# KERALA UNIVERSITY OF HEALTH SCIENCES THRISSUR – 680 596, KERALA



# REGULATIONS, CURRICULUM, AND SYLLABUS OF

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

AS PER THE HOMOEOPATHY (DEGREE COURSE) AMENDMENT REGULATIONS 2003

(With effect from 2010-11 onwards)

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#### 1. INTRODUCTION

#### 1.1 Preamble

The regulation of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) being conducted by the Kerala University of Health Sciences is in accordance with the recommendations of Central Council of Homoeopathy with an emphasis on the health care needs of the Kerala State.

#### 2. AIMS AND OBJECTIVES OF COURSE

Basic objectives of education and training in a Homoeopathic institution is to prepare a competent Homoeopathic Physician who is capable of functioning independently and effectively under Rural and Urban set ups.

In order to achieve this, the following syllabus and curriculum has been designed.

#### A. SOUND FOUNDATION

To function effectively as a Homoeopathic Physician, a thorough grasp over the medical concepts is imperative. For this, the educational process shall be perceived as an integrated evolving process and not merely as an acquisition of large number of disjointed facts.

A student shall have to pass through a training procedure which encompasses the above, well right from I B.H.M.S to IV B.H.M.S. and also during the Internship period.

He/she shall undergo an education process wherein learning of facts and concept right from I year are in continuity, in an evolutionary & progressive pattern. In I B.H.M.S, student shall study the fundamental principles of Homoeopathy and will also learn more of applied anatomy than a multitude of minor anatomical details.

In the II B.H.M.S., a student shall be exposed to a very vital concept of Susceptibility and symptomatology with Analysis – Evaluation, details of the Homoeopathic concepts and Logic of Homoeopathy. These will attain much deeper significance (if care is taken by Teachers of Pathology and Organon – Philosophy) when the correct knowledge of INFLAMMATION, IMMUNITY is correlated well with concepts of susceptibility.

In III B.H.M.S., there is an opportunity to fortify the foundation at the best by correlating between Theory of chronic diseases and the Patho-Physiological facts on the Gynaecology, Surgery and Medicine. A student shall have to be taught the spectrums of various diseases in correlation with the spectrum of Miasmatic manifestations. He will be able to use a well concluded EVALUATION ORDER OF Characteristics to derive an operationally valid reportorial totality.

The knowledge gathered in this pattern, will keep him constantly aware of his objectives and his role as a Homoeopathic Physician. The integration will eliminate the state of confusion. The therapeutic action then will be right and complete, utilizing the full repertories of the Medical and Nonmedical measures, keeping him up-to-date about all fresh scientific developments and inculcating values of continuous Medical Education.

#### **B. EXECUTION**

Maximum emphasis shall be placed on the applied aspects of all the subjects. Thus teachings of Anatomy, Physiology and Biochemistry will demand greater emphasis on applied aspects of these sciences. Teaching of Pathology will demand sharp focus on general Pathology, while regional Pathology will come up as an application. It shall require correlation with Medicine, Surgery and Gyneacology. All these need to be studied from Homoeopathic perspectives, hence emphasis on applied aspects of Organon philosophy & Homoeopathic therapeutics representing application to all other subjects.

#### C. INTER-DEPARTMENTAL CO-ORDINATION:

Essentially, the entire approach becomes an integrated approach. All departments shall develop a cohesive well defined programme which demand marked inter-departmental co-ordination. It is therefore desirable to have teaching programmes wherein, by rotation each department participates in the teaching, coordinating well with other faculties with constant updating and evaluation. The coordination has to be in the ways as, given in the text under each subject inside these regulations. This will ensure fundamental and exceptional clarity.

#### D. DEDUCTIVE-INDUCTIVE TEACHINGS:

While teaching, there shall be balance in designing deductive and inductive process in mind. There shall be less emphasis on didactic lectures. Major portion of the time of the students shall be devoted to demonstrations, group discussions, seminars and clinics. Every attempt shall be made to encourage students to participate in all these to develop his personality, character, expressions and to ensure the grasp over concepts rapidly.

#### E. PATIENT ORIENTED TEACHINGS:

In order to impart the integrated medical education, patient has to be in the centre right from day one of the II B.H.M.S. importance of social factors in relation to the problem of health and disease shall receive proper emphasis through out the course and to achieve this objective, the educational process shall be community as well as hospital based.

Based on the above concepts, the course of studies as laid down in these Regulations will help to fulfill these needs. While doing so, the need of the hour, past experience in learning and teaching is taken into consideration.

#### 3. REGULATIONS

#### 3.1 Academic Eligibility for Admission

No candidate shall be eligible for admission unless

- a) He / She has completed the age of 17 years on or before 31st December of the year of his admission to the first year of the course.
- b) He / She has passed the higher secondary examination (10+2) with Physics, Chemistry and Biology as optional subjects or examination recognized by the University as equivalent thereto.
- c) A candidate for admission to B.H.M.S. course must have obtained not less than 50% marks in Biology separately and not less than 50% marks in Physics, Chemistry and Biology taken together at the qualifying examination.

Qualification and allocation of the seats will be as per the directions issued by the Government of Kerala from time to time.

#### 3.2 Selection of Students

The Selection of students for the B.H.M.S course shall be made based strictly on merit as decided by the competent authority approved by the Government of Kerala/Kerala University of Health Sciences and as per guidelines of Central Council of Homoeopathy.

#### 3.3 Registration

A candidate on admission to the B.H.M.S course shall apply to the University for Registration.

- a. By making a formal application in the prescribed format.
- b. Original mark lists of qualifying examination.
- c. Allotment letter from the competent authority.
- d. Eligibility and migration certificate wherever needed.
- e. Original SSLC/equivalent certificate.
- f. The fees prescribed for the course.
- e. Transfer Certificate from the previous institution.

#### 3.4 Duration of course

The total duration of the course is five and half years, including one year internship. Every candidate for admission to the B.H.M.S. examination shall

undergo a course of certified study extending over four and a half academic years from the date of commencement of his study as per syllabus and curriculum prescribed for the course in Homoeopathic Medical College affiliated to the University. The academic course of studies is divided into four phases as follows

PHASE	DURATION
First B.H.M.S	1 <sup>1/2</sup> Academic years
Second B.H.M.S	1 Academic year
Third B.H.M.S	1 Academic year
Final B.H.M.S	1 Academic year

The study of the first phase shall comprise of Pre-clinical subjects along with Homoeopathic Philosophy, Pharmacy and Materia Medica.

The remaining academic phases shall be devoted to the study of clinical subjects. During the second phase, the Para-clinical subjects shall be taught concurrently. At the end of each phase, examinations will be conducted by the University.

No student shall be admitted to the second / Third / Final B.H.M.S examination unless he has passed the First / second / Third / B.H.M.S examinations held for the previous phases.

After passing the final B.H.M.S. examination, he shall undergo a period of one year rotating internship in the Collegiate Hospital.

No student shall be admitted to the Second B.H.M.S. examination unless he/she pass First BHMS examination. But the student shall be permitted to continue in the Third and Final B.H.M.S courses without passing the second and Third B.H.M.S. examinations.

#### 3.5 Medium of Instruction

Medium of instruction shall be in English.

#### 3.6 Course outline

Subjects: Subjects for study and examinations for the B.H.M.S (Degree Course) shall be as under:

- 1. Anatomy, Histology & Embryology
- 2. Physiology including Biochemistry
- 3. Organon of Medicine, Principles of Homoeopathic Philosophy & Psychology
- 4. Homoeopathic Pharmacy
- 5. Homoeopathic Materia Medica
- 6. Pathology & Microbiology including Parasitology, Bacteriology & Virology
- 7. Forensic Medicine & Toxicology
- 8. Practice of Medicine & Homoeopathic Therapeutics
- 9. Surgery including ENT, Ophthalmology, Dental & Homoeopathic Therapeutics

- 10. Obstetrics & Gynaecology, Infant care & Homoeopathic Therapeutics
- 11. Community Medicine
- 12. Case Taking & Repertorisation

#### 3.7 Migration and Transfer

No migration or transfer will be allowed during the entire course of study and internship.

#### 3.8 Attendance

A minimum of 80% attendance both in theory and clinical/practical separately is needed to appear for the University examination.

#### 3.9 Examination

#### 3.9.1 Essentialities for qualifying to appear in professional examinations.

The performance in essential components of training are to be assessed, based on:

#### 3.9.2 Internal Assessment

#### (a) Criteria for the calculation of the internal assessment

20% of the marks of the semester and model examinations may be added as marks for internal assessment, both for theory and Practical / clinical separately in each subject. The marks for internal assessment in various subjects are given in the appendixes 5 to 8 of the amendment regulations 2003.

The allocation of marks for internal assessment for each subject for various phases of the BHMS degree course shall be in the following proportions:

#### **Theory**

- 1. Internal assessment examinations: 80%
- 2. Assignment /general performance :10%
- 3. Based on the percentage of attendance secured: 10%

#### Practical/Clinical:

- 1. Internal assessment examinations : 80%
- 2. Seminar / Clinical Presentation/Other assignments : 10%
- 3. Based on the percentage of attendance secured : 10%

#### (b) Internal assessment examinations

During each phase of the course, Internal Assessment examinations shall be conducted both in theory and practical / clinical at an interval of 5 months. There shall be three examinations for the first BHMS course and two examinations for the Second, Third and Fourth BHMS courses, including one model examination in all. The questions for the internal assessment examinations shall be on the model of University examinations.

A minimum of 35% marks in internal assessment in theory and clinical/practical + viva voce (or viva voce alone) separately is needed to appear for university examination.

#### (c) Assignments

Each student shall prepare assignments in each subject of examinations as specified by the concerned department. There shall be minimum three assignments for First BHMS course and two assignments for Second, Third and Fourth BHMS courses in each subject. The assignments shall be submitted to the department before each internal examination. The valued assignments shall be returned to the students.

#### (d) <u>Seminar / Clinical presentations</u>

Each student shall be required to present a seminar / clinical case on a selected topic in each subject. The evaluation of the seminar / clinical presentation shall be done by the faculty of the concerned department, based on the seminar paper, presentation and participation in discussion.

#### 3.9.3 Eligibility to appear for the University Examination

A student who has secured 35% marks for internal assessment is qualified to appear for University examination provided he/she satisfies that percentage of attendance requirement as said already.

# 3.9.4 University Examinations

# I) FIRST BHMS EXAMINATION

- (i) The student shall be admitted to the First BHMS Examination provided he/she has required attendance as per regulation 13 (iii) to the satisfaction of the head of the Homoeopathic Medical College.
- (ii) The First BHMS university examination and publication of results shall be completed towards the end of 18<sup>th</sup> month of admission to First BHMS.
- (iii) The minimum number of hours for lecture, demonstration/ practical and seminar classes in the subjects shall be as under:

#### FIRST BHMS COURSE -DISTRIBUTION OF HOURS

Sl		Theory		Prac	tical/Clinio	cal	
.No	Subject	Theory	Practical/	Tutorial	Seminar	Total	Grand
		includi	Clinical				Total
		ng	including				
		interna	internal				
		l exam	Exam				
	Organon of Medicine,	200	Nil	15	10	25	225
01	Principles of Homoeopathic						
	Philosophy and Psychology						
02	Anatomy, Histology and	265	355	15	20	390	655
	Embryology						
03	Physiology including	265	355	15	20	390	655
	Biochemistry						
04	Homoeopathic Pharmacy	100	75	15	10	100	200
05	Homoeopathic Materia	120	Nil	15	10	25	145
	Medica						
	TOTAL						1880

- (iv) Examination in Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology shall consist of one theory paper and one oral examination.
- (v) Examination in Anatomy including Histology and Embryology shall consist of two theory papers. Practical includes oral, identification of specimen and histology slides.

- (vi) Examination in Physiology including Biochemistry shall consist of two, theory papers and one practical including oral.
- (vii) The examination in Homoeopathic Pharmacy shall consist of one theory and one practical including Oral.
- (viii) The examination in Homoeopathic Materia Medica shall consist of one theory and one oral examination.
- (ix) Full marks for each subject and the minimum marks required for passing First BHMS should be as follows:

#### FIRST BHMS -Scheme of Examination

	THEORY					OF	RAL &	PRACT	'ICAL			
Subject	University Exam Written	Min for Pass	Int. Assessment	including internal	University practical	Exam Viva	Total	Min for pass	Int. Assessment	Total including internal assessment	Grand Total	Aggregate minimum for pass
Homeopathic Pharmacy	100	50	20	120	50	50	100	50	20	120	240	120
Anatomy	100+ 100	100	40	240	100	100	200	100	40	240	480	240
Physiology including Biochemistry	100+ 100	100	40	240	100	100	200	100	40	240	480	240
Homeopathic Materia & Medica	100	50	20	120	Nil	50	50	25	10	60	180	90
Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology	100	50	20	120	Nil	50	50	25	10	60	180	90

# II) SECOND BHMS EXAMINATION

- (i) No candidate shall be admitted to the Second BHMS Examination **unless he has passed the First BHMS** examination and he/she has required attendance as per regulation 3.8 to the satisfaction of the , head of the Homoeopathic Medical College.
- (ii) The Second BHMS university examination and the publication of results shall be completed towards the end of 30<sup>th</sup> month of admission to First BHMS.

(iii) The minimum number of hours for lecture, demonstration/practical and seminar classes in the subjects shall be as under:

#### **SECOND BHMS COURSE - DISTRIBUTION OF HOURS**

	Theory	Practical/Clinical							
Subject	Theory including internal exam	Practical /Clinical includin g internal	Tutorial	Seminar	Total	Grand Total			
Pathology and Microbiology including Parasitology Bacteriology and Virology	200	Exam 70	10		80	280			
Forensic Medicine & Toxicology	80	20	10	40	70	150			
Organon of Medicine and Principles of Homoeopathic Philosophy	125	75	10		85	210			
Homoeopathic Materia Medica	75	75	10		85	160			
Surgery including ENT, Eye Dental and Homoeo therapeutics	75	75	Nil	Nil	75	150			
Obstetrics & Gynaecology Infant care and Homoeo therapeutics	75	75	Nil	Nil	75	150			
Practice of Medicine and Homoeo. Therapeutics	75	75	Nil	Nil	75	150			
Total						1250			

- (iv) Examinations in Pathology and Microbiology shall consist of two theory paper and one practical including oral. Identification of microscopic slides and specimens shall be apart of practical examination.
- (v) Examination in Forensic Medicine and Toxicology shall consist of one theory paper and one oral examination including identification and spotting of specimens.
- (vi) Examination in Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology shall consist of one theory paper, practicals and oral examination.

- (vii) Examination in Materia Medica shall consist of one theory paper and one practical including oral examination.
- (viii) In order to pass the Second BHMS examination, a candidate has to pass all the subjects of the examination.
- (ix) Full marks for each subject and the minimum number of marks required for passing should be as follows:

**SECOND BHMS COURSE- Scheme of Examination** 

	<b>T</b> '	HEOR	Y			ORA	L & PR	RACTI	CAL			
Subject	Theory	Min for Pass	IA	Total including internal assessment	Uni. Practical	Exam Viva	Total	Min for Pass	IA	Total including internal assessment	Gran	Aggregate minimum for pass
FM	100	50	20	120	50	50	100	50	20	120	240	120
PATHO	100+100	100	40	240	100	100	200	100	40	240	480	240
MM	100	50	20	120	50	50	100	50	20	120	240	120
OM	100	50	20	120	50	50	100	50	20	120	240	120

# III) THIRD BHMS EXAMINATION

- (i) No candidate shall be admitted to the Third BHMS examination unless he has passed the Second BHMS examination and he/she has required attendance as per regulation to the satisfaction of the head of the Homoeopathic Medical College.
- (ii) The Third BHMS university examination and the publication of results shall be completed towards the end of  $42^{nd}$  month of admission to First BHMS.
- (iii) The minimum number of hours for lecture, demonstration/practical, clinical and seminar classes in the subjects shall be as under:

#### THIRD BHMS COURSE -DISTRIBUTION OF HOURS

Sl		Theor	Practical/Clinical							
.No		y								
		Theory	Practical/Cli	Tutorial	Seminar	Total	Grand Total			
		includin	nical							
	Subject	g	including							
	Subject	internal	internal							
01		exam	Exam							
	Practice of Medicine &	75	75	Nil	Nil	75	150			
	Homoeo therapeutics									

	Surgery including ENT,	150	75	10	20	105	255
02	Ophthalmology & dental						
	& Homoeo. therapeutics						
	Obstetrics & Gynaecology	150	75	10	20	105	255
03	Infant care & Homoeo.						
	therapeutics						
04	Homoeopathic Materia Medica	120	100	10	20	130	250
	Organon of Medicine,	120	100	10	20	130	250
05	Principles of Homoeopathic						
	Philosophy						
06	Case taking & Repertorisation	40	Nil	Nil	Nil	Nil	40
07	Community Medicine	80	Nil	Nil	Nil	Nil	80
	TOTAL						1280

- (iv) Examination in Surgery shall consist of three theory papers and one practical examination. One theory paper shall be exclusively on Homoeo therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the surgical instruments, bandages and general measures related to surgery, scope of Homoeopathic therapeutics and examination and diagnosis of surgical disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.
- (v) Examination in Obstetrics & Gynaecology including infant care shall consist of three theory papers and one practical examination. One theory paper shall be exclusively on Homoeo therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the specimens, models, instruments, and general appliances related to Obstetrics, scope of Homoeopathic therapeutics and examination and diagnosis of Gynaecological disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.
- (vi) Examination in Homoeopathic Materia Medica shall consist of one theory paper and one bedside practical examination. The bedside examination shall be on two acute cases with special reference to their nosological diagnosis and therapeutic diagnosis from Homoeopathic point of view.
- (vii) Examination in Organon of medicine shall consist of one theory paper and one oral and practical.
- (viii) In order to pass the Third BHMS examination, candidates have to pass in all the subject of the examination.
- (ix) Full marks for each subject and the minimum number of marks required for passing should be as follows:

#### THIRD BHMS COURSE - Scheme of Examination

		THEC	RY			ORA	AL & F	PRACT	'ICA	L		
Subject	University Exam Written	Min for pass	Int. Assessment	Total including internal assessment	University practical	Exam Viva	Total	Min for pass	Int. Assessment	Total including internal assessment	Grand Total	Aggregate minimum for pass
Surgery	100+10 0+100	150	60	360	10 0	100	20 0	100	4 0	240	600	300
Obstetri cs & Gynaeco logy	100+10 0+100	150	60	360	10 0	100	20 0	100	4 0	240	600	300
MATERI A MEDICA	100	50	20	120	50	50	10 0	50	2 0	120	240	120
Organo n of Medicin e	100	50	20	120	50	50	10 0	50	2 0	120	240	120

### **FOURTH BHMS EXAMINATION**

- (i) No candidate shall be admitted to the Fourth BHMS examination unless he has passed the third BHMS examination and he/ she has required attendance as per regulation to the satisfaction of the head of the Homoeopathic Medical College.
- (ii) The Fourth BHMS university examination and publication of the results shall be completed towards the end of 54th month of admission of First BHMS.
- (iii) The minimum number of hours for lecture, demonstration/practical, seminar and clinical classes in the subjects shall be as under:

Examination in Practice of Medicine including Pediatrics, Psychiatry and Dermatology shall consist of three theory papers and one bedside practical examination. One theory paper shall be exclusively on Homoeo. therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the nosological and therapeutic diagnosis, through clinical examination, X-ray and other common diagnostic techniques and detailed case takings on long and short cases. The case reports of the students carried out during the course shall also be considered for the oral examination.

- (v) Examination in Case taking and Repertory shall consist of one theory paper and one practical examination. The Practical examination shall consist of the Homoeopathic principles on case taking of one long case and one short case and the methods of arriving the reportorial totality, through case analysis and actual repertorisation. The skill of finding rubrics from Kent and Bonninghausan Repertories, the case reports of the students carried out during the course shall be considered for the oral examination.
- (vi) Examination in Homoeopathic Materia Medica shall consist of two theory papers and one bedside practical examination. The bedside examination shall be one long case and one short case with special reference to their nosological diagnosis and therapeutic diagnosis from Homoeopathic point of view. The case reports of the students carried out during the course shall be considered for the oral examination.
- (vii) Examination in Organon of Medicine and Principles of Homoeopathic Philosophy shall consist of two theory papers and one practical examination. The practical examination shall be on the Homoeopathic orientation of cases in relation to miasmatic diagnosis, general management, posology, second prescription etc.
- (viii) The examination in Community Medicine including Health Education and Family Welfare shall consist of one theory paper and one oral examination. The oral examination shall be on spotting and identification of specimens and matters related to the community oriented problems.
- (ix) In order to pass the Fourth BHMS examination, candidates have to pass in all the subjects of the examination.

#### FOURTH BHMS COURSE - DISTRIBUTION OF HOURS

Sl .No		Theory		F	Practical/0	Clinical	
		Theory	Practical/	Tutorial	Seminar	Total	Grand Total
	Subject	including	Clinical				
		internal exam	including i				
		, 	Exam				
	Practice of Medicine &	150	220			220	370
01	Homoeo therapeutics						
02	Homoeopathic Materia Medica	100	95			95	195
03	Organon of Medicine, Princip	100	95			95	195
	Homoeopathic Philosophy			'			
04	Case taking & Repertorisation	125	150(Includin			150	275
			Semianr)				
05	Community Medicine	100	100			100	200
	TOTAL						1235

(x) Full marks for each subject and the minimum marks required for pass are as follows

#### FOURTH BHMS COURSE - Scheme of Examination

		T	HEOR	Y			01	RAL & P	RACTIC	AL		nnu
Subject	University Exam Written	Min for pass	Int. Assessment	Total	University practical	Exam viva	Total	Min for pass	Int. Assessment	Total	GrandTotal	Aggregate Minimum for Pass
Practice of Medicine	100+ 100+ 100	150	60	360	100	100	200	100	40	240	600	300
Case taking & Repertory	100	50	20	120	50	50	100	50	20	120	240	120
Homoeopathic Materia Medica	100+ 100	100	40	240	100	100	200	100	40	240	480	240
Organon of Medicine	100+ 100	100	40	240	100	100	200	100	40	240	480	240
Community Medicine	100	50	20	120	50	50	100	50	20	120	240	120

#### 3.10 Criteria for Pass

Considering the C.C.H norms the following criteria shall be observed.

1. In each of the subjects, a candidate must obtain 50% of the aggregate for a pass.

[University theory + university practicals/clinical + viva voce + internal assessment]

This should be implemented to all the examinations from January 2013 onwards.

- 2. In the university theory, the candidate must obtain 50% marks exclusively.
- 3. In the university practicals/clinical+viva voce, the candidate must obtain 50% marks

Exclusively.

This shall be implemented to all the examinations from January 2013 onwards.

#### 3.11 Declaration of class

Candidates who pass the whole examination shall be ranked in the order of proficiency as determined by the total marks and shall be arranged in three classes.

i. Distinction - 75% and aboveii First Class - 65% and above, less than 75%iii Second Class - 50% and above, less than 65%

All candidates who fail in the first attempt in any subject and pass subsequently shall not be ranked in distinction or first class.

#### 3.12 Award of Rank

- i. Only candidates who have passed all the subjects of the examination in first attempt will be considered for ranking.
- ii. Marks obtained in supplementary examinations will not be considered for ranking.
- iii. Rank will be awarded only after the Final BHMS examination.
- iv. For ranking in the Final BHMS, aggregate marks secured in all the subjects from I to IV BHMS will be counted.

#### 3.13 Results and Re-admission to Examination

- (i) Examining body may ensure that the results of the examination are published in time so that the student who successfully completes the BHMS examinations can complete the course in  $5 \frac{1}{2}$  yrs after admission.
- (ii) Candidates who have passed in one or more subjects need not appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination with in four chances including the original examination.
- (iii) Facility to keep term: Not withstanding with the foregoing regulations, the students shall be allowed the facility to keep term on the following conditions:
  - (a) The candidate must pass the Second BHMS examination at least one term (6 months) before he is allowed to appear in the Third BHMS examination.
  - (b) The candidate must pass the Third BHMS examination at least one term (6 months) before he is allowed to appear in the Fourth BHMS examination.
  - (c) No candidate shall be given more than 4 chances to appear in First BHMS examination in the same subject.
- (iv) A candidate who appears at Second or Third BHMS examinations, but fails to pass in the subject or subjects, he may be admitted to the next examination in the subject or subjects. However candidates shall be allowed to keep term as provided in (iii) above.
- (v) If a candidate fails to pass in all the subjects with in four chances in examinations, he shall be required to prosecute a further course of studying all the subjects and in all

parts for one year to the satisfaction of the head of the college and appearing for examination in all the subjects.

Provided that if a student appearing for the Fourth BHMS examination has only one subject to pass at the end of prescribed chances, he shall be allowed to appear at the next examination in that particular subject and shall complete the examination with this special chance.

- (vi) The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the Central Council of Homoeopathy and arrange for conducting re-examination in those subjects within a period of thirty days from the date of such cancellation.
- (vii) Grace marks may be awarded to the students at the discretion of the University / examining body on exceptional circumstances

#### 3.14 Qualification for Examiners

No person other than the holder of qualification prescribed for the teaching staff in Homoeopathy (Minimum Standards of Education) Regulation as amended from time to time shall be appointed as an internal or external examiner or paper-setter for the BHMS Degree Course.

Provided that:-

- (a) No such person shall be appointed as an examiner unless he has at least three years continuous regular teaching experience in the subject concerned, gained in a degree level Homoeopathic Medical College.
- (b) Internal examiners shall be appointed from amongst the teaching staff of the Homoeopathic Medical College.
- (c) A paper setter shall not be appointed as an internal or external examiner.

#### 3.15 Internship Training

1.(i) Each candidate shall be required to undergo compulsory rotating internship of one year, after passing the final BHMS Examinations, to the satisfaction of the Principal of the Homoeopathic College. Thereafter only, the candidate shall be eligible for the award of Degree of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) by the University.

All parts of the internship training shall be undertaken at the hospital attached to the College, and, in cases where such hospital cannot accommodate all of its students for internship then such candidates/students shall be informed in writing by the college and it shall be the responsibility of the College to ensure that each of such students is put on internship training in a Homoeopathic Hospital or dispensary run by Government or local bodies approved by University. Training outside college will be granted only with prior permission of the University.

(ii) To enable the State Board/Council of Homoeopathy to grant provisional registration of minimum of one year to each candidate to undertake the internship, the University concerned shall issue a provisional passed certificate on passing the final BHMS examination to each successful candidate.

Provided that in the event of shortage or unsatisfactory work, the period of compulsory internship and the provisional registration shall be accordingly extended by the State Board/Council.

- (iii) Full registration shall only be given by the State Boards if the BHMS degree awarded by the University concerned is a recognized medical qualification as per Section 13 (1) of the Act, and Board shall award registration to such candidates who produce certificate of completion or compulsory rotating internship of not less than one year duration from the Principal of College where one has been a bonafide student which shall also declare that the candidate is eligible for it.
- (iv) The internee students shall not prescribe the treatment including medicines, and, each of them shall work under the direct supervision of Head of Department concerned. No intern student shall issue any medico-legal document under his/her signatures.
- (v) Each candidate shall complete the internship training at the maximum within a period of 24 months after passing the final year examination.
- **2. The internship training** shall be regulated by the Principal in consultation with concerned Heads of Departments and the Hospital Superintendent as under:-
- (i) Each internee student shall be asked to maintain a record of work which is to be constantly monitored by the Head of concerned Department under whom the internee is posted. The scrutiny of record shall be done in an objective way to update the knowledge, skill and aptitude of internee.

- (ii) The stress during the internship training shall be on case taking, evaluation of symptoms, nosological and miasmatic diagnostic analysis, repertorisation and management of sick people based on principles of Homoeopathy. Weekly seminars shall be conducted wherein interns in rotation be given a chance to present their cases for discussion, and, concerned teachers shall assess performance of each of interns.
- (iii) Rotation of intern-students shall be as under:
- (a) Practice of Medicine 8 Months wherein internee will be rotated in each Psychology, Respiratory, Gastro-intestinal, Endocrinology, Skin and V.D., Loco- motor, Cardiology, Paediatrics sections.
- (b) Surgery 1 Month.
- (c) Obstetrics & Gynaecology 2 months (1 month each (including Reproductive & child health care)
- (d) Community medicine (including PHC/CHC) 1 month.
- (iv) Each internee shall be given exposed to clinicopathology work to acquire skill in taking samples and doing routine blood examination, blood smear for parasites, sputum examination, urine and stool examination. Students shall be trained to correlate laboratory findings with diagnosis and management of sick people.
- (v) Each internee shall be given opportunities to learn the diagnostic techniques like x-rays, Ultrasonography, E.C.G., Spirometer and other forthcoming techniques and co-relate their findings with diagnosis and management of cases.
- (vi) Each internee student shall be given adequate knowledge about issuing of medico-legal certificates including medical and fitness certificates, death certificates, birth certificates, court producers and all of such legislation's be discussed which were taught in curriculum of Forensic Medicine.
- (vii) Each internee shall maintain records of 40 acute and 25 chronic cases complete in all manner including follow up in Practice of Medicine, record of 5 antenatal check- up and 3 delivery cases attended by him/her in Department of Obstetrics and 3 cases of Gynaecology; records of 5 surgical cases assisted by him (and demonstrational knowledge of dressings) in Surgery department, and records of knowledge gained in Primary Health Centres, Community health Centres, various health programmes.

- (viii) It shall be compulsory for each intern-student to prove at least one drug during the Period of internship.
- (ix) Each internee shall be given a liberty to choose an elective assignment on any subject, and complete out-put shall be furnished in writing by the internee in respect of elective assignment to the Principal of the College within internship duration.
- (x) Each intern shall be posted on duty in such a manner that each of them attend at least 15 days in O.P.D. and 15 days in I.P.D. at least in each month (except for duty in Community Medicine) and attend the other parts of duty including self-preparation in Library.
- (xi) Each intern-student shall be made to learn importance of maintaining statistics and records, intern-student shall also be familiarized with research-methodology.
- **3.** (i) The resources and expertise of the clinical departments in the Homoeopathic subjects namely Materia Medica, Organon of Medicine and case taking & Repertory have to be utilized by the internees and they shall be given exposure in clinical pathology, physiotherapy etc.while undergoing internship. In order to attain this, during the rotator internship in the clinical departments of Practice of Medicine, Surgery and Gyneacology & Obstetrics, the internee shall be posted in all the Homoeopathic departments as per the schedule given below.

Practice of Medicine : 2 months

Surgery : 1 month

Obstetrics & Gynaecology : 1 month

Materia Medica : 2 months

Organon of Medicine : 2 months

Case taking & Repertory : 2 months

Community Medicine : 1 month

Clinical pathology / pharmacy / Forensic medicine / Physiotherapy : 1 month

(ii) Each internee shall have not less than 80% of attendance during the internship training in each of the departments. If he /she fails to attain 80% attendance in any of the above departments, he/she shall be given an extension posting as per the discretion of the HOD of the concerned department.

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#### I BHMS

#### **SYLLABUS**

# ORGANON OF MEDICINE, PRINCIPLES OF HOMOEOPATHIC PHILIOSOPHY & PSYCHOLOGY

#### SYLLABUS AND CURRICULUM:

#### INTRODUCTION TO SCIENCE OF HOMOEOPATHY

Organon - Philosophy is a vital subject which builds up the conceptual base for the Physician. It illustrates those principles which when applied in practice enable the Physician to obtain results, which he can explain rationally and repeats them in practice with greater competence. Focus of the Education and Training should be to build up the conceptual base.

Homoeopathy should be introduced as a Complete Rational System of Medicine with its Holistic, individualistic and Dynamistic approach to life, Health, Disease, Remedy and cure.

In order to achieve this, study of logic, psychology and the fundamentals of Homoeopathic Science become quite important. It is imperative to have clear grasp over, Inductive-Deductive Logic, and its application and comprehending the fundamentals of Homoeopathic Science. Homoeopathic approach for the patients is a Holistic approach. Science demands from the Homoeopathic Physician, to comprehend his patient as a PERSON, his dispositional state of Mind (and Body), along with the disease process with its causes. Since we lay great emphasis on knowing the mind, knowledge of the psychology becomes imperative for a Homoeopathic Physician. Thus introduction to Psychology will assist HOMOEOPATHIC student to build up his conceptual base in his direction

#### 1. Fundamentals of Homoeopathic Science

Preliminary lectures on the evolution of medicinal practice by the ancients giving stress to rationalistic and vitalistics thoughts.

- 1. History of Medicine
- 2. Short history of Hahnemann's life and contributions
- 3. Fundamental Principles of Homoeopathy
- 4. General Introduction to organon of medicine & its diff. edition
- 5. Brief life and contributions of early pioneers after Hahnemann

- 6. Brief study of the early history of spread of homoeopathy & position of Homoeopathy in various countries.
- 7. Introduction to Organon of Medicine.
- 8. Hahnemann's Organon of Medicine from 8 Aphorisms 1 to 70
- 9. Health: Hahnemann's and modern concept
- 10. Introductory lectures on diseases, their classification, drug, diseases, case taking and drug proving

#### II. Logic

The term 'Logic' means 'thought' 'reason' 'Law' and is used to denote the totality of rules to which the process of thought is subjected, a process that reflects the reality. It is also used to denote the science of the rules of reasoning and the forms in which it occurs.

As discussed earlier, to comprehend ORGANON - PHILOSOPHY, it is essential to acquaint with understanding of LOGIC in order to grasp inductive-deductive reasoning and the forms in which it occurs.

## III. Introduction to Psychology

- 1. Definition of Psychology as a Science and its differences from other Sciences. Concept of Mind-Contemporary schools of Psychology with special reference to Behavioristic and Psychoanalystic approaches.
- 2. Scientific study of behavior, intelligence, cause-effect relation, behaviorist (Pavlov; Watson, Skinner) and dynamics of behavior (Freud and Neo Freudians).
- 3. Basic concepts of sensation, perception, illusion, Hallucination, Delusion, imagination, intelligence, aptitude, attention, thinking and memory.
- 4. Emotion, motivation, personality, anxiety, conflict, frustration, psychosomatic manifestations and dreams.
- 5. Developmental psychology-normal-developments since birth to maturity (both physical and psychological) and deviations its effects on later behavior.
- \* The attempt should be made to make a student receptive to various terms in teachings of Materia Medica and Homoeopathic Philosophy

## **TEACHING PLAN**

## I BHMS

**Total Hrs: 200** 

I Semester	-hrs 66
History of Hahnemann's life and contribution	- 10 hrs
Life and contribution of early pioneers after Hahnemann	- 10 hrs
Brief history of medicine	- 10 hrs
Short study of spread of Homoeopathy in various countries	- 5 hrs
Fundamental principles of Homoeopathy	- 17 hrs
Health: Hahnemann's and modern concept	- 5 hrs
Revision and examination	- 9 hrs
II Semester	- hrs 66
Logic, with reference to Stuart Close-chapter 16	-10 hrs
Psychology	- 30 hrs
Introductory lectures on diseases, their classification, drug, disease, case ta	king and drug
Proving	- 4 hrs
General introduction to Organon of medicine and its different editions	- 3 hrs
Hahnemann's introduction to Organon of medicine	- 10 hrs
Revision and examination	- 9 hrs
III Semester	- 68 hrs
Organon of medicine - aphorisms 1 to 70	- 56 hrs
Revision and examination	- 12 hrs

#### **I BHMS**

#### **Model Question Paper**

# ORGANON OF MEDICINE, PRINCIPLES OF HOMOEOPATHIC PHILOSOPHY & PSYCHOLOGY

Time 3 hrs Total Marks 100

#### **Essay**

1. Explain briefly cardinal Principles of Homoeopathy?

3+3+4=10

2. What happens when 2 dissimilar diseases meet together in a human being, explain with examples? 3+3+4=10

#### **Write Notes on**

- 3. Greek Medicine
- 4. Knowledge of physician
- 5. Types of logic
- 6. Various systems of medicine
- 7. Illusion, Delusion, Hallucination
- 8. Contributions of Dr. Kent
- 9. Attention
- 10. Bad effects of antipathy
- 11. Unprejudiced observer
- 12. Mixture Prescription

10x5 = 50

#### **Write Short Notes**

- 13. Duce Natura
- 14. Trephening
- 15. Theoritic Medicine
- 16. Aude Sapere
- 17. Highest ideal of cure
- 18. What is Organon
- 19. Uncertain & Hazardous Homoeopathic remedies
- 20. Define Intelligence
- 21. Define Totality of Symptom

22. Health 10x3 = 3

#### **I BHMS**

#### **Scheme of Valuation**

# ORGANON OF MEDICINE, PRINCIPLES OF HOMOEOPATHIC PHILOSOPHY PSYCHOLOGY

#### **Essay**

- 1. State cardinal principles law of similar, law of simplex and law of minimum dose. Aphorism number and explanation.
- 2. §36, § 38 and §42. State three conditions with examples.

#### **Notes**

- 3. Ancient Greek concept of sickness. Greek God of Medicine, Hippocrates
- 4. § 3, what are the knowledge? Explanation for each.

- 5. Define logic, Types, Deductive and inductive logic.
- 6. Allopathy, Antipathy, Homoeopathy and Isopathy, with brief explanation.
- 7. Definitions for each with its further classification and examples.
- 8. Dr Kent as a teacher, as a doctors and his literary works.
- 9. Definition, nature and classification of attention
- 10. §58 and §59 what are the bad effects, How it happens with examples.
- 11. §6, what is unprejudiced observer? How it happens and its result?
- 12. Where Hahnemann mentions it? What is it? What are the contents?

#### **Short Notes**

- 13. Where is it mentioned? What is it?
- 14. What is it? Why this method is used?
- 15. Where is it mentioned? What is it?
- 16. Word meaning, Derived from
- 17. **§**2
- 18. Word meaning, Derived from, wrote by
- 19. §50, what is it, with examples.
- 20. WHO definition.
- 21. Definition according to §7
- 22. WHO definition.

#### **List of Text Books for I BHMS**

- 1. Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> translated with an appendix by R E Dudgeon
- 2. Samuel Hahnemann His Life and Works by Richard Haehl
- 3. General Psychology by S K Mangal

- 4. History of Medicine Dr Samareendar Reddy
- 5. Pioneers of Homoeopathy by Mahendra Singh

#### ANATOMY AND PHYSIOLOGY

#### Study of Normal Man in Pre-Clinical Period

Human economy is the most difficult of all sciences to study. Man is a conscious mentalis ed, living being and functions as a whole. Human knowledge has become so vast that for precise comprehension of man, as a whole development of different branches of science like anatomy, physiology and psychology was necessary. But such a division is only an expedient; man nevertheless remains indivisible.

Consciousness, life and its phenomena cannot be explained in terms of cell physiology or of quantum mechanics nor by physiological concepts which in their turn are based on chemico - physical concepts.

Though anatomy and physiology are hitherto being taught as entirely different subjects, a water-tight barrier should not be erected between them; structure (anatomy) and function (physiology) are but correlated aspects and the physio-chemical processes are but an external expression of an inexplicable phenomenon which is life.

So anatomy and physiology shall be taught with the following aims:

- 1. To provide for the understanding of the morphological, physiological and psychological principles which determine and influence the organism of the living body as a functioning unit;
- 2. To co-relate and interpret the structural organism and normal physiology of the human body and thus to provide the data on which to anticipate disturbance of functions;
- 3. To enable the student to recognize the anatomical, physiological and psychological basis of the clinical signs and symptoms of disorders due to injury, disease and mal development;
- 4. Similarly, to give the student to understand the factors involved in the development of pathological processes and the possible complications which may arise there from;
- 5. To give the student such knowledge of pre clinical subjects as will enable him ultimately to employ competently and rationally all the ordinary methods of

- examination and treatment (treatment (including surgery) that may involve such knowledge; and
- 6. For enabling the student to pick out strange, rare and uncommon symptoms for individualization of patients and drugs for the purpose of applying the law of similar in homeopathic practice.

#### ANATOMY, HISTOLOGY AND EMBRYOLOGY

Instructions in anatomy should be so planned as to present a general working knowledge of the structure of the human body. The amount of detail which he is required to memorise should be reduced to the minimum. Major emphasis should be laid on functional anatomy of the living subject rather than on the static structures of the cadaver, and on general anatomical positions and broad relations of the viscera, muscles, blood-vessels, nerves and lymphatics. Study of the cadaver is only a means to this end. Students should not be burdened with minute anatomical details which have no clinical significance.

Though dissection of the entire body is essential for the preparation of the student of his clinical studies, the burden of dissection can be reduced and much saving of time can be effected, if considerable reduction of the amount of topographical details is made and the following points:-

- 1. Only such details as have professional or general educational value for medical student should be presented to him.
- 2. The purpose of dissection is not to create technically expert prosecutors but to give the student an understanding of the body in relation to its functional, and the dissection should be designed to achieve this end, for example, ignoring of small and clinically unimportant blood vessels results in such cleaner dissection and a much clearer picture of the main structure and their natural relationships.
- 3. Much that is at present taught by dissection could be demonstrated as usefully through prepared dissected specimens.
  - a. Normal radiological anatomy may also form part of practical training. The structure of the body should be presented linking functional aspect.
  - b. Actual dissection should be preceded by a course of lectures on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to students in an integrated form and the instruction of the whole course of anatomy and physiology and more interesting, lively and practical.

c. A good part of the theoretical lectures on anatomy can be transferred to tutorial classes with the demonstrations.

A few lectures or demonstrations on the clinical and applied anatomy should be arranged in the later part of the course. They should preferably be given by a clinician and should aim at demonstrating the anatomical basis of physical signs and the value of anatomical knowledge to the clinician.

Seminars and group discussions to be arranged periodically with a view of presenting different subjects in an integrated manner.

Formal class room lectures to be reduced but demonstrations and tutorials to be increased.

There should be joint teaching-cum-demonstration sessions with clinical materials illustrating applied aspect of Anatomy in relation to clinical subjects. This should be arranged once a fortnight and even form part of series of introductory lectures if be needed.

There should be joint seminars with the departments of Physiology and Bio-Chemistry and should be organized once a month. There should be a close correlation in the teaching of gross Anatomy, Histology, Embryology and Genetics. The teaching of areas and systems in Anatomy, Physiology including Bio-chemistry should be integrated as far as possible.

#### **THEORETICAL**

A complete course of human anatomy with general working knowledge of different anatomical parts of the body. *Emphasis should be laid down on the general anatomical positions and broad relations of the viscera, muscles, blood vessels, nerves and lymphatics.* Candidates should not be burdened with minute anatomical details of every description which has no clinical significance.

Candidates will be required to recognized anatomical specimen and to identify and answer questions on structures displayed in recent dissections, to be familiar with the bones and their articulations including the vertebrae, the skull and with the manner of classification of the long bones.

Emphasis will not be laid on minute details except in as far as is necessary to the understanding of or in their application to medicine and surgery. Candidates are expected to know the attachments of muscles sufficiently to understand their actions, but not the precise-details of the origin and insertion of every muscle. Knowledge of the minor details of the bones of the hand, foot, their articulations and details of the small bones of the skull will not be required.

The curriculum of anatomy should be divided under the following headings:-

- (I) Gross Anatomy-to be dealt under the following categories:
  - a. Introductory lectures with demonstrations.
  - b. Systematic series.

The study to be covered by deductive lectures, lecture, demonstration surface and radiological anatomy, by dissection of the cadaver and study of dissected specimen. Knowledge thus obtained together with correlation of facts should be integrated into living anatomy. Details of topographical relation should be stressed for these parts which are of importance in general practice.

- I. Superior extremity, inferior extremity, head, neck, thorax, abdomen and pelvis to be studied regionally and system by system (special reference to be made to development and its anomalies, regional, innervation, functional groups of muscles in relation to joint of otherwise and Applied Anatomy).
- II. Endocrine organs-with special reference to **development** and applied anatomy.
- (II) **Development anatomy**-General principles of development and growth and the effect of hereditary and environment factors to be given by lectures, charts, models and slides.
- (III) *Neuro-anatomy*, Gross Anatomy of brain and spinal cord and the main nerve tracts. The peripheral nerves. Cranical nerves their relations course and distributions.

**N.B:** The practical study should proceed the study of physiology nervous system. Early correlation with the clinical course desirable.

Automic nervous system-Development and anomalies, Applied Anatomy. The study to be covered by lectures, lecture-demonstrations, of brain and cord, clinical correlation.

(IV) *Mirco-anatomy* (*Histology*)-Modern conceptions of cell, epithelial tissue, connective tissue, muscular tissue, nervous tissue and systematic structure.

#### A. Introductory Lectures

**a.** Modern conception of cell-components and their functions, why a cell divides, cell division, types with their signification.

#### **b.** Genetic Individuality:

- i. Elementary genetics definition, health and disease, result of interaction between organism and its environments, utility of knowledge from Homoeopathic point of view
- ii. Mendel's Laws and their significances
- iii. Applied genetics.

#### B. Embryology.

#### C. General anatomy & micro-anatomy

#### D. Regional anatomy:

Regional Anatomy shall be taught with emphasis on developmental anatomy, broad relationship, surface marking, Radiological anatomy, and applied anatomy.

#### a. Extremities:-

- i. Skeleton, position and functions of joints,
- ii. Muscle groups, lumber plexus,
- iii. Arterial supply, venous drainage, neuro vascular bundles, lymphatics and lymph nodes, relation of nerves to bones.
- iv. Joints with special emphasis on lumbo sacral, hip, knee and ankle joints, muscles producing movement, results of nerve injury.
- v. Radiology of bones and joints, classification, determination of age.
- vi. Applied anatomy
- vii. Surface marking of main arteries, nerves.

#### b. Thorax:-

i. Skeleton of joints of muscles of chest wall-diaphragm, innervation of abdominal and thoracic respiration, difference with age. The mammary gland lymphatic drainage.

- ii. The pleura & lungs.
- iii. Arrangements structures in the mediastinum, heart, coronary arteries, great vessels, trachea, oesophagus, lymph nodes, thymus.
- iv. Radiology, of heart, aorta, lung, bronchogram.
- v. Surface marking pleura, lung, and heart valves of heart, border, arch of aorta, sup, vena-cava, bifurcation of trachea.

#### c. Abdomen And Pelvis :-

- i. The abdominal wall-skin and muscles, innervation of fascia, peritoneum, blood vessels, lymphatics, autonomic, ganglia and plexuses.
- ii. Stomach, small intestine, caecum, appendix, large intestine.
- iii. Duodenum, pancreas, kidneys, uterus, supra renal.
- iv. Liver and gall bladder
- v. Pelvis, skeleton and joints, muscles of the pelvis, organs internal and external genitalia in male and in the female, lumbosacral plexus, vessels, lymphatics, autonomic ganglia, and plexuses.
- vi. Blood vessels and nerve plexuses of abdomen and pelvis, the portal venous system.
- vii. Applied anatomy of referred pain, portal systemic anastomosis, catheterization of the urinary bladder in the male and female.
- viii. Surface marking of organs and blood vessels.

#### d. Head and Neck:-

- i. Scalp Innervation, vascular supply middle meningeal artery.
- ii. Face-main muscles groups, muscles of facial expression muscles of mastication, innervation of skin and repair muscles, vascular supply, principles of repair scalp and face wrinkles.
- iii. The eyelids, eyeball, lacrimal apparatus, the muscles that move the eyeball.

- iv. The nasal cavity and nasopharynx, septum, conchae, paransalsinus, Eustachian tube lymphoid masses.
- v. Oral cavity and pharynx.
- vi. Larynx and laryngeal part of Pharynx structure (No details) functions, nerves supply, laryngoscope appearances.
- vii. Cervical vertebrae, joints of head and neck.
- viii. Structures of neck, sternomastoid, brachial plexus, main arteries and veins, disposition of lymph nodes, areas of drainage, phrenic nerve, thyroid gland and its blood supply, para-thyroid, the trachea, oesophagus. The position of the Sub-mandibular and sub-lingual salivary glands.
  - ix. Teeth and dentition.
  - x. The external middle and internal ear.
  - xi. Applied anatomy
- xii. Surface marking: Parotid gland, middle meningeal artery, thyroid gland, common internal and external carotid arteries.

#### e. Neuro anatomy:-

- i. Meanings-functions of
- ii. Cerebrum-areas of localisation, vascular supply basal ganglion, internal capsule.
- iii. Cerebellum-functions.
- iv. Pons, medullar midbrain, cranial nerves, palsies.
- v. Cerebro-spinal fluid-formation, circulation function, absorption.
- vi. Cranial nerves, origin, courses (with minimum anatomical detail) areas of distribution.
- vii. The sympathetic and parasympathetic nervous system location, distribution, functions.

viii. Applied anatomy of lumbar puncture, referred pain, spinal anesthesia increased intracranial pressure.

#### f. Histological study systematic

#### **PRACTICAL**

Demonstration of dissected parts / Dissection of the whole human body.

Identification of histological specimen of tissues and organs viz., liver, kidney, lungs, thyroid, pancreas, spleen, trachea, oesophagus, stomach, tongue intestine, large intestine, testes, every bone, adipose tissue, spinal cord, suprarenal glad, parotid gland, anterior pituitary salivary glands, skin, parathyroid gland, cerebellum, cerebral cortex, cardiac muscle.

#### The written papers in Anatomy shall be distributed as follows:-

**Paper I** - Upper extremity, head, face, neck, brain and Embryology.

Paper II - Thorax, abdomen, pelvis and lower extremity and Histology.

#### TEACHING PLAN

### First Semester (6 Months)

# 1. General Anatomy

Epithelium : Classification, Simple and compound epithelium, glandular and

Sensory epithelium

Connective tissue : Cells, Matrix

Cartilage : Classification, structure, cells, matrix

Bone : Types, development, ossification, blood supply

Joints : Classification and structure of synovial joint

Vascular tissue : Artery and Vein

Lymphatic tissue : Lymph node, structure and function

-35 hrs

Muscular tissue	
Skin	
Nervous tissue	
2. General Embryology	30 hr
Oogenisis, Ovarian cycle	
Menstrual cycle	
Spermatogennesis	
Fertilization, implantation	
Bilaminar embryo	
Trilaminar embryo	
Intra embryonic mesoderm and folding of embryo	
Formation and circulation of placenta	
Foetal membranes	
Structure of umbilical cord and placenta	
3. Upper limb	15hrs
Brachial Plexus	
Mammary Gland	
Shoulder joint	
Palmar space	
Axilla	
SEMINARS (give importance to applied anatomy)	10hrs
Elbowjoint,wrist joint,carpometacarpal joint	
Axillaryartery	

Brachialartery	
Radial,ulnarandMedian nerve	
4. Lower Limb	15hrs
Hip joint	
Knee joint	
Arches of foot	
Popliteal fossa	
SEMINARS (give importance to applied anatomy)	10hrs
Joints of the foot	
Femoral triangle and Adductor canal	
FIRST INTERNAL ASSESSMENT EXAMINATION (during the last is Semester)	month of the <b>15hrs</b>
Semester)	
Semester)  SECOND SEMESTER (6 MONTHS):	15hrs
SECOND SEMESTER (6 MONTHS):  5. Thorax	15hrs
SECOND SEMESTER (6 MONTHS):  5. Thorax Thoracic wall	15hrs
SECOND SEMESTER (6 MONTHS):  5. Thorax Thoracic wall Pleura	15hrs
Semester)  SECOND SEMESTER (6 MONTHS):  5. Thorax  Thoracic wall  Pleura  Lungs	15hrs
SECOND SEMESTER (6 MONTHS):  5. Thorax Thoracic wall Pleura Lungs Pericrdium	15hrs

SEMINARS (Give importance to applied anatomy)	10hrs
Arch of aorta	
Thoracic duct	
Chambers of heart	
Oesophagus	
6. ABDOMEN AND PELVIS	35hrs
Anterior abdominal wall and Rectus sheath	
Inguinal canal spermatic cord and descent of testis	
Peritonium	
Stomach	
Portal vein	
Liver	
Kidney, developmental anomalies	
Diaphragm	
Uterus	
Prostate and male urethra	
Rectum and anal canal	
Urinary bladder and ureter	
Perineal pouches	
Ischiorectal fossa	
SEMINARS (give more importance to applied anatomy)	10hrs
Duodenum	
Pancreas	

Supra renal gland	
Pudendal nerve	
Pelvic floor	
Second internal assessment Examination (during the last month of the semester	) 15hrs
THIRD SEMESTER (6 Months):	
7. HEAD AND NECK	25 Hrs
Scalp	
Dural Venous sinuses	
Cervical fascia	
Extra ocular muscles	
Tempero-mandibular joint	
Thyrid gland	
Pharynx	
Larynx	
Eye Ball Layers	
Tongue	
Facial Nerve	
8. SEMINARS	10hrs
Triangles of the neck	
Nasal Cavity and PNS	
Salivary glands	
9. BRAIN AND SPINAL CORD	30HRS

Spinal cord

Superficial blood supply of brain

Medulla Oblongata

Pons

Cerebellum

Ventricles of brain

Midbrain

Sulci,gyri and functional areas of brain

Internal capsule

Deep blood supply of brain

Basal ganglia

Thalamus

# Third Internal Assessment Examination and University Examination

Including the publication of the result during the last 2 months of the semester. 15hrs

# List of books

Sl.	Recommended text book	Sl.	Supplementary	SI	Reference books
No:		No:	Books	No:	
1.	Cunninghamm's Manual of Practical Anatomy Vol I, II & III	1.	Gray's Anatomy - Standring	1.	Text book of anatomy - Dr. T. Raghanadhan
2.	B.D.Chaurasia's Human Anatomy	2.	Regional Anatomy - LAST	2.	Essential clinical Anatomy -

	Vol I, II & III				Keith.L.moore
3.	EMBROLOGY – INDERBERSIGH	3.	Gray's Anatomy for students – Drake	3.	Clinical Anatomy by SNELL
4.	TEXT BOOK OF OSTEOLOGY - PODDER	4.	Clinical embryology – SNELL	4.	Embryology – Keith.L.Moore
5.		5.	Clinically orientated Anatomy – Kadasne	5.	ANATOMY – DUTTA Vol I, II & III
		6.	Text Book of Anatomy – SAMAR MITRA Vol I, II & III	6.	Fundamentals of Anatomy – A.S.Moni
		7.	Human Anatomy – Byas der ghosh		

# MODEL QUESTION PAPER

# **ANATOMY PAPER-I**

(Draw diagrams where ever necessary)

(Answer all Questions)

Time: 3 hrs Max Marks 100

Essays 10x2 = 20

1. Describe Brachial Plexus

2. Describe Thyroid Gland

Write Notes on 5x10=50

- 3 Cavernous sinus
- 4 Cubital Fossa

	5 Clavicle	
	6 Palmar arteral arch	
	7 Layers of eye ball	
	8 Muscles of mastication	
	9 Axilla	
	10 Spermatogenisis	
	11 Carotid trangle	
	12 Anterior interosseous nerve	
Write	e Short notes	3x10=30
	13 Carpal tunnel syndrome	
	14 Bicipital groove	
	15 Flexor retinaculum	
	16 Middle ear ossicles	
	17 Falx cerebri	
	18 Morula	
	19 Meninges	
	20 Thymus	
	21 Corpus callosum	
	22 Hamate	

# **ANATOMY PAPER- 11**

# (Draw diagrams where ever necessary)

# (Answer all questions)

Time 3 hrs	Max marks 100
Essays	10x2=20
1 Define mediastinum and its divisions and contents	
2 Describe the stomach and its blood supply	
Write Notes on	5x10=50
3 Duodenum	
4 Urinary bladder	
5 Calf muscles	
6 Acetabulam	
7 Male urethra	
8 Uterus	
9 Mesentry	
10 Coronary artery	
11 Vermiform appendix	
12 Right kidney -relations	
Write Short notes	10x3=30
13 Pericardium	
14 Arch of aorta	
15 Gall bladder	
16 Portal vein	

- 17 Ligamentum patellae
- 18 Azygos vein
- 19 Femoral artery
- 20 Pouch of Douglas
- 21 Pyramidalis
- 22 Epiploic foramen

#### PHYSIOLOGY INCLUDING BIOCHEMISTRY

The purpose of a course in physiology is to teach the functions, processes and interrelationship of the different organs and systems of the normal disturbance in disease and to equip the student with normal standards of reference for use while diagnosing and treating deviations from the normal. To a homoeopath the human organism is an integrated whole of body, life and mind; and though life includes all the chemico-physical process it transcends them. There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which is deranged in disease. Physiology shall be taught from the stand point of description physical processes underlying them in health.

There should be close co-operation between the various departments while teaching the different systems. There should be joint courses between the two departments of anatomy and physiology so that there is maximum co-ordination in the teaching of these subjects.

Seminars should be arranged periodically and lecturers of anatomy, physiology and biochemistry should bring home the point to the student that the integrated approach is more meaningful.

#### **THEORETICAL**

**Introductions** : Fundamental phenomena of life. The cell and its differentiation.

Tissues and organs of the body.

**Bio-chemical principles**: Elementary constituents of protoplasm, chemistry of proteins,

carbohydrates and lipids, Enzymes.

**Bio-physical principles**: Units of concentration of solutions, ions, electrolytes and non-

electrolytes filtration, diffusion, ultra-filtration, dialysis, surface

tension, absorption, hydrotrophy, domain equilibrium, colloid, acid-base concentration.

### **ENVIRONMENTAL PHYSIOLOGY:**

- 1. Skin structure and functions.
- 2. Regulations of body temperature hypothermia.

# SKELETO - MUSCULAR SYSTEM

- 1. General introduction and classification of muscle fibers.
- 2. Excitation-construction coupling and molecular basis of construction.
- 3. Properties of skeletal muscles and factors affecting development of tension.
- 4. Energy metabolism of muscles.

#### **NERVE:**

- 1. Structure and function of nerve cell.
- 2. Bioelectric phenomena in the nerve and muscle. RM.P., Action and its propagation, neuromuscular transmission.
- 3. Classification and properties of nerve fibers.
- 4. Wellerian degeneration, regeneration and reaction of degeneration.

### **BLOOD COMPOSITION:**

- 1. Composition and functions in general.
- 2. Physiology of plasma proteins, normal values, ES.R. & other blood indices.
- 3. Physiology of RB.C. W.B.C. and platelets formation, fate and physiological and functions of formed elements of blood.
- 4. Body fluid compartments, their measurements, blood volume and its regulation.
- 5. A.B.O. and RH. Blood group systems.
- 6. Lymphatics and RE system.

7. Coagulation & haemostasis.

# **CARDIO-VASCULAR SYSTEM: (C.V.S.):**

- 1. Structure and properties of cardiac muscle.
- 2. Generation and conduction of cardiac impulse, E.C.G. (Normal).
- 3. Cardiac cycle with reference to pressure, volume changes, heart sounds etc.
- 4. Heart rate and its regulations.
- 5. Haemodynamics, B.P. and its regulation.
- 6. Nervous and chemical control of blood vessel.
- 7. Physiological basis of shock.

### **RESPIRATORY SYSTEM:**

- 1. Introduction, general organization.
- 2. Mechanics of respiration, compliance.
- 3. Pulmonary volumes and capacities.
- 4. Pulmonary and alveolar ventilation.
- 5. Physical principles of gaseous exchange a transport of respiratory gases.
- 6. Nervous and chemical control of respiration.
- 7. Hypoxia, acclimatization, cyanosis, dyspnoea, asphyxia, abnormal respiration.
- 8. Pulmonary function tests.
- 9. Effect of high and low atmospheric pressure effect of respiration on circulation, artificial respiration.

### **DIGESTIVE SYSTEM:**

1. General introduction, Organisation plan and evolutionary significance.

- 2. Composition, function and regulation of salivary, gastric pancreatic intestinal and biliary's secretions.
- 3. Movements of G.I.Tract.
- 4. Absorption of G.I.Tract.
- 5. Physiology of Liver and Gall bladder structure and functions.

### **EXCRETORY SYSTEM:**

- 1. General introduction, structure and functions of kidney.
- 2. Mechanism of formation of urine.
- 3. Mechanism of concentration and dilution of urine.
- 4. Physiology of micturation.

### **ENDOCRINE:**

- 1. Physiology of pituitary, thyroid, parathyroid, pancreas adrenal cortex and adrenal medulla.
- 2. Regulation of secretion of endocrine glands.

### REPRODUCTION:

- 1. Introduction in general and types of reproduction.
- 2. Physiology of testes and ovaries.
- 3. Physiology of menstruation, pregnancy and lactation.
- 4. Placenta and its function, foetal circulation and respiration.

# **CENTRAL NERVOUS SYSTEM:**

- 1. General Organisation, structure and function of nerve cell and neuralgia.
- 2. Cerebrospinal fluid.
- 3. Physiology of synapse and receptor organs.
- 4. Physiology of reflex action classification properties etc. of reflexes.

- 5. Sensory and motor tracts and effects of sections transaction & hemi-section of the spinal cord.
- 6. Spinal. decereberate and decorticate preparations and Regulations of posture and equilibrium.
- 7. Reticular formation.
- 8. Cerebellum and basal ganglia.
- 9. Sensory and motor cortex.
- 10. Physiology of voluntary movements.
- 11. Higher functions of cortex: sleep and wakefulness. EEG. Memory, speech, learning.
- 12. Physiology of thalamus and hypothalamus and limbic system.
- 13. Physiology of autonomic nervous system, peripheral and central mechanism.

#### **SPECIAL SENSES:**

- 1. Physiology of taste and smell sensation.
- 2. Ear-General anatomy, conduction of sound waves through external, middle and internal ear.
- 3. Peripheral and central mechanism of hearing and auditory pathways.
- 4. General anatomy refractory media and protective mechanisms in Eye.
- 5. Formation, circulation and functions of aqueous humor.
- 6. Physiology of optics, Formation of image, accommodation errors of refraction, acuity of vision.
- 7. Physiology of retina photographer functions, dark and light adoption, photochemistry of vision, colour vision.
- 8. Visual pathway and effects of various levels.

# **NUTRITION:**

Balanced diet and special dietary requirements during pregnancy, lactation and grown.

### **BIOCHEMISTRY**

- 1. Biochemical principles and elementary constituents of protoplasm.
- 2. Chemistry of proteins.
- **3.** Chemistry of carbohydrates.
- **4.** Chemistry of lipids.
- **5.** Enzymes and vitamins.
- **6.** Metabolism of proteins, fats carbohydrates, minerals. Biophysical process and their principles in relation to human body.

### **PRACTICAL**

# LIST OF PRACTICALS IN PHYSIOLOGY

- 1. The Microscope-Construction; Use & Care.
- 2. Haemoglobinometry.
- 3. Total White Blood Cell Count.
- 4. Differential WBC count.
- **5.** Packed Cell Volume.
- **6.** Calculation of Blood Indices.
- 7. E.S.R.
- 8. Bleeding Time.
- 9. Clotting Time.
- **10.** Blood Groups.
- **11.** History taking and General Examination.
- 12. Examination of Alimentary System.

- **13.** Examination of the cardiovascular system.
- **14.** Pulse.
- **15.** Determination of Arterial Blood Pressure in Humans and effect of posture, exercise and Cold stress.
- **16.** Clinical Examination of the Respiratory system, E.C.G.
- 17. Stethography.
- 18. Spirometry.
- 19. Examination of Higher Functions
- 20. Cranial Nerves.
- 21. Motor Functions.
- 22. Reflexes.
- 23. Sensory system.
- **24.** Recording of Body Temperature.

#### LIST OF DEMONSTRATION

- **1.** Varieties of Stimuli: Faradic or Induced and Galvanic or Constant Current: Apparatus Used in the Laboratory.
- **2.** Excitability of Muscle.
- 3. Effect of Graded Stimuli.
- **4.** Simple Muscle Twitch, Effect of temperature on the muscle.
- **5.** Effect of two successive stimuli on the Skeletal Muscle of Frog.
- **6.** Genesis of Tetanus.
- 7. Fatigue.
- **8.** Effects of Fee and after Loading on Frog's Gastronomies Muscle.

- 9. Heart Block.
- 10. Properties of Cardiac Muscle.
- 11. Perfusion of Mammalian Heart and effect of various ions on it.
- 12. Effect of stimulation of Vago-sympathetic Trunk and Crescent on Frog's Heart.
- **13.** Effect of Acetylcholine on Heart.
- **14.** Effect of Adrenaline on Frog's Heart.
- **15.** Action of Nicotine on Frog's Heart.
- **16.** Photokinetic stimulation, Ophthalmoscopy and Tonometry.
- **17.** Recording Mammalian blood pressure and respiration and study of factors influencing them.
- 18. Specific Gravity of Blood.
- 19. Gastric Analysis.

# PRACTICAL IN BIOCHEMISTRY

- 1. Introduction to Biochemistry and familiarization with laboratory Instruments.
- 2. Study of Disaccharides Lactose. Maltose & Sucrose.
- **3.** Study of Polysaccharides Starch, Dextrin & Glycogen.
- 4. Introduction of Proteins.
- 5. Normal Urine report (Inorganic and Organic Constituents)
- **6.** Unknown solutions Study.
- 7. Quantitative & Estimation of Glucose in Urine.
- **Paper I**: Elements of Bio-physics, Biochemistry, Blood and lymph, Cardiovascular system, Reticulo-endothelial system, spleen, Respiratory system Excretory System, Skin, regulation of body temperature, sense organs.
- **Paper II**: Endocrine organs, nervous system, nerve muscles physiology, Digestive system and metabolism, bio-chemistry of protein, carbohydrate and lipoid, enzymes, Nutrition.

#### **Practical Examination:**

- 1. Examination of physical and chemical constituents of normal and abnormal urine (qualitative)
- 2. Enumeration of total cell count of Blood (R.B.C. or W.B.C) or differential count of peripheral blood or estimation of percentage of HB.
- 3. Viva-voce on instruments and apparatus
- 4. Biochemistry examination of proteins/carbohydrate/lipoid.
- 5. Experimental physiology
- 6. Laboratory Note-Book
- 7. Viva-voce on experiments

# PHYSIOLOGY AND BIOCHEMISTRY

#### **TEACHING PLAN**

The purpose of a course in physiology is to teach the functions, processes and inter relationship of the different organs and systems of the normal and disturbances in disease. To a homoeopath the human organism is an integrated whole body life and mind. There should be close co operation between the .various departments of anatomy and physiology so that there is maximum coordination in teaching the of these subjects

# **1ST SEMESTER**

1 Introduction (4hours)

Fundamental phenomena of life. The cell and its differentiation, the tissues and organs of the body

# 2 Biochemical principles and biophysical principles

(12hours)

(06hours)

Constituents of protoplasm, chemistry of carbohydrates, lipids and

proteins, diffusion, osmosis, acidbase balance

3 Haematology (26Hours)

Composition and functions of blood, plasma proteins, E.S.R, Physiology of formed elements of blood, Anemia, hemoglobin, Blood groups, Lymph, R.E. System, coagulation, hemostasis, thrombosis, normal values

# 4 Muscle nerve physiology

(12hours)

Classification of muscles with properties and functions, mechanism of muscle contraction structure and functions of neurone RMP,AP, Synapse, neuromuscular jn,transmission of impulse, classification and properties of nerve fibers, wallerian degeneration

5 Digestive system (18Hours)

Composition, function and regulation of salivary, gasric, pancreatic, intestinal, and biliary secretions, movements of GIT, digestion and absorption in GIT, physiology of liver and gallbladder-structure and functions-liver function tests

Seminar (10hrs)

First internal Assessment Examination during the last month of the semester

# **2nd SEMESTER**

# 6 Respiratory system

(20hours)

Introduction,mechanism of respiration,pulmonary volumes and capacities,pulmonary and alveolar ventilation,gaseous exchange and transport of respiratory gases,oxygen and carbon dioxide dissociation curve, nervous and chemical regulation of respiration,hypoxea,dyspnoea,acclamatisation,asphyxia,abnormal respiration,pulmonary function tests,artificial respiration

7 Metabolism of carbohydrates and proteins

(18Hours)

8 Cardio vascular system

(28Hours)

Structure and properties of cardiac muscle, generation and conduction of cardiac impulse, cardiac cycle.cardiac output, blood pressure, shock ,ECG, Heart rate, Heart sounds, regional circulations

# 9 Excretory system (15Hours)

Structure and functions of kidney,nephron, and renal blood flow, mechanism of formation of urine,GFR,reabsorption of Na,water,Cl,glucose,urea,secrtion of K,H,mechanism of concentration and dilution of urine,physiology of micturition,artificial kidney normal and abnormal constituents of urine,renal function tests

10 skin- structure and functions,regulation of body temperature(03Hours)

11 Endocrinology (20Hours)

Physiology of pituitary,thyroid,parathyroid,pancreas,adrenalcortex and medulla Regulation of endocrine secretions,clinical study of hypo and hyper secretion of hormones

12 Enzymes (15Hours)

Seminar (10hrs)

# Second internal Assessment Examination during the last month of the semester 3rd SEMESTER

# 13Central nervous system

(30Hours)

CSF,Receptors,refex action,sensory and motor tracts,effects of trans section and hemi section of spinal cord,brain-cerebrum,cerebellum,basalganglia,pons,medulla,and reticular formation EEG,memory,speech,thalamus and hypothalamus,limbic system,autonomic nervous system

14 Special senses (10Hours)

Vision-physiology of optics,image formation,physiology of eye, layers of retina,rods and cons,visual pathway and effects of lesions, accommadation,pupillary reflexs, errors of refraction,colour blindness

Hearing-Physiology of ear, conduction of sound waves through external, middle and intl ear, organ of corti, auditory pathway

Taste and smell -pathways

15 Reproduction (10Hours)

Physiology of testes, ovary, menstruation, pregnancy, lactation, placenta and its functions, foetal circulation and respiration

16 Metabolism of lipids and minerals, BMR, Nutrition, Balanced diet, (20 Hours)

17 Vitamins (15Hours)

Third internal AssessmentExamination and the University Examination including the publication of Result during the last 2 months of the semester

Seminars (10hrs)

### **MODEL QUESTION PAPER**

# **Physiology and Biochemistry**

#### PAPER - I

(Answer all Questions)

Time: 3 Hours
Essay

Max. Marks: 100
10X2=20

- 1. What is erythropoesis? Describe in detail the different stages of erythropoesis.what are the factors affecting it?
- 2. Define cardiac output? explain in detail the factors affecting cardiac output .

**Write Notes on** 10x5=503. Renin angiotensin mechanism 4. G.F.R 5. Errors of Refraction 6. Blood groups 7. Sodium absorption from P.C.T 8. heart sounds 9. hypoxia 10. lung volumes 11. oxygen dissociation curve 12. organ of corti **Write Short Note** 10x3=3013. colour blindness 14. Herring breaur reflex 15. Periodic breathing 16. P wave of E.C.G 17. Albumin 18. haemophila 19. surfactant 20. Rh factor

21. macula densa

22. accommodation reflex

# Physiology and Biochemistry

# PAPER - II

(Answer all Questions)

Time: 3 Hours Max. Marks: 100

Essay 10X2=20

- 1. Name the anterior pituitary hormones. Explain in detail the functions and regulation of growth hormone . Add note on gigantism
- 2. Describe anaerobic glycolysis in detail with its energetics .

Write Notes on 10x5=50

- 3. synthesis of Hcl in stomach
- 4. thalamus
- 5. basal ganglia
- 6. functions of liver
- 7. gastro intestinal hormones
- 8. beta oxidation
- 9. enzymes
- 10. HMP Pathway
- 11. vitamin.A
- 12. calcium

Write Short Note 10x3=30

- 13. parathormone
- 14. action potential
- 15. follicular phase

- 16. oxytocin
- 17. essential amino acids
- 18. glycogenolysis
- 19. beriberi
- 20. pellagra
- 21. cynacobalamine
- 22. cori cycle

# List of books

Sl.	Recommended text book	Sl.	Supplementery	Sl	Refference books
No:	text book	No:	Books	No:	
1.	Text book of Medical Physiology: Guyton;	1	Samson wright's applied Physiology	1	Text book of Medical Biochemistry: M.N.Chatterjee
2.	Text book of Biochemistry; Dr. Vasudevan	2	Review of Medical Physiology- Willam.F.Ganong	2	Text book of Human Physiology; Madavan kutty
3.	Text book of Practical Physiology- Pal & Pal	3	Harper's Biochemistry	3	Biochemstry - Sathya narayanan
		4	Human Physiology – Vol I & Vol II; C.C.Chatterjee		
		5	Concise Medical Physiology – Choudhary;		

#### HOMOEOPATHIC PHARMACY.

# [SYLLABUS]

THEORY (100 HOURS)

**Part 1:- (Topic for first semester)** 

- Schools of Medicine: their discovery, principles, pharmacology, material medica and scope and limitations.
- The terms 'Pharmacy' and 'Homoeopathic Pharmacy'. History of Pharmacy; Importance of knowledge of pharmacy
- Homoeopathic Pharmacy (Introduction and Divisions)
  Terms—Pharmacist, Pharmacology, Pharmacognosy, Pharmacodynamics and Pharmacopraxy.
- Homoeopathic Pharmacy---its speciality and originality.
- Inter relationship of different schools of pharmacy with emphasis on relationship of Allopathic and Homoeopathic pharmacy.

  Homoeopathic pharmacopoeia (Definition; two types,official and unofficial)
- Homoeopathic Pharmacopoeia of Germany, Britain, America, India and France. Elementary history of botany, zoology and chemistry with rules of their nomenclature Sources of Homoeopathic drugs in detail (Veg.kingdom, Animal kingdom, Mineral kingdom, Nosodes, Sarcodes, Imponderabilia and Synthetic sources.), with sufficient examples including indigenous types.
- Collection and preservation of drugs.
   Phyto chemistry (General constituents of drugs with special emphasis on secondary metabolites like alkaloids, glycosides, saponins, anthraquinone derivatives, Tannins, plant exudates and oils-----their properties and examples.) Identification tests of alkaloids and tannins.
- General laboratory methods and procedures (sublimation, distillation, decantation, filtration, crystallization etc.) Pharmaceutical instruments and appliances.
- History of art and science of pharmaceutics and literature on Homoeopathic Pharmaceutics.
  - Vehicles (Solid, Liquid and semisolids in detail with regards to source, preparation, properties and uses.)

# [First Semester Examination to be conducted during the last month of the semester.]

# **Part 2:- (Topic for second semester)**

• External applicants:- Their Significance and role in classical homoeopathy to be discussed.

(Ointments, Glycerols, Liniments, Opodeldocs, Lotions, Cerates, Poultices, Fomentations, Plasters, Medicatedoils, Injections and Surgical Dressings)----their preparation, properties, uses and examples.)

Preparation of medicines (mother tinctures, mother solutions and mother powders) both by Hahnemannian or old method (class I to IX) and modern methods (maceration and percolation).

Preservation of mother substances.

Potentisation:-

History, Evolution, Logic, and scientificity of potentisation.

- Different scales (Decimal, Centesimal and 50 millesimal) and procedures (Trituration and Succussion) of potentisation.
- Preservation of Potentised medicines.
   Pharmaconomy (route of administration of medicines) in general and Homoeopathic remedies in particular---like oral, olfactory/inhalations, injections and external applications.
- Advantages and disadvantages of common names and botanical names.
   Explanation of terms like, valid scientific names, synonyms, typonyms, metonyms, homonyms, hyponyms, common names and invalid names.
- Anomalies in the nomenclature of Homoeopathic drugs.

Identification of 30 drug substances in detail.

# List of drugs for identification:-

# **Vegetable Kingdom:-**

- 1. Aegle folia
- 2. Anacardium orientale
- 3. Andrographis paniculata
- 4. Calendula officinalis
- 5. Cassia sophera

- 6. Cinchona officinalis
- 7. Cocculus Indicus
- 8. Colocynthis
- 9. Croton tig
- 10. Ficus Religiosa
- 11. Hydrocotyle Asiatica
- 12. Justicia Adathoda
- 13. Nux vomica
- 14. Opium
- 15. Rauwolfia Serpentina
- 16. Vinca minor
- 17. Ocimum sanctum
- 18. Stramonium

# **Chemicals:**-

- 19. Mercury
- 20. Argentum Met
- 21. Argentum Nitricum
- 22. Arsenicum album
- 23. Calcarea Carb
- 24. Carbo vegetabilis
- 25. Graphitis
- 26. Sulphur

# Animal kingdom:-

- 27. Apis melifica
- 28. Blatta Orientalis
- 29. Sepia
- 30. Tarentula Cubensis

# [Second Semester Examination to be conducted during the last month of the semester.]

# **Part 3:- (Topics for third semester)**

- Posology-Homoeopathic posology-Advantages and disadvantages.
- Pharmacopallaxy (Repetition of doses). General awareness regarding this to be given to students. Prescription writing in detail with study of abbreviations, emphasizing most commonly used abbreviations. Weights and measures (Metric system, Avoidrupoise/ Imperial system and Apothecary's system. Relation of measures in Metric system with that in the two other systems.)
- Classification of Homoeopathic medicines according to their botanical and zoological ,natural orders. Scientific names,common names in english and other Indian languages with emphasis on regional language,of some of the indigenous plants.
- Technique of Homoeopathic drug proving regarding the pathogenetic properties of drugs and other similar sources ,mentioning the related aphorisms and their foot notes.
   Standardisation of Homoeopathic drugs in detail.
- Homoeopathic Pharmacy in relation to:-
  - 1.Organon of medicine (Related aphorisms and food notes to be mentioned)
  - 2. Materia medica
  - 3. National economy

# Pharmacological action of 30 drugs:-

- 1. Aconite Napellus
- 2. Adonis vernalis
- 3. Allium cepa
- 4. Argentum Nitricum

- 5. Arsenic album
- 6. Belladona
- 7. Cactus grandiflorus
- 8. Cantharis
- 9. Cannabis Indicus
- 10. Cannabis sativus
- 11. Cinchona officinalis
- 12. Coffea cruda
- 13. Cratageus
- 14. Crotalus Horridus
- 15. Gelsemium
- 16. Glonoine
- 17. Hydrastis canadensis
- 18. Hyoscyamus
- 19. Kali Bichromicum
- 20. Lachesis
- 21. Lithium carb
- 22. Mercurius cor
- 23. Naja Tripudiens
- 24. Nitric acid
- 25. Nux vomica
- 26. Passiflora Incarnata
- 27. Stannum met
- 28. Stramonium
- 29. Symphytum
- 30. Tabacum.

(Third Semester Examination to be conducted during the fifth month of the semester. University Examination is to be conducted during the sixth month of the last semester.)

# **PRACTICALS**

(100 **HOURS**)

- Identification and uses of Homoeopathic pharmaceutical instruments and appliances and their cleaning.
- Preparation of external applicants (Ointments, Glycerols, Liniments, Lotions, Rectal injections, Vaginal injections)
   Trituration of 3 insoluble drugs up to 6x and their conversion in to liquid potency (Fluxion/Jumping potency)

- Preparation of mother tinctures of 4 drugs (2 according to old method and 2 according to new method)
- Potentisation of 3 mother tincture up to 6<sup>th</sup> potency under Decimal scale and up to 3<sup>rd</sup> potency under centesimal scale.
- Estimation of size globules.
- Medication of :-
  - 1) Sugar of milk

2)

#### Globules

- 3) Distilled water and
- 4) Tablets and dispensing doses to different age groups both in acute and chronic cases.
- Preparation of ethyl alcohol from sucrose.
- Purity test of:-
  - 1) Ethyl Alcohol
  - 2) Sugar of milk
  - 3) Distilled water
- Determination of specific gravity of :-
  - 1) Alcohol
  - 2) Distilled water
- Estimation of moisture content of one drug using water bath.
- Macroscopic study of 30 drugs (that is given in the theory part; draw diagrams of these in the practical record and write the important identifying features in the right hand side of the record.)
- Herbarium of 30 drug substances, from the list given by the pharmacy dept. of the college.

Prescription writing and dispensing the medicines (the question should go together in the practical examination).

- General Laboratory methods:-Sublimation, Distillation, decantation, filtration, crystallization and percolation.
- Microscopic study of two drugs up to 3X potency.
- [Every experiment done in the laboratory must be recorded in the pharmacy record and Herbarium of 30 Medicinal Plants to be prepared before the end of last semester.]
- Visit to a Homoeopathic laboratory to study the manufacture of drugs in large scale.
- Visit to a botanical garden to acquire knowledge regarding medicinal plants (Optional).

#### TEACHING PLAN

# First Semester:-

- 1. **THEORY [40 hrs]:-** Schools of medicine---History of pharmacy----inter relationship of different schools of pharmacy----Homoeopathic pharmacy, its definition, divisions and speciality and originality------Pharmacist, pharmacology, pharmacognosy, pharmacodynamics and pharmacopraxy-----Homoeopathic Pharmacopoeia; definition, two types, official and unofficial; different pharmacopoeiae like German, British, American, Indian and French, with special emphasis on H.P.I------Elementary history of botany, zoology and chemistry-----sources of homoeopathic drugs in detail with sufficient examples including some indigenous plants and animal species-----collection and preservation of drugs------General constituents of drugs; their properties and examples-------General laboratory procedures, like decantation filtration, distillation, sublimation and crystallization-----Pharmaceutical instruments------Vehicles (solid, liquid, semisolid); their source, preparation, properties uses and sufficient examples.
- **2. PRACTICALS/TUTORIAL/SEMINAR [20 hrs]:-** Laboratory instruments-----Preparation of different types of external applicants -----Purity tests of distilled water, ethyl alcohol and sugar of milk------Determination of size of globules.

#### Second semester:-

1. **THEORY** [25 hrs]:- External applicants; their significance in classical homoeopathy, different types, their preparation, properties uses and examples----

- -Preparation of mother tinctures, mother solutions, mother powders, both by old [class I to IX and new methods (maceration and percolation);differences between the two------Preservation of mother substances-----Potentisation; history, evolution, logic, its scientificity, three scales and different procedures ------Preservation of potentised medicines------Pharmaconomy------Advantages and disadvantages of common names and botanical names------Explanation of terms like valid scientific names,s ynonyms, typonyms, metonyms, homonyms, hyponyms, common names and invalid names------Anomalies in the nomenclature of homoeopathic drugs------identification of 30 drugs in detail (list of drugs given in the syllabus).
- **2. PRACTICALS/TUTORIAL/SEMINAR [50 hrs]:-** Triturations of 3 insoluble drugs upto 6X and their conversion into liquid potencies-----Preparation of mother tinctures of 4 drugs (2 according to old method and 2 according to new method)-----Potentisation of 3 mother tinctures upto 6X and 3C

### Third semester:-

- 2. PRACTICALS/TUTORIAL/SEMINAR [30hrs]:- Medication of globules, distilled water, sugar of milk and tablets-----Preparation of ethyl alcohol and its confirmatory test (iodoform test)-----Estimation of moisture content of one drug using water bath------Practical part of prescription writing and serving------Practical part of common laboratory procedures-------Macroscopic study of 30 drugs given in the list of identification---------Microscopic study of 2 triturations upto 3X potency.

In addition to the practicals, visit to a Homoeopathic Laboratory to study the manufacture of drugs on large scale is mandatory. Visit to a Botanical Garden to acquire knowledge regarding some of the medicinal plants may be done (optional).

# Model question paper

# Subject:- Homoeopathic Pharmacy.

Time:3 hours Total marks: 100

[Draw diagrams wherever necessary.]

Essay Questions:- (10x2=20)

- 1. Mention the sources of Homoeopathic drugs. Describe in detail the Vegetable kingdom.
- 2. What do you mean by the term mother tincture? Describe in detail the preparation of mother tincture by percolation method.

Write Notes on:- (5x10=50)

- 3.Pharmacopoeia.
- 4. Sugar of milk
- 5.Alkaloid
- 6. Standardisation of distilled water.
- 7. Collection and preservation of animal drugs.
- 8. L.M potency.
- 9.Posology.
- 10. Parts of a 'Prescription'
- 11.Drug Proving.
- 12. Pharmacy act.

# Write Short Notes on: (3x10=30)

- 13.Olive oil.
- 14.Ointment.
- 15. Nux vomica (identifying features)
- 16.Pharmaconomy.
- 17.Prepared lard.

18. Cinchona officinalis (ph	armacological	action).		
19.Filtration				
20.Avoirdupois system.				
21.Opodeldoes.				
22.Proof spirit.				

# Answer Key to the model questions.

# Essays:-

- Veg.kingdom, Animal kingdom, Mineral kingdom, Nosodes, Sarcodes, Imponderabilia and Synthetic sources----Veg.sources in detail with examples; Thallophyta -----Bryophyta------Whole including (algae, fungi, lichens) plants root, excluding root----fresh and dry leaves-----twigs and leaves-----flowering tops-----buds and flowers----fresh,dry and hanging aerial root----modified under ground stem----different types of fleshy and dry fruits, pulp----- extractions.
- 2. Definition of mother tincture----Percolation is a new method of mother tincture preparation----Types of drugs subjected to percolation-----Percolator and its parts----Tow and its different layers-----preparation of drug substance for percolation -----actual process of preparation of mother tincture----- time required before collection of mother tincture-----Advantages of Percolation over Maceration.

#### Notes:-

- 3. Definition of Pharmacopoeia-----divisions(official,unofficial)------history,developments in few word------different pharmacopoeiae available now-----special reference to H.P.I
- 4. Raw material used for the preparation of Sugar of milk----preparation and purification in few words -----Physico-chemical properties in short-----usual impurities-----uses.
- 5.One of the secondary metabolytes-----properties----- pharmacological properties of some of them-----examples for alkaloids-----chemical tests of identification; Mayer's test, Wagner's test, Dragendorff's test.
- 6. Preparation of distilled water-----properties-----usual impurities present-----tests of identification of impurities-----preservation of dist.water.
- 7. Methods and manner of collection of drugs from animal species in short including snake venoms----after peper identification---to be collected in fresh form-----reliability of sources-----some from serological laboratories-----to be preserved in proper devices.
- 8. L.M potencies, also known as 50 millesimal potencies-----its discovery (6<sup>th</sup> edition of organon)-----preparation-----how these potencies are represented-----advantages-----method of dispensing.
- 9. Study of doses-----definition of dose-----types of doses-----significance of minimum dose------determining doses.

- 10. Definition -----4 parts; superscription,inscription,subscription,signature/signatura/signa-----role of abbreviations-----mention medico-legal importance of prescriptions.
- 11. Definition-----drug proving unit-----ideal prover-----precautions, protocol and procedure in short-----day book-----complete proving.
- 12.Pharmacy Act of 1948-----its purpose (education regulations, approval of institutions, registration of persons engaged in the profession)-----mention pharmacy council of India and state pharmacy councils-----steps of registration of pharmacists.

# **Short Notes:-**

- 13. Olive oil,a fixed oil-----source-----properties-----uses.
- 14.Ointment (therapeutic cream)----definition-----vehicles used----ratio----mention methods of preparation----- use----examples.
- 15.Deciduous tree----type of leaves, flowers , berry and seeds----Seed used-----disc shaped, flat or cocavo-covex, margin round, surface ash-gray, covered with short satiny hairs; no odour-----bitter taste
- 16. It is the route of administration of medicines----- oral, olfactory/inhalations, injections, external application----- oral route preferred in our system, why?
- 17. It is a semi solid vehicle-----source and preparation-----properties-----uses-----preservation.
- 18.Dried outer bark of Cinchona used-----major centres of action are cerebrospinal nervous system, venous system, G.I.T-----jaundice,anaemia destruction of W.B.C-----malaria----mydriatic,antiseptic, disinfectant,aphrodisiac.
- 19. Filtration, a general laboratory method of seperation-----two types; rapid filtration/filtration under reduced pressure, hot filtration------decantation to be done before filtration.
- 20. Avoirdupois system, one of the systems of weights and measures——different measures of weight, volume and length in this system——relation with metric system.
- 21. Opodeldocs/semisolid liniments are a kind of external applicants-----tincture of soap is the vehicle used (white curd soap+water → gently heated), add alcohol and mother tincture----use.

22.Proof-spirit is a mixture of alcohol and purified water weighing 12/13<sup>th</sup> of an equal volume of purified water at 51 degree F-----57.1% of ethyl alcohol and 42.9% of purified water(both by volume)-----measured by alcoholometer-----mention over-proof and under-proof.

# **List of Text Books**

- 1. Homoeopathic Pharmacy for Students and Practitioners-----Dr.T.P.Elias.
- 2. Text book of Homoeopathic Pharmacy-----Dr.D.D.Banerjee.
- 3. A Text book of Homoeopathic Pharmacy-----Mandal and Mandal.

### List of Reference Books.

- 1. Art and Science of Homoeopathic Pharmacy------Dr. Sumit Goel.
- 2. Principles and Practice of Homoeopathic Pharmacy------Dr.M.K.Sahani.
- 3. Homoeopathic Pharmacy-----T.C.Mondal.
- 4. A Treatise on Homoeopathic Pharmacy-----Dr.N.K.Banerjee.
- 5. Homoeopathic Pharmacopoeia of India-----(I to X volumes).
- 6. Organon of Medicine----5<sup>th</sup> and 6<sup>th</sup> editions.
- 7. Physiological Materia Medica-----Dr.W.H.Burt.
- 8. Encyclopedia of Medicinal Plants used in Homoeopathy (Vol.I)------Dr.K.S.Gopi.
- 9. Pharmaceutical Science in Homoeopathy and Pharmacodynamics----- Dr.K.P.Muzumdar.
- 10. M.Bhattacharyya & Co.'s Homoeopathic Pharmacopoeia.
- 11. Forensic Pharmacy and Ethics-----S.C.Mahajan and J.B.K.Narang.
- 12. Indian Medicinal Plants (4Vols)-----A.K.Gupta, Madhu Sharma, Neeraj Tandon. 'Oushadha Sasyangal' (Malayalam, 2Vols)------Dr.S.Nesamony.

#### **HOMOEOPATHIC**

#### **MATERIA MEDICA**

- 1. Homoeopathic Materia Medica is differently constructed as compared to other Materia Medica. Homoeopathy considered that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal agent; the drug agent as a whole is lost sight of.
- 2. Essential and complete knowledge of the drug action as a whole can be supplied only by qualitative synoptic drug experiments on healthy persons and this alone can make it possible to view all the scattered data in relation to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.
- 3. The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter-relationship. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
- 4. Polychrests and the most commonly indicated drugs for every day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications. They should be thoroughly dealt with explaining all comparisons and relationship. Students should be conversant with their sphere or action and family relationship.

The less common and rare drugs should be taught in outline, emphasizing only their most salient features and symptoms. Rare drugs should be dealt with later.

- 5. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.
- 6. While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned. The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorize a few drugs for a particular disease.

This Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examination are concerned. Otherwise the present trend produces the allopathic approach to treatment of diseases and it contradictory to the teaching of Organon.

Application of Materia Medica should be demonstrated from cases in the outdoor and hospital wards.

Lectures on comparative Materia Medica and therapeutics as well as tutorials should be as far as possible be integrated with lectures on clinical medicine in the various departments.

- 7. For the teaching of drugs the college should keep herbarium sheets and other specimens for demonstrations to the students. Lectures should be made interesting and slides of plants and materials may be projected.
- 8. The drugs are to be taught under the following heads:-
- 1. Common name, natural, order, habitat, part used, preparation.
- 2. Sources of drug proving.
- 3. Symptomatology of the drug emphasizing the characteristic symptoms and modalities.
- 4. Comparative study of drugs.
- 5. Complimentary, inimical, antidotal and concomitant remedies.
- 6. Therapeutic applications (applied Materia Medica).

## **A. Introductory lectures**: Teaching of the Homoeopathic Materia Medica should include:-

- (a) Nature and scope of Homoeopathic Materia Medica.
- (b) Sources of Homoeopathic Materia Medica.
- (c) Different ways of studying the Materia Medica.

## **B.** A study of 12 tissue remedies according to Schusler's biochemic system of medicine.

## List of drugs for Ist BHMS

- 1. Acontite nap
- 2. Aethusa cyan
- 3 . Allium cepa
- 4. Aloe socotrina
- 5. Antimonium crud
- 6. Antimonium tart
- 7. Apis malefic
- 8. Argentum nit
- 9. Arnica Montana
- 10. Bryonia alb
- 11. Chamomilla
- 12. Cina
- 13. Colchium autumn

- 14. Colocynthis
- 15. Dulcamera
- 16. Euphrasia
- 17. Ipecac
- 18. Ledum pal
- 19. Nux vomica
- 20. Rhus tox
- 21. Calcarea flour
- 22. Calcarea phos
- 23. Calcarea sulph
- 24. Ferrum phos
- 25. Silicea

## **Teaching Plan**

## **I BHMS**

Theory – 120 hrs

Seminar / Tutorial - 25 hrs

Month	Торіс
1 <sup>st</sup> month of admission	Introduction to Homoeopathy / Introduction to Materia Medica / Nature & Scope of Homoeopathic Materia Medica
2 <sup>nd</sup>	Sources of Homoeopathic Materia Medica / Different Types of Materia Medica / Different Ways of Studying Materia Medica
3 <sup>rd</sup>	A Study of twelve tissue remedies according to Schussler's biochemic system of medicine
4 <sup>th</sup>	Aethusa / Allium cepa
5 <sup>th</sup>	Euphrasia / Aconite / Chamomilla
	6 <sup>th</sup> Month - I <sup>st</sup> Average Examination
7 <sup>th</sup>	Ledum pal / Nux vomica

Month	Торіс				
8 <sup>th</sup>	Aloe / Cina / Antim tart				
9 <sup>th</sup>	Dulcamara / Colocynth				
10 <sup>th</sup>	Bryonia / Ipecac / Argentum Nitricum				
11 <sup>th</sup>	Rhustox / Arnica				
	12 <sup>th</sup> Month - IInd Average Examination				
13 <sup>th</sup>	Silicea / Apis mel				
14 <sup>th</sup>	Colchicum / Calcarea Phos				
15 <sup>th</sup>	Ferrum Phos / CalcareaFlour				
16 <sup>th</sup>	Antim crud / Calcarea Sulph				
17 <sup>th</sup> Month - IIIrd Average / Model Examination					
18 <sup>th</sup> Month - University Examination					

### **Department of Materia Medica**

## Model Question Paper First BHMS (Juniors) March 2011

Time: 3Hours Marks: 100

#### **Answer all Questions**

- 1) Define Materia Medica? What are the different types of studying Materia Medica? Explain any 3 types with Examples, Merits & Demerits (1+3+6)
- 2) Compare Homoeopathic &Biochemic system of Medicine. What are the 12 Tissue Remedies. Write the constituents of Nerve cell & Bone cells (5+4+1)

Write Notes on (5\*10=50)

- 3. Limitations of Materia Medica
- 4. Aethusa GIT Complaints
- 5. Apis Urinary symptoms
- 6. Dulcamara Skin complaints
- 7. Source books of Materia Medica
- 8. Relationship of Remedies
- 9. Aconite Mind
- 10. Kali. phos. CNS Complaints
- 11. Arnica Injury
- 12. Write the relationship of:-
- a. Aconite Coffea
- b. Apis Rhus tox
- c. Dulcamara Belladonna
- d. Drosera Cina

#### Write short notes on: (3\*10=30)

- 13. Apis Skin
- 14. Define Constitution with example
- 15. Arnica Constipation
- 16. Define Diathesis with example
- 17. Differential modality
- 18. Cina Respiratory complaints
- 19. Dulcamara Rheumatism
- 20. Aethusa Epilpsy
- 21. Aconite Menses
- 22. Kali phos Head complaints.

## **Answer Key**

- 1. Medical materials, apply natural law of cure, proving on healthy human beings.
- 2. Picture type, Anatomical, Keynote, Comparitive, Therapeutic.
- 3. No pathological study, no lower animal provings, unmanageably wast, no drug pathogenesis, management of only medicaly curably disease.
- 4. Vomiting, weakness, milk intolerance, Thirstlessness.
- 5. Strangury, Burning stinging, sore pain, thirstless, dropsy, hot patient
- 6. Chilly, eczema, warts
- 7. Hahnemann: Fragmentadevirbis

Materia medica pura Chronic disease

T. F. Allen -Encyclopedia of pure Materia Medica

Hering -Guiding symptoms of Materia Medica

Clarke -Dictionary of Materia Medica

Huges -Cyclopedia of drug pathogenesy

8. Boeninghussen introduced

HeringsGuiding symptoms of Materia Medica

Gibson miller

Clarke Dictionary of Materia Medica 4<sup>th</sup> Volume

Relationship:

- 1. Complementry
- 2 Inimical
- 3 Antidote
- 4 Cognate
- 5 Concordent
- 9. Fear, anxiety, restlessness, acute remedy
- 10. Nerve tonic of schussler, lack of nerve power, brain fag, nervous prostration.
- 11. Bruised sore pain, blue black skin, black eye, blunt instruments, acute & chronic affections of injury

- 12. a Complementry
  - b inimical
  - c incompatible
  - d follows well
- 13. Rosy red hue, oedema, dropsy without thirst.
- 14. Physical & mental make up,

Grauvogl,

hydrogenoid – thuja

Oxygenoid-,

Carbonitrogenoid- Lyco, Sulph

- 15. Dog stool, pipe stem stool, due to enlarged prostrate.
- 16. Physical predisposition to diseases.

Eg:

Haemerrhagic diathesis – Phos, Lach

Rheumatic diathesis- Rhus tox

Scrofulous diathesis – Tuber, con

17. Modalities which do not agree with the general modalities of that dug

EgArsalb – General amel warmth, but head complaints amel by cold

Lyco – Hot pt.prefering warm food and drinks

Phos. Chilly patient prefers cold food & drinks

- 18. Cough dry, with sneezing, spasmodic, gagging in the morning, periodic, returning spring & fall, afraid to speak or move for fear of bringing paroxysim of cough.
- 19. Brought on by cold damp rainy wether, or sudden change in hot wether. Amel moving.
- 20. Eyes turn down, clenched thumb, fixed dilated pupil, during dentintion, summer
- 21. Amenorrhoea in young plethoric, after fright
- 22. Occipital headache; better, after rising.
  - Vertigo, from lying, on standing up, from sitting, and when looking upward.
    - Cerebral anaemia.
    - Headache of students, and those worn out by fatigue.
    - Headaches are relieved by gentle motion.
    - Headache, with weary, empty, gone feeling at stomach.

### Admission to examination, scheme of examination etc

#### FIRST BHMS EXAMINATION

- (i) The student shall be admitted to the First BHMS Examination provided he/she has required attendance as per regulation 13 (iii) to the satisfaction of the head of the Homoeopathic Medical College.
- (ii) The First BHMS examination shall be held at the end of 18th month of admission.
- (iii) The minimum number of hours for lecture, demonstration/ practical and seminar classes in the subjects shall be as under:

Sl		Theory		Practical/Clinical					
.No	Subject	Theory	Practical/	Tutorial	Seminar	Total	Grand		
		includi	Clinical				Total		
		ng	including						
		interna	internal						
		l exam	Exam						
	Organon of Medicine,	200	Nil	15	10	25	225		
	Principles of Homoeopathic								
01	Philosophy and Psychology								
02	Anatomy, Histology and	265	355	15	20	390	655		
	Embryology								
03	Physiology including	265	355	15	20	390	655		
	Biochemistry								
04	Homoeopathic Pharmacy	100	75	15	10	100	200		
05	Homoeopathic Materia	120	Nil	15	10	25	145		
	Medica								

#### FIRST BHMS COURSE -DISTRIBUTION OF HOURS

- **(iv)** Examination in Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology shall consist of one theory paper and one oral examination.
- (v) Examination in Anatomy including Histology and Embryology shall consist of two theory papers. Practical includes oral, identification of specimen and histology slides.
- (vi) Examination in Physiology including Biochemistry shall consist of two, theory papers and one practical including oral.
- (vii) The examination in Homoeopathic Pharmacy shall consist of one theory and one practical including Oral.

- (viii) The examination in Homoeopathic Materia Medica shall consist of one theory and one oral examination.
- (ix) Full marks for each subject and the minimum number of marks required for passing First BHMS should be as follows:

## FIRST BHMS -DISTRIBUTION OF MARKS

		THEO	THEORY			ORAL & PRACTICAL						SS
Subject	University Exam Written	Min for Pass	Int. Assessment	including internal	University practical	Exam Viva	Total	Min for pass	Int. Assessment	Total including internal assessment	Grand Total	Aggregate minimum for pass
Homeopathic Pharmacy	100	50	20	120	50	50	100	50	20	120	240	120
Anatomy	100+ 100	100	40	240	100	100	200	100	40	240	480	240
Physiology including Biochemistry	100+ 100	100	40	240	100	100	200	100	40	240	480	240
Homeopathic Materia & Medica	100	50	20	120	Nil	50	50	25	10	60	180	90
Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology	100	50	20	120	Nil	50	50	25	10	60	180	90

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## **DISTRIBUTION OF HOURS**

	Theory	Practical/Clinical				
	Theory	Practical	Tutorial	Seminar	Total	Grand
	including	/Clinical				Total
	internal	includin		1		
	exam	g		1		
Subject		internal		1		
		Exam		\[ \		
Pathology and Microbiology including						
Parasitology Bacteriology and	200	70	10	'	80	280
Virology				'		
Forensic Medicine & Toxicology	80	20	10	40	70	150
				'		
Organon of Medicine and Principles of	125	75	10		85	210
Homoeopathic Philosophy	120	, ,		'	0.5	
Homoeopathic Materia Medica	75	75	10		OF	160
	75	75	10		85	160
Surgery including ENT, Eye Dental		+		<u> </u>	<u></u>	
and Homoeo therapeutics	75	75	Nil	Nil	75	150
Obstetrics & Gynaecology Infant care				<u> </u>	<del> </del>	
	75	75	Nil	Nil	75	150
and Homoeo therapeutics				1	<u> </u>	
Practice of Medicine and Homoeo.	75	75	Nil	Nil	75	150
Therapeutics						
Total						1250
		_ <u></u> '		1		

## II BHMS SYLLABUS PATHOLOGY AND MICROBIOLOGY

(Including bacteriology, virology and parasitology)

The written examination consists of 2 papers.

Prescribed hours as per syllabus

Theory - 210 hours
Practical - 90 hours
Tutorials - 10 hours
Seminars - 20 hours

**First paper includes** - Introduction, General pathology, Clinical pathology, Hematology and Systemic pathology (Gastro intestinal tract, Cardio vascular system, Respiratory system, Endocrine system)

**Second paper includes** - Bacteriology, Virology, Parasitology and Systemic pathology (Central nervous system, Geneto urinary system, Skeletal and muscular system, Common skin disorders)

#### **SYLLABUS**

#### FIRST SEMESTER

### **Topics – Introduction to Pathology**

Study of Pathology must be in relation with the concept of miasm as evolved by Dr.Hahneman and further developed by Kent, Boger and Allen.

Concept of miasm in view of Pathology should be taught during the introductory classes itself. Importance of susceptibility and immunity, which explains the Homoeopathic concepts of disease and cure.

In the introductory classes itself the students should be aware about

- Characteristic expression of each miasm
- Classification of diseases according to Pathology
- Correlation of miasm to Pathology for eg: psora and inflammation

Like wise all the topics in general Pathology and Systemic Pathology must be correlated at each level. So a student will definitely understand the importance of Pathology in Homoeopathy.

### **General Pathology**

- Normal cell
- Cell injury and adaption
- Degeneration disturbance in various metabolism
- Amyloidosis
- Necrosis
- Gangrene
- Acute and chronic inflammation
- Regeneration, Repair and Healing
- Disorders of vascular flow and shock
- Oedema
- Hyperaemia and congestion
- Haemorrhage
- Pyrexia
- Thrombosis
- Embolism
- Infarction
- Shock
- Burns
- Nutritional Disorders

## - Immunity and Disorders of Immune systems

- Innate Immunity
- Acquired Immunity Active

**Passive** 

- Cells of the Immune system
- Cytokines and Messenger molecules of the immune system
- Hypersensitivity
- Autoimmunity and autoimmune disorders
- immune deficiency diseases

## -Growth disturbances and Neoplasm

- Hypertrophy
- Hyperplasia
- Aplasia
- Agenesis
- Metaplasia
- Dysplasia
- Anaplasia
- Neoplasia
  - Definition

- Nomenclature
- Classification
- Characteristics of Benign and malignant tumor
- Precancerous Lesion
- Epidemiology
- Carcinogenesis the molecular basis of cancer.
- Biology of tumor growth
- Etiology of cancer carcinogenic agents
- Host defense against tumor
- Cancer due to habit and custom
- Clinical features of Neoplasia
- Skin tumors
- Grading and Staging of cancer
- Diagnosis of cancer

### Clinical pathology and Haematology

- WBC disorders
- RBC disorders
- Haemoglobinopathies
- Haemorrhagic disorders
- Platelet defects
- Blood group & Blood transfusion
- Diseases of lympho reticular system
- Lymphoma
- Plasma cell disorders

#### **Systemic Pathology**

- Diseases of alimentary system
- Diseases of cardiovascular system
- Respiratory disorders
- Endocrine diseases

#### SECOND SEMESTER

## **Bacteriology**

- Introduction to Microbiology
- Different types of classification of bacteria
- Culture medias
- Products of bacterial growth and metabolism
- Infections
- Disinfection and Sterilization
- Gram positive cocci

- Staphylococcus
- Streptococcus
- Pneumococcus
- Gram negative cocci
- Neisseria meningitidis
- Neisseria gonorrhea
- Mycobacterias
- Mycobacterium tuberculosis
- Mycobacterium leprae
- Spirochaetes
- Treponemas
- Leptospira
- Borrelia
- Corynebacterium diphtheria
- Bacillus anthracis
- Parvo bacterias
- Haemophilus influenza
- Brucella
- Bordetella
- Yersinia pestis
- Entero bacteriaceas
- E coli
- Klebsiella
- Proteus
- Pseudomonas
- Salmonella
- Shigella
- Vibrios
- Cholera vibrio
- Eltor vibrio
- Ricketsiae

## Virology

- General characters
- Structure of virus
- Viral multiplication
- Classifications
- Important viruses with its characteristic features and Pathogenecity

## **Parasitology**

- Protozoal parasites
- -Entamoeba histolitica
- Flagellates

- Plasmodium
- Ciliata
- Cestodes
- -Various tapeworms
- Trematodes
- Nematodes
- -Ascaris lumbricoides
- Ankylostoma duodenale
- Trichinella spiralis
- Strongyloides stercoralis
- Enterobius vermicularis
- Filarial worms

### Systemic pathology

- Common disorders of central nervous system
- Diseases of kidney, ureter, bladder and urethra
- Common disorders of male and female genetal organs
- Skeletal and muscular disorders
- Common skin disorders
- Diseases caused by Bacteria, Parasites and Viruses
- Fungal diseases

### **PRACTICALS**

#### FIRST SEMESTER

## Haematology

- Collection of blood
- Study of Anticoagulants
- Haematology Practicals
- Total WBC Count
- Total RBC Count
- Differential count
- Haemoglobin Estimation
- ESRBleeding time and Clotting time
- Blood grouping

## Histopathology

- Demonstration of histopathological techniques
- Fixation, embedding
- Staining
- Frozen section & its importance
- Microscopic study of Histopathological slides

- Demonstration of gross pathological specimens

#### SECOND SEMESTER

## Microbiology

- Gram staining
- Acid fast staining
- Culture
- Demonstration of other important staining methods

## **Urine Analysis**

- Physical examination
- Chemical examination
- Microscopical examination

#### **Stool Examination**

- Study of various parasites and ova

## **Clinical Chemical Pathology**

## **TEACHING PLAN**

#### FIRST SEMESTER

#### **THEORY**

Total	- 105 hours
Introduction, Miasm, General patholog	gy - 35 hours
Immunity	- 12 hours
Growth disturbances and Neoplasm	- 15 hours
Clinical pathology and Haematology	- 20 hours
Systemic pathology	-20 hours
Examination	– 3 hours

#### **PRACTICAL**

Total	– 60 hours
Haematology	- 20 hours
Histopathology	– 22 hours
Tutorial	– 5 hours
Seminar	– 10 hours
Examination	− 3 hours

#### **SECOND SEMESTER**

## **THEORY**

Total - 105 hours
Bacteriology - 35 hours
Virology - 32 hours
Parasitology - 25 hours
Systemic pathology - 10 hours
Examination - 3 hours

## **PRACTICAL**

Total - 60 hours - 12 hours Microbiology Urine analysis -15 hours Stool examination – 5 hours Biochemical tests - 10 hours – 5 hours Tutorial Seminar - 10 hours Examination – 3 hours

#### NAME OF TEXT BOOKS AND REFERENCES:

Pathology by Robbins

Pathology by Harsh Mohan

General pathology Walter Israyel

Text Book of pathology by Muiar

Text book of pathology by Boyd

Text book of microbiology Anantha Narayan and Jayaram Panicker

Essentials of Medical microbiology by Rajesh Bhatia

Parasitology by K D Chatterjee

Parasitology by Jayaram Panicker

Pathology by Anderson

Pathology in tropics by G M Eddington

Pathophysiology by Sylvic Anderson

Immunobiology by Janeway

Clinical Haematology by De-Gruchy

Diagnostic microbiology by Bailey and Scott

Practical Haematology by Sir John, V Dacci

Clinical Pathology by Chakraborthy and Bhattacharya

Handbook of ultra sound by G S Garakal

## SECOND YEAR B.H.M.S DEGREE EXAMINATION MODEL QUESTION PAPER

## PATHOLOGY AND MICROBIOLOGY INCLUDING PARASITOLOGY, BACTERIOLOGY AND VIROLOGY- Paper-I

Time: 3hrs Max Marks: 100

- Answer all questions
- Draw diagrams wherever necessary

Essays (2X10=20)

- 1. Describe the Pathogenesis clinical features and laboratory diagnosis of Pernicious anemia.
- 2. Define Neoplasm. Describespread of malignant tumour in detail..

Short notes: (10x5=50)

- 3. Phagocytosis
- 4. Gangrene
- 5. Amyloidosis
- 6. Cirrhosis
- 7. Infarction
- 8. Pulmonary embolism
- 9. Lymphoma
- 10. Repair
- 11. Diabetes Mellitus
- 12. Renal stone

Answer briefly: (10x3=30)

- 13. Giant cells
- 14. Scurvy
- 15. Albuminuria
- 16. Milroy's disease
- 17. Vincent's angina
- 18. Gout
- 19. Rodent ulcer
- 20. Multiple myeloma
- 21. Virchow's triad
- 22. Water can pernium

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#### PATHOLOGY AND MICROBIOLOGY

#### PAPER-1 SCHEME OF VALUATION

1. Anaemia – definition - 1 mark

Causes of pernicious anaemia – 1 mark

Pathogenesis – How it develops and afew pathological changes observed- 3 marks Clinical features – the important clinical features by which one suspect pernicious

Anaemia – 2 marks

all other clinical features -1/2 mark

Lab diagnosis – blood picture – 1 mark

Bone marrow picture – 1 mark

Other tests  $-\frac{1}{2}$  mark

2. Neoplasm – definition by willis –  $1 \frac{1}{2}$  mark

For all other definitions  $-\frac{1}{2}$  mark

Direct spread – local spread – ½ mark

Lymphatic spread (a)lymphatic permeation

(b) lymphatic embolism - 2 marks

(m) metastasis in lymphnode

Haematogenous spread- how it spread in veins, arteries and in large and small vessels

Dissemination through serous sacs - 2 marks

Spread through CSF – 1 mark

Spread by implantation on epithelial surface – 1 mark

Indirect spread - 2 marks

Metastatic spread - 2 marks

#### Short notes

3. Phagocytosis – definition 1 ¼ marks

Cells participating in phagocytosis 1 ¼ marks

Mechanism of phagocytosis 1 1/4 marks

End result 1 1/4 marks

4. gangrene - what is gangrene 1 ½ marks

Types of gangrene 1 1/4 marks

Characteristic features of each gangrene 1 ½ marks

Different between dry and wet 1 1/4 marks

5. Amyloidosis – what is amyloidosis 1 mark

Causes of amyloidosis 2 marks

Pathological changes and clinical features – 2 marks

6. Cirrhosis – what is cirrhosis – 1 mark

Types of cirrhosis – 1 mark

Causes of cirrhosis – 1 mark

Pathological features (a) macroscopy}

(b) microscopy } - 2 marks

7. Infarction − definition − 1 mark Presentation  $-1\frac{1}{2}$  mark Lab diagnosis (a) enzymes } (b) ECG changes \} - 2 \frac{1}{2} marks pulmonary embolism – definition 1 mark 8. Causes of embolism 1 mark Predisposing conditions 1 mark Fate of pulmonary embolism 2 mark 9. Lymphoma Repair 10. Diabetes mellitus 11. Classification, Causes, Paathogeness, clinical features, Diagnosis (1 mark each) 12. Renal stonew types, causes, investigations (2+1+2)Answer briefly 13. Giant cell what is it?, types, disease conditions, where is it present  $(\frac{1}{2}+\frac{1}{2}+2)$ 14. Scurvy what is it, causes, clinical features  $(\frac{1}{2} + \frac{1}{2} + 2)$ 15. Albuminuria physiological & pathological, conditions of, diagnosis (1+1+1) Milroys disease 16. characteristic features, diagnosis (2+1) 17. Vincents angina causative organism, clinical features, associating bacteria ( $\frac{1}{2}+2+\frac{1}{2}$ ) 18. Gout definitions, pathogenesis, clinical features, complications ( $\frac{1}{2}+2+\frac{1}{2}$ ) 19. Rodent ulcer features of malignancy, site of lesion, pathological features ( $\frac{1}{2}+\frac{1}{2}+2$ ) 20. Multiple myeloma what is it, pathology and diagnosis (1+1+1)Virchows triad 21. changes in the blood vessel, changes in constituents, changes in the flow of blood (1+1+1)22. Water can perineum

causative organism, characteristic features, site ( $\frac{1}{2}+2+\frac{1}{2}$ )

## SECOND YEAR B.H.M.S DEGREE EXAMINATION MODEL QUESTION PAPER

## PATHOLOGY AND MICROBIOLOGY INCLUDING PARASITOLOGY, BACTERIOLOGY AND VIROLOGY-Paper-II

Time: 3hrs Max Marks :100

- Answer all questions
- Draw diagrams wherever necessary

Essays (2x10=20)

- 1. Describe morphology & pathogenesis of malarial parasites.
- 2. Define Immunity. Describe Acquired Immunity in detail.

Short notes:  $(10 \times 5 = 50)$ 

- 3. Oncocerca volvulous
- 4. Imvic Reaction
- 5. Herpes virus
- 6. Microfilaria
- 7. Morphology of E. coli
- 8. AIDS
- 9. Toxins of cl.welchi
- 10. Virasl multiplication
- 11. Anaphylaxis
- 12. Enriched media

Answer briefly:  $(10 \times 3 = 30)$ 

- 13. Antigen
- 14. Infection
- 15. NIH swab
- 16. Negri bodies
- 17. Exotoxin
- 18. Egg of Trichuris trichura
- 19. Precipitation reaction
- 20. Biological characters of pneumococci

- 21. Mantaux test
- 22. Varicella zoster virus

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## Forensic Medicine & Toxicology – based on Central Council of Homoeopathy syllabus.

The subject is of practical importance to the students of homoeopathic medicine as homoeopathic physicians are to be employed by Government in areas where they may have to handle medico-legal-cases, perform autopsies, apart from giving evidence in such cases. The training in forensic medicine at present conducted is inadequate to meet these needs.

The course consist of a series of lectures and demonstrations including

#### 1. Legal Procedure:

- o Definition of medical Jurisprudence.
- o Courts and their jurisdiction.
- Medical evidence.
- o Conduct of a doctor in a court as a witness.

#### 2. Medical ethics:

- Law relating to medical registration and Medical relation between practitioners and the State.
- o The Homoeopathy Central Council Act, 1973 and the Code of Ethics under it, the practitioners and the patients, Malpractices covering professional secrecy.
- The practitioner and the various legislations (Acts) Provincial and Union such as Workman's compensation Act, Public Health Act, Injuries Act, Child Marriage Restraint (Amendment) Act, Borstal School Act, Medical Termination of Pregnancy Act. Mental Health Act, Indian Evidence Act, Indian Penal Code, Criminal Procedure Code (Relevant

sections), Consumer's Protection Act (COPRA), Transplantation of Human Organs Act, Pre-natal Diagnostic Techniques (PNDT) (Regulation and Prevention of Misuse) Act, etc.

#### 3. Forensic Medicine:

- o Examination and identification of person living and dead; parts, bones, stains, etc.
- Medicolegal: Putrefaction, mummification, saponification, forms of death, causes, agencies, onset etc.
- o Assaults, wounds, injuries and death by violence.
- o Asphyxial death
- o Impotency, sterlity and Artificial insemination
- o Blood examination, blood stains, seminal stains:
- o Burns, scalds, lighting stroke etc.
- o Starvation, pregnancy, delivery, abortion,
- o Infanticide, sexual crimes,
- o Insanity in relation to the State life and accident insurance.

### **Toxicology**

- o A separate course of lectures dealing poisoning in general, the symptoms and treatments of various poisons, post-mortem appearance and test should be given,
- Drugs & Cosmetics Act, Drugs Control Act, Drugs and magic Remedies (Objectionable Advertisements) Act, Medicinal and toilet preparations Act, Relevant sections of Indian Penal Code dealing with offences related to drugs and poisons.
- o Study of the following poisons:- Mineral Acids (Sulphuric, Nitric, Hydrochloric, Oxalic and Carbolic acid), Phosphorus, Corrosive sublimate, Arsenic, Lead and its compound, Organophosphorus compounds, Abrus Precatorius, Snake poisoning, Opium and its alkaloids, Alcohol, Cocaine, Kerosene, Datura, Cannabis, Nux Vomica, Hydrocyanic acid( Prussic acid), Aconite, Cerebra thevatia, Nerium odorum, Carbon monoxide, Carbon dioxide, Nicotiana tabaccum, Cerbera odallam etc

#### 4. Medico legal post-mortem:

Recording post mortem appearance, forwarding materials to chemical examiner: Interpretation of laboratory and chemical examiner's findings. Students who are attending a course of lecture in forensic medicine should avail themselves of all possible opportunities of attending medico-legal post-mortems conducted by the professors of forensic medicine. It is expected that each student should attend at least 10 post-mortems.

#### **5.** Demonstration/ Practical:

(1) Weapons, (2) Organic & Inorganic poisons (3) Poisonous plants (4) Charts, diagram, models, x-ray films etc. of medico-legal interest.

## FORENSIC MEDICINE & TOXICOLOGY TEACHING PLAN FOR II B.H.M.S

**Total Theory hours 60 hrs** 

Total Practical hours 40 hrs Tutorials/Seminars 20hrs

I Semester : Forensic Medicine and Medical Jurisprudence

II Semester : Toxicology

Introduction- Courts- Medical Evidence CCH acts Right and privileges of MO etc. Identification

Forensic Thanatology Identification

Injury- Mechanical, Thermal, Chemical, Lightning etc.

Starvation
Blood stains, Seminal stains
Post mortem examination
Asphyxia death- Drowning, Hanging, Throttlin and other asphyxial deaths

Virginity
Impotency, Sterility
Rape
Abortion
Pregnancy
Delivery
Artificial insemination

Infanticide
Practical
Forensic psychiatry
1st Average Exam

Toxicology in general Practical

Deliriant poisons Somniferous poisons Practical

Inebriant poisons Corrosives Gaseous poisons Practical

Cyanides& Cardiac poisons
Organo phosphorous compounds
Metallic poisons
Non-Metallic poisons

There used to be two batches in II BHMS (Regular and supplementary). The supplementary students are also allowed to sit in the same class of regular students, after clearing the failed subjects.

So in the case of supplementary students their portions for the first semester may be 'Toxicology' and for the second semester it may be 'Forensic medicine and Medical Jurisprudence' [This is because, it is during the second semester, the supplementary classes usually begins, so their first semester portions will start with 'Toxicology'.]

## SECOND YEAR B.H.M.S DEGREE EXAMINATION MODEL QUESTION PAPER

#### FORENSIC MEDICINE AND TOXICOLOGY

Time: 3hrs Max Marks :100

- Answer all questions
- Draw diagrams wherever necessary

Essays (2X10=20)

- 1. Classify injuries? Write in detail the features, types and medico-legal aspects of incised wound.
- 2. Write down the action, signs and symptoms, treatment, medico-legal aspects and post-mortem appearance of organophosphorus poisoning?

Short notes: (10x5=50)

- 3. M.T.P Act
- 4. Signs of live-birth
- 5. Inquest
- 6. Plumbism
- 7. Rule of nine
- 8. Summons
- 9. Grievous hurt
- 10. Bertillion system
- 11. Rule of hasse
- 12. Drugs and cosmetics act

Answer briefly: (10x3=30)

- 13. Differentiate Arsenic poisoning and cholera
- 14. Differentiate Nux vomica poisoning and tetanus
- 15. Professional misconduct
- 16. Abrasion collar
- 17. Punishment for rape
- 18. Modes of death
- 19. Rigor mortis
- 20. Litchenberg's flowers
- 21. Signs of recent delivery
- 22. Mc Naughten Rule

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#### Answer key:

- 1. Classification of injuries: Mechanical, Thermal, Chemical, Physical etc. Causation of incised wound characters of an incised wound (margins, width, length, shape, haemorrhage, direction) Calculation of age of an incised wound Medicolegal aspects of an incised wound (Suicidal, homicidal, accidental)
- 2. Action of organophosphorus compounds (Phosphorylation of acetyl cholinesterase) Signs and Symptoms (Muscarinic and nicotinic effects) Treatment (Use of oximes and atropine) Prophylaxis (Protective measures advised to farmers to prevent organophosphorus poisoning)
- 3. MTP Act, 1971 Indications & Rules explained in MTP act for terminating a pregnancy
- 4. Changes seen in an infant's body helping to differentiate a still-born with a dead-born (Changes in lungs, middle ear, shape of chest and position of diaphragm, changes in stomach and intestines, other less important signs of live-birth like meconium, caput succedaneum, umbilical cord changes etc)
- 5. Inquest S.174, Cr.P.C, procedure for conducting an inquest, different types of inquest (police and magistrate inquest and its indications), preparation of F.I.R
- 6. Plumbism Chronic lead poisoning causes, signs and symptoms, prophylaxis and treatment of lead poisoning.
- 7. Wallace rule of nine to determine the extent of burn division of body into 11 parts each having 9 % and 1 % for external genitalia.
- 8. Summons S.61 69 Cr.P.C definition, rules, procedure of issuing summons, punishment for non compliance of summons.
- 9. Grievous Hurt S. 320, IPC a brief explanation of the 8 points enumerated in S.320 IPC.
- 10. Datylography = finger print system history, classification of finger prints, identification of persons using this data.
- 11. Rule of Hasse rough method of calculating the age of foetus
- 12. Drug's and Cosmetic Act, 1940 legislation, DTAB (Drugs Technical Advisory Board), CDL (Central drugs Laboratory) Different schedules of drugs, Procedure to be followed while selling a drug.
- 13. Differentiate Arsenic poisoning and cholera based on the GIT symptoms.

- 14. Differentiate Nux vomica poisoning and tetanus based on the nervous system and muscle changes (convulsions, spasms)
- 15. Professional misconduct definition, citing 5 10 examples
- 16. Abrasion collar mechanism of causation features of abrasion collar medico-legal importance
- 17. Punishment for rape S. 376 IPC, punishment for committing rape, gang-rape, custodial rape and rape on a wife by a husband.
- 18. Modes of death = Asphyxia, coma, syncope, Briefly explaining the causes, signs and symptoms to identify the different modes of death.
- 19. Rigor mortis = causative factor, features, time of appearance and disappearance, various conditions simulating rigor-mortis.
- 20. Litchenberg flowers = Electrical high voltage burns causation & features
- 21. Lochia = features, different types, time of appearance and its medico-legal importance
- 22. Mc Naughten rule = History, S. 84, IPC, medico-legal aspects of Mc Naughten Rule

#### LIST OF REFERENCE BOOKS FOR FORENSIC MEDICINE AND TOXICOLOGY

- 1. Modi's Medical Jurisprudence And Toxicology Jaising.P.Modi
- 2. Essentials Of Forensic Medicine And Toxicology Narayana Reddy
- 3. Principles of Forensic Medicine Apurba Nandy
- 4. Modern Medical Toxicology V.V. Pillay
- 5. Forensic Medicine P.V.Guharaj
- 6. A Textbook of Forensic Pharmacy B.M.Mithal

## ORGANON OF MEDICINE & PRINCIPLES OF HOMOEOPATHIC PHILIOSOPHY

### I. Hahnemann's Organon of Medicine Aphorism: 1 to 145

II. The purpose of Homoeopathic case taking is not merely collection of symptoms but comprehending the (A) person in wider Dimensions with the correct appreciation of the factors responsible for the genesis and maintenance of illness i.e. Fundamental cause

### Predisposing cause, Maintaining cause & One Sided Diseases

There should be compulsory case taking term for each student wherein he learns to 'build up Portrait of the disease by undertaking:

- 1. Evolutionary study of the patient comprising of well defined characteristics
- 2. Studying individual in his life-span and in relation to his family environment and work.
- 3. Processing of he interview and the entire case so as to grasp the principles of Management of these patients.

He should be taught to classify various symptoms which he has elicited in his case taking. He puts down his evaluation of those characteristics. His capacity for analysis and synthesis should evolve. In appendix, Analytical paper' for symptom classification and Evaluation is attached. If practiced properly, has potential to improve analytical faculty of the student.

Physician, Teaching Staff, R.M.O. and House staff shall spend enough time with the student and interns and scrutinize of their written cases, discussing mode of interview and processing of the case.

There should be standardization in imparting training in Analysis and Evaluation. Each Institute shall keep the standard guideline of Case-taking.

## Guidelines Analysis - Evaluation of objectives of Analysis, Evaluation of Symptoms

- 1. To individualize the case so as to prepare an effective totality this allows us to arrive at the Similimum, prognosis the case, and advise management and impose necessary restrictions on mode of life and diet.
- 2. To infer about the state of susceptibility by appreciating the quality of characteristic state of susceptibility- and diagnosis about miasmatic state would allow physician to formulate comprehensive plan of treatment.
- 3. Order of evaluation of the characteristics of the case would become stepping stone for the reportorial totality

#### III. Classification of Symptoms

Their scopes and limitations in arriving as a totality.

Symptom should not be considered superficially at its face value. It should be analyzed and evaluated by taking into account following factors.

- (i) Thorough grasp over the underlying dynamics; Psychological, Psysiological, Pathological aspects.
- (ii) This would demand thorough comprehension over the evolution of Disease, taking into account the Fundamental, exciting & Maintaining Causes.
- (iii) Knowledge of socio-cultral background is quite imperative for correct analysis and evaluation.
- (iv) Details regarding Symptomatology can be comprehended by referring to the classical books in philosophy.

The Department of Organon & Philosophy while training in Case taking - shall co-ordinate with various other departments where student is sent for the pre-clinical and clinical training. This would ensure not only streamlining of the clinical Centers but also cultivate Homoeopathic perspective when student is attending other special clinics.

#### **Evaluation Examination:**

- 1. Student's performance shall be evaluated periodically. There shall be periodical class tests and internal (theory and practical) examinations in each academic year. The concerned teaching staff shall file his general report on the conduct of internal examinations and also on student's performance, which shall be discussed in departmental and inter-departmental meetings.
- 2. Each student appearing for II and III and IV BHMS shall maintain one journal comprising of 20 cases (10 short and 10 long cases) with complete processing of the case material for each examination, which shall be evaluated by the head of the department.

There shall be provisions for internal assessment of all these examinations and journal work in the Second, Third and Fourth BHMS examinations respectively.

## **Topics of Study shall consist of:**

- 1. Organon of Medicine Aph 1 145 with reference to Kent's lectures 1 to 17
- 2. Classification, Analysis and Evaluation of symptoms & Totality of symptoms with reference to Hahnemann, Kent, H.A Roberts & Stuart Close
  - (a) Kent Chapters 22-33 & 35
  - (b) H.A Robert 1-12 & 14, 15 & 17
  - (c) S. Close 1-5, 7, 11 & 12

# TEACHING PLAN II BHMS Total Hrs: 135

I Semester	-67 hrs
Aphorism 71 to 104	- 21 hrs
Kent - Chapters 1 to 17 and 22 to 27	- 20 hrs
Stuart Close - Chapters 7,11,12	- 9 hrs
H.A. Robert - Chapters 1 to 11	- 11 hrs
Examination	- 6 hrs
II Semester	- 68 hrs
Aphorism 105 -145	- 22 hrs
Kent - Chapters 28 to 33 and 35	- 14 hrs
H.A Robert - Chapters 12, 14, 15 and 17	- 8 hrs
Stuart Close - Chapters - 1 to 5	- 12 hrs
Examination	- 12 hrs
Practical and clinical hours	-30hrs
Tuitorial/Seminar	-30hrs

## SECOND YEAR B.H.M.S DEGREE EXAMINATION MODEL QUESTION PAPER

Organon of medicine and Homoeopathic Philosophy

Time: 3hrs Max Marks :100

- Answer all questions
- Draw diagrams wherever necessary

#### **Essays**

(2X10=20)

- 1. Define vital force, explain concept of Kent and the qualities predicated to?
- 2. Classification of disease according to Hahnemann

Short notes: (10x5 = 50)

- 3. Difficulties in chronic case taking
- 4. Define psora & explain secondary manifestations of psora
- 5. Idiosyncrasy
- 6. Susceptibility
- 7. Totality of symptom
- 8. Record keeping
- 9. Pseudo chronic disease
- 10. Primary action & Secondary action
- 11. Preparation of drugs for proving
- 12. Thorough proving drug

### **Answer briefly:**

(10x3=30)

- 13. Qualities of Physician for case taking
- 14. Genus epidemicus
- 15. Surrogates
- 16. Logical totality
- 17. True materia medica
- 18. Ideal prover
- 19. Diet in drug proving
- 20. Chief complaints and auxillary
- 21. Albert von Haller
- 22. Dose in drug proving

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#### **Scheme of Valuation**

#### ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY

#### **Essay**

- 1 Define vital force (§9), Simple substance according to Kent
- 2 Explain according to §72 to §81

#### **Short Notes**

- 3 §91 to §96
- 4 **§**80, **§**81
- 5 §117, Clinical importance
- 6 §30, §31, §32. Explain according to philosophy
- 7 §7. Explain according to Stuart Close.
- 8 Kent chapter 27
- 9 §77
- 10 §63, §64
- 11 §123
- 12 §135.

#### **Prescribed Texts and references**

#### **List of Text Books for II BHMS**

- 1 Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> translated with an appendix by R E Dudgeon
- 2 Lectures on Homoeopathic Philosophy by James Tyler Kent
- 3 Principles and art of cure by Homoeopathy by H A Roberts
- 4 Genius of Homoeopathy by Stuart Close

#### List of reference books

- 1 Principles of Homoeopathy by Garth Boericke
- 2 A Commentary on Organon of Medicine by B K Sarkar
- 3 Essays on Homoeopathy by B K Sarkar
- 4 Samuel Hahnemann his Life and Times by Trevor M Cook
- 5 Life of Christian Samuel Hahnemann by Rosa Waugh Hobhouse
- 6 Life and Letters of Hahnemann by Bradford
- 7 Life of Hering Knerr
- 8 Homoeopathy Medicine of the New Man by George Vitholkas
- 9 The Science of Homoeopathy by George Vitholkas
- 10 The Man Unknown by Alexis Carrel

- 11 A Comparison of Chronic Diseases by Phyllis Speight
- 12 Miasmatic Diagnosis by S K Banerjee
- 13 Miasmatic Diagnosis by K P Mazumdar
- 14 Notes on Miasma by P S Ortega
- 15 Lectures on Theory and Practice of Homoeopathy by R E Dudgeon
- 16 The Art of Case Taking and Practical Repertorisation in Homoeopathy by R P Patel
- 17 History of Medicine byDivan Harischand
- 18 Glimpses of History of Medicine by D D Banerjee
- 19 Lesser Writings by Hahnemann
- 20 Lesser Writings by J T Kent
- 21 Lesser Writings by Farrington
- 22 Lesser Writings by Boeninghausen
- 23 Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> edition by S Hahnemann Corrected, Retranslated and
- Redacted by Dr Mahendra Singh and Dr Subhas Singh
- 24 Hahnemann's Homoeopathy by Peter Morrell
- 25 Art of Interrogation by Pierre Schmidt

### Homoeopathic Materia Medica

Application of Materia Medica should be demonstrated from cases in the OP and IP departments

## List of drugs included in the Syllabus of II<sup>nd</sup> BHMS Examination

In addition to the list of drugs for the  $I^{st}$  BHMS Examination , the following additional drugs are included in the Syllabus of Materia Medica for the II BHMS Examination.

Acetic acid	Actea Racemosa
Agaricus Mus	Agnus Castus
Alumina	Ambra Grasea
Ammonium carb	Ammonium mur
Anacardiam	Apocynum
Ars Alb	Ars iod
Aurum met	Arum tri
Bapticia tinct	Beriberis vulg
Bismuth	Borax
Bromium	Bovista
Cactus	Calc Ars
Calendula	Camphora
Cantharis	Chelidonium Maj
Conium mac	Digitalis
Drosera	Ferrum met

Gels	Helle
Hep sulph	Ignatia
Kali brom	Kreosot
NAtrum carb	Nux Mosch
Opium	Petroleum
Phosphorus	Phytolacca
Platinum	Sepia
Spongia	Verat alb
Kali mur	Kali phos
Mag phos	Nat sulph

## $Teaching\ Plan-II^{nd}\ BHMS$

Theory -75 hrs

## Clinical / Seminar / Tutorial - 105 hrs

Month	Торіс				
1 <sup>st</sup> month of admission	Acetic acid / Actea Racemosa / Agaricus / Agnus castus / Alumina				
2 <sup>nd</sup>	Ambra grisea / Ammonium carb / Ammonium mur / Anacardium / Ars Alb				
3 <sup>rd</sup>	Apocynum / Ars iod / Aurum met / Arum Triph / Baptisia				
4 <sup>th</sup>	Berberris Vulg / Bismuth / Borax / Bromium / Bovista / Mag phos				
5 <sup>th</sup>	Cactus / Calcarea Ars / Calendula / Camphor / Cantharis / Natrum sulph				
	6 <sup>th</sup> Month - I <sup>st</sup> Average Examination				
7 <sup>th</sup>	Chelidonium / Conium / Digitalis / Drosera / Ferrum met				
8 <sup>th</sup>	Gelsemium / Helleborus / Hepar sulph / Ignatia / kali brom				
9 <sup>th</sup>	Kreosote / Natrum carb / Nux Moschata / Opum / Petroleum				
10 <sup>th</sup>	Phosphorus / Phytolacca / Platina / Sepia / Spongia				
11 <sup>th</sup>	Veratrurum alb / Kali mur / Kali phos				
	11 <sup>th</sup> Month - II <sup>nd</sup> Average Examination				
	12 <sup>th</sup> Month - University Examination				

## SECOND YEAR B.H.M.S DEGREE EXAMINATION MODEL QUESTION PAPER

#### Materia Medica-

Time: 3hrs Max Marks: 100

- *Answer all questions*
- Draw diagrams wherever necessary

Essays (2X10=20)

- 1. Give a pen picture of SEPIA lady
- 2. Describe the salient features of the drug PHOSPHORUS both in mental & physical plane so as to complete the picture

Short notes: (10x5 = 50)

- 3. Cantharies- Urinary Affections
- 4. Spongia- Respiratory Complaints
- 5. Petroleum –Skin
- 6. Ignatia-Mind
- 7. Baptisia-Fever
- 8. Aurum Met- Cardiovascular Affections
- 9. Calendula-Injury
- 10. Alumina- GIT Affections
- 11. Chelidonium- Liver Affections
- 12. Phytolacca- Throat Affections

Answer briefly: (10x3=30)

- 13. Gelsemium- Headache
- 14. Camphor- Cholera
- 15. Actea Racemosa- Female complaints
- 16. Opium- GIT
- 17. Agaricus- CNS Affections
- 18. Agnus Castus- Male Sexual System
- 19. Nux Moschata- Mind
- 20. Mag Phos-Pain
- 21. Apocyanum Dropsy
- 22. Kreosotum- Urinary Affections

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### II nd BHMS- Schema of Valuation

1. Sepia- Narrow Pelvis, yellow saddle across the face (1)

Physical general- Chilly (1)

Mental general-Indifference(1)

Particulars & Modalities Headache (7)

Tongue

Urinary

Uterine Affections

< & >ing factors

2. Phosphorus

Constitution- Tall slender, delicate eyelashes(1)

Mental generals- Oversensitiveness(1)

Physical generals- Burning, haemorrhage, empty all gone feeling(1)

Particulars & Modalities- Head

Face, Eyes, Respiratory, GIT (7) < & >ing factors

### **Short Notes**

- 3. Canthatries- Urging, burning pain
- 4. Spongia- Dry cough, Modalities
- 5. Petroleum skin- Site, Suppuration & Modalities
- 6. Ignatia Mind- Contradiction
- 7. Baptisia Fever- Typhoid fever, delirium, tongue
- 8. Aurum Met heart- Sensn as if heart stood still, palpitation
- 9. Calendula injury- Surgical, loss of blood, excessive pain
- 10. Alumina GIT- Constipation, cravings
- 11. Chelidonium- Pain under scapula, tongue, constipation, thirst
- 12. Phytolacca- Character of pain-burning, can't drink hot fluids

# **Answer briefly**

- 13. Gelsemium- Headache- beginning in cervical spine, blindness with modalities < bad news, tobacco smoking
- 14. Camphor- Dry cholera, coldness of surface
- 15. Actea Racemosa- Increase of mental symptoms during menses, false labour like pains, shivers in 1st stage.
- 16. Opium GIT- Constipation
- 17. Agaricus CNS- Epilepsy, stumbling gait
- 18. Agnus castus- Male Sexual System- Complete impotence after frequent attacks of gonorrhoea.
- 19. Nux Moschata -mind- Absent minded, changeable humor, loss of memory
- 20. Mag Phos -pain- lightning like, modalities

- 21. Apocyanum dropsy- Dropsy with thirst
- 22. Kreosotum- Urinary affections- Can urinate only while lying during 1st sleep, eneuresis.

# List of Text books

- 1. Lectures on Homoeopathic Materia Medica Kent JT
- 2. Clinical Materia Medica Farrington EA
- 3. Keynotes and Characteristics with Comparisons Allen HC
- 4. Condensed Materia Medica Hering C
- 5. Comparative Materia Medica Farrington EA
- 6. A Synoptic key of the Materia Medica Boger CM
- 7. A study on Materia Medica NM Choudhuri
- 8. Leaders in Homoeopathic Therapeutics Nash EB
- 9. Homoeopathic Drug Pictures ML Tyler
- 10. The Materia Medica of Some Important Nosodes Allen HC
- 11. Twelve tissue remedies of Schussler Boericke & Dewey
- 12. Pocket Manual of Homeopathic Materia Medica Boericke W

### List of Reference Books

- 1. Materia Medica Pura Hanemann S
- 2. The Guiding Symptoms of our Materia Medica Hering C
- 3. The Encyclopedia of Pure Materia Medica Allen TF
- 4. Text Book of Materia Medica with Therapeutics Cowperthwaite
- 5. A text book of Materia Medica Lippe AD
- 6. Plain Talks on Materia Medica with Comparisons Pierce WI
- 7. A dictionary of Practical Materia Medica (3 vols) Clarke JH
- 8. Lectures on Materia Medica Dunham C
- 9. Masterkey to Materia Medica Bhanja KC
- 10. A Manual of Pharmacodynamics Hughes R
- 11. Materia Medica Viva Vithoulkas G
- 12. A Manual of Materia Medica Therapeutics and Pharmacology Blackwood AL

### SECOND BHMS EXAMINATION

- (i) No candidate shall be admitted to the Second BHMS Examination **unless he has passed the First BHMS** examination and he/she has required attendance as per regulation 7 (iii) to the satisfaction of the , head of the Homoeopathic Medical College.
- (ii) The Second BHMS examination shall be held at the end of 30th month of admission to First BHMS.
- (iii) The minimum number of hours for lecture, demonstration/practical and seminar classes in the subjects shall be as under:
- (iv) The Second BHMS University examination shall be held during the twelfth month of admission to II BHMS
- (iv) Examinations in Pathology and Microbiology shall consist of two theory paper and one practical including oral. Identification of microscopic slides and specimens shall be apart of practical examination.
- (v) Examination in Forensic Medicine and Toxicology shall consist of one theory paper and one oral examination including identification and spotting of specimens.
- (vi) Examination in Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology shall consist of one theory paper and one oral examination.
- (vii) Examination in Materia Medica shall consist of one theory paper and one practical including oral examination.
- (viii) In order to pass the Second BHMS examination, a candidate has to pass all the subjects of the examination.
- (ix) Full marks for each subject and the minimum number of marks required for passing should be as follows:

# SECOND BHMS COURSE- DISTRIBUTION OF MARKS

	THEORY			ORAL & PRACTICAL								
Subject	Theory	Min for Pass	IA	Total including internal assessment	Uni. Practical	Exam Viva	Total	Min for Pass	IA	Total including internal assessment	Grand Total	Aggregate minimum for pass
FM	100	50	20	120	50	50	100	50	20	120	240	120
PATHO	100+100	100	40	240	100	100	200	100	40	240	480	240
MM	100	50	20	120	50	50	100	50	20	120	240	120
OM	100	50	20	120	50	50	100	50	20	120	240	120

# **Surgery** II BHMS

### 1. Infections and inflammations

All acute and chronic infections such as Clostridia, Salmonella, Mycobacteria All viral and non-viral infections including AIDS affecting various parts of the body

# 2. Haemorrhage and shock

Types of haemorrhage, measurement of blood loss, management of haemorrhagic shock and blood transfusion.

Types of shock and management

Fluid and electrolyte management- fluid therapy, hypovolemia, prevention of organ failure

#### 3. Skin and burns

Various types of infections ofskin-boils, carbuncles, cellulitis, erysipelas, lupus, corns, warts, callosities, sebaceous cysts etc.

Causes, classification, complications and management of burns.

Scar and its deformities.

	Tonio	Proposed 1	Hours
	Topic	Theory	Clinics
1	Introduction to surgery	1	
2	Infection & Inflammation & Skin	10	
3	Injuries & Wounds	6	
4	Haemorrhage & shock, Fluid & electrolyte balance & burns	16	
5	Tumors & cyst, ulcers & sinuses	12	75
6	Injuries & disease of nerves	5	75
7	Disease of Muscles	3	
8	Disease of Bursa	2	
9	Disease of Lymphatics	6	
10	Arterial disorders	8	
11	Venous disorders	6	
	Total	75	75

# Obstetrics & Gynaecology OBSTETRICS

- 1. A review of applied anatomy
- 2. A review of applied physiology
- 3. Development of intra uterine pregnancy
- 4. Diagnosis of pregnancy

- 5. Ante-natal care.
- 6. Abnormal pregnancy: introduction
- 7. Normal Labour
- 8. Introduction to abnormal labour
- 9. Postnatal care puerperal
- 10. Abnormal puerperal
- 11. Care of the New born

# **GYNAECOLOGY**

- 1. Applied Anatomy and physiology
- 2. Gynaecological examination
- 3. Developmental abnormalities
- 4. Endocrinal axis: abnormalities
- 5. Uterine displacements

# **TEACHING PROGRAMME**

# MONTH- 1

Obstetrics	A review of the applied anatomy		
Gynaecology	Applied anatomy and physiology		

### MONTH-2

Obstetrics	A review of applied physiology
Gynaecology	Gynaecological examination

# MONTH-3

Obstetrics	Development of intra uterine pregnancy
Gynaecology	Therapeutics

### MONTH-4

Obstetrics	Diagnosis of Pregnancy
Gynaecology	Developmental abnormalities

# **MONTH-5 & 15 DAYS**

Obs	tetrics	Ante-natal care
Gyn	aecology	Abnormal pregnancy

# 15days Assessments and examinations MONTH-7 Obstetrics Normal labour, abnormal Labour-introduction, Gynaecology Therapeutics MONTH-8 Obstetrics Post natal care Gynaecology Therapeutics MONTH-9 Obstetrics Abnormal puerperium Gynaecology Endocrinal axis abnormalities **MONTH-10** Obstetrics Care of new-born Gynaecology Therapeutics MONTH-11 Obstetrics Therapeutics Gynaecology Uterine displacements MONTH-12

# **Practice of Medicine & Homoepathic Therapeutics**

1. Symptoms in systemic disease, respiratory system, cardio-vascular system, loco motor system, digestive system & central nervous system.

Assessments and examinations

2. Clinical approach to patients: History taking, clinical examination investigations & diagnosis

- 3. Immunological & genetic factors in diseases: Applied physiology, Immune deficiency, Autoimmunity & Allergy
- 4. Environmental & Nutritional factors in diseases: Environmental diseases, Obesity, malnutrtion, Diseases of micro nutients
- 5. Diseases of blood, spleen and lymph glands, Anaemias, Hematological malignancies, Myeloproliferative disorders, Bleeding disorders, Venous thrombosis
- 6. Disorders of endocrine system-Disorders of Hypothalamus, pituitary, Thyroid & Parathyroid glands, Adrenal glands and Gonads
- 7. Disturbance of water, Electrolyte and Acid base balance
- 8. Appled materia medica / homoeopathic therapeutics in relation to the above.

# **Teaching Schedule**

# **Theory**

1. Environmental & Nutritional factors in disease: 10hrs2. Immunological & Genetic factors in diseases:15 hrs3. Disease of blood, spleen and lymph glands:20 hrs4. Disturbance of water, electrolyte and acid base balance: 10hrs5. Disorders of endocrine sytem: 20 hrs

Total : 75 hrs

### Clinical

Students should be given training to understand signs & symptoms in systemic diseases, clinical approach to patients and history taking [Total: 75 hrs]

# Teaching plan

Month	Topics			
1.	Immunological factors in disease: Applied physiology Anemia general			
	consideration			
2.	General consideration of endocrinology, Immune deficiency, Autoimmunity &			
	Allergy			
3.	The hypothalamus and pituitary gland. Haemolytic anaemias			
4.	Adrenal glands. The Sex glands-Gonads. Nutritional & other anemias			
5.	Endocrine disorders of breast. Thyroid gland and parathyroid glands.			
	Megaloblastic anaemia			
6.	Non metastatic endocrine manifestatrions of malignancy Iron def. Anaemia.			
	Nutrition- General consideration, Starvation & PEM			

7.	Lekaemias general consideration Acute leukaemias Disorders of Water and		
	Electrolyte balance		
8.	Chronic leukaemias. Inherited disorders of connective tissues. Fat soluble vitamins		
9.	Spleen & its disorder. Inherited disorders of erythrocytes. Water soluble vitamins		
10.	Myeloproliferative disorder. Haemostasis general consideration. Vascular &		
	platelet disorders. Minerals		
11.	Lymphomas. Purpuras. Bleeding disorder due to coagulation factor deficiency.		
	Obesity.		

# **SECOND BHMS EXAMINATION**

- (i) No candidate shall be admitted to the Second BHMS Examination unless he has passed the First BHMS examination and he/she has required attendance as per regulation 7 (iii) to the satisfaction of the , head of the Homoeopathic Medical College.
- (ii) The Second BHMS examination shall be held at the end of 30th month of admission to First BHMS.
- (iii) The minimum number of hours for lecture, demonstration/practical and seminar classes in the subjects Gynaecology and Obstetrics shall be as under:

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# III BHMS. SYLLABUS

# **SURGERY**

Homoeopathy as a science need clear application the part of the physician to decide about the best course of actions required to restore the sick to health.

Knowledge about surgical disorders is required to be grasped well, so that the homoeopathic physician is able to-

- 1. Diagnose common surgical cases
- 2. Institute homoeopathic medical treatment wherever possible
- 3. Organise pre and post-operative homoeopathic medical case as total/partial responsibility
- 4. Organise a complete homoeopathic care for restoring the susceptibility of the patient to normalcy

The conceptual clarity and database needed for above is possible only by an effective coordination of the care of the patients.

The study shall include training on:

- 1. Knowledge of causation, manifestation, maintenance and prognosis of health.
- 2. Disorders related to surgery with stress on miasmatic evolution.
- 3. Bedside clinical procedures.
- 4. Co-relation of applied aspects with factors which can modify the course of illness, including medicinal and non-medicinal measures.

The above can assist a Homoeopathic Physician who will be a Rational Physician, not one locked up in whirlpools of rare conditions, but one can apply all the basics for an ailing individual. It will also facilitate him for Individualization of the patient necessary for final Homoeopathic management.

Following is a plan to achieve the above. It takes into account about the II[second] and III[third] year BHMS syllabus and respective stage of development.

Some points are made about coordinating with other departments [for a better training in Surgery, ultimately]

That the *SURGERY* as a subject will include:

- 1. Principles of Surgery.
- 2. Fundamentals of Examination of a patient with surgical problems.
- 3. Use of common instruments for examination of a patient, asepsis, anti-sepsis, dressing, plaster, operative surgery etc.

- 4. Practical instruments, training in minor surgical methods.
- 5. Physiotherapy measures.
- 6. Include also applied study in Radiology, Diagnostics etc.
- 7. What are surgical cases? Orientation towards case-taking and examination of:
  - a) Surgical patients. [Details to be done as part of practical training]
  - b) Applied anatomy and physiology- its importance, demonstration with good examples.
- 8. Basics of general surgical procedures.

The basic topics in Surgery are to be followed up with relevant systemic topics so as to cover:

- 1. All common clinical conditions of various parts
- 2. Their evolution, examination methods and diagnosis.
- 3. Their investigations and prognosis.
- 4. Their management, especially principles.
- 5. Relevant minor surgical procedures.
- 6. Preventive aspects.

Management of common surgical procedures and emergency procedures

To be taught in theory and practice:

- 1. Wounds, abscesses etc- incision and drainage
- 2. Dressings and plasters
- 3. Suturing of various types.
- 4. Pre-operative and post-operative care.
- 5. Management of post-operative complications.
- 6. Management of shock.
- 7. Management of acute haemorrhage.
- 8. Management of acute injury case.
- 9. Management of a head injury case.

The above is utmost necessary for any physician

The above basically consists of mechanical skilled procedure, supplementation, etc measures which in no way interferes with scope and application of Law Of Similars.

The study will start in the second BHMS and complete in the third BHMS

The written examination shall consist of three papers

### PAPER 1 & II

#### III BHMS

# 1. Tumours and cysts

Benign and malignant tumours on the surface like Adenoma, Lipoma, Fibroma, Neurofibroma. Various malignant tumours like Carcinoma, Sarcoma- their clinical features, grading, spread and management.

Type of cysts

# 2. Injuries and diseases of nerves

Cranial, peripheral, spinal and specific nerve injuries and diseases.

### 3. Injuries and wounds

Accidental, mechanical and biological wounds.

Pathophysiology of wound healing and factors interfering with wound healing.

Injuries of fat, bones, joints, warfare injuries, civil injuries, road traffic injuries.

Cervical injuries, sterna and rib injuries, intra abdominal and diaphragmatic injuries

Pelvic fracture and urinary tract injuries, hip and spinal injuries.

# 4. Diseases of muscles

Acute and chronic injuries to muscles and tendons.

Diseases and tears of various tendons-biceps, patellar, Achilles etc

Ganglion

# 5. Diseases of bursa

Acute and chronic bursitis, baker's cyst

# 6. Diseases of lymphatic system

Acute lymphangitis, lymphoedema, filariasis, diseases of lymph nodes, lymphomas.

### 7. Diseases of arteries

Acute and chronic arterial stenosis and occlusion

Vasospastic diseases of arteries- varieties of gangrene and their management.

#### 8. Diseases of veins

Superficial and deep vein thrombosis, varicose veins.

# 9. Diseases of spleen

Spleenomegaly, idiopathic thrombocytopenic purpura, hemolytic anaemia

- 10. General diseases like hernia.
- 11. Abdominal and gastrointestinal diseases

Diseases of oral cavity, tongue and salivary glands, stomach, liver, gall bladder, pancreas, peritoneum, omentum, mesentery, small and large intestines, appendix, intestinal obstruction, diseases of rectum and anal canal.

All the above to be followed up with respective therapeutic topics

### PAPER II

# 1. Diseases of head and neck

Diseases of scalp, skull, head

Head injuries, intracranial disorders, neoplasms, vascular formations, aneurysms, epilepsy, HIV

Diseases of branchial apparatus, cervical rib, cervical lymphadenitis

Primary malignant tumours of neck.

# 2. Diseases of thyroid

Ectopic thyroid, Tyroiditis, Hypothyroidism

Thyroid enlargement- simple and toxic

Neoplasm of thyroid

Thyroid function tests.

# 3. Diseases of breast

Diseases of nipple- abnormal discharges from nipple

Infections and inflammations

Benign and malignant tumours of breast

4. Diseases of kidney, ureter, bladder, prostate, seminal vesicles, testes, scrotum, penis etc

### 5. Ophthalmology

Common diseases, accidents, injuries, etc of various parts of eyes. Clinical examination of eyes[various parts] using various instruments including ophthalmoscope. Common eye operations and relevant care of the patients

# 6. Orthopaedics

Diseases of bones and joints.

Fracture- pathology of fracture and fracture healing, clinical diagnosis and complications.

Management of fracture of individual bones and joints.

Acute and chronic infections of bones and joints.

Benign and malignant tumours of bones.

Physiotherapic procedures

# 7. Thoracic surgery

Thoracic neoplasms-benign and malignant

Tumours of mediastinum, lungs and diaphragm.

Surgical diseases of heart and pericardium.

# 8. Oto-rhino-laryngology-[ENT]

Diseases of Ear, Nose, Throat, Tracheobronchial tree and oesophagus, such as infections, inflammations, injuries, tumours, cysts etc.

# 9. Dentistry

Diseases of teeth, gums, jaws and maxilla.

10. Congenital anomalies of all organs including lips and palate.

All the above to be followed up with respective therapeutic topics also

#### PAPER III

Homoeopathic therapeutics [based on the syllabus for Materia Medica of First, Second and Third BHMS courses.

# **EXAMINATION**

It will be conducted in the Third BHMS at the end of 2 years of course of study in Theory and Practical training of Surgery.

Eligibility for examination will include submission of 10 complete case histories, 5 each from the study in the Second and Third BHMS.

# PRACTICAL AND CLINICAL EXAMINATIONS

The examination will include one case to be prepared and presented by the examinees. The assessing examiners shall stress on:

- 1. Comprehensive Case-taking
- 2. Bedside training
- 3. Adequate grasp over the process of diagnosis
- 4. Adequate grasp over principles of management

# TEACHING PLAN

Topi	cs	Distribution of hrs
	PAPER I	
	III BHMS	
1.	Tumours and cysts	10 hrs
2.	Injuries and diseases of nerves	5 hrs
3.	Injuries and wounds	10 hrs
4.	Diseases of muscles	3 hrs
5.	Diseases of bursae	2 hrs
6.	Diseases of lymphatic system	5 hrs
7.	Diseases of arteries	5 hrs
8.	Diseases of veins	5 hrs
9.	Diseases of spleen	5 hrs
10.	. General diseases like hernia	5 hrs
11.	. Abdominal and gastrointestinal disorders	15 hrs
	PAPER II	
1.	Diseases of head and neck	10 hrs
2.	Diseases of thyroid	10 hrs
3.	Diseases of breast	10 hrs
4.	Diseases of kidney, ureter, bladder	
	seminal vesicles, testes, scrotum,	
	penis etc	10 hrs
		5

5.	Ophthalmology	10 hrs
6.	Orthopaedics and physiotherapy	10 hrs
7.	Thoracic surgery	10 hrs
8.	Oto-rhino-laryngology	10 hrs
9.	Dentistry	5 hrs
10	. Congenital anomalies of all organs	5 hrs
	Total	160 hrs

### **ACADEMIC PROGRAMME III BHMS**

### I MONTH

Tumours and cysts
Benign and malignant tumours
Benign- adenoma, lipoma, fibroma, neurofibroma
Cranial injury
Peripheral and spinal injury

### **II MONTH**

Accidental, mechanical and biological wounds
Pathophysiology of wound healing
Carcinoma- types, methods of spread, grading and staging
Sarcomas
Specific nerve injury and diseases
Factors influencing wound healing
Types of wounds
Management of wounds
Scars and its deformities

### **III MONTH**

Injuries of fat, bones, joints
War wounds and road traffic wounds
Types of cysts
Cervical, sternal and rib injuries
Intra abdominal and diaphragmatic injuries
Diseases of muscles, tendons and fasciae
Diseases of lymphatic system- of lymph nodes, Hodgkin's lymphoma

### **IV MONTH**

Diseases of bursa Pelvic fracture and urinary tract injuries Hip and spinal injuries Diseases of arteries
Diseases of veins
Splenomegaly
Idiopathic thrombocytopenic purpura
Hemolytic anaemia
Hernia
Diseases of oral cavity, oesophagus and stomach

#### **V MONTH**

Diseases of liver, biliary tract and pancreas
Diseases of scalp, skull, head
Head injuries
Intracranial disorders
Cervical rib, malignant tumours of neck
Diseases of peritoneum, omentum, mesentery
Neoplasms of head and neck
Ectopic thyroid, thyroiditis
Hypothyroidism
Thyroid enlargement
Neoplasms of thyroid
Thyroid function tests

# VI MONTH -FIRST SEMESTER EXAMINATION VII MONTH

Diseases of nipple
Infections and inflammations of breast
Benign and malignant tumours of breast
Diseases of small and large intestines
Diseases of appendix
Diseases of bones and joints
Intestinal obstruction

#### VIII MONTH

Diseases of rectum and anal canal
Fractures
Types of fracture
Pathology of fractures and fracture healing
Clinical diagnosis of fracture
Complications of fracture
Management of fracture of individual bone and joints

### IX MONTH

Thoracic neoplasms
Benign and malignar

Benign and malignant neoplasms of thorax

Tumours of mediastinum Tumours of diaphragm

Acute infections of bones and joints Chronic infections of bones and joints

Benign tumours of bones Malignant tumours of bones

### **X MONTH**

Surgical diseases of heart and pericardium

Diseases of ear

Diseases of nose

Diseases of throat

Infections of tracheobronchial tree and oesophagus

Inflammation and injuries of tracheobronchial tree and oesophagus

Tumours and cystsof tracheobronchial tree and oesophagus

Diseases of teeth and gums

Diseases of jaws and maxillae

Congenital anomalies of all organs including lips and palate

# XI MONTH SECOND SEMESTER EXAMINATION XII MONTH THIRD BHMS UNIVERSITY EXAMINATION

# **SURGERY Text books**

Short Practice of Surgery - Bailey & Love

Clinical methods in Surgery - Das

### **REFERENCE BOOKS**

Chamberlane's physical signs and symptoms

Operative Surgery

Surgical Therapeutics

Manual of diseases of the eye Physical signs in clinical Surgery

Diseases of nose and throat

Manual of surgery

Parson's diseases of eye Text book of ENT diseases

Text book of ENT

Manipal's text book of surgery

Practical Homoeopathic therapeutics

- Chamberlane

- Das

- Gil Christ

- May & Worth

- Hamilton Bailey

- Ivins

- Rose & Carles[2 vol]

- Stephen.H.Miller

- Mohammad Maqbool

- Dhingra

- Dewey

Pharmacodynamics Select your remedy

- Richard Hughes
- William Boericke

# CURRICULUM AND SYLLABUS & SCHEME OF EXAMINATIONS OBSTETRICS & GYNAECOLOGY

# Gynaecology and obstetrics including infant care

The purpose of this study is to give training in special clinical methods or investigations and treatment of Gynaecological and Obstetric cases.

Homoeopathy can be offered in many cases related to development of foetus, all stages of pregnancy and familial disorders.

The problems studied herein constitute delicate phases of female patients and have strong correlation with their general wellbeing.

The study of this subject starts in II (second) BHMS and complete in III. (Third) BHMS. Examination will be held in III. (Third) BHMS.

The study will go according to the following plan:

### **G**YNAECOLOGY

- 1. Applied Anatomy and physiology
- 2. Gynaecological examination
- 3. Developmental abnormalities
- 4. Endocrinal axis: abnormalities
- 5. Uterine displacements

# III. BHMS Obstetrics

1. Abnormal Pregnancies: abortion,

Molar pregnancy,

Extra uterine pregnancy,

Diseases of placenta and membrane,

Toxaemia of pregnancy,

Antepartum haemorrhage,

Disorders of genital tract

Retroversion,

Prolapse,

Tumours, etc.

Multiple pregnancy

Protracted gestation.

- 2. Common disorders and systemic diseases associated with pregnancy.
- 3. Labour:- Abnormal position and presentation,

Twins,

Prolapse of cord and limbs,

Abnormalities in the action of uterus,

Abnormal conditions of soft parts,

Contracted pelvis,

Obstructed labour,

Complications of third stage of labour,

Injuries of birth canal

- 4. Common obstetrical operations
- 5. Abnormal puerperal infections

#### GYNAECOLOGY

Inflammation ulceration and trautic lesions of the female genital organs.

Malignant/ Non malignant growths,

Common gynaecological operations and radiotherapy.

Infant care

Neonatal hygiene

Breast feeding

Management of premature child

Asphyxia

Birth injuries

Common disorders of new born

### **EXAMINATION**

It will be conducted in III. BHMS at the end of II year course of study.

Theoretical and practical aspects of Gynaecology and obstetrics

Eligibility for examination will include submission of 20 (twenty) completed cases of different types. (10 in Gynaecology and 10 in Obstetrics)

Paper –I: Obstetrics and infant care

Paper- II: Gynaecology

Paper-III: Homoeopathic Therapeutics

# PRACTICAL AND CLINICAL EXAMINATION

The examinee will take and present one case.

The examiners shall stress on:

- 1. Comprehensive case taking
- 2. Bedside training
- 3. Adequate grasp over diagnostics
- 4. Adequate grasp over Management Principles

#### THIRD BHMS EXAMINATION

- (i) No candidate shall be admitted to the Third BHMS examination unless he has passed the Second BHMS examination and he/she has required attendance as per regulation 7 (iii) to the satisfaction of the head of the Homoeopathic Medical College.
- (ii) The Third BHMS examination shall be held at the end of 42nd month of admission to First BHMS
- (iii) The minimum number of hours for lecture, demonstration/practical, clinical and seminar classes in the subjects Gynaecology and Obstetric shall be as under:
- (iv) Examination in Obstetrics & Gynaecology including infant care shall consist of three theory papers and one practical examination. One theory paper shall be exclusively on Homoeo therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the specimens, models, instruments, and general appliances related to Obstetrics, scope of Homoeopathic therapeutics and examination and diagnosis of Gynaecological disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.
- (v) In order to pass the Third BHMS examination, candidates have to pass in all the subject of the examination.
- (vi) Full marks for each subject and the minimum number of marks required for passing should be as follows:

# **TEACHING PATTERN**

SL	CHAPTER	Hours
No		
1	A review of the applied anatomy	02
2	A review of applied physiology	02
3	Development of intra uterine pregnancy	04
4	Diagnosis of Pregnancy	06

5	Ante-natal care	03
6	Abnormal pregnancy- Introduction	01
7	Normal Labour	06
8	Abnormal Labour –introduction	01
9	Post natal care	03
10	Abnormal Puerperium	03
11	Care of newborn	02
12	Therapeutics	12
	Total	45

# **G**YNAECOLOGY

Sl	Chapter	Hours
No		
1	Applied anatomy and physiology	04
2	Gynaecological examination	05
3	Developmental abnormalities	04
4	Endocrinal axis: abnormalities	04
5	Uterine displacement	08
6	Therapeutics	05
	Total	30

# TEACHING PROGRAMME

# III. BHMS

# **OBSTETRICS**

Sl	Chapter	Hours
No		
1	Abnormal pregnancies	
	Abortions	03
	Molar pregnancy	02
	Extra uterine pregnancy	04
	Diseases of placenta and membrane	03
	Toxaemia of pregnancy	06
	Antepartum haemorrhage	05
	Disorders of genital tract, retroversion, prolapsed,	05
	tumours, etc	
	Multiple pregnancy, protracted gestation	03
2	Common disorders and systemic diseases associated	05
	with pregnancy	
3	Labour	
	Abnormal position and presentation	04

	Twins	02
	Prolapse of the cord and limbs	02
	Abnormalities in the action of the uterus	02
	Abnormal conditions of soft parts	02
	Contracted pelvis, obstructed labour	05
	Complications of 3 <sup>rd</sup> stage of labour	03
	Injuries of birth canal	02
4	Common obstetrical operations	04
5	Abnormal puerperium- Infections etc	03
	Therapeutics	35
	Total	90

# INFANT CARE

1	Neonatal hygiene	02
2	Breast feeding	02
3	Artificial feeding	02
4	Management of premature child	02
5	Asphyxia	03
6	Birth injuries	02
7	Common disorders of newborn	07
	Therapeutics	15
	Total	35

# **GYNAECOLOGY**

Inflammation, ulceration and traumatic lesions of the	10
female genital organs	
Malignant / Non Malignant growths	13
Common Gynaecological operations and radiotherapy	02
Pathology of conception	05
Disorders of menstruation	10
Therapeutics	25
Total	65

# TEACHING PROGRAMME III.BHMS

# <u>MONTH- 1</u>

01	
Obstetrics	Abortion Molar pregnancy Extra literine
Obstalles	Abortion, Molar pregnancy, Extra uterine

	pregnancy
Gynaecology	Inflammation of genital tract/ therapeutics

# MONTH-2

Obstetrics	Diseases of placenta and membrane, toxaemias of pregnancy, Ante partum Haemorrhage
Gynaecology	Traumatic lesions of genital tract/ Therapeutics

# MONTH-3

Obstetrics	Disorders of genital tract, retroversion, prolapse, tumours, multiple pregnancy, protracted gestation.
Gynaecology	Non malignant growth of genital tract/ Therapeutics

# MONTH-4

Obstetrics	Common disorders and systemic diseases associated with pregnancy, Labour, Abnormal position and presentation
Gynaecology	Malignant growth of Genital tract/ Therapeutics

# <u>MONTH-5 & 15DAYS</u>

Obstetrics	Twins, prolapse of cord and limbs, abnormalities in the action of uterus, Neo-natal hygiene, breast feeding
Gynaecology	Pathology of conception / Therapeutics

# <u>15 days</u>

First Assessments and examinations	

# MONTH-7

Obstetrics	Abnormal condition of soft parts, contracted pelvis, injuries of birth canal, artificial feeding	
Gynaecology	Common gynaecological operations / Therapeutics	

# MONTH-8

Obstetrics	Obstructed labour, complications of third stage of labour, Management of premature child, asphyxia
Gynaecology	Radiotherapy in gynaecology / Therapeutics

# MONTH-9

Obstetrics	Common obstetrical operations, Birth injuries
Gynaecology	Disorders of menstruation / Therapeutics

# MONTH-10 & 15 DAYS

Obstetrics	Abnormal puerperium- infectionsetc
Gynaecology	Common disorders of newborn / Therapeutics

# <u>15 days</u>

Second Assessments and examinations

# <u>MONTH-12</u>

Ī	Examinations

# OBSTETRICS & GYNAECOLOGY TEXT BOOKS

Sl. No:	Name of the book	Author
	Mudaliar & Menon's Clinical Obstetrics	Sarala Gopalan &
		Vanitha Jain
	Shaw's Textbook of Gynaecology	V.G.Padubidri,
		Shirish N. Daftary
	Diseases of children	Raue & fisher
	Obstetrics	Guernsey
	Text book of Gynaecology	D.C.Dutta
	Text book of Obstetrics	D.C.Dutta

	Text book of Gynaecology	C.S.Dawn
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# REFERENCE BOOKS

Sl. No:	Name of the book	Author
	Textbook of Obstetrics	Sudha Salhan
	Clinical Gynaecology	K. Bhaskar Rao, N.M. Raj Chowdhary
	Manual of Obstetrics	Shirish N. Daftary Sudip Chakravarthy
	Textbook of Obstetrics	V. Padubidri Ela Anand
	Ante-natal clinics	Browne
	Text book of Obstetrics & Gynaecology	Munro kert
	Text book of gynaecology	Cowperthwaite
	Homoeopathic therapeutics as applied to obatetrics	Sheldon Leavitt
	Uterine therapeutics	Minton
	Text book of obstetrics	Guernsey
	Gems of obstetrics & Gynaecology with Homoeopathic Therapeutics	A. Deshpande
	Lady's manual of Homoeopathic treatment	Ruddock.B.H
	Repertory of the Diseases of mother & the newborn	Meera
	Diseases of the females & infants at breast	Jahr.G.H.G

# **DEPT OF MATERIA MEDICAL**

Application of Materia Medica should be demonstrated from cases in the OP and IP departments. Each student appearing for III<sup>rd</sup> BHMS shall maintain one record comprising of twenty cases (five short and fifteen long cases) which shall be evaluated by the head of department.

List of drugs included in the Syllabus of III<sup>rd</sup> BHMS Examination

In addition to the drugs mentioned for I<sup>st</sup> & II<sup>nd</sup> BHMS, the following additional drugs are included in the syllabus of Materia Medica for the 3rd BHMS Examinations-

1.	Actea spicata	2.	Adonis vernalis
3.	Antimonium ars	4.	Argentum metallicum
5.	Asafoetida	6.	Asterins rubens
7.	Baryta carb	8.	Benzoic acid
9.	Belladonna	10.	Bufo rana
11.	Caladium	12.	Calcarea curb
13.	Cannabis indica	14.	Cannabis sativa
15.	Carbo vegitabiiis	16.	Causticum
17.	Crotalus hor	18.	Crotontig
19.	Cuprum met	20.	Cyclamen
21.	Diaoscorea villosa	22.	Equisetum
23.	Graphitis	24.	Hyoscymus n
25.	Hypericum	26.	Lodum
27.	Kali carb	28.	Katisufph
29.	Kaimia iatfolia	30	Lachesis
31.	Lycopodium	32.	32. Mercurius sol
33.	Mercurius cor	34.	Mercurius sulph
35.	Moschus	36.	Murex
37.	. Muriatic acid	38.	Naiat
39.	Natrum mur	40.	Natrum phos
41.	Nitic acid	42.	Onosmodium
43.	Oxalic acid	44.	Cinchona
45	Phosphoric acid	46.	Phyphostigma
47.	Pierie aeid	48.	Plumbum met
49.	Podophylum	50.	Pulsatilla
51.	Secaler core	52.	Selenium
53.	Staphisagria	54.	Stramonium

55.	Sticta P	56.	Sulpher
57.	Sulphuric acid	58.	Symphytum
59.	Symphylinum	60.	Tabacum
61.	Taraxacum	62.	Terentula c
63.	Teribinthina	64.	Thalapsi bursa p
65.	Theridion	66.	Thuja
67.	Thyroidinum	68.	Kali bich
69.	Zincum met		

# TEACHING PLAN – MATERIA MEDICA 3<sup>RD</sup> BHMS

Theory -100 hrs

Clinical / Seminar / Tutorial - 100 hrs

Month	Topic							
1 <sup>st</sup> month of	Actea spicata / Adonis / Antim ars / Argentum met / Asafoetida / Asterias							
admission	reubens / Baryta carb / Benzoic acid							
2 <sup>nd</sup>	Belladonna / Bufo / Caladium / Calcarea carb / Cannabis indica / Cannabis sativa / Carbo veg / Causticum							
3 <sup>rd</sup>	Crotalus horridus / Croton tig / Cuprum Met / Cyclamen / Dioscorea / Equisetum / Graphites / Hyoscyamus							
4 <sup>th</sup>	Hypericum / Iodum / Kali carb / Kali sulph / Kalmia / Lachesis / Lycopodium / Merc sol							
5 <sup>th</sup>	Merc cor / Merc sulph / Moschus / Murex / Muriatic acid / Naja / Natrum mur / Natrum phos							
	6 <sup>th</sup> Month - I <sup>st</sup> Average Examination							
7 <sup>th</sup>	Nitic acid / Onosmodium / Oxalic acid / Phosphoric acid / Physostigma / Picric acid							
8 <sup>th</sup>	Plumbum met / Podophylum / Pulsatilla / Secale cor / Selenium / Staphysagria / Stramonium							
9 <sup>th</sup>	Sticta pulm / Sulphur / Sulphuric acid / Symphytum / Syphilinum / Tabacum							
10 <sup>th</sup>	Taraxacum / Tarantula cubensis / Terebinth / Thlaspi bursa / Theridion / Thuja / Thyroidinum							
11 <sup>th</sup>	Zincum met / Cinchona / Kali bich							
	11 <sup>th</sup> Month - II <sup>nd</sup> Average Examination							

Month	Topic							
12 <sup>th</sup> Month - University Examination								

# **List of Text books**

- 1. Lectures on Homoeopathic Materia Medica Kent JT
- 2. Clinical Materia Medica Farrington EA
- 3. Keynotes and Characteristics with Comparisons Allen HC
- 4. Condensed Materia Medica Hering C
- 5. Comparative Materia Medica Farrington EA
- 6. A Synoptic key of the Materia Medica Boger CM
- 7. A study on Materia Medica NM Choudhuri
- 8. Leaders in Homoeopathic Therapeutics Nash EB
- 9. Homoeopathic Drug Pictures ML Tyler
- 10. The Materia Medica of Some Important Nosodes Allen HC
- 11. Twelve tissue remedies of Schussler Boericke & Dewey
- 12. Pocket Manual of Homeopathic Materia Medica Boericke W

# **List of Reference Books**

- Materia Medica Pura Hanemann S
- 2. The Guiding Symptoms of our Materia Medica Hering C
- 3. The Encyclopedia of Pure Materia Medica Allen TF
- 4. Text Book of Materia Medica with Therapeutics Cowperthwaite
- 5. A text book of Materia Medica Lippe AD
- 6. Plain Talks on Materia Medica with Comparisons Pierce WI
- 7. A dictionary of Practical Materia Medica (3 vols) Clarke JH

- 8. Lectures on Materia Medica Dunham C
- 9. Masterkey to Materia Medica Bhanja KC
- 10. A Manual of Pharmacodynamics Hughes R
- 11. Materia Medica Viva Vithoulkas G
- 12. A Manual of Materia Medica Therapeutics and Pharmacology Blackwood AL

# III BHMS ORGANON OF MEDICINE & PRINCIPLES OF HOMOEOPATHIC PHILIOSOPHY When the student enters third year, he has already grasped basic sciences of Anatomy, Physiology, Pathology and has been introduced to Clinical Medicine, Surgery, Gynaecology and Obstetrics. Organon including Philosophy is the subject which builds up the conceptual base for the physician. It illustrates those principles which when applied in practice enable physician to obtain results which he can explain rationally and repeats them in practice with greater competence. Focus of the Education & Training should be to build up this conceptual base. This can be delivered effectively if there is proper integration of various disciplines, various knowledge through out the subject of Organon-Philosophy.

# (1) Hahnemann's Theory of Chronic Diseases

Proper emphasis should be made on the way in which each miasmatic phase evolves and the characteristic expressions which are thrown off at various level. This will bring out characteristic pattern of each miasm.

Definite attempt should be made to understand theory of Chronic Miasm in the light of Pathology & our knowledge in basic sciences of Anatomy, Physiology and Medicine. This would demand Corelation of Homoeopathic Philosophy with allied sciences.

Teacher should bring out clearly therapeutic implications of Theory of Chronic Miasm in practice. This will demand comprehension Evolution of natural disease from miasmatic angle. This will require to be correlated with applied Materia Medica. Here you demonstrate how various drugs would come up in Psoric, Sycotic and, Syphilitic state of the clinical diseases.

Thus Organon Philosophy will bring out effectively integration of Anatomy, Physiology, Psychology, Pathology, Clinical Medicine, Materia Medica and Therapeutics. This would demand greater interdepartmental co-ordination.

- (II) Hahnemann's organon of Medicine Vth & VI th editions
- (a) Kent's lectures, Robert and Stuart close works in Philosophy
- (b) Posology
- (c) Diet, Auxillary mode of Treatment
- (d) Introduction of Repertory

Student should maintain journal of 20 cases wherein throughly worked out cases from their clinical attendance would be there.

Cases should demonstrate student's work on : case taking - case analysis - evaluation - disease, diagnosis - miasm-posology - remedy selection.

Topics shall include the following:

- 1. Organon of Medicine Aph. 146 to 294 with reference to Kent. H.A Roberts & Stuart Close
  - (a) Kent Chapter 18-21, 34, 36, 37
  - (b) H.A Robert 13, 16, 18-35
  - (c) S. Close 6 -17 (Except 7, 11, 12)

2. Hahnemann's Theory of Chronic Diseases, based on the theoretical part of Chronic Diseases.

# TEACHING PLAN III BHMS Total Hrs: 110

I Semester	-55 hrs
Hahnemann's theory of chronic miasm	- 13 hrs
Aphorism 146-244	- 24 hrs
Kent - Chapters 18, 19, 20, 21	- 4 hrs
H A Robert - Chapters 13,16, 18, 19, 20, 21, 22	- 7 hrs
Examination	- 6 hrs
II Semester	- 55 hrs
II Semester Stuart Close - Chapters 6 to 17 (except 7, 11, 12)	- <b>55 hrs</b> - 9 hrs
Stuart Close - Chapters 6 to 17 (except 7, 11, 12)	- 9 hrs
Stuart Close - Chapters 6 to 17 (except 7, 11, 12) Theory of chronic miasm	- 9 hrs - 4 hrs
Stuart Close - Chapters 6 to 17 (except 7, 11, 12) Theory of chronic miasm H.A. Robert - Chapters 23 to 35	- 9 hrs - 4 hrs - 13 hrs

# **List of Text Books for III BHMS**

- 1 Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> translated with an appendix by R E Dudgeon
- 2 Lectures on Homoeopathic Philosophy by James Tyler Kent
- 3 Principles and art of cure by Homoeopathy by H A Roberts
- 4 Genius of Homoeopathy by Stuart Close
- 5 The Chronic Diseases by Dr Hahnemann

#### List of reference books

- 1 Principles of Homoeopathy by Garth Boericke
- 2 A Commentary on Organon of Medicine by B K Sarkar
- 3 Essays on Homoeopathy by B K Sarkar
- 4 Samuel Hahnemann his Life and Times by Trevor M Cook
- 5 Life of Christian Samuel Hahnemann by Rosa Waugh Hobhouse
- 6 Life and Letters of Hahnemann by Bradford
- 7 Life of Hering Knerr
- 8 Homoeopathy Medicine of the New Man by George Vitholkas
- 9 The Science of Homoeopathy by George Vitholkas
- 10 The Man Unknown by Alexis Carrel
- 11 A Comparison of Chronic Diseases by Phyllis Speight
- 12 Miasmatic Diagnosis by S K Banerjee
- 13 Miasmatic Diagnosis by K P Mazumdar
- 14 Notes on Miasma by P S Ortega
- 15 Lectures on Theory and Practice of Homoeopathy by R E Dudgeon
- 16 The Art of Case Taking and Practical Repertorisation in Homoeopathy by R P Patel
- 17 History of Medicine by Divan Harischand
- 18 Glimpses of History of Medicine by D D Banerjee
- 19 Lesser Writings by Hahnemann
- 20 Lesser Writings by J T Kent
- 21 Lesser Writings by Farrington
- 22 Lesser Writings by Boeninghausen
- 23 Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> edition by S Hahnemann Corrected, Retranslated and Redacted by Dr Mahendra Singh and Dr Subhas Singh
- 24 Hahnemann's Homoeopathy by Peter Morrell
- 25 Art of Interrogation by Pierre Schmidt

# THIRD BHMS EXAMINATION

- (i) No candidate shall be admitted to the Third BHMS examination unless he has passed the Second BHMS examination and he/she has required attendance as per regulation 7 (iii) to the satisfaction of the head of the Homoeopathic Medical College.
- (ii) The Third BHMS examination shall be held at the end of 42nd month of admission to First BHMS.
- (iii) The minimum number of hours for lecture, demonstration/practical, clinical and seminar classes in the subjects shall be as under :

Sl		Theor	Practical/Clinical							
.No		y								
		Theory	Practical/Cli	Tutorial	Seminar	Total	Grand Total			
		includin	nical							
		g	including							
		internal	internal							
01	Subject	exam	Exam							
01	Practice of Medicine &	75	75	Nil	Nil	75	150			
	Homoeo therapeutics									
	Surgery including ENT,	150	75	10	20	105	255			
	Ophthalmology & dental									
02	& Homoeo. therapeutics									
	Obstetrics & Gynaecology	150	75	10	20	105	255			
	Infant care & Homoeo.									
03	therapeutics									
04	Homoeopathic Materia Medica	120	100	10	20	130	250			
	Organon of Medicine,	120	100	10	20	130	250			
	Principles of Homoeopathic									
05	Philosophy									
06	Case taking & Repertorisation	40	Nil	Nil	Nil	Nil	40			
07	Community Medicine	80	Nil	Nil	Nil	Nil	80			
	TOTAL						1280			

(iv) Examination in Surgery shall consist of three theory papers and one practical examination. One theory paper shall be exclusively on Homoeo therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the surgical instruments, bandages and general measures related to surgery, scope of Homoeopathic therapeutics and examination and diagnosis of surgical disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.

- (v) Examination in Obstetrics & Gynaecology including infant care shall consist of three theory papers and one practical examination. One theory paper shall be exclusively on Homoeo therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the specimens, models, instruments, and general appliances related to Obstetrics, scope of Homoeopathic therapeutics and examination and diagnosis of Gynaecological disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.
- (vi) Examination in Homoeopathic Materia Medica shall consist of one theory paper and one bedside practical examination. The bedside examination shall be on two acute cases with special reference to their nosological diagnosis and therapeutic diagnosis from Homoeopathic point of view.
- (vii) Examination in Organon of medicine shall consist of one theory paper and one oral and practical.
- (viii) In order to pass the Third BHMS examination, candidates have to pass in all the subject of the examination.
- (ix) Full marks for each subject and the minimum number of marks required for passing should be as follows

# THIRD BHMS COURSE -DISTRIBUTION OF MARKS

	THEORY				ORAL & PRACTICAL							
Subject	University Exam Written	Min for pass	Int. Assessment	Total including internal assessment	University practical	Exam Viva	Total	Min for pass	Int. Assessment	Total including internal assessment	Grand Total	Aggregate minimum for pass
Surgery	100+100 +100	150	60	360	100	100	200	100	40	240	600	300
Obstetri cs & Gynaeco logy	100+100 +100	150	60	360	100	100	200	100	40	240	600	300
MATERI A	100	50	20	120	50	50	100	50	20	120	240	120

MEDICA												
Organon of Medicin e	100	50	20	120	50	50	100	50	20	120	240	120

# CASE TAKING AND REPERTORISATION (One hour per week – 40 hours)

- A. Case taking Definition, primary object, background knowledge required, importance and utility of observation in homeopathic case taking
- B. Effective methods & techniques of case taking. Pre-requisites, do's & don't's. Case taking in different clinical conditions and situations. Different methods of case taking in the class room, in clinic, open air, OPD, IPD, public & rural areas. How to set up a clinic.
- C. Repertorial approach in case taking
- D. Relevance of Organon in case taking & repertorisation. How to operationalize the concept of unprejudiced observer. Difficulties in taking chronic cases.
- E. Case taking Approach & concepts by classical authors.
- F. Standardized case record, record keeping
- G. Symptomatology- types and understating of various symptoms and their importance
- H. Anamnesis, analysis & evaluation of case
- I. Relevance of other clinical & non clinical subjects in case taking

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# FINAL BHMS DEGREE COURSE.

# PRACTICE OF MEDICINE & HOMOEOPATHIC THERAPEUTICS SYLLABUS, TEACHING PLAN, ACADEMIC PROGRAMME AND SCHEME OF EXAMINATIONS

Homoeopathy has a distinct approach to the concept of Disease. It recognizes an ailing individual by studying him as a whole rather than in terms of sick parts. It emphasizes the study of the man from his State of Health, till it travels to state of presenting illness, incorporating all major events and contributing factors in the process. The individualization study as above needs following background so that the striking aspects which are characteristic to the individual become clear in contrast to the common picture of the respective Health disturbances:

- 1. Primary correlation of the Health disturbances with basics of Anatomy-Physiology-Biochemistry
- 2. Knowledge of common evolution of study about its causation, manifestations, maintenance and prognosis details.
- 3. Knowledge about factors which will worsen and improve the disturbance including various medicines and non-medical measures and respective possible response elucidation by application of measures.

The study obviously emphasizes more on:

- A. Comprehension of Applied part.
- B. Sound clinical training at bedside to be able to apply the learning accurately

These can lead towards developing a Homoeopathic Physician who will not be deficient at the practical Science of Medicine. He should be trained in a manner in which he is not locked up in Rare syndromes as Theoretical Exercise, but as a sound clinician with adequate discrimination, sharp observation and conceptual clarity. He will then be able to mould an effective appreciation of the patient's picture utilizing his knowledge of Medicine.

To evolve the above, following distribution of Theory and Practical Training is suggested so that there is gradual but clear and firm comprehension.

#### Course of Study-3years II, III and IV BHMS

Examination will be conducted at the end of IV [Fourth BHMS]. Also in the side of the topics are suggested co-ordinations [with other department] which will improve the caliber of imparting training in Medicine. The distribution is made keeping in mind about other subjects in II, III and IV BHMS and the respective state of learning of student.

# Paper I II BHMS

- 1. Clinical Methods of Examination of patient as a whole.
- 2. Nutritional diseases Nutrition, Hygiene in co- ordination with Dept. of Community Medicine.
- 3. Climatic Factors in diseases.
- 4. Immunological Factors in diseases Epidemiology in co-ordination with Community Medicine
- 5. Genetic Factors Chronic Diseases and Miasms in co- ordination with Dept. of Organon & Philosophy.
- 6. Infectious diseases.

All the above to be followed up with respective Therapeutic Topics also

#### III BHMS

- 1. Respiratory diseases.
- 2. Alimentary Tract and Pancreatic Disease.
- 3. Liver and Biliary Tract Diseases.
- **4.** Acute Emergencies including poisons.
- **5.** Endocrinal Diseases Menstrual Disorders in co-ordination with Dept. of Gynaecology.
- **6.** Connective tissue disorders and Bones and joint disorders.

All the above to be followed up with respective Therapeutic Topics also.

# Paper II IV BHMS

- 1. Hematological diseases.
- 2. Cardiovascular system diseases.
- 3. Kidneys and Urinary Tracts diseases.
- 4. Water and electrolytes balance diseases.
- 5. Skin diseases.
- 6. CNS and peripheral nervous system diseases.
- 7. Mental diseases.
- 8. Metabolic diseases.
- 9. Pediatrics

All the above to be followed up with respective Therapeutic Topics also.

# Paper III Homoeopathic Therapeutics

[Based on the syllabus for Materia Medica of the First, Second, Third & Fourth BHMS Course]

The above in these terms will require a follow up of strong and emphatic training on Homoeopathic Therapeutics for the same. It will be conducted in IV[fourth] BHMS at the end of 3 tears of course of study in Theoretical and Practical aspects of Medicine. Eligibility for examination shall include submission of 10 complete case histories, 5 each being prepared in III and IV BHMS.

# PRACTICAL AND CLINICAL EXAMINATION

The examination procedure will include one case, to be prepared, and presented to the examiner. The examiners will put stress on

- 1. Comprehensive case taking.
- 2. Bedside procedure, investigations for diagnosis.
- 3. Principles of management.

#### **GENERAL GUIDANCE: THERAPEUTICS**

Homoeopathy has a distinct approach to disease. Concept of individualization and concept of chronic miasm makes it disinct. It recognizes an ailing individual by studying him as a whole rather then in terms of sick parts. It emphasizes the study of man from his state of Health i.e Disposition, Diathesis, Disease, taking into account all predisposing and precipitating factors i.e Fundamental Cause, Maintaining Cause & Exciting Cause.

Hahnemann's theory of chronic miasm provides us an evolutionary understanding of the chronic disease: Psora-Sycosis-Syphilis & acute manifestations of Chronic Diseases. Evolution of the natural disease shall be comprehended in the light of theory of chronic miasm. How our current knowledge of Pathology and Clinical Medicine assist in defining this must be demonstrated.

Study of therapeutics does not mean simply list of specifics for the clinical condition, but teaching of applied Materia Medica. Here we demonstrate how various drugs would come up in Psoric, Sycotic, Tubercular or Syphilitic state of the clinical conditions. Thus emphasis would be in correlating pace of evolution of disease peculiar respectively and cluster of characteristics. Thus teaching of therapeutics of Hypertension would demand delineation of various phases of hypertension taking into account what is happening to the Structure and what kind of forms are thrown off. Psoric phase would be characterized by Labile hypertension which shoots up under stress, especially with rise in systolic and manifesting flushes and emotional disturbances.

This would draw our attention to drugs like Gelsemium, Glonoine, Ferrum Met etc. This is the functional phase. Tubercular hypertension would be characterized by fairly high systolic and diastolic B.P. oscillating wildly at higher range, manifesting bleeding like epistaxis etc with erratic mental state. This will draw attention to Phosphorus, Lachesis etc.

Syphilitic dimension would be characterized by immense destructive damage to target organs like heart, kidney and retina.

Thus teaching of Therapeutics would essentially demand an effective correlation of:

- i) Knowledge of Clinical- Medicine/Surgery
- ii) Appreciation of Natural disease and its evolution in the light of Theory of chronic miasms. Thus correlation with Organon and Philosophy
- iii) Applied Materia Medica and Repertory:

Comprehending drug picture from the evolutionary angle-Boger's approach towards Materia Medica and its application for the study of various clinical patterns of Natural diseases-correlation with Materia Medica and with Repertory.

## TEACHING PLAN

#### Paper I Distribution of hours

#### **II BHMS**

1.	Clinical methods of examination of patient as a whole	10 hrs
2.	Nutritional diseases	15 hrs
3.	Climatic factors in diseases	10 hrs
4.	Immunological factors in diseases	10 hrs
5.	Genetic factors	05 hrs
6.	Infectious diseases	25 hrs

Total -75 hrs

All the above to be followed up with respective therapeutic topics also.

#### III BHMS

1.	Respiratory diseases	15 hrs
2.	Alimentary tract and pancreatic diseases	20 hrs
3.	Liver and biliary tract diseases	05 hrs
4.	Acute emergencies including poisonings	05 hrs
5.	Endocrinal diseases	15 hrs
6.	Connective tissue disorders and bones and joint disorders	15 hrs

**Total 75 hrs** 

All the above to be followed with respective therapeutic topics also.

# Paper II

#### **IV BHMS**

1.	Hematological diseases	20 hrs
2.	Cardiovascular system diseases	25 hrs
3.	Kidneys and urinary tract diseases	15 hrs
4.	Water and electrolyte balance diseases	10 hrs
5.	Skin diseases	25 hrs
6.	CNS and peripheral nervous system diseases	25 hrs
7.	Mental diseases	15 hrs
8.	Metabolic diseases	10 hrs
9.	Pediatrics	15 hrs

Total - 160 hrs

All the above to be followed with the respective therapeutic topics also.

#### ACADEMIC PROGRAMME FINAL BHMS

#### **I MONTH**

Introduction to hematology
Iron deficiency anaemia
Megaloblastic anaemia
Hemolytic anaemia
Haemoglobinopathies
Cardiac anatomy and physiology
Congenital heart diseases
Glomerulonephritis
Nephrotic syndrome
Chronic renal failure

#### **II MONTH**

Leukemias
Lymphomas
Rheumatic fever and rheumatic heart disease
Chronic valvular heart diseases
Congestive cardiac failure
Urinary tract infections
Urolithiasis
Diseases of lower genitor urinary tract
Diseases if the prostate gland

#### III MONTH

Aplastic anaemia

Bleeding and coagulation disorders

Bacterial endocarditis

Atherosclerosis

Coronary artery diseases

Hypertension

Tumours of kidney and urinary tract

Investigations in genitor urinary system

Electrolyte and acid base balance

Fluid volume overload

Fluid volume depletion

#### **IV MONTH**

Hyperkalemia

Hypokalemia

Dysnatremias

Metabolic acidosis and alkalosis

Eczema

**Psoriasis** 

Urticaria

Sexually transmitted diseases/infections

#### V MONTH

Papulosquamous lesions

Vesiculobullous lesions

Skin tumours

Diseases of hair and nails

Cardiac arrhythmias

Ischemic heart disease

Diseases of myocardium and pericardium

Corpulmonale

Peripheral vascular diseases

Diseases of aorta

#### VI MONTH [FIRST SEMESTER EXAMINATION]

#### **VII MONTH**

CNS introduction including examination and investigation

Headache

Infections of CNS

**Epilepsy** 

Involuntary movements and diseases of extrapyramidal system

Introduction to psychiatry

Organic mental disorders

Schizophrenia and delusional disorders

#### VIII MONTH

Cerebrovascular diseases

Intracranial space occupying lesions

**Pediatrics** 

Growth and developmental problems of newborn and premature infants

Congenital anomalies

Neonatal jaundice

Haemorrhagic diseases of newborn

Infections of newborn

Infantile diarrhea

Convulsions

Bronchopneumonia and acute bronchiolitis

#### **IX MONTH**

Multiple sclerosis and other demyelinating lesions

Motor neuron diseases

Diseases of cerebellum

Diseases of spinal cord, nerve root and plexuses

Mood disorders

Anxiety disorders

Obsessive compulsive disorders

#### X MONTH

Conversion disorders

Diseases of vertebral column causing neurological lesion

Diseases of peripheral nervous system

Diseases of autonomic nervous system

Myasthenia gravis

Diseases of muscles

Behavioural disorders

Mental retardation

#### XI MONTH [MODEL EXAMINATION, COMPRISING ENTIRE TOPICS]

#### XII MONTH - FINAL BHMS UNIVERSITY EXAMINATION

#### **TEXT BOOKS**

Davidson's Principles and Practice of Medicine

Text book of Practice of Medicine

-Price

Clinical Methods -Hutchison and Hunter
Bedside Medicine -Majumdar.A.R
Text book of Medicine -Cowperth Wait
Text book of Medicine -P.C.Das
Therapeutics -Lilienthal

Therapeutics -Lilienthal
Therapeutics -Dewey
Therapeutics -Raue

#### REFERENCE BOOKS

Principles of Internal Medicine -Harrison
Text book of Medicine -Cecil

Text book of Medicine

Differential diagnosis

Harvey & Bordley

Neatby & Stonhan

French index of Medicine

#### BHMS Course. Distribution of Hours for Practice of Medicine.

Year	Theory	Practical			Grand Total	
	Lecture including Internal Exams	Practical/Clinica l including Internal Exams	Tutorial	Seminar	Total	
II BHMS	75	75	Nil	Nil	75	150
III BHMS	75	75	Nil	Nil	75	150
IV BHMS	150	200	10	10	220	370

# **Model Question Papers.**

#### KERALA UNIVERSITY OF HEALTH SCIENCES.

#### **IV BHMS Degree Examination**

# **Practice of Medicine and Homoeopathic Therapeutics**

#### PAPER I

Time:3 hrs Max.Marks:100

#### **Essay Questions:-**

- 1.Define and classify pneumonias. Describe the aetiopathogenesis and diagnosis of acute Bronchopneumonia (2+4+4=10)
- 2.Describe the causes, clinical presentations and diagnosis of hypothyroidism. (2+4+4=10)

#### Write Notes on:-

- 3. Acute pancreatitis.
- 4. Mediastinal shift
- 5. Ankylosing spondylitis
- 6. Sjogren's syndrome
- 7. Heat strok
- 8. Glucose tolerance test
- 9. Fibromyalgia
- 10. Osteoarthrosis
- 11. Vit.A deficiency
- 12. Rubella

(5X10=50)

#### Write Short Notes on:-

- 13. Ketoacidosis
- 14. Primary complex
- 15. Irritable bowel syndrome
- 16. Pneumothorax
- 17. Protein energy malnutrition
- 18. Anaphylaxis
- 19. Kala-azar
- 20. Barotrauma
- 21. Genetic screening tests
- 22. Coeliac disease (3X10=30)

#### KERALA UNIVERSITY OF HEALTH SCIENCES.

#### **IV BHMS Degree Examination**

#### **Practice of Medicine and Homoeopathic Therapeutics**

#### Paper II

Time:3 hrs Max.Marks:100

#### **Essay Questions:-**

- 1. Define chronic renal failure. How will you diagnose and manage a case of end stage disease? (2+4+4=10)
- 2. Define Ataxia. What are the features of cerebellar dysfunction? How will you differentiate sensory ataxia from cerebellar ataxia? (2+4+4=10)

#### Write Notes on:-

- 3. Budd chiari syndrome
- 4. Chronic myeloid leukaemia
- 5. PET scan
- 6. Bullous impetigo
- 7. Diaper dermatitis
- 8. ASD
- 9. Multiple myeloma
- 10. Hyponatremia
- 11. Bipolar disorder
- 12. Bulbar polio (5X10=50)

#### Write Short Notes on:-

- 13. Aphasia
- 14. Urinary cast
- 15. Tetralogy of Fallot
- 16. Tread mill test
- 17. Anorexia nervosa
- 18. Haematuria
- 19. JVP in health and disease
- 20. TAO
- 21. Urticaria
- 22. Hemiplegia (3X10=30)

#### KERALA UNIVERSITY OF HEALTH SCIENCES.

#### Fourth year BHMS Degree Examination

#### Practice of medicine and Homoeopathic Therapeutics

#### **PAPER III**

Time:3 hrs Max.Marks:100

#### **Essay Questions:-**

- 1. Discuss the important medicines for thyroid enlargement due to hypothyroidism.
- 2. Discuss the important medicines for acute renal colic (10x2 = 20)

#### Write Notes on:-(give the therapeutics of)

- 3. Allergic rhinitis
- 4. Bronchiectasis
- 5. Post chikungunya arthritis
- 6. Malena
- 7. Alcoholic gastritis
- 8. Ataxia
- 9. Vitiligo
- 10. Obsessive compulsive disorders
- 11. Angina pectoris
- 12. Haemoptysis (5x10=50)

#### **Write Short Notes on:-**

- 13. Graphitis and sepia in atopic dermatitis
- 14. Nux vomica and Sabadilla in tropical eosinophilia
- 15. Agraphis nutans and Baryta carb in adenoids
- 16. Bryonia and Kalicarb in pleurodynia
- 17. Phosphorus and Sulphur in pancreatitis
- 18. Gelsemium and Glonoine in hypertension
- 19. Lilium tig and Aconite in tachycardia
- 20. Hepar sulph and Merc sol in pyoderma
- 21. Causticum and Nitric acid in verrucae
- 22. Carboveg and Selenium in Guillain-Barre syndrome (3x10=30)

#### **Answer Key**

## Paper-I

1. Acute respiratory illness with recently developed radiological pulmonary shadowing which may be segmental, lobar or multi-lobar.

#### Classification

Anatomical

Aetiological

Clinical

Community acquired

Immunocompromised

Suppurative

Aspirational

#### **Aetiology**

Lowered resistance to infection

Viral infection of URT.

Chronic respiraty diseases.

Alcoholism

Impaired bronchial drainage.

Diagnosis

By symptoms & signs.

Investigations- WBC count.

Sputum

**CXR** 

Pa CO2

2. Hypothyroidism

Causes

Autoimmune

Iatrogenic

Transient thyroiditis

Iodine deficiency

Congenital

Infiltrative

Secondary hypothyroidism

Clinical Features

constipation, ascites, bradycardia, hypertension, pericardial and pleural effusion, neuromuscular symptoms, dry skin and hair, alopecia, myxoedema, malar flush, carotenemia, vitiligo, menorrhagia, infertility, periorbital oedema.

# Diagnosis:-

Serum T4-decreased, TSH-Iincreased, serum enzymes-increased, hypercholesterolemia, anaemia, hyponatremia.

3. Causes- gall stones, alcohol, post ERCP

post surgical

trauma drugs

hypercalcemia

mumps, Coxsackie Virus

Renal failure

Severe hypothermia

Cinical Features

Constant upper abdominal pain radiates to back

Nausea & vomiting

Severe cases – hypoxia, hypovolemic shock with oliguria

Grey - Turner's sign

Cullens sign

Differential Diagnosis - perforated viscus

Acute cholecystitis

MI

Complications -systemic

Pancreatic

**GIT** 

Investigations -serumamylase

Urinaryamylase

USS CT CRP.

4. Causes

Retrosternal goiter Thymic tumoer Dermoid cyst Lymphoma Aortic aneurysm Bronchial carcinoma

Hiatus hermia Pneumothorax Pleural effusion Pulmonary fibrosas

5. More in men

Sacro-iliac joints & spine

Cinical features

Spinal – low back pain with marked stiffness

< early morning, inactivity

> movement Bamboo spine Complications - spinal fracture & spinal cord compression

Restricted movements of lumbar spine

Decreased chest expansion

Extra articular - anterior uveitis

**Prostatitis** 

Cardiovascular disease

Amyloidosis

Upper lobe pulmonary fibrosis

Investigations- Raised ESR, CRP

X-ray- bamboo spine

6. Autoimmune disease

More in females, 40 - 50 years Triad of dry eyes, dry mouth & RA

Raynauds phenomenon

Fatigue

Low grade fever

Anaemia

Peripheral neuropathy Glomerulonephrits Raised ESR, CRP Temporal artery biopsy

Investigations-

#### 7. Sudden loss of Consciousness

Prodromal – headache, dizziness, nausea, convulsions, visual disturbances, high fever, cessation of sweating.

Skin is hot, flushed, dry, rapid pulse, irregular pulse, weak pulse, low BP.

If not treated – hyper pyrexia

Management

Cooling by fanning Sprinkling water

Immersion in cold water

Use of eyes packs

IV fluids

#### 8. GTT

Indications of oral GTT

Fasting glucose-[110-126mg/dl], random glucose[140-199], unrestricted carbohydrate diet for 3 days before test, fasted overnight for at least 8 hrs, rest before test, no smoking, plasma

glucose measured before and 2 hrs after 75gm glucose load

#### **DIAGNOSIS**

Diabetes-fasting>110

2 hrs after glucose load>200

Impaired glucose tolerance-fasting<110

2 hrs after glucose load[140-199]

#### 9. Fibromyalgia

Common cause of musculoskeletal pain and disability

Causes:

Sleep abnormality-non-REM, abnormal pain processing, exaggerated skin flare response, dermatographism, allodynia,

#### **Clinical Features:**

Multiple region pain, severe fatigue, severe disability, broken sleep, poor concentration, forgetfulness, early morning stiffness, swelling of hands and fingers with numbness and tingling

#### **Tests:**

FBC, ESR, CRP, Thyroid function test, antinuclear antibody, serum calcium, serum alkaline phosphatase

#### 10. OA

After 50 years- weight bearing joints, terminal phalangeal joints, metatarso phalangeal joint of big toe, sternoclavicular Joint.

#### Causes:-

Heriditary, obesity, high bone density, aging, trauma, usage

#### Clinical Features:

Pain-variable/intermittent, <movement, >rest, brief morning stiffness.

#### Signs:-

Restricted movement, palpable or audible crepitus, swelling around joints, muscle weakness or wasting, heberden's [Bouchard's nodes]

#### Types:-

Knee OA, hip OA, young onset OA

#### Investigations:-

X-ray-narrowed joint space, osteophytes, para articular sclerosis.

#### Management:-

Rest, physiotherapy, correction of risk factors, splints

#### 11. Vit.A deficiency

#### Clinical features:-

Follicular keratosis of skin, bitot's spots, night blindness, xerophthalmia and keratomalacia,imperfect enamel formation of teeth.

#### Treatment:

60mg retinol, every 4-6 months orally; eat green leafy vegetables or carotene rich fruits.

#### 12. Rubella

Virus, IP-14-21 days,droplet or direct contact, viremia to skin joints and placenta, if placental infection occurs in first trimester severe congenital heart disease

#### Clinical features:-

Lymphadenopathy- post auricular, post cervical, sub occipital, macula popular rashes on face and trunk, petechial lesions [Forchheimer spots] on soft palate, coryza conjunctivitis, fever only on first day of rash

#### Complications:-

Congenital Cardiac Diseases / malformations in the child if the mother is affected with the disease during pregnancy especially in the first trimester is the most important aspect. Other complications include pneumonia, pancreatitis, meningitis, encephalitis etc.

#### Diagnosis:

Rubella specific IgG and IgM.

Prevention: rubella vaccine.

#### 13. Clinical features-

polyuria, thirst

Weight loss, weakness, vomiting

Leg cramps, blurred vision, abdominal pain

Signs- dehydration

Hypotension

Cold limbs, cyanosis

Tachycardia

**Kussmaul Breathing** 

Smell of acetone

Hypothermia

Investigations-

Urine for ketons, Blood for glucose

Management-

IV & insulin replacement

14. TB bacilli in the alveoli form a sub pleural lesion- a mass of granulomas leads to primary lesion- Ghon focus

Combination of primary lesion and regional lymphadenopathy is termed primary complex

#### 15. Recurrent abdominal pain

Altered bowel habits

Abdominal distension

Rectal mucus

Feeling of incomplete defecation

#### Diagnosis-Full blood count

**ESR** 

Sigmoidoscopy

Barium enema

Colonoscopy

#### 16. Air in pleural space

Types- spontaneous- primary, Secondary

Traumatic

Clinical features

Slow onset, dyspnoea, chest discomfort, chest pain, haemoptysis, cyanosis

Signs-

Chest movements- decreased on affected side

Hyperinflated chest

TVF absence

Trachea displaced

Breath sounds decreased or absent

Bronchial breath sounds

#### 17. In children as syndromes of kwashiorkor & marasmus

Causes-

famine, persistent vomiting, anorexia, malabsorption, maldigestion, increased physical activity, increased BMR

#### Cinical Features-

weight loss, thirst, weakness, hypothermia, pale dry skin, hair loss, cold blue extremities, muscle wasting, mental disturbances, distended abdomen Early weaning Education of mother

#### 18. Anaphylaxis:

Reaction caused by release of histamine and other mediators.

Causes:-

Foods, insect bite, chemicals, drugs, foreign proteins.

Clinical features:-

Loss of consciousness, angiooedema, laryngeal obstruction, conjunctivitis, flushing, sweating, wheezes, hypotension, urticaria, itching of palms and soles, diarrhoea and abdominal pain.

#### **Differential Diagnosis:-**

Syncope, MI

Management:

19. Kala-azar: Lieshmania donovani, transmitted by phlebotomus sand flies, I.P-2weeksto 1year

Clinical features:-

Fever, double peaked temperature, rigor and chills, relapse, Massive spleenomegaly, hepatomegaly, lymphadenopathy, blackish discolouration of skin, anaemia, pancytopenia, cough, epistaxis.

Diagnosis:-

Stained marrow and splenic smears shows Leishman Donovan bodies, PCR,ELISA.

DD:-

Malaria, typhoid, TB.

20. Barotrauma:

During the ascent phase of a dive, gas in diver's lungs expands due to increasing pressure and leads to lung rupture, occurs in other viscera and in middle ear and sinuses.

Management:

Nursed in horizontal position, oxygen therapy, recompression.

21. Genetic screening tests:

thrive.

USS- 1<sup>st</sup> trimester onwards, chorionic villus biopsy-from11 weeks, amniocentesis- from 14 weeks, cordocentesis- from 19 weeks

22. Coeliac disease: of small bowel, intolerance to wheat gluten and similar proteins in rye barley and oats, associated with HLA-linked autoimmune disorder.

In infants after weaning, with diarrhoea, malabsorption and failure to

In older children, delayed growth and puberty, abdominal distension In adults, tiredness, weight loss, folate and iron defiency, oral ulcers.

Investigation:-

Duodenal and jejunal biopsy,barium meal

Blood test:

Management:

correct existing deficiency, exclude oat and wheat from diet.

Complications:

Increased risk of malignancy.

#### **PAPER II**

1. It is an irreversible deterioration in renal function, developing over a period of years with loss of excretory metabolic and endocrine functions of kidney leading to the clinical signs and symptoms of renal failure.

Diagnosis:

In end stage renal failure-pt appears ill and anaemic, anorexia, nausea, fits and coma. Biochemical: blood urea and creatinine

Decrease in bicarbonate, sodium, potassium, calcium, phosphate and magnesium, increase in uric acid, hyperlipidemia, anaemia

Management.

Low protein diet, electrolyte requirements, treatment of hyperkalemia, salt and water intake.

- 2. Degenerative changes occur to varying extents in cerebellum, brain stem, pyramidal tracts, spino cerebellar tracts, optic and peripheral nerves.
  - Cerebellar ataxia: walk with a broad based gait, drunken gait, intention tremor, scanning speech, nystagmus, past pointing, rebound, hypotonia, pendular reflexes, dysmetria, dyssynergy, dysdiadokokinesia Sensory ataxia: Walking difficult in poorlight, stamping gait, hysteria
- 3. Hepatic venous obstruction, rapid upper abdominal pain, marked ascites, hepatomegaly, peripheral oedema, cirrhosis, portal hypertension *Diagnosis*:
  - LFT, ascitic fluid analysis, CT scan, MRI,liver biopsy.
- 4. Myeloproliferative stem cell disorder, granulocytic, 30-80 yrs of age, Philadelphia chromosome.

Clinical features:-

Fever with weight loss, malaise, breathlessness, anorexia, abdominal discomfort, menorrhagia, bruising, purpura, sterna tenderness, massive spleenomegaly. *Investigation*:

Normocytic normochromic anaemia, increased hb, leucocytosis, increased platelets, bonemarrow aspirate shows ph chromosome, decrease in alkaline phosphatase, increased LDH and uric acid.

- 5. Positron emission tomography: In investigation of pulmonary nodules, staging mediastinal lymph nodes in pts with Ca lungs
- 6. Superficialpurulent infection, staphylococcus, in children, large bullae last for 2- 3 days, blisters burst and crust develops
- 7. Napkin eczema in babies, due to irritant ammoniacal urine and faeces.
- 8. Most common, more in females, ostium secundum and primum defects. CF: Dyspnoea, chest infection, cardiac failure, arrhythmias, wide fixed splitting of S2, systolic flow murmur, CXR-enlarged heart and pul artery, ECG- incomplete RBBB, RV dilatation, RVH
- 9. Malignant proliferation of plasma cells which produce cytokines and stimulate osteoblast.
  - CF: Bone pain, fractures, hypercalcemia, retinal bleeding,panda eyes, carpel tunnel syndrome, nephrotic syndrome, spinal cord compression, anaemia and Bence Jones proteinuria

#### 10. Causes:

Excess sweating, GI fluid loss, renal loss, diabetes, diuretics

CF: Sunken eyes and cheeks, weakness, faintness, muscular cramps, inelastic skin, tachycardia, collapse, death.

- 11. Relapsing mood disturbance with periods of both depressed and elevated mood-genetic, drugs.
- 12. Muscles supplied by bulbar nuclei involved, facial ,palatal and pharyngeal paralysis-change in voice, dysphagia, nasal regurgitation, choking, respiratory paralysis, death.
- 13. Disorder of language content of speech, lesions in dominant hemisphere. *Types:*

Broca's, wernicke's, conduction, transcortical sensory and motor

- 14. Urinary cast: Cylindrical structures formed within kidney tubules by the coagulation of proteins-hyaline, granular, waxy, cellular, red cell, malignant cells.
- 15. Due to large right to left shunt, consists of pulmonary stenosis, over riding of VSD by aorta, VSD, rt ventricular hypertrophy.

CF: Fallots spells, relieved by squatting, stunted growth, clubbing, cyanosis, ejection systolic Murmur, ECG- right ventricular hypertrophy, boot shaped heart

16. ECG recorded during exercise on a treadmill Bruce protocol.

To confirm diagnosis of angina, stable angina, myocardial infarction

17. Eating disorder

Causes:

Genetic, environmental.

CF:

Marked weight loss, anxiety, depression, lanugo hair, anaemia, thrombocytopenia, delayedpuberty, growth retardation, amenorrhea,uremia, renal calculi, osteoporosis, constipation.

18. Causes:

In kidneys, ureter, prostate, bladder, urethra.

Investigations:

General and physical examination, urine and blood analysis, renal angiography, cystoscopy, retrograde pyelography, serum calcium and phosphorus, biopsy of prostate and kidneys.

- 19. Normal wave form with diagram and also in disease.
- 20. Usually males, 25-40 yrs, heavy smokers, medium and small arteries of legs, phlebitis, intermittent claudication, restpain, peripheral pulses altered, diagnosis by arteriography
- 21. Wheals on skin, focal dermal oedema, secondary to transient increase in capillary permeability, pruritic, angioedema.

Causes:- Autoimmune, allergens, drugs, contact, physical, infections.

22 .Paralysis of one side of the body involving arm and leg and also the face, due to lesion in corticospinal pathway-vascular, neoplastic, inflammatory, degenerative, hypotonia of affected limb, abdomen and tendon reflexes absent on both sides, extensor plantar response on hemiplegic side

#### PAPER III

- 1. Thyroidinum, Calc.fluor, Spongia, Iodum, Bromium.
- 2. .Renal colic-Bell, Berb.vul[lt side], Cantharis[lt side], Dioscorea, Lycopodium[rt side], Nux.vom[rt side], Ocimum[rt side], Tabacum[lt side], Sepia.
- 3. ) All.cepa, Ars.iod, Tuberculinum, Aralia, Sanguinaria, Lemna
- 4. Senega, Bryonia, Ant.tart, Kali.bich, Acalypha, Ipecac, Tuberculinum, Phos, Ar.alb
- 5. Actea spicata, Colchicum, Calc.fluor, Thuja, Bryonia.
- 6. Hamamelis, Bell, Aloes, Merc.cor, Carbo.veg, Ipecac, Lachesis, Millefolium, Mur.acid, Phos, Nit.acid.
- 7. Ars.alb.Bismuth, Nux.vom, Phos, Kali.bich, Merc.cor.
- 8. Arg.nit, Gelsemium, Causticum, Zinc.met, Plumb.met.
- 9. Ars.sulph.flav, Nat.mur, Nit.acid, Thuja, Syphilinum, Thyroidinum, Tuberculinum.
- 10. Anacardium, Aconite, Hyoscyamus, Thuja, Arg.nit, Ignatia, Nat.mur, Tuberculinum, Pulsatilla, Sulphur, Sepia.
- 11. Aconite, Adonis, Bryonia, Digitalis, Lilium.tig, Glonoine, Naja, Spigelia, Lith.carb, Tabacum, Kalmia
- 12. Acalypha, Arnica, All.sat, Digitalis, Ferr.phos, Hamamelis, Ipecac, Millefolium, Trillium pend.
- 13. Graphites-oozing eruptions, sticky fluid, unhealthy skin, every little injury suppurates, swelling and induration of glands; Sepia-urticaria in open air, better in warm room, herpes circinatus.
- 14. Nux.vom- easily chilled, avoid open air, snuffles after exposure to dry cold, worse warm room, acrid discharge.Sabadilla- Spasmodic sneezing, coryza, frontal head ache, redness of eyes and lachrymation, watery nasal discharge.
- 15. Agraphis-takes cold on exposure, adenoids, throat deafness, enlarged tonsils, free discharge from mucous membranes, mutinism. Baryta.carb-takes cold easily, quinsy from every cold, worse empty swallowing, over use of voice, backward mentally and physically, very averse to strangers.
- 16. Bryonia-dry cough at night, must sit up, worse eating and drinking, stitches in chest, rust coloured sputum, as if chest would fly to pieces, must support chest, coming into warm room excites cough, better lying on painful side, pressure, rest, cold; Kali.carb-Cutting pain, dry cough at 3a.m, with stitching pains, coldness of chest, worse lying on left side and painful side, better by leaning forwards.
- 17. Phos. Sharp cutting pains, empty gone sensation in abdomen, jaundice, vomiting, water is thrown up as soon as it gets warm in the stomach, better by cold food Sulphur-milk disagrees, great acidity, burning, weight like pressure ,weak and faint at about 11a.m., movements as of something alive, pain and soreness over pancreas.
- 18. Gels.-feels as if heart would cease beating if not in motion, palpitation, slow, soft, weak pulse of old age. Glon.-congestive headaches, surging of blood to head and heart, pulsating pains, pulsation throughout body, palpitation cannot go uphill, worse from sun, gas, open fire, haircut.
- 19. Lil.tig- sensation as if heart is grasped in a vice, palpitation, pain in cardiac region as of a load, angina with pain in right arm, tachycardia, irregular very rapid pulse. Acontachycardia, pain in left shoulder, palpitation with anxiety, fainting and tingling in fingers, pulse-full, hard, tense and bounding, throbbing of temporal and carotids.

- 20. Hep.sulph-abscesses,unhealthy skin, every little injury suppurates, deep cracks on hands and feet, ulcers very sensitive to contact, wants to be wrapped up warmly, chronic and recurring skin symptoms. Merc.sol-moist skin, marked sweating but no relief, vesicular and pustular eruptions, buboes, swelling of glands every time patient takes cold, itching, worse warmth of bed.
- 21. Causticum-Warts, large jagged, bleeds easily on tips of fingers and nose. Nit.acid-Warts, large jagged, bleeds easily on washing, ulcerates with zig-zag edges.
- 22. Carbo.veg-Imperfect oxidation, sluggish, fat and lazy, cyanosis, chilliness, echymoses, lowered vital power, after effects of previous illness, limbs go to sleep, cold from knees downwards. Selenium- Paralytic pain in small of back in the morning and tearing pain in hands at night, great debility, especially after exhausting diseases, sexual atony.

# IV BHMS DEGREE COURSE. MATERIA MEDICA.

Application of Materia Medica should be demonstrated from cases in the OP and IP departments. Each student appearing for IV<sup>th</sup> BHMS shall maintain one record comprising of twenty cases (five short and fifteen long cases) which shall be evaluated by the head of department.

# List of drugs included in the Syllabus of IV BHMS Examination

In addition to the drugs mentioned for  $I^{st}$ ,  $II^{nd}$  &  $III^{rd}$  BHMS, the following additional drugs are included in the syllabus of Materia Medica for the  $IV^{th}$  BHMS Examinations-

1	Ahies	
	Anies	can

- 3. Abroma Augusta
- 5. Acalypha indica
- 7. Bacilinum
- 9. Bellis per
- 11. Capsicum
- 13. Carbolic acid
- 15. Cassia saphra
- 17. Cedron
- 19. Clematis
- 21. Coffea cruda
- 23. Condurangeo
- 25. Crataegus
- 27. Eupatorium per
- 29. Flouric acid
- 31. Hellonius
- 33. Hydrocotyle as
- 35. Justicia adhotoda
- 37. lac def

- 2. Abies nig
- 4. Abrotanum
- 6. Anthrasinum
- 8. Baryta mur
- 10. Calotropis indica
- 12. Carbo animals
- 14. Carrica papaya
- 16. Caulophyllum
- 18. Cicuta virosa
- 20. Cocculus indica
- 22. Collinsonia
- 24. Corrallium
- 26. Crocus savita
- 28. Ficus religiosea
- 30. Glonoine
- 32. Hydrastis can
- 34. Jonosia asoka
- 36. Lac CAN
- 38. Lilium tig

- 39. Lithium carb
- 41. Lyssin
- 43. Magnessia mur
- 45. Melilotus
- 47. Mercurius cynatus
- 49. Mezerium
- 51. Occimum sanct
- 53. Pyrogenum
- 55. Ranunculus bulb
- 57. Rathania
- 59. Rheum
- 61. Rumex
- 63. Sabadilla
- 65. Sabina
- 67. Sangunaria
- 69. Sarasaparilla
- 71. Squilla
- 73. Syzygium jambolanum
- 75. Urtica urens
- 77. Variolinum
- 79. Vibrinum Opulus
- 81. Vipera

- 40. Lobelia inf
- 42. Magnessia carb
- 44. Medorrhinum
- 46. Mephitis
- 48. Mercurius dul
- 50. Mellifolium
- 52. Psorinum
- 54. Radium bromide
- 56. Raphanus
- 58. Rauwolfia serpentine
- 60. Rhododendrum
- 62. Ruta G
- 64. Sabal serulatta
- 66. Sambucas
- 68. Sanicula
- 70. Spigelia
- 72. Stannum met
- 74. Trillium Pendulum
- 76. Vaccinum
- 78. Veratrum viride
- 80. Vinca minor

#### **Teaching hours allotted**

Year	Theory	Tutorial / Seminar	Clinical	Total
Ist BHMS	120	25	-	145
IInd BHMS	100	25	95	225
IIIrd BHMS	100	25	75	200
IVth BHMS	100	20	75	195

Teaching Plan – IV<sup>th</sup> BHMS

Theory – 100 hrs

Clinical / Seminar / Tutorial= 75+10+10 = 95 hrs

#### **TEACHING PLAN:-**

Month	Торіс		
1 <sup>st</sup> month of	•		
admission	Anthracinum / Bacillinum / Baryta mur / Bellis per		
2 <sup>nd</sup>	Calotropis / Capsicum / Carbo animalis / Carbolic acid / Carica papaya / Cassia sophera / Caulophyllum / Cedron / Cicuta		
3 <sup>rd</sup>	Clematis / Cocculus / Coffea / Collinsonia / Cundurango / Corallium rubrum / Crataegus / Crocus sativus / Eupetorium perf		
4 <sup>th</sup>	Ficus religiosa / Flouric acid / Glonoine / Helonias / Hydrastisv/ Hydrocotyle / Jonosia Asoka / Justicea Adathoda / Lac caninum		
5 <sup>th</sup>	Lac defloratum / Lilium tig / Lithium carb / Lobelia inflate / Lyssin / Mag carb / Mag mur / Medorrhinum / Melilotus		
6 <sup>th</sup> Month - I <sup>st</sup> A	Average Examination		
7 <sup>th</sup>	Mephitis / Merc cyan / Merc dulcis / Mezereum / Millifolium / Ocimum sanctum / Psorinum / Pyrogen		
8 <sup>th</sup>	Radium brom / Ranunculus bulb / Raphanus / Ratania / Rauwolfia / Rheum / Rhododendron / Rumex		
9 <sup>th</sup>	Ruta / Sabadilla / Sabal ser / Sabina / Sambucus / Sanguinaria / Sanicula / Sarasaparilla		
10 <sup>th</sup>	Spigelia / Squilla / Stannum met / Syzigium / Trillim pendulum / Urtica urens / Vaccininum / Variolinum		
11 <sup>th</sup>	Veratrum viride / Viburnum opulus / Vinca minor / Vipera		
11 <sup>th</sup> Month - II <sup>nd</sup> Average Examination			
12 <sup>th</sup> Month - University Examination			

# **Model Question Paper:-(Paper-I)**IV BHMS DEGREE EXAMINATIONS.

# Subject:- MATERIA MEDICA.

Time 3 hrs Max Marks-100

#### **Essay Questions:-**

- 1. Describe four characteristics of Nosodes and emphasis importance of psorinum and medorrhinum as constitutional remedies.
- 2. Describe the salient features of a Lilium tig lady. (10x2=20)

Write Notes on: (compare and contrast)

- 3.Rumex and squilla -respiratory affections
- 4. Glonoine and gelsemium -headache

23

- 5. Sabina and viburnum opulus- female complaints
- 6. Mezereum and anthracinum- skin
- 7. Eupetorium and pyrogen-fever
- 8. Collinsonia and ratahnia-rectum
- 9. Abies nigra and nux vomica -GIT
- 10.Oscimum canum and beriberis-kidney
- 11. Lac defloratum and mag mur headache
- 12. Ammonium mur and lycopodium –constitution

(5x10=50)

#### Write Short Notes on:-

- 13 .Raphanus- hysteria
- 14. Cicuta –epilepsy
- 15. Abrotanum-child
- 16. Calotropis- indications
- 17. Crategus-heart
- 18. Bellis perinnis- injury
- 19. Caulophyllum- female
- 20. Vipera-phlebitis
- 21. Mercurius cyanide- throat
- 22. Condurango- cancer

(3x10=30)

# Answer key to Questions:- (Question Paper-I)

# **Essay Questions:-**

- 1.
- a. Past history of TB, cancer, syphilis
- b.C/c diseases of skin, throat, extremities
- c. Secretions foul smelling
- d.Acts on glands
- e. Conditions where best selected remedy fails.

#### **PSORINUM**

- a.Scabies vesicle
- b.Chilly with easy perspiration
- c..Ear -offensive ottorhea
- d. Asthma relieved by lying with arms spread apart
- e. Headache hungry during

#### **MEDORRHINUM**

- a.Anti sycotic
- b.Weak memory
- c.Asthma relieved by knee chest position
- d.Aggravation early morning till sunset
- e.Pelvic disorders-offensive, staining menses
- f.C/c rheumatism, burning feet
- 2. Lilium tig is more of a female remedy----Describe its uterine complaints-----Cardiac complaints with tachycardia-----Mind of the remedy,

# Notes:- (Compare and contrast):-

3.	Rumex-	Squilla-
	dry cough <least air<="" cold="" th=""><th>loose cough, post</th></least>	loose cough, post
	TB left sided	measles cough, excess secretions, polyuria
4.	Glonoine	Gelsemium-
	Sun headache	Dull,dizzy,drowsy
	congestions	Polyuria.
		Radiation
5.	Sabina-	Viburnum-
	Anti sycotic	Spasmodic
	Warts	dysmennorhea,.
	Rheumatism -Pubis to sacrum, pain with menorrhagia	>pressure
6.	Mezereum-	Anthracinum-
	Chilly, occipital eczema, scab, breeds worm with itching.	Septicemia, boils,carbuncles,with burning pain,thick tarry blood.
7.	Eupatorium- Break bone fever, influenza, chill with thirst with vomiting	Pyrogen- Pulse temperature ratio altered,tongue, delerium
8.	Collinsonia-	Ratahnia-
	Haemorrhoids, constipation, sharp sticks with heart complaints, female complaints	Piles, fissure, broken glass, burning>cold water
9.	Abies nigra-	Nux vomica-

	Old people habituated to tea, tobacco,hard boiled egg sensation,	If only I could vomit, I feel better  Chilly,irritable, ineffectual urging
10.	Ocimum canum- Rt sided, red sand in urine, vomitting	Berberis- Left sided, bubbling sensation,backache
11.	Lac defloratum- American sick headache, nausea, conatipation, menses during	Mag mur- Periodical 6 day headache Constipation
12.	Amm.mur- Lemon on match stick	Lyco- Lower part semi dropsical, upper emaciated

# **Short Notes:-**

- 13. Raphanus Globus hystericus & nymphomania
- 14. Cicuta Bending head back with violent contraction, opisthotonus
- 15. Abrotanum Marasmus, increased appetite, metastases
- 16. Calotropis- skin, elephantiasis, leprosy
- 17. Crategus- cardiac dropsy, atherosclerosis
- 18. Bellis perinnis-like arnica, bruised, deep tissue injuries, auto traumatism.
- 19. Caulophyllum-uterus atony, abortion, dysmennorhea, leucorrhea
- 20. Vipera- phlebitis, bursting sensation, modalities
- 21. Merc cyanatus- rapid prostration from the start, malignant diphtheria with haemorrhage, cyanosis, albuminuria
- 22. Condur ango-Cracks corners of mouth. Ca stomach.

## **MODEL QUESTION PAPER:- (Paper-II)**

#### IV BHMS DEGREE EXAMINATIONS.

#### **Subject:-MATERIA MEDICA**

Time: 3 hrs Max Marks: 100

#### **Essay Questions:-**

1. Name coniferae group of remedies. Describe SABINA in detail.

(3+7=10)

2. Describe LACHESIS in detail.

(10)

Write Notes on: - (Compare and contrast)

- 3. Cassia sophera and puls in respiratory complaints
- 4. Sarasaparilla and sabal serulata in urinary complaints
- 5. Bell and trillium pendulum in uterine haemorrhage
- 6. Lillium- tig and sepia in uterine prolapsed
- 7. Lithium- carb and naja in heart complaints
- 8. Lyssin and stramonium in convulsions
- 9. Calotropis and hydrocotyl in skin complaints
- 10. Abies- nigra and abies Canadensis in GIT complaints
- 11. Cedron and china in fever
- 12. Mephitis and sambucus in asthmatic complaints

 $(5 \times 10 = 50)$ 

#### Write Short Notes on:-

- 13. Corrallium cough
- 14. Ficus- religiosa haemorrhage
- 15. Baryta- mur in hypertension
- 16. Collinsonia in haemorrhoids
- 17. Lobelia in respiratory complaints
- 18. Lac- can mind
- 19. Condurango GIT
- 20. Acalypha- indica in TB
- 21. Anthracinum in ulcer
- 22. Mezerium in skin complaints

 $(3 \times 10 = 30)$ 

#### **ANSWER KEY TO QUESTIONS:- (Question Paper-II)**

# **Essay Questions:-**

I. Abies NigraAbies CanadensisSabinaTerebinthina

Thuja

#### Sabina

- Full blooded females with haemorrhagic tendencies
- Tendency to miscarriages at third month
- Pain from sacrum to pubis
- Menorrhagia
- 2. Lachesis
- Ophidia group
- Left sided complaints
- Foetid discharges
- Loquacity
- Suspicious
- Haemorrhage
- Climacteric ailments

# Notes:-

#### 3. Cassia sophera

Cough with thick yellowish expectoration
Stitching pain
>warmth

# 4. Sarsaparilla

Severe unbearable pain at conclusion of urination
Renal colic right side

#### 5. Belladonna

bright red too early too profuse haemorrhage hot pressing downwards as if contents of abdomen would issue from vulva >standing and sitting erect

#### 6. Lil tig

#### **Puls**

Cough with thick bland yellowish green expectration

Thirst less

<warmth

>open air

#### Sabal serulata

Constant desire to urinate at night Cystitis with prostatic hypertrophy

#### Trillium pendulum

Profuse gushing bright red atleast movement every two weeks
Lasting a week or longer

After overexertion too long ride

#### Sepia

Pressure and bearing down sensation as though all organs would escape <supporting vulva with hand

#### 7. Lithium carb

Chronic rheumatism associated with heart lesion Pain in the heart before menses and with pain in the bladder

#### 8. Lyssin

Convulsion from dazzling or reflected light from water or mirror From slightest touch or current of air <sight or sound of water

#### 9. Calotropis

Elephantiasis and leprosy Heals ulcers and blotches from the skin and perfects the cure Heat in the stomach is guiding symptom and primary anemia of syphilis

#### **10.** Abies Canadensis

Gnawing hungry faint feeling in epigastrium Tendency to eat far beyond the capacity for digestion

#### 11. Cedron

Periodicity, chills towards evening Frontal head ache extends to parietal region, with tearing pain with numbness of limbs

#### 12. Mephitis

Few paroxysms during day time but many at night Asthma as if inhaling sulphur Cough from talking Pressure and bearing down as if everything would protrude from pelvis, must close the limbs tightly Must sit close to prevent it

#### Naja

Pulse irregular in force, regular in rhythm Irritating dry cough in acute stage of rheumatic carditis or chronic organic lesion

#### Stramonium

Convulsions with consciousness Convulsion renewed by sight or bright light, mirror or water

#### Hydrocotyl

Great thickening of epidermoid layer and exfoliation of scales
Psoriasis gyrata on the trunk and extremities

Palms and soles

#### Abies nigra

Dyspeptic problems of the aged with functional heart symptoms Sensational hard boiled egg lodged in cardiac end of stomach

#### China

Intermittent paroxysms return every week Fever never at night Sweat profusely all over on being covered or during sleep

#### **Sambucus**

Child awakens suddenly nearly suffocated, face livid blue, child inspires but cannot expire

#### **Short Notes:-**

- <u>13</u>. Corallium cough whooping and spasmodic cough with sensitiveness.feels cold on deep inspiration. < open air
- <u>14</u>. Ficus Religiosa bright red blood from all orifices. Phthisical hemoptysis where other remedies failed.
- <u>15</u>. **Barytamur** arteriosclerosis with high systolic and comparatively low diastolic tension attended by cerebral and cardiac syptom.
- <u>16</u>. Collinsonia portal congestion resulting in haemorrhoids. Chronic painful bleeding piles. Sensation of stick, sand, gravel had lodged in rectum.
- <u>17</u>. **Lobelia** dyspnoea from constriction in middle of chest. >rapid walking.
- <u>18</u>. Lac can very forgetful, absent minded, makes purchases and walks awaywithout them. Cursing and swearing.
- <u>19</u>. Condurango cancer stomach. Cracks on corners of mouth.
- **20**. **Acalypha indica** cough dry hard. < morning and night. Bright red blood morning, dark and clotted in afternoon.

<u>21</u>.ulceration, sloughing, intolerable burning. Malignant pustule, black or blue blisters

<u>22.</u> **Mezerium** - eczema after vaccination. Yellow scabs, itch violently burn like fire. <br/>bed and touch

# IV BHMS DEGREE COURSE. ORGANON OF MEDICINE & HOMOEOPATHIC PHILIOSOPHY

Here the focus is on applied aspect of Organon & Philosophy Maximum emphasis shall be given on practice oriented teaching of Organon and Philosophy.

This can be effectively achieved by studying the various cases taken by students in OPD & IPD.

Case analysis, evaluation and synthesis takes into account the application of entire ORGANON from aphorism 1 to 294 and all principles of Philosophy as illustrated in I, II, III BHMS.

More emphasis to be given on case analysis, evaluation, Posology, Miasmatic diagnosis, potency selection and repetition of doses, second prescription, diet, regimen and other measures with principle of management during OPD and IPD visits, so that the students can have the practical knowledge of the treatment and management of the patient.

The following topics shall be taught during IV BHMS in depth:

1. Life & living environment

with reference to:

H.A Robert lecturers 3, 4, 5, 6

Kent chapters - 8,9,10,11

St. Close chapters - 2,3,6,5

2. Concept of health & factors modifying it

with reference to:

St. Close chapters- 6

H.A. Roberts chapters- 4

Kent chapters- 1,7,8,9,10,11,15

3. Concept of Susceptibility

with reference to:

Kent chapters- 8,9,14,15

H.A Roberts chapters - 7, 17

St. Close chapters- 7

4. Concept of disease & Totality

with reference to:

St. Close chapters- 6,9

H.A Roberts chapters - 11

Kent chapters- 12,30,31,32,9

5. Concept of Drug, Medicine & Remedy

with reference to:

H.A Roberts chapters- 7,12,15

St.Close chapters- 9, 13,14,15

Kent chapters- 13, 18

6. Cure, Disease, Drug relationship

with reference to:

St. Close chapters- 9,10

H.A. Robert chapters- 4,15,16,17

Kent chapters- 2,3,4,34,36,37

7. Scope & Limitations of different mode of employing medicines

with reference to:

H.A Roberts chapters- 6,4

Aphorism

Dunham chapter- 2

Hughes chapter-4

8. Classification & Evaluation of signs and symptoms

with reference to:

Hahnemann's organon of medicine

Kent chapter- 32, 33

St. Close chapters- 11, 16

H.A. Robert chapter- 11

9. Incurable d/s, Suppression & Palliation

with reference to:

Kent chapter- 37

H.A. Robert chapters- 18,19

St. Close chapters- 4,5

10. Prophylactic

with reference to:

Kent chapter 15,10

11. Scope and limitation of Homoeopathy

with reference to:

St. Close Chapter IV

12. Remedy reaction & prognonsis

with reference to:

H.A. Robert chaper -14

Kent chapter- 35

St. Close chapter- 13

13. Principles and criteria for selection of potency and repetition of dose.

- 14. Dunham: Science of Therapeutics Chapters 1-10
- 15. Hughes: Principles & Practice of Homoeopathy Chapter 1 to 10

#### Paper II

#### Chronic Miasm based on

- 1. Kent Chapters 18 to 21
- 2. H.A. Roberts Chapters 22 to 31
- 3. Stuart Close Chapter 8
- 4. J.H. Allen Chronic miasm, psora and pseudopsora full text
- 5. P.N. Banerjee Chronic Disease, its cause and cure (full text)

#### TEACHING PLAN FINAL BHMS

#### **Total Hrs: 100:-**

#### I Semester-50 hrs

General Topics 1 to 7 - 7 hrs

R. Hughes Chpt 1 to 5 - 10 hrs

Dunham chpt 1 to 5 - 15 hrs

J.H. Allen - 8 hrs

P.N. Banerji - 8 hrs

Examination - 12 hrs

#### II Semester -50 hrs

General Topic 8 to 13 - 6 hrs

R. Hugher 1 to 5 - 10 hrs

Dunham 6-10 - 10 hrs

J.H. Allen - 5 hrs

P.N. Banerji - 5 hrs

Examination - 24 hrs

# **Model Question Paper:- (Paper-I)**

#### IV BHMS DEGREE EXAMINATIONS.

Subject:- Organon of Medicine and Homoeopathic Philosophy.

Time 3hrs Total marks.100

#### **Essay questions:-**

(10x2=20)

- 1. Explain the principles of repetition of medicine according to the VI edition of Organon
- 2. Describe Homoeopathic Prophylaxis:-

#### Write notes on:-

(5x10=50)

- 3. Palliation
- 4. Characteristic symptoms
- 5. Scope of homoeopathy6. Differentiate drug and remedy
- 7. Negative general. Give examples
- 8. Susceptibility
- 9. Routes of administration of remedy
- 10. Cause of disease
- 11. History of Homoeopathy in India
- 12. Evaluation of symptoms

#### Write Short Notes on:-

(3x10=30)

- 13.Define health
- 14. Hindu medicine
- 15. Define totality of symptoms
- 16.Placebo
- 17. Define life
- 18. Key note symptom
- 19.Incurable cases
- 20. Favourite remedy
- 21. Absolute symptoms
- 22.Importance of a common symptom

# **ANSWER KEY:- (Model Question Paper:- Paper-I)**

# Subject: Organon of Medicine and Homoeopathic philosophy.

(10x2=20)Essays:-

- With reference to aphorisms 246 to 258
- Genus epidemicus history –belladonna experiment- Asiatic cholera incident-Disease prevention in aphorisms-Epidemic management Kent-Classification of preventives

<u>Notes:-</u> (5x10=50)

- 3. Palliation- definition-application –Kent's observation in palliation—law of palliation
  - 4. Characteristic symptoms-§153-boenninghausens-stuart close-general symptom Hahnemann and kent
  - 5. Scope of homoeopathy-stuart close
  - 6. Differentiate drug and remedy
  - 7. Negative general. Give examples
  - 8. Susceptibility explain on the basis of §§ -kent- stuart close
  - 9. Routes of administration of remedy-chronic diseases -§§- ingestion-olfaction-inunction-administration to mothers in breast fed infants
  - 10. Cause of disease –exciting cause-maintaining –fundamental
  - 11. History of Homoeopathy in India-introduction Hoenningberger-spread in India-present situation
  - 12. Evaluation of symptoms

Short Notes:- (3x10=30)

- 13. Define health WHO definition-explain
- 14. Hindu medicine-basic principles-
- 15. Define totality of symptoms -stuart close
- 16. Placebo
- 17. Define life -Stuart close
- 18. Key note symptom -Stuart close
- 19. Incurable cases Kent-treatment
- 20. Favorite remedy
- 21. Absolute symptoms-Garthe Boericke classification
- 22. Importance of a common symptom -Kent, IV BHMS

# **Model Question Paper:- Paper-II**

#### IV BHMS DEGREE EXAMINATIONS.

Subject:- Organon of Medicine and Homoeopathic Philosophy.

Time 3hrs Total marks 100

#### Essay questions:-

(10x2=20)

- 1. Idiosyncrasy
- 2. Deflected current

#### Write notes on:-

(5x10=50)

- 3. Record keeping
- 4. Local applications
- The dose
- 6. Substantialism
- 7. Immunity
- 8. Tuberculosis
- 9. 50 ML potency
- 10. Analysis of the case
- 11. Suppression
- 12. Deficiency Miasm

## Write Short Notes on:-

(3x10=30)

- 13. Homoeopathic Aggravation in acute diseases
- 14. Temperaments
- 15. Auxiliary symptoms
- 16. Metastasis
- 17. Infinitesimal dose
- 18. Law of mass action
- 19. Law of palliation
- 20. Internal man
- 21. Oversensitive patients
- 22. Spurious syphilis

## Answer key:- (Model Question paper:- Paper II)

## **Subject:- Organon of Medicine and Homoeopathic Philosophy.**

(10x2=20)Essays:-

- 1. Idiosyncrasy-§117,kent classification- treatment-examples
- 2. Deflected current

Notes:-(5x10=50)

- 3. Record keeping-kent
- 4. local applications-HA Roberts
- 5. The dose §§ Stuart close
- 6. Substantialism
- 7. Immunity
- 8. Tuberculosis
- 9. 50 ML potency
- 10. Analysis of the case
- 11. Suppression
- 12. Deficiency Miasm

**Short Notes:-**(3x10=30)

- 13. Homoeopathic Aggravation in acute diseases
- 14. Temperaments
- 15. Auxiliary symptoms
- 16. Metastasis
- 17. Infinitesimal dose
- 18. Law of mass action
- 19. Law of palliation
- 20. Internal man
- 21. Oversensitive patients
- 22. Spurious syphilis

- <u>LIST OF TEXT BOOKS FOR FINAL BHMS:-</u>
  1 Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> translated with an appendix by R E Dudgeon
- 2 Lectures on Homoeopathic Philosophy by James Tyler Kent
- 3 Principles and art of cure by Homoeopathy by H A Roberts
- 4 Genius of Homoeopathy by Stuart Close
- 5 The Chronic Diseases by Dr Hahnemann
- 6 Chronic Miasms J H Allen
- 7 Chronic Disease its Cause and Cure by P N Banerjee
- 8 The Principles and Practice of Homoeopathy by Richard Hughes
- 9 The Science of Therapeutics by C Dunham

## **LIST OF REFERENCE BOOKS:-**

- 1 Principles of Homoeopathy by Garth Boericke
- 2 A Commentary on Organon of Medicine by B K Sarkar
- 3 Essays on Homoeopathy by B K Sarkar
- 4 Samuel Hahnemann his Life and Times by Trevor M Cook
- 5 Life of Christian Samuel Hahnemann by Rosa Waugh Hobhouse
- 6 Life and Letters of Hahnemann by Bradford
- 7 Life of Hering Knerr
- 8 Homoeopathy Medicine of the New Man by George Vitholkas
- 9 The Science of Homoeopathy by George Vitholkas
- 10 The Man Unknown by Alexis Carrel
- 11 A Comparison of Chronic Diseases by Phyllis Speight
- 12 Miasmatic Diagnosis by S K Banerjee
- 13 Miasmatic Diagnosis by K P Mazumdar
- 14 Notes on Miasma by P S Ortega
- 15 Lectures on Theory and Practice of Homoeopathy by R E Dudgeon
- 16 The Art of Case Taking and Practical Repertorisation in Homoeopathy by R P Patel
- 17 History of Medicine byDivan Harischand
- 18 Glimpses of History of Medicine by D D Banerjee
- 19 Lesser Writings by Hahnemann
- 20 Lesser Writings by J T Kent
- 21 Lesser Writings by Farrington
- 22 Lesser Writings by Boeninghausen
- 23 Organon of Medicine 5<sup>th</sup> and 6<sup>th</sup> edition by S Hahnemann Corrected, Retranslated and Redacted by Dr Mahendra Singh and Dr Subhas Singh
- 24 Hahnemann's Homoeopathy by Peter Morrell
- 25 Art of Interrogation by Pierre Schmidt

# **CASE TAKING AND REPERTORISATION.**

# **III BHMS Topics:-**

#### (One hour per week – 40 hours for 10 months)

- A. Case taking Definition, primary object, background knowledge required, importance and utility of observation in homeopathic case taking
- B. Effective methods & techniques of case taking. Pre-requisites, do's & don't's. Case taking in different clinical conditions and situations. Different methods of case taking in the class room, in clinic, open air, OPD, IPD, public & rural areas. How to set up a clinic.
- C. Repertorial approach in case taking
- D. Relevance of Organon in case taking & repertorisation. How to operationalize the concept of unprejudiced observer. Difficulties in taking chronic cases.
- E. Case taking Approach & concepts by classical authors.
- F. Standardized case record, record keeping
- G. Symptomatology- types and understating of various symptoms and their importance
- H. Anamnesis, analysis & evaluation of case
- I. Relevance of other clinical & non clinical subjects in case taking

- J. Need of repertory, logic ,merits & de-merits and how to overcome it
- K.History & Evolution of repertory, terminologies and language of repertories
- L.Methods& techniques of repertorisation including repertorisation
- M.Classification of repertories
- N. Detailed study of Kent's repertory including rubrics and interpretations
- O. Scientific methodology of repertorisation

## Third BHMS (one hour per week- 40 hours for 10 months.)

Introduction to repertory	-1 hour
Need for a repertory	-1 hour
<ul> <li>History and evolution of repertories</li> </ul>	-5 hours
<ul> <li>Classification of repertories</li> </ul>	-5 hours
<ul> <li>Methods and techniques of repertorisation</li> </ul>	-5 hours
<ul> <li>Limitations of repertory</li> </ul>	-1 hour
<ul> <li>Steps of repertorisation</li> </ul>	-5 hour

- Kent's repertory- Introduction
  - History of Kent's repertory
  - Philosophic background
  - Plan and construction -5 hours -2 hours
- Explanation of terminologies used in Kent's repertory.
- Kent Arrangement of rubrics
  - Practical guidelines
  - Important rubrics
  - Cross references -5 hours
- Kent- concept of totality
  - Methods of working a case
  - Special features
  - Criticism -5 hours

## REFERENCE BOOKS

#### **CASE-TAKING:**

- 1. Hutchison-Clinical methods
- 2. Hahnemann Organon of medicine
- 3. How to take a case- Dunham.C
- 4. The art of case taking- Schmidt.P

#### REPERTORISATION

- 1. J, T. Kent (Enriched Indian Edition)- Repertory of the Homoeopathic Materia Medica Frederik Schoryens -Synthesis
  - Robin Murphy -Homoeopathic Medical Repertory
  - Barthel and Klunker-Synthetic Repertory
- 2. MunirAhmed Introduction to principles of Repertorisation
- 3. Evolution of Homoeopathic repertories & repertorisations- Kishore jugal
- 4. Repertorisation - Tyler, Wier

#### 1V BHMS CASETAKING AND REPERTORISATION

## (Three hour per week – 125 hours for 10 months.)

- A. Detailed study of Boenninghausen's TPB and Boger's repertory
- B. Comparative study of 3 basic repertoires
- C. Interpretation of mind rubrics, effective methods of tracing and converting mental symptoms
- E. Brief idea about Concordance repertory, Gentry's repertory, Kneer's Repertory
- F. A brief idea of various repertories- Kunzli's repertorium general, Card repertory ,Synthetic repertory, Oscar Boerike's, Repertorium homeopathicum Syntheticum (Synthesis), Murphy's repertory etc.
- G. Computer repertory- History, construction & utility of software packages in homeopathy. Concise knowledge of Hompath, RADAR, ISIS etc
- H. Correlation of case taking & repertory with clinical & non-clinical subjects

#### **Practical Works**

Students shall repertories:-

- (i) 10 acute cases on Kent.
- (ii) 5 chronic cases on Kent.
- (iii) 5 chronic cases on Boenninghausen.
- (iv) 5 chronic cases on Bogar-Boeinninghausen.
- (v) 5 cases to be cross checked on computer

#### **Examinations**

In Final Year Only Theory: 100 Marks Viva: 50 marks Practical: 50 Marks

Pass mark: 50% in theory, 50% in practical + viva voce.

Clinical postings: In final year only (3 hrs in the morning session everyday)

Examination in Case taking and Repertory shall consist of one theory paper and one practical examination. The Practical examination shall consist of the Homoeopathic principles on case taking of one long case and one short case and the methods of arriving the reportorial totality, through case analysis and actual repertorisation. The skill of finding rubrics from Kent, TPB and Boger's repertories, the case reports of the students carried out during the course shall be considered for the oral examination.

#### **IV BHMS**

## (Three hour per week – 125 hours for ten months.)

- BTP- Introduction
  - Philosophic background
  - Plan & Construction
  - Misplaced rubrics –

10 hour

•	BTP- Concept of totality	
	- Adaptability	
	- Methods of repertorisation –	08 hours
•	BTP- use of relationship section	
	- Criticism	
	- Kent's view on BTP	
	- Important rubrics –	04 hours
	important racines	01110015
•	Boger's Repertory- Introduction	
	- Philosophic background	
	- Plan & Construction	
-	Arrangement of rubrics –	07 hours
	Boger- Important use of subsections	
	- Pathological generals	
	- Important rubrics	
	- Totality -	07 hours
	Totality	o / nours
•	Boger- methods of repertorisation	
	- Special features of repertory	
	- Mind rubrics in Boger's repertory with relevance	
	- Critical study –	07 hours
•	Synthetic repertory- Brief idea only	
	- Plan & Construction	
	- Special features	
	- Methods of repertorisation –	2 hour
•	Potential differential field –	2 hour
•	Rubrics & Cross references-	2 hour
•	Origin of clinical repertories & utility –	5 hour
•	Synthesising of rubrics –	2 hour
•	Cross repertorisation –	2 hour
	Closs reperiorisation –	2 11001
•	Card repertory- Introduction	
	- merits and de-merits	
	- Evolution of card repertory	
	- Kishore's card repertory –	5 hour
•	Comparative study of 3 basic repertories – rubric wise, chapter wise, ph	ilosophical etc – 10 hour
•	Introduction to modern repertories-	_ 0 110 01
	- Synthesis	
	- Murphy	
	- Kent's repertorium general	
	- Complete repertory	
	- Boerick repertory -	10 hour
_	A brief idea about Concordance reporteries Veces & Century	2 hours
•	A brief idea about Concordance repertories – Kneer & Gentry –	∠ Hours

- Case repertorised by various repertories Practical application of various repertories 10 hours
- Interpretation of mental rubrics and methods of tracing mental symptoms 05 hours
- Training on Softwares like ISIS, RADAR, Hompath 20 hour
- Correlation of study of repertory with clinical & non-clinical subjects 05 hours

# **Model Question Paper.**

## KERALA UNIVERISTY OF HEALTH SCIENCE FINAL BHMS DEGREE EXAMINATIONS CASE TAKING & REPERTORISATION

Time: 3 Hrs Max.Marks: 100

Essay Questions: (10x2=20)

1) What is anamnesis? How past history, family history and treatment history helps in repertorisation? Explain with examples from Kent's repertory.

2) How will you use the concordance section of TBP. Explain with examples?

Write Notes on: (5x10=50)

- 3) Silent features of RADAR
- 4) Concomitant symptoms with their importance
- 5) Potential Differential Field with examples
- 6) Importance of the following years in the field of repertory---- 1846, 1881, 1959,1993
- 7) Base books used by Boger in the compilation of his repertory?
- 8) Develop the denotations- Morbus coxarius, Mentagra, Pertinacity, Forsaken, Onyx
- 9) Problems in the interpretation of mental symptoms
- 10) Give the rubric with chapter in Kent's Repertory -Honeymoon cystitis, Primary tuberculsosis, Icthyosis, Artificial behavior to impress others, Tubercular abscess knee
- 11) Give the rubric with chapter in TPB Diaphram, Dislocations, Puerperal state , illusion, Bad milk
- 12) Give the rubric with chapter in Boger's repertory Chronic vertigo, Coryza from being over heated, Sea sickness , vaccination prophylactic, fever with much perspiration

Write Short Notes on: (3x10=30)

13) Synthesis of rubrics

- 14) "Bed rock of TPB"
- 15) Criteria in the selection of rubrics
- 16) Brief note on Syntheis repertory
- 17) Brief note on concordance repertory of Gentry
- 18) Boger's concept of totality
- 19) Major classification of repertories
- 20) Difference between analysis & evaluation of symptoms
- 21) Develop abbreviations Caj, Sel, Coca
- 22) Card Repertories.

## KERALA UNIVERSITY OF HEALTH SCIENCE FINAL BHMS DEGREE EXAMINATIONS CASE TAKING & REPERTORISATION

# **Answer Key:-**

**1.** Medical History of the patient.

## **History of Past Illness**

Give Us Clue About

- Remote Aetiology
- Diagnosis
- Development Of The Disease
- Miasm

Hpi- Aetiology

- Asthma, general, eruptions, after suppressed
- injuries, genaral, chronic effects of

Hpi- Diagnosis

- Heart, Endocarditis, rheumatic
- Swelling, testes, mumps from (in infertility)

Development Of The Disease Surgically Treated Diseases in HPI Cataract

### **Family History**

Give clue towards

- 1.Diagnosis consanguinity in parents of a child with mental retardation suggest chromosoamal defects
- 2. Miasm

#### **Treatment history**

We can utilize rubrics related to treatment history from different repertories We can avoid the use of earlier prescribed remedies GENERALS – irritability...too much MEDICINE

- 2. As given in the introductory part of TPB Concordance section
- **3.** Contains Synthesis repertory, large number of books and many repertories in Encyclopedia Homeopathica, Winchip- patient management system, different types of analysis methods, easy to use, multi media clips and pictures, audio clips to explain rubrics
- **4.** Dr.Boenninghausen was the first to realize the importance of the concomitants in prescribing and constructing his repertory. Dr.Boger developed the idea fully in Boger's repertory with additions and modifications. The word concomitant means \_ existing or occurring together also known as associated symptoms.

The symptom that accompany the chief are called concomitant symptom. The concomitant bear no relation to the chief complaint than the time association. When

these symptoms cannot be explained by pathology they become the characteristic symptoms.

Concomitant arise from the inherent constitutional aspects and tend to remain constant with a patient irrespective of the nature of the disease.

Rarely found combined with the main affection, here also infrequent under the same condition in the proving.

All these belongs to the another sphere of the disease than that of the main one. Finally those which bear the distinctive marks of some drug, even if they have never before noted in the preceding relation.

- **5.** The field which differentiate medicines. A scientific method of repertorisation. Thermal modality, miasm, desires and aversions, surgically treated symptom in the past history etc used as pdf
- 6. 1845 Boenninghause's Therapeutic Pocket Book , 1881 -Herring's Analytical repertory. , 1959 -Dr. Jugal Kishores card repertory. ,1993- Homoeopathic Medical Repertory by Robin Murphy
- **7.** 1.TPB
  - 2. Repertory of anipsorics
  - 3.Repertory of apsorics
  - 4. Boenniaghausen's sides of body
  - 5. Therapeutics of intermittent fever
  - 6. Therapeutics of Whooping cough
  - 7. Aphorisms of Hippocrates
- **8.** Hip joint disease/infantile paralysis, Sycosis menti, Persist in one thing even if others disagree, feeling of being left alone, nail like opacity of cornea –mention with chapters in concerned repertory and its usefulness
- **9.** Difficult to get, many rubrics with similar dictionary meaning but different interpretation and medicines, wants to confirm from friends relatives
- **10.** Bladder- urination dysuria newly married women, chest-pthisis pulomonalis incipient, Mind- affectation, Skin eruption scaly vesicular icthyosis, Mind-affectation, Extr. Abscess knee gonarthocace
- 11. Rubrics from the concerned chapter of TPB
- **12.** Rubrics from the concerned chapter of Boger's repertory
- **13.** When a direct rubric is not available for a condition, we can combine few rubrics related to represent that condition Eg. Osteo arthrosis- Extr. Craks joints, Extr- Stifness morning, Extr.Pain Motion amel
- **14.** Doctrine of analogy

Doctrine of concomitants

Evaluation of remedies

Concordances

- **15.** Avoid rubrics with less than 5 medicines and more than 50, avoid two one more rubrics from same chapter, give importance to aetilogy in mind rubrics, select complete particulars than vague
- **16.** Full name: Repertorium homeopathicum Syntheticum

**Editor**: Frederick Schroyens

Base: 6th edition of Kent's Repertory

First edition: 1987 RADAR

Book version: 1995 Indian edition: 1996

9th version of RADAR: 2004

**RADAR** was first developed as research project at University of Namur,Belgium under supervision of Jean Fichefet who is a professor of Maths ,his sympathetic reaction after the homeopathic cure of his son was the begning of everything.

Gradations: **BOLD CAPITAL** 

**Bold roman** 

Italics roman

17. Full name: Repertory of Hering's guiding symptoms of our materia medica

Author: Clavin B Kneer (Son in law of Hering)

First edition: 1896

428 medicines, One volume, 48 chapters

#### **Gradation: 4**

**II**: most frequently verified by cures

I: remedies confirmed or verified on clinical practice

II: occasionally verified

I: less occasionally verified

Hand mark: cross reference

- @ theta mark: standing between the cured symptom and the pathological condition,
- --- symptom observed on the sick only
- : -- the perpendicular dotted line , marks observation taken from the old school such as harmonize with our law of cure.

t --- toxicological extracts

18. Quis, Quid, Ubi, qumodo, Quanto, Qubis axillus

#### 19. LEVELS OF CLASSIFICATION

Overall appearance Internal formatting

Group characteristics

#### Level.1 OVER ALL APPEARANCES

Book Repertories Card Repertories Software Packages

#### Level. 2 INTERNAL FORMATTING

Based on the internal formatting they are divided in to

- #. Puritan group
- #. Logical utilitarian group
- **20.** Analysis the act of resolving reducing or breaking the whole symptoms to pieces. Evaluation means classifying in to Mental Generals, Physical General or Particluars
- 21. Guiacum, Selenium, Cocane
- 22. Construction of first Card Repertory----Different types----Present significance.

#### **REFERENCE BOOKS**

#### **CASE-TAKING:**

- 1. Hutchison- Clinical methods
- 2. Hahnemann Organon of medicine
- 3. How to take a case- Dunham.C
- 4. The art of case taking- Schmidt. P

## **REPERTORISATION:-**

- 5. J, T. Kent (Enriched Indian Edition)- Repertory of the Homoeopathic Materia Medica 6.FrederikSchoryens-Synthesis
- 7. Robin Murphy -Homoeopathic Medical Repertory
- 8. Barthel and Klunker- Synthetic Repertory
- 9. Munir Ahmed Introduction to principles of Repertorisation
- 10. Evolution of Homoeopathic repertories & repertorisations- Kishore jugal
- 11.Repertorisation Tyler, Wier

## **COMMUNITY MEDICINE.**

## (Including Health Education and Family Medicine)

Instructions in this course should be given in the Fourth year of medical studies by lectures, Study of the cases on O.P, demonstrations and field studies. This subject is of utmost importance, and throughout the period of medical studies the attention of the student should be directed to the importance of preventive medicine and the measures for the promotion of positive health.

His function is not limited merely to prescribing homoeopathic medicines for curative purposes but he has a wider role to play, in the community. He has to be well conversant with the national health problems both or rural as well as urban areas so that he can be assigned responsibilities to play an effective role not only in the filed of curative but also of preventive and social medicine including family planning.

The study of Community Medicine will be carried out during the Third & Fourth B.H.M.S. course.

#### COMMUNITY MEDICINE---III BHMS.

- **1.Introduction** to preventive and social medicine concept, Concepts of Health and Disease, man and society: aim and scope of preventive and social medicine, social causes of disease and social problems or the sick, relation of economic factors and environment in health and disease.
- 2. Food and nutrition-food in relation to health and disease. Balanced diets. Nutritional Requirements, Nutritional deficiencies, Assessment of Nutritional Status, Social aspects of

Nutrition, and nutritional surveillance. Food processing, pasteurization of milk. Adulteration of food and food inspection, Food borne

Disease,

The minimum number of hours for lecture, demonstration/practical, clinical and seminar classes in the **Community Medicine subjects** shall be as under:

## Theory- 80 Hrs

## **COMMUNITY MEDICINE---IV BHMS.**

#### 1. Physiological hygiene:-

- (a) Air Pollution, Ventilation, Light, Noise, and Radiation
- (c) Effect of climate-humidity temperature, pressure and other meteorological conditions
- comfort zone, effect of overcrowding.
- (d) Personal hygiene (Cleanliness, rest, sleep, work) Physical exercise and training care of health in tropics.

#### 2. Environmental sanitation:

- (a) Definition and importance.
- (b) Atmospheric pollution-purification or air, air sterilization, air borne diseases.
- (c) Water supplies-sources and uses, impurities and purification. Public water supplies in urban and rural areas. Standards of drinking water, water borne diseases.
- (d) Conservancy Methods in villages, towns and cities, septic tanks, dry earth latrines water closets. Disposal of sewage, disposal of the deceased, disposal of refuge incineration.
- (e) Sanitation affairs and festivals.
- (f) Disinfection disinfectants, deodorants, antiseptics, germicides. Methods of disinfection and sterilization.
- (g) Insects-insecticides and disinfection-insects in relation to disease. Insect control.

#### 3. Medical Statistics.

Principles and elements of vital statistics

## **Preventive Medicine**

(a) General principles of prevention and control of communicable diseases. Plague, Cholera, Small Pox Djphteria, Leprosy, Tuberculosis, Malaria, Kala-Azar, Filariasis, Common viral disease e.g. Common Cold, Measles, Chicken Pox, Poliomyelitis, Chikungunya Fever; Japanese Encephalitis, H1N1; Kawasaki disease, Infective Hepatitis, Protozoal and Helminthic infections, Enteric fever, dysenteries, Food poisoning and also animal diseases transmissible to man. Their description and method of preventive spread by contact, by

droplet infection by environmental vehicles, (water, soil, food insects animals, founderies, prophylaxis and vaccination.

(b) General principles of prevention and control of non-communicable diseases e.g.

Hypertension, Stroke, Rheumatic Heart Disease; Cancer; Diabetes, Obesity; Blindness etc.

#### Natural history of diseases.

- **4. Maternal and Child Health** school health services, health education, mental hygiene-elementary principles: school medicine its aim and methods.
- **5. Family Planning** -Demography, channels of communication, National Family planning programme, knowledge, attitudes regarding contraceptive practices. Population and growth control.
- 6.Occupational Health, Mental Health;
- 7. Hospital waste Management, Disaster Management.
- 8. Health Information and Basic Medical Statistics.
- **9. Public health** administration and international health relation
- 10. Epidemology: Epidemological principles and epidemiological methods.
- 11. Homoeopathic concept of prophylaxis, vaccination, Immunology and personal hygiene. Hahnemann's view on Protection against infection in Epidemic Diseases, Suggestion for the prevention of Epidemic in general; Cure & Prevention of Scarlet Fever and Asiatic Cholera.
- **N.B.**: Field demonstration-water purification plant, infectious diseases hospitals, institutions of public health importance, field surveys, visit to industries to study occupational diseases, visit to vaccine manufacturing centers etc.

The minimum number of hours for lecture, demonstration/practical, seminar and clinical classes in the subjects shall be as under:

Sl	Th	eory	Practical/Clinical						
.No	Theory	Total	Practical/Clinical	Tutorial	Seminar	Total	Grand		
			/ internal Exam				Total		
	100	100	80	10	10	100	200		

Full marks for each subject and the minimum marks required for pass are as follows:

#### **DISTRIBUTION OF MARKS**

	THEORY				ORAL & PRACTICAL					Grand	Aggregate
Subject	Written	Minimum For pass	Int assessment	Total	Oral	Practical	Minimum For pass	Int assessment	Total	Total	minimum for pass
Community Medicine	100	50	20	120	50	50	50	20	120	240	120

# TEACHING PLAN

The minimum number of hours for lecture, demonstration/practical, seminar and clinical classes in each Chapter shall be as under:

Sl.No	Chapter	Divisions in each Chapter	Hours	Total
				Hours
01.	Introduction; Concept		10	10
	of Health & Disease			
02.	Principles of		18	28
	Epidemiology &			
	Epidemiological Methods;			
	Screening for Disease			
03	Screening for Disease		2	30
04.		I. Respiratory Infections	16	46
		II. Intestinal Infections	10	56
		III. Arthropod-born Infections	10	66
	Epidemiology of	IV. Zoonoses	10	76
	Communicable Disease	V. Surface Infections	10	86
		VI. Emerging & Reemerging Infectious	4	90
		Disease		
		VII. Hospital acquired Infection	4	94
05.		i. Cardiovascular Disease &	5	99
		Coronary Heart Disease		
		ii. Hypertension & Stroke	3	102
	Failuri da a a Colora	iii. Rheumatic Heart Diseasse	2	104
	Epidemiology of Chronic	iv. Cancer	3	107
	Non- communicable D	v. Diabetes	2	109
		vi. Obesity		
		vii. Blindness	10	119
		viii. Accidents & Injuries	=	
06.	Health Programme in		2	121
	India			

Planning  08. Preventive Medicine in Obstetrics,, Paediatrics & Geriatrics  09. Nutrition & Health  10. Environment & Health  11. Hospital waste Management  12. Disaster Management  13. Occupational Health  14. Mental Health	6	127
Obstetrics,, Paediatrics & Geriatrics  09. Nutrition & Health  10. Environment & Health  11. Hospital waste Management  12. Disaster Management  13. Occupational Health		
Geriatrics  09. Nutrition & Health  10. Environment & Health  11. Hospital waste Management  12. Disaster Management  13. Occupational Health	4	131
09. Nutrition & Health  10. Environment & Health  11. Hospital waste     Management  12. Disaster Management  13. Occupational Health		
10. Environment & Health  11. Hospital waste    Management  12. Disaster Management  13. Occupational Health		
11. Hospital waste Management  12. Disaster Management  13. Occupational Health	8	139
Management  12. Disaster Management  13. Occupational Health	12	151
12. Disaster Management  13. Occupational Health	2	153
13. Occupational Health		
1	1	154
14. Mental Health	2	156
	2	158
15. Basic Medical statistics	3	161
16. Communication for	2	163
Health education		
17. Health planning &	4	167
Homoeopathic concept of		
prophylaxis		
18. Health care of	1	168
Community		
19. International Health	2	170

# TEXT BOOKS & REFERENCE BOOKS COMMUNITY MEDICINE

# **TEXT BOOKS**

Sl. No:	Name of the book	Author	
1.	Preventive and social medicine	K. Park	
2.	Textbook of Preventive and social medicine	B.K. Ma M.C. Gupta	hajan
3.	Methods in Biostatics	Mahajan	
4.	Basics of Clinical Nutrition	Y.K.Joshi	
5.	A treatise on Hygiene & Public Health	Ghosh.B.N	
6.	The Lesser Writings of Samuel Hahnemann	R.E. Dudgeon	

#### REFERENCE BOOKS

Sl. No:	Name of the book	Author
1.	Textbook of Preventive and social medicine	Piyush, Ghai
2.	Short Textbook of PSM	Prabhakaran
3.	TB of Community Medicine	Dr. A.P. Kulkarni
4.	Principles and practice of community medicine	Asma Rahim
5.	Clinical Dietics and Nutrition	F.P. Antia
6.	Statistics for Medical students	Mukhopadhay

# **Model Question Paper**

## KERALA UNIVERISTY OF HEALTH SCIENCES FINAL BHMS DEGREE EXAMINATIONS COMMUNITY MEDICINE

Time- 3 hours Max.Marks:100

## Essay questions:-

- 1 .Describe the epidemiology, Prevention and Control of Tuberculosis.
- 2. Describe Modern sewage treatment. What are the methods of sewage disposal?

(10x2=20)

(5x10=50)

#### Write Notes on:-

- 3. Antenatal care
- 4. IUD
- 5. Feeding of Infants
- 6. Diagnosis & Prevention of different types of cancers
- 7. Control of Diabetes
- 8. Principle of Chlorination
- 9. Indices of Thermal Comfort
- 10. WHO
- 11. Clinical features of Chicken Pox
- 12. MMR & DPT

#### Write short notes on:-

- 13. Growth Chart
- 14. Juvenile delinquency
- 15. Serum Cholesterol
- 16. Vaccine Preventable Disease
- 17. Diagnosis of Leprosy
- 18. Composting
- 19. Drug abuse and Drug dependence
- 20. Functions of primary health centre
- 21. Surveillance
- 22. Health education. (3x10=30)

#### BREAK UP OF MARKS FOR PRACTICAL EXAMINATION (TOTAL 50).

- 1. Practical record 10 marks
- 2. Spotters 40 marks (10 spotters carrying 4 marks each)

## **Answer key to Model Question Paper.**

- 1. Epidemiology- Agent factor, source of infection, communicability, Host factor- age, sex, heredity, nutrition, immunity Environmental factors, Control of TB- case finding tools, sputa examination, sputum culture, mass miniature radiography, tuberculin test, RNTCP,DOTS.Prevention: BCG vaccination, chemo prophylaxis, general measures.
- 2. Primary treatment- screening grit chamber, primary sedimentation Secondary treatment-trickling filter method, activated sludge process, secondary sedimentation, sludge digestion, disposal of effluent Sea outfall, river outfall, land treatment, oxidation pond, ditches, modern sewage treatment plant.
- 3. Ante natal care-antenatal visit, prenatal advice, specific health protection, mental preparation, family planning
- 4. Types of intra uterine devices, effectiveness, advantages, contra indication, timing of insertion.
- 5. Breast feeding, artificial feeding
- 6. cancer screening, screening for cervical, breast and lung cancers.

  Prevention-primary prevention-control of tobacco and alcohol consumption, personal hygiene, radiation, occupational exposures, immunization, food drugs and cosmetics, air pollution, treatment of precancerous lesions, cancer education and legislation Secondary prevention-cancer registration, early detection, treatment.
- 7. Treatment of diabetes, glycosylated haemoglobin, self care, home blood glucose monitoring
- 8. water should be free from turbidity, chlorine demand, breakpoint chlorination, contact period, free residual chlorine
- 9. Air temperature, humidity, cooling power, effective temperature, max. allowable sweat rate.
- 10. Objectives ,membership, work of who, structure, regions.
- 11. Pre eruptive stage, eruptive stage- distribution, rapid evolution, pleomorphism, fever
- 12. MMR-diseases covered, age of administration, dose, reaction, contra indication DPT-diseases covered, types, storage, optimum age, number of doses ,interval between doses, mode of administration, reactions, contra indication
- 13. Growth chart-WHO chart, Chart used in India.
- 14. Incidence, causes, preventive measures.
- 15. Origin of cholesterol, types of lipoproteins, their normal values
- 16. Immunisation schedule, EPI
- 17. Clinical examination, bacteriological examination, foot pad culture, histamine test, test for detection of CMI
- 18. Definition, types-Bangalore method and mechanical composting.
- 19. Definition, reasons for drug dependence, criteria for calling a person as drug addict, Dependent producing drugs, symptoms of drug addiction, prevention
- 20. Functions of PHC
- 21. Definition, types of surveillance
- 22. Definition, aim and objectives, models of health education

#### FOURTH BHMS EXAMINATION

- (i) No candidate shall be admitted to the Fourth BHMS examination unless he has passed the third BHMS examination and he/ she has required attendance as per regulation 7 (iii) to the satisfaction of the head of the Homoeopathic Medical College.
- (ii)He/she should obtain a minimum of 35% marks in the internal assessment examinations. (iii) The Fourth BHMS examination shall be held at the end of 54<sup>th</sup> month of admission of First BHMS.
- (iv) The minimum number of hours for lecture, demonstration/practical, seminar and clinical classes in the subjects shall be as under:

Sl.	Subject	Theory	Practical /			Total	
No			Clinical			for practi al/clin	Grand
						ical/tu torial/ semin	Total.
		Theory	Practical/Cl	Tutorial		ar	
		includig internal exam.	inical including internal exa.	Tutoriui	Semina r		
	Practice of Medicine &	150	200	10	10	220	370
01	Homoeo therapeutics	130	200	10	10	220	370
02	Homoeopathic Materia Medica	100	75	10	10	95	195
03	Organon of Medicine, Principles of Homoeopathic Philosophy	100	75	10	10	95	195
04	Case taking & Repertorisation	125	120	10	20	150	275
05	Community Medicine	100	80	10	10	100	200
	TOTAL	575	550	50	60	660	1235

## **Scheme of examination:-**

- ( i ). Examination in Practice of Medicine including Pediatrics, Psychiatry and Dermatology shall consist of three theory papers and one bedside practical examination. One theory paper shall be exclusively on Homoeopathic therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the nosological and therapeutic diagnosis, through clinical examination, X-ray and other common diagnostic techniques and detailed case takings on long and short cases. The case reports of the students carried out during the course shall also be considered for the oral examination.
- (ii.) Examination in Case taking and Repertory shall consist of one theory paper and one practical examination. The Practical examination shall consist of the Homoeopathic principles on case taking of one long case and one short case and the methods of arriving the reportorial totality, through case analysis and actual repertorisation. The skill of finding rubrics from Kent and Boenninghausan Repertories, the case reports of the students carried out during the course shall be considered for the oralexamination.
- (iii.) Examination in Homoeopathic Materia Medica shall consist of two theory papers and one bedside practical examination. The bedside examination shall be one long case and one short case with special reference to their nosological diagnosis and therapeutic diagnosis from Homoeopathic point of view. The case reports of the students carried out during the course shall be considered for the oral examination.
- (iv.) Examination in Organon of Medicine and Principles of Homoeopathic Philosophy shall consist of two theory papers and one practical examination. The practical examination shall be on the Homoeopathic orientation of cases in relation to miasmatic diagnosis, general management, posology, second prescription etc.
- (v.) The examination in Community Medicine including Health Education and Family Welfare shall consist of one theory paper and one oral examination. The oral examination shall be on spotting and identification of specimens and matters related to the community oriented problems.

Partial appearance in the examination is allowed, provided a student get 80% attendance in all the subjects, including the subject/subjects in which he/she is not appearing. But when a student appear for an examination of a particular subject, he/she should appear its theory examination, Practical examination and viva voce.

<u>In order to pass the Fourth BHMS examination, candidates have to pass in all the subjects of the examination.</u>

Full marks for each subject and the minimum marks required for pass are as follows.

## FOURTH BHMS COURSE -DISTRIBUTION OF MARKS

		THEORY	Z .		PRAC	TICAL&	VIVA	VOCE	,		Aggreg
Subject	Univer sity Exam Writte n	Minimum For pass.	Int. Asse mark	Total in Theory	Universit y practical	Univer Viva .	Mini For pass	Int. Asse mark	Total in Pract & Viva	Grand Total Total	ate minim um for for pass
Practic e of Medici ne	300	150	60	360	100	100	100	40	240	600	300
Case taking & Reperto ry	100	50	20	120	50	50	50	20	120	240	120
Homoe opathic Materia Medica	200	100	40	240	100	100	100	40	240	480	240
Organo n of Medici ne	200	100	40	240	100	100	100	40	240	480	240
Comm unity Medici ne	100	50	20	120	50	50	50	20	120	240	120

# BREAK UP OF PRACTICAL – CLINICAL EXAMINATIONS (FROM I BHMS TO IV BHMS).

## **Anatomy**

Total marks – 100

- 1. Practical record 10
- 2. Spoting -30 (2 x 15 specimens)
- 3. Slides -25 (5 x 5 slides)
- 4. Dissection viva 35

## Physiology & Biochemistry Total marks – 100

- 1. Physiology 50 marks
  - a. Experiment 10 marks
  - b. Marks for work done 10 marks
  - c. Viva on experiment 25 marks
  - d. Practical record 5 marks.

- 2. Biochemistry 50 marks
  - a. Experiment 10 marks
  - b. Marks for work done 10 marks
  - c. Viva on experiment 25 marks
  - d. Practical record 5 marks.

## **Homeopathy Pharmacy**

#### Total marks - 50

- 1. Spotters 15 marks
- 2. Procedure 10 marks
- 3. Practical done 5 marks
- 4. Practical viva 5 marks
- 5. Herbarium 10 marks
- 6. Records 5 marks

#### Forensic medicine

#### Total marks – 50

- 1. Practical record 10
- 2. Specimens 40 (8 x 5 specimens)
- (3) marks divided as follows)
- (a) Identification of specimen 2 marks
- (b) Mode of presentation 3 marks
- (c) Medico legal importance 3 marks

## **Pathology**

#### Total marks - 50

- 1. Practical records 10 marks
- 2. Hematology 10 marks
- 3. Urine analysis 10 marks
- 4. Gramstaining 10 marks
- 5. Spotters 10 marks

#### **Surgery**

#### Total marks - 100

- 1. Case recorded 10 marks
- 2. Case presentation 20 marks
- 3. Diagnosis and investigation 30 marks
- 4. Identification of instruments 10 maks
- 5. Surgical management and therapeutics 30 marks

#### **Gynaecology**

## Total marks – 100

- 1. Case recorded 10 marks
- 2. Case presentation 20 marks
- 3. Diagnosis and investigation 30 marks
- 4. Identification of instruments 10 maks
- 5. Case management and therapeutics 30 marks

## **Community Medicine**

## Total marks - 50

- e. Practical record 10 marks
- f. Spotters 40 marks (10 spotters carrying 4 marks each)

## **Practice of Medicine**

#### Total marks – 100

- 1. Case record 10 marks
- 2. Case presentation 20 marks
- 3. Diagnosis and investigation 40 marks
- 4. Case management and therapeutics 30 marks

## **Case taking and Repertorisation**

## Total marks – 50

- 1. Case record 10 marks
- 2. Case taking 20 marks
- 3. Evaluation 10 marks
- 4. Repertorisaion 10 marks

## **Organon of medicine (II BHMS)**

#### Total marks – 50

- 1. Case taking performa 25 marks
- 2. Case taking 25 marks

## Organon of medicine (III BHMS)

## Total marks - 50

- 1. Case record 10 marks
- 2. Case taking 20 marks
- 3. Analysis and Evaluation 20 marks

## **Organon of medicine (IV BHMS)**

#### Total marks - 50

- 1. Case record 10 marks
- 2. Case taking 10 marks
- 3. Miasmatic diagnosis 10 marks
- 4. Prescription 20 marks.

#### **Materiamedica (II BHMS)**

#### Total marks – 50

- 1. Case taking Performa 25 marks
- 2. Case taking 25 marks

## Materiamedica (III BHMS) Total marks – 50

- 1. Case record 10 marks
- 2. Case taking 20 marks (Two acute cases)
- 3. Prescription 20 marks

#### Materia medica (IV BHMS)

Total marks – 100

- 1. Case record 10 marks
- 2. Case taking (a) short case 20 marks
  - (b) Long case 25 marks
- 4. Nosological and Therapeutic diagnosis 45 marks

#### RESULTS AND RE-ADMISSION TO EXAMINATION

- (i) Examining body may ensure that the results of the examination are published in time so that the student who successfully completes the BHMS examinations can complete the course in 5 ½ yrs after admission.
- (ii) Candidates who have passed in one or more subjects need not appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination with in four chances including the original examination.
- (iii) Facility to keep term: Not withstanding with the foregoing regulations, the students shall be allowed the facility to keep term on the following conditions:
  - (a) The candidate must pass the Second BHMS examination at least one term (6 months) before he is allowed to appear in the Third BHMS examination.
  - (b) The candidate must pass the Third BHMS examination at least one term (6 months) before he is allowed to appear in the Fourth BHMS examination.
- (c) No candidate shall be given more than 4 chances to appear in First BHMS examination in the same subject.
- (iv) A candidate who appears at Second or Third BHMS examinations, but fails to pass in the subject or subjects, he may be admitted to the next examination in the subject or subjects. However candidates shall be allowed to keep term as provided in (iii) above.
- (v) If a candidate fails to pass in all the subjects with in four chances in examinations, he shall be required to prosecute a further course of studying all the subjects and in all parts for one year to the satisfaction of the head of the college and appearing for examination in all the subjects.

Provided that if a student appearing for the Fourth BHMS examination has only one subject to pass at the end of prescribed chances, he shall be allowed to appear at the next examination in that particular subject and shall complete the examination with this special chance.

- (vi) The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the Central Council of Homoeopathy and arrange for conducting re-examination in those subjects within a period of thirty days form the date of such cancellation.
- (vii) Grace marks may be awarded to the students at the discretion of the University / examining body on exceptional circumstances.

## **Grading of Results:**

- a) Candidates who pass the examination in the first appearance securing sixty five percent of the total marks shall be placed in the First class. All other successful candidates shall be placed in the second class.
- b) Candidates who pass in first class and who obtain not less than seventy five percent of the marks in any subject shall be declared to have passed with Distinction in that subject.

## Ranking:-

Candidates who pass the whole examination shall be ranked in the order of proficiency as determent by the total marks obtained in the B.H.M.S examinations (I + II + III + IV B.H.M.S examinations) Ranking is only applicable for the publication of final B.H.M.S examination results. Those candidates who have passed all subjects of the BHMS course of studies in  $1^{st}$  attempt (in the regular batch) alone will be considered for giving rank certificate.

#### **EXAMINERS**

No person other than the holder of qualification prescribed for the teaching staff in Homoeopathy (Minimum Standards of Education) Regulation as amended from time to time shall be appointed as an internal or external examiner or paper-setter for the BHMS Degree Course.

#### Provided that:-

- (a) No such person shall be appointed as an examiner unless he has at least three years continuous regular teaching experience in the subject concerned, gained in a degree level Homoeopathic Medical College.
- (b) Internal examiners shall be appointed from amongst the teaching staff of the Homoeopathic Medical College.
- (c) A paper setter shall not be appointed as an internal or external examiner.

#### GENERAL GUIDELINES FOR

## ADMISSION TO EXAMINATION AND SCHEME OF EXAMINATION.

- (i) The examining Body shall ensure that the minimum number of hours for lecture/demonstration/ practical/ seminar etc. in the subjects in each examination as specified in respective regulations are followed before allowing any Homoeopathic Medical College to send the students for University examinations:
- (ii) The examining body shall ensure that the students of the Homoeopathic Medical Colleges, who do not fulfill the Homoeopathy (Minimum Standards of Education) Regulation, are not sent for the University Examination.
- (iii) Attendance: 80% attendance in a subject for appearing in the examinations is compulsory. The examining body may relax this on exceptional circumstances on individual merit.
- (iv)<u>He/she should obtain a minimum of 35% marks in the internal assessment in all the subjects in which he likes to appear for the University examinations.</u>
- (v) Each theory paper shall be of three hours duration.
- (vi) The Practical/ oral examination shall be completed immediately after the theory Examination.
- (vii) That the examining body shall hold examinations on such date and time as examining body may determine. The theory and practical examination shall be held in the premises of the Homoeopathic Medical College concerned.
- (viii) There shall be two examinations in a year. One Regular examination and another Supplementary. The supplementary examination may be conducted with in 6 months of the Regular examination.
- (ix) No student shall be permitted to join para clinical/clinical group of subjects until he has passed in all the pre clinical subjects of First BHMS for which he will be permitted not more than Four chances including the original examination.
- (x) No student shall be permitted to appear for Practical / oral examination without practical records in the Pre & Para clinical Departments & Case records in case of Clinical Departments.
- (xi) Internal Assessment:

Twenty percent of the marks of the internal assessment in Theory and Practical/Clinical + Viva voce shall be added to the marks of the University examinations for Theory and

Practical/Clinical + Viva voce respectively, for I B.H.M.S, II B.H.M.S., III B.H.M.S. & IV B.H.M.S. examinations.

Marks for internal assessment may be awarded based on the following criteria.

## Criteria for the calculation of the internal assessment.

20% of the marks of the internal assessment is added to the marks of the University examinations, both for theory and Practical / clinical separately in each subject. The marks for internal assessment in various subjects are given in the appendixes 5 to 8 of the amendment regulations 2003.

The allocation of marks for internal assessment for each subject for various phases of the BHMS degree course shall be in the following proportions:

#### THEORY:

Internal assessment examinations : 80%
 Assignment /general performance :10%
 Percentage of attendance : 10%

#### PRACTICAL / CLINICAL:

Internal assessment examinations : 80%
 Seminar / Clinical Presentation/Other assignments : 10%
 Percentage of attendance : 10%

#### **Internal assessment examinations**

During each phase of the course, Internal Assessment examinations shall be conducted both in theory and practical / clinical at an interval of 5 months. There shall be three examinations for the first BHMS course and two examinations for the Second, Third and Fourth BHMS courses. The questions for the internal assessment examinations shall be on the model of University examinations.

#### **Assignments**

Each student shall prepare assignments in each subject of examinations as specified by the concerned department. There shall be minimum three assignments for First BHMS course and two assignments for Second, Third and Fourth BHMS courses in each subject. The assignments shall be submitted to the department before each internal examination. The valued assignments shall be returned to the students.

#### **Seminar / Clinical presentations**

Each student shall be required to present a seminar / clinical case on a selected topic in each subject. The evaluation of the seminar / clinical presentation shall be done by the faculty of the concerned department, based on the seminar paper, presentation and participation in discussion.

#### "MISCELLANEOUS"

## (i) Authorities empowered to conduct examinations:

The Universities shall conduct the examination for the Degree Course in various States or the agencies empowered by an Act of Parliament.

- (ii) **Interpretation:** Where any doubt arises to the interpretation of these regulations it shall be referred to the Central Council for clarification.
- (iii) **Power to relax**: Where any University, or Medical institution in India which grants medical qualification, is satisfied that the operation of any of these regulations causes undue hardship in any particular case, that University or Medical Institution as the case may be, may by order, for reasons recorded in writing, dispense or relax the requirement of that regulation in such an extent and subject to such exceptions and conditions as it may consider necessary for dealing with the case in a just and equitable manner.

#### (iv) Saving Clause:

Any Diploma/Degree qualification, at present included in II or III Schedule to the Homoeopathy Central Council Act where nomenclature is not in consonance with these regulations shall cease to be recognized medical qualification when granted after the commencement of these regulations. However, this clause will not apply to the students who are already admitted to these courses before the enforcement of these regulations.

## (v) Transfer of students from One College to another:

- (a) A student studying in a Homoeopathic Medical College will not be allowed to migrate/transfer to another Homoeopathic Medical College under same or another University.
- (b) The University concerned can allow the migration/ transfer on exceptional cases on medical

Ground, subjected to the regulations of the University related to such migration / transfer.

(c) Cases not covered under the above regulations may be referred to the Council for

consideration on individual merits.  (d) Intimation about the admission of migrated / transferred students into any College shall be sent to the Council fore with.							
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