks)
Complete case writing- Bed side examination -	10 marks,
Clinical diagnosis and remedy selection -	10 marks,
Identification of specimens (X-Ray, E.C.G etc)-	30 marks

Table 3:- Table oral – (50 marks)

Topics of part II paper I with Homeopathic therapeutics.	-25 marks
Topics of part II paper II with Homeopathic therapeutics	- 25 marks

Table 4:- 50 marks

Dissertation viva - (Evaluation by External examiner	40 marks
(Assessment by guide)	10 marks

SECTION – IV
FORMAT OF OBSERVATIONAL CHECK LISTS

Checklist – 1
MODEL CHECKLIST FOR EVALUATION OF JOURNAL REVIEW PRESENTATION

Name of the Student :

Name of the Faculty / Observer:

Date :

No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1.	Article chosen was					
2.	Extent of understanding of scope and objectives of the paper by the					
3.	Whether cross-references have been consulted					
4.	whether other relevant publications consulted.					
5.	Ability to respond to questions on the paper / subject					
6.	Audio-Visual aids used					
7.	Ability to defend the paper					
8.	Clarity of presentation					
9.	Any other observation					
TOTAL SCORE						

Checklist – 2**MODEL CHECKLIST FOR EVALUATION OF SEMINAR PRESENTATION**

Name of the Student :

Name of the Faculty / Observer:

Date :

No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1	Whether other relevant publications					
2	Whether cross references have been consulted					
3	Completeness of preparation					
4	Clarity of Presentation					
5	Understanding of Subject					
6	Ability to answer questions					
7	Time Scheduling					
8	Appropriate use of Audio-Visual aids					
9	Overall performance					
10	Any other observation					
	TOTAL SCORE					

Checklist – 3

MODEL CHECKLIST FOR EVALUATION OF CLINICAL WORK IN I.P.D. / O.P.D.

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

Name of the Student :

Name of the Faculty / Observer:

Date :

No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1	Regularity of attendance					
2	Punctuality					
3	Interaction with colleagues and supportive staff					
4	Maintenance of case Records					
5	Presentation of cases during rounds					
6	Investigations work up					
7	Bedside manners					
8	Rapport with patients					
9	Counseling patients relatives for blood donation or postmortem and case follow up					
10	Over quality of ward work					
	TOTAL SCORE					

Checklist – 4
EVALUATION FORM FOR CLINICAL PRESENTATION

Name of the Student :

Name of the Faculty / Observer:

Date :

No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1	Completeness of History					
2	Whether all relevant points					
3	Clarity of Presentations					
4	Logical order					
5	Mentioned all positive and negative points of importance					
6	Accuracy of General physical Examination					
7	Whether all Physical signs elicited correctly					
8	Whether any major signs missed or miss-interpreted					
9	Diagnosis : Whether it follows logically from history and findings					
10	Investigations required * Complete * Relevant Order * Interpretation of Investigations					
11	Ability to react to questioning whether it follows logically from history and findings					
12	Ability to defend diagnosis					
13	Ability to justify differential diagnosis					
14	Other					
	Grand Total					

Checklist – 5
EVALUATION FORM FOR DISSERTATION PRESENTATION

Name of the Student :

Name of the Faculty / Observer:

Date :

No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1	Interest shown in selecting a					
2	Appropriate Review of					
3	Discussion with guide and other faculty					
4	Quality of Protocol					
5	Preparation of Proforma					
	Total Score					

Checklist – 6**CONTINUOUS EVALUATION OF DISSERTATION WORK BY GUIDE/CO-GUIDE**

Name of the Student :

Name of the Faculty / Observer:

Date :

No.	Items for observation during presentation	Poor	Below Average	Average	Good	Very Good
		0	1	2	3	4
1	Periodic consultation with					
2	Regular collection of case					
3	Depth of Analysis / Discussion					
4	Departmental presentation of findings					
5	Quality of final output					
6	Others					
	Total Score					

