MD/HOMOEOPATHY ORDINANCE

FACULTY OF HOMOEOPATHY
UNIVERSITY OF DELHI
POST GRADUATE MD/HOMOEOPATHY (DEGREE)

In light of the Regulations of the National Commission for Homoeopathy and published in the Gazette Notification No. F. No. 3-42/2021/NCH/HEB/PG dated 18.03.2024, Reg. F No 3-42/2024/NCH/HEB/PG Reg. Pt .1 dated 14.02.2025

MD (HOMOEOPATHY) ORDINANCE - 2024

CHAPTER I

PRELIMINARY

1.1 FOCUS AND GOALS

The objectives of homoeopathy post-graduate training programme are as follows:–

(a) Recognize the importance of Homoeopathy in context with National priorities and health needs of the community;

(b) Practice Homoeopathy ethically and in step with the principles of the system;

(c) Develop skills as a self-directed learner recognize continuing education needs, select and use appropriate learning resources;

(d) Demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyse relevant published research literature;

(e) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures or strategies;

(f) Diagnose health problems and manage as per the scope of homoeopathy on the basis of clinical assessment, investigations etc.;

(g) Demonstrate scientific acumen by undertaking Thesis or research project using proper research methodology;

(h) Play the assigned role in the implementation of national health programmes with homoeopathy, effectively and responsibly;

(i) Organize and supervise the chosen or assigned health care services demonstrating adequate managerial skills in the AYUSH clinic or hospital or in the field; and

(j) Develop skills in using educational methods and techniques applicable to the teaching of homoeopathy medical students.

1.2 COMPONENTS OF THE POST-GRADUATE CURRICULUM (GENERAL OBEJECTIVE) :

The post-graduate curriculum shall be set in a competency based integrated framework based on the outcomes defined for each specialty subject. Among other specific constituents, it shall comprise the following, namely:

(a) Theoretical and applied knowledge;

(b) Practical, clinical, community and management related skills pertaining to the specialty subject;

(c) Completion of Thesis work;

(d) Publication or submission of a research article in a peer- reviewed scientific journal or presentation of the paper in the National Conference of the concerned society;

(e) Soft skills and attributes including interpersonal and communication skills;

(f) Training in Research Methodology, Medical Ethics and Medico legal aspects; and

(g) Professionalism and commitment to continued learning throughout professional life.

CHAPTER II

ADMISSION, COUNSELLING ETC

2.1 ELIGIBILITY CRITERIA& ADMISSION TO COURSE

(1) The eligibility for admission to M.D.(Homoeopathy) course shall be the following: -

(a) No candidate shall be admitted to M.D.(Homoeopathy) course unless he/she possesses the degree of: -

(i) Bachelor of Homoeopathic Medicine and Surgery or equivalent qualification in Homoeopathy included in the Schedule or medical qualification recognition list under the provisions of the Act, after undergoing a course of study of not less than five years and six months duration including one-year compulsory rotatory internship; or

(ii) Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule of the Homoeopathy Central Council Act, 1973 (59 of 1973), after undergoing a course of study of not less than two years duration;

(iii) **MD- Homoeopathy:**

- For 50% Delhi University Quota: The candidate must have passed the final Bachelor of Homoeopathic Medicine & Surgery (BHMS) examination from the University of Delhi, included in the Second Schedule to the Act, after undergoing a course of study of not less than five years and six months duration including one year compulsory internship in a recognized hospital on or before the specified date notified by the respective regulatory body and must have registration with National Council of Homoeopathic/Board of Homoeopathic System of Medicine/NCH.

Or

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

- For 50% All India Quota: The Candidates must have passed the final Bachelor of Homoeopathic Medicine & Surgery (BHMS) examination from any University established by law and recognized by National Council of Homoeopathic included in the Second Schedule to the Act, after undergoing a course of study of not less than five years and six months duration including one year compulsory internship in recognized hospital on or before the specified date notified by the respective regulatory body and must have registration with National Commission for Homoeopathic/Board of Homoeopathic System of Medicine.

Or

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

(iv) The dates indicated by candidates in regard to 12 months Compulsory Rotatory Internship i.e. starting date, completion date, shall be treated as final and candidates will be required to submit the original Compulsory Rotatory Internship completion certificate at the time of counselling. The cut-off date for completion of internship towards determination of eligibility for appearing shall be notified by National Commission for Homoeopathy from time to time.

(b) The candidate has registered himself with the State Board or Council, as the case may be.

2.2 <u>ENTRANCE EXAMINATION:</u>

(1) There shall be a uniform entrance examination for all Homoeopathic graduates, namely, All India AYUSH Post-Graduate Entrance Test (AIAPGET) examination for admission to the post-graduate course in medical institution in each academic year and shall be conducted by an authority designated by the National Commission for Homoeopathy:

Provided that for foreign national candidates, any other equivalent qualification approved by the Central Government may be allowed for admission and above provision of this sub-regulation shall not be applicable.

(2) No candidate obtaining less than 50 percentile in the All-India AYUSH Post-graduate Entrance Test for post-graduate course conducted for the said academic year shall be considered for such admission:

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

percentile in case of the Scheduled Castes, the Scheduled Tribes and the Other Backward Classes shall be considered for admission:

Provided further that when sufficient number of candidates in the respective categories fail to secure minimum marks in the All India AYUSH Post-graduate Entrance Test as specified above, held for any academic year for admission to post-graduate courses, the Commission may, in consultation with the Central Government, lower the marks required for admission to post-graduate course for candidates belonging to respective category and marks so lowered by the Commission shall be applicable for that academic year only.

(3) An All-India common merit list as well as State-wise merit list of the eligible candidates shall be prepared by the designated authority based on the marks obtained in the All-India AYUSH Post-graduate Entrance Test conducted for the academic year and the candidate within the respective category shall be considered for admission to post-graduate course from the said merit list.

2.3 PROCEDURE OF COUNSELLING

(1) The counselling for all admissions to the post-graduate course for seats under all India quota as well as for all Homoeopathy educational institutions established by the Central Government shall be conducted by the authority designated by the Central Government.

(2) The admission shall be done:-

(a) Through counselling as per sub-regulation (b) of regulation 2.1except for foreign nationals;

(b) by any manner other than the manner specified in these regulations shall not be approved and any institution found admitting the students in contravention of the provisions of regulation 2.1 of these regulations shall be denied permission for taking admission for subsequent academic year;

2.4 SURETY BOND: -

A bond worth Rs. 10.00 lacs with two sureties must be executed by the candidates at the time of their admission. The admission will not be valid unless and until the Bond is executed by the candidates. The proforma of Bond is available on website www.fmsc.ac.in.

The students shall have to pay the Bond money of Rs 10.00 lacs to the Institution/University in the following circumstances: -

a. If the student surrenders seat in violation of AACCC rules/instructions, after joining the allotted institution.

b. If the student leaves the course before its completion.

c. If the admission/registration of the student is cancelled/terminated by the University on account of unsatisfactory performance/misconduct/indiscipline.

Note: - In case, the AACCC confirmed that the seat surrendered by any PG candidate is utilized in the subsequent round of the counselling then the Bond Money i.e Rs. 10 lacs will not be forfeited in such cases.

2.4.1 The original certificates of the students should be kept in the institution and be returned only after paying the said bond money / or on completion of 3 years course. Thirty percent of the bond money i.e. Rs. 3 lacs thus collected will be deposited with the University (Faculty of Homoeopathic Medicine) by the institution by 31st March every year for each such candidate through NEFT/RTGS in favour of the Registrar, University of Delhi in the designated University account and the rest could be utilized by the Institution for development of P.G. teaching and training programmes.

2.5 JOINING REPORT:

The candidates, who have been admitted in the course, shall be required to join the assigned institution by stipulated date. At the time of joining, the candidate would be required to submit the following in the institution:

(i) Security Deposit: The candidates admitted to any of the course are required to deposit Rs.10,000/- as security deposit which will be refunded on completion/leaving of the course.

The provisional admission of a candidate would not be valid, if the candidate does not complete the above mentioned requirements. After complying the above mentioned requirements of joining the course the joining report of the candidate is required to be submitted by the concerned college to the office of the Deputy Registrar/Assistant Registrar (Medical), Faculty of Medical Science, through the Head of Institution concerned.

2.6 GOVERNMENT TO APPPOINT A DESIGNATED AUTHORITY FOR COUNSELLING

(1) The designated authority for counselling of fifty percent **Delhi University Quota** and fifty percent **All India Quota**, for admissions to post-graduate course in all Homoeopathic educational institutions in the States and Union territories including institutions established by the State Government, University, Trust, Society, Minority Institution, Corporation or Company shall be the respective State or Union territory in accordance with the relevant rules and regulations of the concerned State Government or Union territory Administration, as the case may be.

2.7 DISTRIBUTION OF SEATS:

(i) Delhi University Quota – 50% of the total seats in Homoeopathic Post Graduate Course per specialty are reserved for candidates who have passed BHMS from university of Delhi.

(ii) All India Quota – 50% of the total seats in the Homoeopathic Post Graduate course per specialty are open to the candidates who have passed BHMS from other universities in India.

(iii) If any seat remains vacant under All India Quota the same shall be transferred to Delhi University Quota or Vice-versa.

2.8 PROHIBITION FOR ANY STUDENT SEEKING ADMISSION IN ANY OTHER WAY THAN COUNSELLING

(1) The candidate who fails to obtain the minimum eligibility marks as referred to under sub-regulation (2.1), shall not be admitted to the post-graduate course in the said academic year.

(2) No authority or medical institution shall admit any candidate to the post-graduate course in contravention of the criteria or procedure specified in these regulations and any admission made in contravention of these regulations shall be cancelled by the Commission forthwith.

(3) The authority or medical institution which grants admission to any student in contravention of the provisions of these regulations shall be dealt with in the manner as specified under the clause (f) of sub regulation (1) of regulation 28 of the Act.

(4) The selected candidate will be required to undergo medical examination by a duly constituted medical board at the assigned institution at their own cost on the specified day. A candidate shall not be allowed to join the course, if he/she is found medically unfit for the course.

(5) The admission of the candidate shall be provisional in the first instance.

2.9 SUBMISSION OF FINAL LIST OF ADMITTED CANDIDATES

(1) The medical institutions shall have to submit the list of all admitted students in the format decided by the Commission on or before 6(six) p.m. on the cutoff date for admission decided by it from time to time;

(2) The medical institutions shall also provide the list of the admitted students who have been allotted seats through the counselling authority (Central, State or Union territory, as the case may be) except foreign nationals.

(3) The medical institution shall send the final list of admitted students to the Commission within one month of closure of admissions and the Commission shall verify the medical institution to ensure the compliance of the provisions of the regulations at any time.

2.10 RESERVATION OF SEATS

(1) The seat matrix for admission in the University of Delhi for MD (Homoeopathic) shall be fifty percent for Delhi University Quota and fifty percent for All- India quota.

(a) The reservation will be effective as per rules of the University of Delhi.

(b) Five percent of the annual sanctioned intake capacity in the Government and Government aided institutions shall be filled up by candidates with disability as specified under the provisions of the Rights of Persons with Disabilities Act, 2016 (49 of 2016).

Explanation.- For the purposes of this regulation, the specified disability contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 (49 of 2016) specified in Appendix "A" and the eligibility of candidates to pursue a course in Homoeopathy with specified disability shall be in accordance with the guidelines specified in Appendix "B". **If the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats shall be included in the annual sanctioned seats for the respective category.**

CHAPTER III

3.1 DURATION OF COURSE

i. The Course shall be regular, full time and for duration of three years.

ii. The student shall be regular and will be resident during one year of house-job in the campus and shall be given training as per the provisions of Chapter 5.1 (Training, etc.):
Provided that a student shall complete the course of M.D. (Homoeopathy) in a speciality subject within the duration of maximum six years from the date of his/her admission.

iii. Each programme shall be divided into two parts comprising of eighteen months each in M.D.(Homoeopathy) Part-I and M.D.(Homoeopathy) Part-II respectively.

iv. Postgraduate students shall maintain an e log book / log book of the work carried out by them and the training programme undergone during the period of training.

CHAPTER IV

4.1 MINIMUM STANDARDS OF REQUIREMENT

Medical institution shall satisfy the conditions pertaining to but not limited to physical infrastructure, teaching staff, clinical material and hospital as detailed in the MES and Post Graduate Degree course regulations document for post-graduate medical education of the NCH. The modifications or amendments in the MES notified by the NCH from time to time, shall have to be mandatorily followed by the medical colleges/institutions.

4.2 COMMITTEE OF COURSES AND STUDIES :

a. There shall be a COMMITTEE OF COURSES AND STUDIES (CCS) consisting of post graduate teachers. The following shall be members:-

i. Head of Institution – Chairperson

ii. One member from each Department by rotation according to seniority.
iii. Two Associate Professor by rotation according to seniority.
iv. Two Assistant Professor by rotation according to seniority.

b. All members shall be a part of the committee for two years except for the Head of the Institution who shall be a permanent member. This Committee shall make and upgrade the list of Supervisors and shall frame the thesis schedule for the session.

c. The supervisors shall be appointed preferably having teaching experience in the concerned specialty.

d. The supervisors will be selected on a seniority basis based on the seniority list of supervisors under the chairmanship of the Head of the Institution.

4.3 BOARD OF RESEARCH STUDIES :

a. The composition of BRS for the Faculty of Homoeopathy consisting of following members: -

i. Dean of the Faculty – Chairperson
ii. One Professor (nominee of the Vice Chancellor)
iii. Three Professors
iv. Two Associate Professor
v. Two Assistant Professor
vi. One Associate Professor amongst teachers from colleges, if applicable.

The selection under category (iii), (iv), (v) and (vi) above shall be by rotation as per seniority.

CHAPTER V

TRAINING

5.1 PATTERN OF TRAINING

(1) The period of training for obtaining Homoeopathy post- graduate degree in specialty subject shall be three completed years including the period of examination.

(2) In the beginning of post-graduate training, there shall be an induction programme for seven days which will comprise of –

(a) Orientation about post-graduate course; and

(b) Workshop in concerned subject specialty with subject experts.

(3) The post-graduate students shall be called Junior Resident in M.D.(Homoeopathy) Part-I and senior resident in M.D.(Homoeopathy) Part-II, in all specialty subjects of Homoeopathy post-graduate degree course.

(4) During the post-graduate course, the emphasis shall be more on clinical training and less on didactic lectures.

(5) The student should take part in seminars, group discussions, clinical meetings and journal club meetings.

(6) The student shall be required to write a Thesis as mentioned in NCH Post-graduate Degree Course Regulation 2024 – Point no. 8.

(7) The student shall be given graded responsibility in the hospital campus in the management and treatment of patients entrusted to his care as per duty roster.

(8) The student shall participate in teaching and training of under-graduate students or interns.

(9) The students shall maintain an e-Log Book or Log book and do the laboratory or clinical work keeping in view the needs of each specialty subject.

(10) A student pursuing M. D. (Homoeopathy) Course shall study in the concerned Department of the institution for the entire period as a regular student. No student is permitted to work in any laboratory or college or industry or pharmacy, while pursuing the Homoeopathy post-graduate degree programme. No student shall join any other regular degree program in any other University in India or Abroad during the period of Homoeopathy post-graduate degree course.

(11) University Grants Commission approved Certificate or Diploma courses through open distance learning or online mode may be allowed for post- graduate students for improving various skills with permission of the Head of the institute without disturbing the work or duties assigned for M.D. (Homoeopathy) course.

(12) Each year shall be taken as a unit for the purpose of calculating attendance.

(13) Every student shall mandatorily attend symposia, seminars, conferences, journal club meetings and lectures during each year as prescribed by the Department or college or University and not remain absent without any valid reasons and prior permission of the Head of the Institute.

(14) A student who has secured a minimum of seventy-five percent of attendance and shows satisfactory progress, shall be permitted to appear at M.D. (Homoeopathy) Part-I and Part-II examinations respectively.

(15) Any student who fails to complete the course in the manner stated above shall not be permitted to appear at the University examinations. A certificate to this effect shall be sent to University by the Principal of the concerned college.

(16) Every student shall maintain an e-Log Book or Logbook (separately Part-I and part-II) for M.D.(Homoeopathy) and record his participation in the training programmes conducted by the Department such as journal reviews, clinical presentations, seminars.

(17) The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution and presented in the University at the time of practical examination, if called for.

(18) Special mention shall be made of the presentations by the student as well as details of experiments or laboratory procedures conducted by the student.

(19) The presentations shall be assessed by the faculty members and peers and assessed on numeric rating scale from 1 to 10.

(20) The Institution having postgraduate training programme shall set up an academic cell/ P. G. cell/ Ethical Committee under the Principal to monitor the Postgraduate teaching and training according to the Ordinance of University of Delhi.

5.2. COMMON MANDATORY COURSE WORK-

(1) **For the MD (Homoeopathy) Part-I**, the following course work shall be common and mandatory for all post-graduate students irrespective of specialty, namely:-

(a) Course in Basic Cardiac Life Support Skills,-

(i) All post-graduate students shall complete a course in Basic Cardiac Life Support skills and get duly certified from recognised institute of the Central Government. If any student has already done this course and obtained certificate from recognised institute of the Central Government, he may choose any other course from the list of electives mentioned in clause (3) of this regulation.

(ii) The students must complete the course work within one year of the commencement of the batch.

(iii) No post-graduate student shall be permitted to appear in the M.D.(Homoeopathy) Part-I examinations without the above certification.

(b) Course in Bioethics, -

(i) All post-graduate students shall complete a course in Bioethics including Good Clinical Practices, to be conducted by the Institutes themselves or by any other method.

(ii) The students must complete the course within one year of the commencement of the batch.

(iii) No post-graduate student shall be permitted to appear in the M.D. (Homoeopathy) Part-I examination without completing the above course.

(2) **For the MD (Homoeopathy) Part-II** the following course work shall be common and mandatory for all post-graduate students irrespective of specialty: -

(a) All post-graduate students shall complete a basic course in medical education technology and be duly certified by the recognized Institute of the Central Government.

(b) All post-graduate students shall complete a course in scientific writing and be duly certified from the recognized Institute of the Central Government.

(3) The institutions shall arrange training programmes on electives such as Telemedicine, making effective presentations, use of Pub Med, Awareness in medical audit management, Health economics, Health information system, basics of statistics, exposure to human behavior and study and knowledge of homoeopathic pharmacy. It is mandatory for each student to complete any one of the above electives in the entire duration of post-graduate course.

CHAPTER VI

6.1 MIGRATION: -Under no circumstances, migration or transfer of student undergoing Homoeopathy post-graduate degree course from one college to other shall be permitted by any University or Authority.

CHAPTER VII

7.1 DEPARTMENTS, UNITS, FACULTY& COURSE OF STUDY

(1) Departments.

The subjects of specialization for Post Graduate programmes shall be as follows:-

(a) M.D. (Homoeopathy) Homoeopathic Materia Medica

(b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy

(c) M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking

(d) M.D. (Homoeopathy) Homoeopathic Pharmacy

(e) M.D. (Homoeopathy) Practice of Medicine

(f) M.D. (Homoeopathy) Pediatrics

(g) M.D. (Homoeopathy) Psychiatry

(h) M.D. (Homoeopathy) Community Medicine

(i) M.D. (Homoeopathy) Dermatology

(2) The Courses under Part-I of each programme shall be as follows:-

(a) M.D. (Homoeopathy) Homoeopathic Materia Medica,–

(i) Fundamentals of Homoeopathic Materia Medica;

(ii) Fundamentals of Clinical Medicine in Homoeopathic Materia Medica; and

(iii) Research Methodology and Biostatistics.

(b) M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy, –

(i) Fundamentals of Organon of Medicine and Homoeopathic Philosophy;

(ii) Fundamentals of Clinical Medicine in Organon of Medicine and Homoeopathic Philosophy; and

(iii) Research Methodology and Biostatistics.

(c) M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking, –

(i) Fundamentals of Repertory and Case Taking;

(ii) Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking; and

(iii) Research Methodology and Biostatistics.

(d) M.D. (Homoeopathy) Homoeopathic Pharmacy, –

(i) Fundamentals of Homoeopathy Pharmacy;

(ii) Fundamentals of Clinical Medicine in Homoeopathic Pharmacy; and

(iii) Research Methodology and Biostatistics.

(e) M.D. (Homoeopathy) Practice of Medicine, –

(i) Fundamentals of Practice of Medicine;

(ii) Fundamentals of Homoeopathy in Practice of Medicine; and

(iii) Research Methodology and Biostatistics.

(f) M.D. (Homoeopathy) Pediatrics, –

(i) Fundamentals of Pediatrics;

(ii) Fundamentals of Homoeopathy in Pediatrics; and

(iii) Research Methodology and Biostatistics.

(g) M.D. (Homoeopathy) Psychiatry, –

(i) Fundamentals of Psychiatry;

(ii) Fundamentals of Homoeopathy in Psychiatry; and

(iii) Research Methodology and Biostatistics.

(h) M.D. (Homoeopathy) Community Medicine, –

(i) Fundamentals of Community Medicine;

(ii) Fundamentals of Homoeopathy in Community Medicine; and

(iii) Research Methodology and Biostatistics.

(i) M.D. (Homoeopathy) Dermatology, –

(i) Fundamentals of Dermatology;

(ii) Fundamentals of Homoeopathy in Dermatology; and

(iii) Research Methodology and Biostatistics.

(3) For M.D. (Homoeopathy) Part-II examination, there shall be main specialty subject only with two papers.

(4) UNITS- All departments with inpatients bed will have unit structure (if applicable)

(5) FACULTY

(1) Teaching staff– There shall be minimum full time teaching staff for M.D.(Homoeopathy) (Additional to minimum teaching staff specified in the National Commission for Homoeopathy (Minimum Essential Standards for Homoeopathic Colleges and Attached Hospitals) Regulations, 2024 course as per the following table, namely:

Sr. No.	Name of Department	Professor	Associate Professor	Assistant Professor
(1)	Homoeopathic Materia Medica	1	1	1
(2)	Organon of Medicine and Homoeopathic Philosophy	1	1	1
(3)	Homoeopathic Repertory and Case Taking	1	1	1
(4)	Homoeopathic Pharmacy	1	1	1
(5)	Practice of Medicine	1	1	1
(6)	Pediatrics	1	1	1
(7)	Psychiatry	1	1	1
(8)	Community Medicine	1	1	1
(9)	Dermatology	1	1	1
(10)	Research Methodology and Biostatistics	1	1	---

(2) One Full-time Statistical Assistant shall be appointed to assist the teachers and students for statistical analysis.

CHAPTER VIII

8.1 EXAMINATIONS

(1) Eligibility for Post–graduate guide or examiner- (1) A person shall possess the following qualifications and experience for being eligible to become a guide or examiner, namely:-

(a) M.D (Homeopathy) included in the Second Schedule of the Homeopathy Central Council Act, 1973 (59 of 1973) or Medical qualification recognition list of the National Commission for Homeopathy Act, 2020 (15 of 2020); and

(b) A teacher in a Homeopathy medical institution who is in post of Associate professor or Professor in concerned speciality subject after obtaining post-graduate degree in concerned subject: Provided that teachers who are already approved as post-graduate guide shall continue to remain post-graduate guide.

Provided further that in the newly instituted speciality subjects like Dermatology and Community Medicine, teachers from under-graduate Department of Practice of Medicine and Community Medicine with Post-graduate qualification in Homeopathy and who are posted as Associate Professor or Professor shall be eligible for becoming post-graduate guide or examiner respectively. These provisions shall remain in force up to ten years from the date of notification of these regulations:

Provided also that the guide or supervisor of a post-graduate speciality shall remain the guide or supervisor for that speciality only and he cannot become guide or supervisor for more than one speciality subject.

(2) Education qualification and experience for selection of Co-guide-post-graduate degree qualification in the speciality subject as stated in clause (a) or seven years teaching in a college recognized by the National Commission for Homoeopathy:

(3) The teaching faculty of a particular medical institution are only eligible to become guide or supervisor of the post-graduate students of that institution. The subject wise guide list shall be approved by the concerned University.

(4) Student guide ratio-

(i) The student guide ratio shall be 3:1 if the guide is a Professor cadre.
(ii) Guide ratio shall be 2:1 if the guide is of Associate Professor cadre.
(iii) Guide ratio shall be 1:1 if the guide or Supervisor is of Lecturer cadre.

8.2 SCHEME OF ASSESSMENT–

(1) The Assessment for each programme shall be formative and summative type. The details of the formative assessment shall be worked out separately for each specialty in the framework of competency based assessment framework. A record of these would be

maintained and due weightage may be accorded to these. The candidate shall be required to perform satisfactorily in formative assessment before being eligible to appear for the summative assessment. This will hold true for M.D. (Homoeopathy) Part-I as well as M.D. (Homoeopathy) Part-II and the summative assessment would comprise of:-

(a) Written paper; and

(b) Clinical or practical and Viva-Voce examination.

(2) Schedule of assessment:- Schedule of assessment shall be as following table, namely:-

Table

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	1st term test - During sixth month of training	During eighteenth month of training
	2nd term test :- During twelfth month of training	
M.D.(Hom.) Part- II	1st term test - During twenty fourth month of training	During thirty sixth month of training
	2nid term test :- During thirtieth month of training	

(3) M.D. (Homoeopathy) Part-I examination –Maximum marks for each subject and minimum marks required to pass shall be as follows, namely: -

(a) M.D. (Homoeopathy) Homoeopathic Materia Medica:–

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Homoeopathic Materia Medica	100	50	200*	100*
Paper-II	Fundamentals of Clinical Medicine in Homoeopathic Materia Medica	100	50	(160+40) [Summative assessment-160 marks] [Internal assessment-40 marks]	(80+20) [Summative assessment-80 marks] [Internal assessment-20 marks]
Paper-III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva voce) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20) marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment.

(b) **M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy**:–

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Maximum marks
Paper- I	Fundamentals of Organon of Medicine and Homoeopathic philosophy	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamentals of Clinical Medicine in Organon of Medicine and Homoeopathic philosophy	100	50	--	--
Paper- III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(c) M.D.(Homoeopathy)Homoeopathic Repertory and Case taking: –

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Homoeopathic Repertory and Case Taking	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamentals ofClinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
Paper- III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40

marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(d) M.D.(Homoeopathy)Homoeopathic Pharmacy:–

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentals of Homoeopathic Pharmacy	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamentals of Clinical Medicine in Homoeopathic Pharmacy	100	50		
Paper- III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(e) **M.D.(Homoeopathy)Practice of Medicine:–**

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Practice of Medicine	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamentals of Homoeopathy in Practice of Medicine	100	50		
Paper- III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(f) M.D.(Homoeopathy) Paediatrics:–

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper- I	Fundamentalsof Pediatrics	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper- II	Fundamental of Homoeopathy in Pediatrics	100	50		
Paper- III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(g) M.D.(Homoeopathy)Psychiatry:–

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Psychiatry	100	50	200* (160+40) [Summative assessment- 160 marks] [Internal assessment- 40 marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment- 20 marks]
Paper-II	Fundamentals of Homoeopathy in Psychiatry	100	50		
Paper-III	Research Methodology and Biostatistics	100	50	--	--

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40

marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(h) M.D.(Homoeopathy)Community Medicine:–

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper-I	Fundamentals of Community Medicine	100	50	200* (160+40) [Summative assessment- 160 marks][Internal	100* (80+20) [Summative assessment- 80 marks][Internal
Paper-II	Fundamentals of Homoeopathy in Community Medicine	100	50 assessment-40 marks] assessment-20marks]		
Paper- III					
Research Methodology and Biostatistics	100	50----			

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(i) M.D.(Homoeopathy)Dermatology: –

Subjects		Theory		Practical or Clinical examination including Viva-Voce	
		Maximum marks	Pass marks	Maximum marks	Pass marks
Paper - I	Fundamentals of Dermatology	100	50	200* (160+40) [Summative assessment-160 marks][Internal assessment-40marks]	100* (80+20) [Summative assessment- 80 marks] [Internal assessment-20marks]
Paper-II	Fundamentals of Homoeopathy in Dermatology	100	50		
Paper-III	Research Methodology And	100	50	--	- -

	Biostatistics				

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

(4) M.D. (Homoeopathy) Part-II examination –Maximum marks for each subject and minimum marks required to pass shall be as follows :-

Subjects	**Theory**		**Practical or clinical exams including Viva-Voce and Thesis**	**Pass marks**
	Maximum marks	**Pass marks**	**Maximum marks**	**Pass marks**
(i)Specialty Subject Paper-I	100	50	200*(160+40) [Summativeassessment-160 marks] [Internal assessment- 40 marks]	100* (80+20)[Summative assessment-80marks][Internal assessment- 20marks]
(ii) Specialty Subject Paper-II	100	50		

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty percent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty percent weightage shall be for summative assessment).

8.3 GUIDELINES FOR EXAMINATION SHALL BE AS FOLLOWS :-

(a) The theory examination shall have **forty percent** marks for short answer questions and **forty percent** marks for long explanatory answer questions that includes descriptive, case scenario and clinical application-based questions and **twenty percent** marks for problem-based question and these questions shall cover the entire syllabus of the subject;

(b) Minimum marks required for passing the examination shall be **fifty percent** in theory component and **fifty percent** in practical or clinical component (that include practical, clinical, Viva-Voce) separately in each subject;

(c) Each theory examination shall be of three hours duration;

(d) viva-voce or practical or clinical examination and assessment of Thesis in each specialty subject, to be held by not less than four examiners together, out of whom two shall be external examiners and two shall be internal examiners;

(e) Four examiners shall jointly assess the knowledge of each student for recommending the result to the University. Average marks of four examiners shall be considered for assessment of the student;

(f) The University shall allow to conduct the examination for failed students within six months from declaration of the results;

(g) The University shall conduct not more than two examinations in a year, for any subject, with an interval of not less than six months between the two examinations;

(h) M.D. (Homoeopathy) Part-I examination is to be held in eighteenth month after completion of house job of one year duration;

(i) a student not passing examination in a subject of M.D. (Homoeopathy) Part-I course shall reappear in all parts of that subject but only one chance to re-appear in that subject of examination shall be provided failing which he has to re-appear in examination in all the subjects (in all parts) of M.D. (Homoeopathy) Part-I course;

(j) Results declared by the University shall be displayed as marks obtained in theory or practical or clinical or Viva-Voce examination as well as Thesis assessment separately;

(k) The maximum number of students to be examined in clinical or practical and Viva-Voce examinations on any day shall not exceed ten for M.D. (Homoeopathy) examinations.

8.4 <u>VALUATION OF EXAMINATION PAPERS SHALL BE AS FOLLOWS</u>: -

(a) All eligible examiners for post-graduate examinations can perform the valuation of the answer scripts;

(b) All the answer scripts shall be subjected for two valuations by the concerned University. The highest of the total marks awarded by the two evaluators for the paper, which is rounded off to the nearest value, shall be considered for computation of the results;

(c) All the answer scripts, where the difference between two valuations is more than ten per cent of the total marks prescribed for the paper, may be subjected to third valuation;

(d) the highest of the best two total marks, awarded by the three valuators for the paper, rounded off to the nearest value, shall be considered for final computation of the results;

(e) After the computation and declaration of the results, re-evaluation is not permitted by any authority under any circumstances;

(f) All the Health Universities or Institutions imparting post-graduate courses shall develop a platform for bar-coded digital valuation.

8.5 EVERY CANDIDATE SEEKING ADMISSION TO M.D. (HOMOEOPATHY) PART-I OF THE EXAMINATION SHALL SUBMIT APPLICATION TO THE UNIVERSITY WITH THE FOLLOWING DOCUMENTS:

(a) A Certificate from the Principal or Head of the institution or college (where course is imparted) about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination;

(b) A Certificate of having completed one-year house job in a Homoeopathic hospital as an essential part of the course;

(c) A Certificate from the Guide regarding submission of protocols within the time specified in these regulations;

(d) Minimum seventy-five percent attendance is required to become eligible for appearing in M.D.(Homoeopathy) Part – I examinations;

(e) No post-graduate student shall be permitted to appear in the examination without completing the mandatory course work and internal assessment as per these regulations.

8.6 EVERY CANDIDATE SEEKING ADMISSION TO M.D. (HOMOEOPATHY) PART-II EXAMINATION SHALL SUBMIT APPLICATION TO THE UNIVERSITY WITH THE FOLLOWING DOCUMENTS :

(a) A mark sheet or result showing that the student has passed M.D. (Homoeopathy) Part-I examinations;

(b) A certificate from the guide in support of submission of the Thesis and accepted by the guide within the time specified in these regulations;

(c) A certificate from the Principal or Head of the Institution or College (where course is imparted) about the completion of the course of studies in the subject in which the candidate seeks admission to the examination;

(d) There shall be minimum of seventy-five per cent attendance of post- graduate student to become eligible for appearing in M.D. (Homoeopathy) Part-II examination;

(e) No post-graduate student shall be permitted to appear in the examination without completing the mandatory course work and internal assessment as per this regulation.

8.7 FOR THE EXAMINERS, THE FOLLOWING CONDITIONS SHALL BE TAKEN INTO CONSIDERATION: -

(a) The criteria for examiners shall be the same as in the post-graduate guide;

(b) There shall be two internal examiners; and

(c) At least fifty percent of the examiners shall be external examiners.

CHAPTER IX

9.1 THESIS - PROTOCOLS AND THESIS :

(1) Every student shall submit to the competent authority of the University in the prescribed Performa given at Annexure, a protocols containing particulars of proposed research study within a period of **nine months** from the date of commencement of the course or before the date notified by the University.

The protocols shall be submitted through the Guide, Head of Department of concerned speciality and countersigned by the Head of the institution.

(2) Every post-graduate student shall write Thesis about his research study in the format specified by the University, under the supervision of his Guide, and submit to the University. It includes identification of the problem, formulation of research question, hypothesis, review of literature, research methodology including the study design, discussing results and methods of conducting research study, collection of data, statistical analysis and drawing conclusions.

(3) Every student pursuing M.D.(Homoeopathy) degree course is required to submit three printed copies of Thesis or as required by the concerned University and soft copies, if required, of not less than ten thousand words embodying his own research study to the University for approval, not later than six months prior to holding of M.D.(Homoeopathy) Part-II examination.

(4) In case of rejection of protocols, the student has to resubmit the protocols to the University concerned through his Guide, in any case three months prior to the M.D. (Homoeopathy) Part-I examination.

(5) The protocols of the proposed study has to be registered with clinical trials registry of India after obtaining ethical approval from Institutional ethical committee.

(6) The Thesis should be written under the following headings, namely:-

(a) Abstract;

(b) Introduction;

(c) Aim and objectives of study;

(d) Review of literature;

(e) Material and methods;

(f) Observation and result;

(g) Discussion;

(h) Conclusion;

(i) References; and

(j) Annexure or appendices.

(7) The written text of Thesis shall not be less than fifty pages and shall not exceed two hundred pages, excluding references, tables, figures and annexure. It should be neatly typed with double line spacing on one side of the bond paper (A4 size, 8.27" x 11.69") and bound properly. Spiral binding should be avoided. The Thesis shall be certified by the guide and Co-guide (if any), Head of the Department and Head of the Institution.

(8) A student shall adhere to plagiarism policy and the Copyright Act, 1957(14 of 1957) as amended from time to time, and give an undertaking in writing for the same.

(9) The Thesis shall be submitted to the guide at least three months before the time fixed for submitting it to the University. The guide or supervisor shall certify that the contents of the Thesis are the original work of the candidate and has not been submitted to any other University for the award of any degree or diploma. The student, whose Thesis has not been accepted by the University, may be permitted to resubmit the same within a period of three months prior to M.D. (Homoeopathy) part-II examination.

(10) The student is expected to write a research paper on the basis of his Thesis and submit to a peer reviewed scientific journal or present in National level seminar.

(11) No extension of time shall ordinarily be granted for submitting the thesis-protocol/ thesis beyond the last date stipulated for the purpose. The BRS may allow submission of the thesis-protocol/ thesis beyond the last date for genuine reasons on recommendations of Head of the institution. Extension for thesis submission for MD beyond last date may be granted to a maximum of one month with late submission fee of Rs. 1000/- per day (as per University Notification no. Exam1/Secrecy/2024-25/690 dated 19.02.2024). In case of such late submission, of thesis beyond one month the student shall not be allowed to appear in the final examination at the end of normal duration of the course. He/she may be allowed to appear in supplementary or subsequent examinations at least **six months** after submission of the thesis, subject to approval of thesis. No relaxation will be granted in this regard.

(12) A student may be debarred from appearing in the examination / and his/her registration for postgraduate course may be cancelled on the recommendations of BRS, if he/she fails to submit the thesis-protocol/ thesis to the department within six months of the last date fixed for the purpose and his/her work or conduct is reported to be not satisfactory by the Supervisor/ the Head of the department/ Head of the institution. Such student shall be debarred from joining any other PG/ Post-Doctoral course for a period of three years from the date of cancellation of his/her registration.

(13) **One hard copy and one electronic/softcopy** of the thesis should be submitted in the following general format Title Page: title page should mention the topic of the thesis, Degree (with discipline) for which the thesis is being submitted, name and educational qualifications of the candidate, supervisor and co-supervisor(s), name of the institution where the thesis has been undertaken, and duration of the course.

Declaration by candidate: The candidate must submit a declaration that the contents of the thesis have not been submitted earlier in candidature for any degree. The candidate should also give a written consent for permitting availability of the thesis for photocopying and inter-library loan to other institutions.

Certificate from Institution: The thesis should be accompanied by a certificate issued by the Supervisor, and Co-supervisor, Head of the Department, and countersigned by the Head of the institution certifying that the candidate has undertaken the thesis work in the Department under the direct guidance of the Supervisors and that the thesis fulfils all the requirements stipulated by Faculty of Homoeopathic Medicines, University of Delhi.

Note:- Thesis is to be submitted at college/institution level by the last date of submission. The college/institute will be required to submit the collected thesis (one hard copy and softcopy) with all relevant documents by the next working day of the last date of thesis submission. The College/institution will be required to submit the data in the prescribed format (Annexure-8) related to thesis for all the PG's duly complied of each department in the separate pen drive for submission to the Office of the Faculty of Homoeopathic Medicines.

9.2 THESIS-APPLICABILITY AND ALLOCATION OF SUPERVISORS

(1) Every candidate pursuing Post Graduate Degree Course shall carry out work on an assigned research project, under guidance of recognized postgraduate teacher(s), the results of which shall be written up and submitted in the form of a thesis. On acceptance of the thesis by the examiners, the candidate shall appear for the final examination.

(2) Work for writing the Thesis is aimed at contributing to the development of a spirit of enquiry, besides exposing the candidate to the techniques of research, critical analysis, acquaintance with the latest advances in medical sciences, and the manner of identifying and consulting available literature. Thesis shall be submitted as per the schedule decided by the Board of Research Studies and not later than **six months** prior to holding of MD (Homoeopathy) Part – II Examination.

(3) The Head of the Department in institution shall appoint recognized P.G. teachers as supervisor/ co supervisor for thesis in such a manner that each recognized P.G. teacher gets equal opportunity to supervise thesis, under intimation to the Head of Institution along with a statement showing allocation of students to recognized P.G. teachers in the department for the preceding five years. The Head of Institution, on the violation of guideline, may reallocate the supervisor/ co-supervisor at his/her discretion.

(4) Incorporation of recognized PG teachers as co-supervisor should be included in the department where the number of recognized PG teachers is more than the yearly uptake of PG student. However, the number of co-supervisors, including those from parent department, should not exceed three for any PG Student. Before incorporating a PG teacher from department other than parent department as Co-Supervisor, the consent of the HOD of the PG teacher should be obtained.

(5) In case a co-supervisor is required to be included, due the nature of the research, from a non-teaching department/ institution, the Board of Research Studies may grant necessary permission, on recommendation of the PG Cell, for the person to be associated as co-supervisor in the particular thesis after considering the qualification, experience, and designation of the person.

(6) In case, the supervisor leaves the institute before submission/ acceptance of a thesis, co-supervisor or any other PG teacher from the parent department may be appointed as supervisor provided he/she fulfils the criteria, for getting the thesis completed by Head of Department of the Institution, under intimation to Faculty of Homeopathic Medicines.

(7) In case a P.G. student leaves the course in between the supervisor concerned should be allotted a student next year on priority basis.

(8) If a teacher is superannuating within 4 months of the last date of submission of thesis, he/she cannot be supervisor, however, he/she can be one of the co-supervisor.

CHAPTER X

10.1 FEE STRUCTURE:

M.D. Fees as mentioned below:

Fees as mentioned below:	
Tuition Fees (Annual)	Rs 13000.00
University Students Welfare Fund	Rs 250.00
University Development Fund	Rs 1200.00
University Facilities and Services Charges	Rs 1250.00
Economically Weaker Section Support University Fund	Rs 200.00
Delhi University Student Union Fee	Rs 40.00
Faculty Management Fees (Annual)	Rs 1465.00
TOTAL FEES (Annual)	**Rs 17,405.00**

Note:- The fee, as revised by the University Authorities, time to time, shall be applicable to the respective academic session/batch, accordingly.

10.2 Payment of Annual Tuition Fee by 2nd & 3rd year PG students (MD - Homoeopathy):- The tuition fee amounting to Rs. 17,405/- (Seventeen thousand Four Hundred Five only) is required to be paid by Post-Graduate students for the 2nd year and 3rd year WITHIN FIRST MONTH OF THE STARTING OF RESPECTIVE ACADEMIC SESSION (2nd & 3rd), as notified by the NCH, time to time. Thereafter, Rs. 1000/- per week fine will be charged as late fees. No claim shall be there on College/Faculty if a candidate fails to submit the University Fees on time.

Note: - All the concerned medical colleges/institutions are required to provide the details of the fee deposited by the students (Batch wise) along with copies of the receipts within one week of the last date of deposited of the annual fee to the office of the faculty in hardcopy and softcopy for verification and record.

10.3 The fee structure shall be as per Bulletin of Information each Academic Year. Each student shall deposit Rs.10,000 – as security in the institution at the time of admission which will be returned only after completion of course.

CHAPTER XI

11.1 SPAN PERIOD

Students admitted to MD courses should pass the degree examination within 6 years after registration to the course.

Salary in lieu of the training period will only be payable for the regular training period ie. three years.

11.2 VACATIONS/LEAVE

No vacation is permitted to any Post Graduate (PG) Degree course student.

(1) The students will get a total of 30 days leave during the 1st academic year and 36 days leave during 2nd and 3rd academic year respectively. The leave includes leave taken on any ground except maternity, miscarriage and abortion leave.

(2) Subject to exigencies of work, post-graduate students will be allowed one weekly holiday.

(3) Female post-graduate students shall be allowed maternity leave as per existing Government rules and regulations.

(4) Male post-graduate students shall be allowed paternity leave as per existing Government rules and regulations.

(5) No vacation is permitted to any Postgraduate (PG) Degree (MD) Course student.

(6) During pregnancy: 180 days Maternity Leave are admissible only to candidates with less than two surviving children subject to the condition that the students will have to complete the required period of training before being allowed to appear in the examination. Any amendments on the duration & condition of the maternity leave, notified by the Central Govt. will stand applicable.

(7) During miscarriage/ abortion (induced or otherwise): total leave of 45 days are admissible during the entire course. Leave are admissible irrespective of number of surviving children. Application should be supported by a certificate from a Registered Medical Practitioner/ Authorized Medical Attendant subject to the condition that the students will have to complete the required period of training before being allowed to appear in the examination.

(8) The leave remaining un-availed during a particular academic year would lapse at the end of the academic year, and will not be carried over to next year of the course.

(9) In case a student takes more leave than the prescribed leave, or remains absent from training without proper permission, he/she shall not be allowed to appear in the university examination until he/she completes the shortage of training, which may have occurred due to extra leave/ unauthorized absence, by undergoing further training beyond the normal duration of the course. The student will not be entitled for any pay for this training period. Extra duties undertaken during the normal duration of the course would not compensate the shortage of training.

(10) The conditions mentioned in clause 5.1 are to be fulfilled by all candidates independent of requirements to be eligible for appearing in the examination for the post graduate Degree/Diploma and Super specialty courses.

(11) The concerned Head of the institution should issue a notice to the student(s), who remains absent from training without permission of competent authority (HOD/ Head of the Institution) for a period exceeding 7 days. The name of any student, who remains absent from training with out proper permission of competent authority (HOD/ Head of the Institution) for a period exceeding 30 days, would be removed, on the advice of concerned Head of the Institution, from the rolls of the Institution and the University, and his/her registration for the course would be cancelled. Such student would not be allowed to join any other PG/ Post Doctoral course during the remaining duration of the course from which the registration has been cancelled.

Note: The Training Period shall be as per the Chapter V If candidate avails leave in excess of the permitted number of days, his/her term of course shall be extended by the same number of days to complete the training period. However, one shall be able to appear in the examination if one has 75% (Seventy-Five percent) of the attendance.

11.3 The infrastructure requirement and conditions for Post Graduate Homoeopathic Medical Institutions as laid down by the National Commission for Homoeopathic (Minimum Essential Standards for Homoeopathic College and Hospitals) Regulation 2024 and subsequent amendments, time to time, shall be followed by the Homoeopathic Medical Institutions.

11.4 For all other matters which have not been provided in this ordinance, the guidelines issued by NCH/Ministry of AYUSH, from time to time, will be followed.

Appendix A

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

SCHEDULE relating to "SPECIFIED DISABILITY" referred to in clause (zc) of section 2 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), provides as under:-

1. Physical disability-

(a) Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including-

(1) "Leprosy cured person" means a person who has been cured of leprosy but is suffering from-

(a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured shall construed accordingly.

(ii) "Cerebral palsy" means a group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth.

(iii) "Dwarfism" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimetres) or less.

(iv) "Muscular dystrophy" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for health of muscles. It is characterized by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissues.

(v) "Acid attack victim" means a person disfigured due to violent assaults by throwing acid or similar corrosive substance.

(b) Visual impairment-

(i) "blindness" means a condition where a person has any of the following conditions, after best correction-

(a) Total absence of sight, or

(b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or

(c) Limitation of the field of vision subtending an angle of less than 10 degree.

(ii) "Low-vision" means a condition where a person has any of the following conditions, namely:-
(a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
(b) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

(c) Hearing impairment-

(1) "Deaf" means persons having 70 decibels hearing loss in speech frequencies in both ears;

(ii) "Hard of hearing" means person having 60 decibels hearing loss in speech frequencies in both ears,

(d) "Speech and language disability" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes;

(e) Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in a dative behaviour which covers a range of every day, social and practical skills, including-

(i) "Specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia

(ii) "Autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviors.

2 "Mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,

3 Disability caused due to

(a) Chronic neurological conditions, such as

(i) "Multiple sclerosis" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.

(ii) "Parkinson's disease" means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(b) Blood disorder-

(i) "Haemophilia" means an inherited disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding,

(ii) "Thalassemia means a group of inherited disorders characterized by reduced or absence of haemoglobin.

(iii) "Sickle cell disease" means a haemolytic disorder characterized by chronic anaemia, painful events, and various complications due to associated tissue and organ damage "Haemolytic" refers to the destruction of cell membrane of red blood cells resulting in the release of haemoglobin,

4. Multiple Disabilities (more than one of the above specified disabilities) including deaf, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

5. Any other category as may be notified by the Central Government from time to time

Appendix B

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

Guidelines regarding admission of students, with "Specified Disabilities" under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in Homoeopathy Post-Graduate Degree Course Doctor of Medicine in Homoeopathy.

(1) The "Certificate of Disability" shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017.

(2) The extent of "specified disability" of a person shall be assessed in accordance with the guidelines published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (ii), vide number S.O. 76 (E), dated the 4th January, 2018 under the Rights of Persons with Disabilities Act, 2016 (49 of 2016).

(3) The minimum degree of disability should be forty per cent. (Benchmark disability) in order to be eligible for availing reservation for persons with specified disability.

(4) The term 'Persons with Disabilities' shall be used instead of the term 'Physically Handicapped'.

TABLE

Sr. No.	Disability Category	Types of Disability	Specified Disability	Disability Range (5)		
(1)	(2)	(3)	(4)	Eligible for Homeopathy Post-Graduate Degree Course-Doctor of Medicine in	Eligible for Homeopathy Post-Graduate Degree Course-Doctor of Medicine in	Not Eligible for Course
				Homeopathy,	Homeopathy,	
				Not Eligible for persons with Disabilities Quota	Eligible for Persons with	

					Disability Quota	

2.	Intellectual disability		(a)Specific Learning disability (Perceptual disabilities, Dyslexia, Dyscalculia, Dyspraxia and Developmental aphasia)#	#Currently there is no qualification scale available to assess the severity of Specific Learning Disability; therefore the cut-off of 40% arbitrary and more evidence is needed.		
				Less than 40% disability	Equal to or more than 40% disability but selection will be based on the learning competency evaluated with the help of the remediation or assisted technology or aids or infrastructural changes by the expert panel.	
			(b) Autism spectrum disorders	Absence of Mild Disability, Asperser syndrome (disability of 40-60% as per ISAA) where the individual is deemed fit for Homoeopathy course by an expert panel	Currently, not recommended due to lack of objective method. However, the benefit of reservation or quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 60% disability or presence of cognitive or intellectual disability and or if the person is deemed unfit for pursuing Homeopathy Post-Graduate Degree course - Doctor of Medicine in Homeopathy by an

						expert panel.

3.	Mental Behaviour		Mental illness	Absence or mild disability: less than 40% (under IDEAS)	Currently, not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation or quota may be considered in future after developing better methods of disability assessment.	Equal to or more than 40% disability or if the person is deemed unfit to perform his or her duties. Standards may be drafted for " fitness to practice medicine".

4.	Disability caused due to	(a) Chronic neurological conditions	(i)Multiple Sclerosis	Less than 40% disability	40% -80% disability	More than 80% disability
			(ii)Parkinsonism			
		(b)Blood disorders	(i)Haemophilia	Less than 40% disability	40% -80% disability	More than 80% disability
			(ii)Thalassemia			
			(iii) Sickle cell disease			
	Multiple disabilities including deafness blindness		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely, visual, hearing, speech and language disability, and mental illness as a component of multiple disabilities. Combining formula as notified by the related Gazette Notification issued by the Government of India: $\frac{a+b(90-a)}{90}$ (where a=higher value of disability % and b=lower value of disability % as calculated for different		

				disabilities) is recommended for computing the disabilities are when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and or reservation made as per specific disabilities present in a given individual.

Note 1: For selection under person with disability category, candidate shall be required to produce Disability Certificate before his scheduled date of counseling issued by the disability assessment boards as designated by concerned authority of Government of India.

Note 2: In case of non-availability of eligible candidates in any category the unfilled seats shall be converted into the general category of All India Quota seats or State Quota seats as the case may be.

ANNEXURE

PROTOCOL EVALUATION PROFORMA

(See sub-regulation (1) of regulation 8)

Sl. No.	PARTICULARS OF TITLE AND PROTOCOL SUBMITTED	
1.	College:	College Code College Name
2.	Course:	Name of the P.G Degree course along With subject or specialty
3.	Scholar:	Name of the student (first name _____middle name _____last name)Contact no.: email id.:
4.	Batch:	Student admitted in academic year– Date of admission (dd/mm/yyyy)
5.	Guide/Supervisor:	Name of the Guide or Supervisor: Contact no.: email id.: PG recognition status:
6.	Eligibility:	Letter of permission to the student issued by affiliating university and eligibility of the Post-graduate department. (date And reference number of letter)
7.	Research methodology workshop:	Whether attended: Yes/No Ifyes,dateofattendance(dd/mm/yyyy)Certificateofparticipationattached: Yes/No
8.	Title of protocols:	(Submitted to University)

Name of Student: **Subject specialty:** **Year of Admission:**
Date of submission of protocol: **Date of approval from Post-graduate Guide:**

Protocol evaluation checklist for all the Homoeopathy Post-graduate Institutes to evaluate protocol of each student in each subject specialty admitted to institute.
The compiled information of all the students is to be sent to the University for approval in the checklist as mentioned below.

Protocol Evaluation Checklist						
S No.	Item	Component				
1.	Title	1. Clear and brief				
		2.Importantvariablementioned				
		3.Patient or Participant				
		4.Intervention				
		5.Comparator				
		6.Outcome				
		7.Reflectsstudydesign				
		8.Reflectsprimaryobjectives				
		9.Includestarget population				
		10.Whetherthetitleorstudyhas Been repeated				
2.	Research Gap	1.Gaps in research done till now Have been identified				
3.	Research Question	1.Feasible				
		2.Interesting				
		3.Novel				
		4.Ethical				
		5.Relevant				
		6. Socially relevant				
4.	Hypothesis	1. Clearly stated				
		2. Reflects relation between two or more variables				
5.	Introduction	1. Rationale of the study				
		2. Relative epidemiological data				
		3. Existing knowledge gaps and how to bridge such gaps				
6.	Review of Literature	1. Includes recent research studies relevant to the present study				
		2. Presents knowledge gap for the stated problem				
		3. Justifies Research Question				

		4. References from the following sources:- Journals, Textbooks, Govt. reports, classical textbooks, reference books, databases, websites etc.				
7.	Objectives:	Meets Smart Criteria? **Specific**- target a specific area for improvement **Measurable**-quantity or at least suggest an indicator of progress **Assignable**-specify who will do it **Realistic**- state what results can realistically be achieved, given available resources **Time-related**-specify when the results can be achieved.				
8.	Methodology	1. Type of study design				
		2. Setting (location of study)				
		3. Duration of study				
		4. Method of selection of study subjects (eligibility criteria) -Inclusion criteria -Exclusion criteria				
		5. Method of selection of comparison or control group				
		6. Matching criteria				
		7. Operational definitions				
		8. Specification of instruments and related measurements				
9.	Research methodology specified and explained for data collection	1. Sample				
		2. Sampling Technique				
		3. Method for data collection relevant to objectives				
		4. Study instrument or data collection tool.				
		5. Data management and analysis procedure (coding and use of computers)				
		6. Plans for statistical analysis				
10.	Ethical clearance					
11.	Reference style:	1. VANCOUVER				
12.	Annexure:	1. Case record from or Questionnaire or Performa or any other study instrument to be used in study 2. Patient's information sheet and informed consent form (including vernacular language) 3. Abbreviation validated and authentic				

		4. Parameters for assessment of study outcomes. 5. Authentic documents of collaborative research work, if any (utilization of infrastructure, human resources etc.) 6. Appendix 'A' (Title of Protocols submission letter) 7. Appendix 'B' (Approval of Ethics Committee) 8. Certificate of research methodology workshop attended by student				
13.	Concluding remarks by assessor:	1. Accepted 2. Accepted with modifications. 3. Rejected				
14.	Modifications suggested.					

Signature

Date:

Name, Designation and Address of Evaluator

CURRICULUM DOCUMENT

M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy

I. TITLE OF THE SPECIALTY COURSE, AND ITS ABBREVIATION.

M.D. (Homoeopathy) Organon of Medicine and Homoeopathic Philosophy

II. COMPONENTS OF THE CURRICULUM:

II (1). Part I

i. Fundamentals of Homoeopathic Philosophy
ii. Fundamentals of Clinical Medicine in Homoeopathic Philosophy; and
iii. Research Methodology and Biostatistics

II (2).Part II

i. Homoeopathic Philosophy, Paper 1
ii. Homoeopathic Philosophy, Paper 2

III. BRIEF DESCRIPTION OF SPECIALTY AND ITS RELEVANCE IN HOMEOPATHY POST-GRADUATE COURSE.

The purpose of studying Homoeopathic Philosophy as a subject in MD (Hom.) degree course is to obtain a clear understanding of fundamental aspects of homoeopathic science and its philosophical basis. It aims to train the homoeopathic graduates to develop a clear understanding that homoeopathic philosophy is an extension and application of general philosophy in furtherance of healthcare decisions.

Philosophy is a significant aspect of healthcare education because it helps the students to develop skills and attitudes such as examining key assumptions, broadening their perspectives, infusing self-knowledge and developing critical thinking skills. It also provides the tools for analyzing concepts in medicine such as disease, health, and cure. It is all the more important for homoeopathic professionals as homoeopathy is based on a distinct holistic, individualistic, and dynamic understanding of life, health, and disease. The study of homoeopathic philosophy provides insights into the evaluation and management of disease at different levels of the healthcare delivery system.

The course gives a summary view of evolution of Hahnemannian and post Hahnemannian schools of philosophy through the study of eastern and western philosophies and their role in shaping clinical decision making in patient care. It also orients students to the basic concepts of modern schools of philosophies and their relevance in the holistic and individualistic understanding of patient.

This course enables the students to provide patient-centered care, based on homoeopathic principles for appropriate and effective therapeutic, preventive, and promotive healthcare. It helps to distinguish the uniqueness of homoeopathic philosophy concerning the modern concept of healthcare and apply it in a range of clinical and community contexts. To further these competencies, this program anchors the students in the fundamentals of general philosophy, logic, and scientific methods, and aligns them with Hahnemannian concepts. As a result, the students would be sensitized to critically review literature, and integrate and apply knowledge of established and evolving clinical and epidemiological sciences. It emphasizes on understanding of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.It also offers opportunities for validating and advancing the understanding of homoeopathic principles and engaging in evidence-based clinical practice.

IV. COURSE OBJECTIVES

(ENTRUSTABLE PROFESSIONAL ACTIVITIES - EPAS)

1. Relate homoeopathic philosophy as an extension and application of general philosophy in furtherance of healthcare decisions
2. Align different school of philosophies in clinical decision making in homoeopathic patient care
3. Evolve bio-pathography of disease as per modern and homoeopathic concepts.
4. Analyze the social, economic, environmental, biological, and emotional determinants of health and etio-pathogenesis of diseases as per modern and homoeopathic concepts.
5. Interpret the general pathology in light of Hahnemannian theory of chronic disease.
6. Diagnose and classify acute and chronic diseases based on clinical assessment in relation with concepts of homoeopathic philosophy.
7. Analyze the scope and limitations of Homoeopathy in acute and chronic diseases, especially in one sided diseases
8. Perform holistic homoeopathic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies with special emphasis on evolving susceptibility.
9. Plan posology in light of homoeopathic philosophy with special emphasis on evolving susceptibility.
10. Interpret the prognosis and remedy reactions in each case based on the teachings of Hahnemann and post-Hahnemannian stalwarts, especially Kent's Twelve observations.
11. Interpret the knowledge of modern philosophies and concepts in furtherance of holistic, individualistic, and dynamic understanding of life, health, and disease.
12. Evaluate the modern schools of homoeopathic philosophies and their relevance in the individualistic understanding of patient.
13. Assess the translational value of Homoeopathic principles and logic.

14. Demonstrate empathy and a humane approach towards patients and their families and exhibit appropriate interpersonal behavior in light of basic principles of psychology.
15. Evaluate the role of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.
16. Demonstrate competence in basic concepts of research methodology and epidemiology.
17. Critically analyze relevant published research literature in conjunction with Homoeopathic principles.
18. Publish evidence-based documentation for validation of principles of Homoeopathic philosophy.
19. Consistently demonstrate skills in using educational methods and techniques as applicable to the teaching of general physicians and health workers.
20. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.
21. Participate as a contributing and integrated member of an inter professional team.
22. Function as an effective leader of a health team engaged in health care, research or training.

IV (1). MAPPING OF EPASAND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship
PC : Patient care
HO : Homoeopathic Orientation
CS : Communication skills
PBL : Practice based learning
Prf: Professionalism

Sr. No	EPA	KS	PC	HO	CS	PBL	PRF
1	Relate homoeopathic philosophy as an extension and application of general philosophy in furtherance of healthcare decisions	√	√	√	-	√	-
2	Align different school of philosophies in clinical decision making in homoeopathic patient care	√	√	√	-	√	-
3	Evolve bio-pathography of disease as per modern and homoeopathic concepts	√	√	√	√	√	√
4	Analyze the social, economic, environmental, biological, and emotional determinants of health and etio-pathogenesis of diseases as per modern and homoeopathic concepts	√	√	√	√	√	-
5	Interpret the general pathology in light of Hahnemannian theory of chronic disease.	√	√	√	-	√	-
6	Diagnose and classify acute and chronic diseases based on clinical assessment in relation with concepts of homoeopathic philosophy.	√	√	√	-	√	-

7	Analyze the scope and limitations of Homoeopathy in acute and chronic diseases, especially in one sided diseases	√	√	√	-	√	-
8	Perform holistic homoeopathic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies with special emphasis on evolving susceptibility	√	√	√	√	√	√
9	Plan posology in light of homoeopathic philosophy with special emphasis on evolving susceptibility	√	√	√	-	√	-
10	Interpret the prognosis and remedy reactions in each case based on the teachings of Hahnemann and post-Hahnemannian stalwarts, especially Kent's Twelve observations.	√	√	√	-	√	-
11	Interpret the knowledge of modern philosophies and concepts in furtherance of holistic, individualistic, and dynamic understanding of life, health, and disease	√	-	√	-	√	-
12	Evaluate the modern schools of homoeopathic philosophies and their relevance in the individualistic understanding of patient	√	-	√	-	√	-
13	Assess the translational value of Homoeopathic principles and logic	√	√	√	-	√	-
14	Demonstrate empathy and humane approach towards patients and their families and exhibit appropriate interpersonal behaviour in light of basic principles of psychology	√	√	√	√	√	√
15	Evaluate the role of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.	√	-	√	-	√	√
16	Demonstrate competence in basic concepts of research methodology and epidemiology	√	-	√	-	-	√
17	Critically analyse relevant published research literature in conjunction with Homoeopathic principles.	√	-	√	-	-	√
18	Publish evidence-based documentation for validation of principles of Homoeopathic philosophy.	√	-	√	-	-	√
19	Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs and using appropriate learning resources.	√	-	√	-	√	√

20	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	-	√	-	√	√
21	Participate as a contributing and integrated member of an interprofessional team	√	-	-	√	-	√
22	Function as effective leader of team that is engaged in health care, research and training	√	-	-	√	-	√

IV (2). SEMESTER WISE TABLE EPA LEVELS AND COMPETENCIES APPLICABLE TO EACH EPA

EPA LEVEL:

1=No permission to act
2=Permission to act with direct, proactive supervision resent in the room
3 = Permission to act with indirect supervision, not present but quickly available if needed
4=Permission to act under distant supervision not directly available (unsupervised)
5=Permission to provide supervision to junior trainees

EPAs	**Part 1**			**Part 2**		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Relate homoeopathic philosophy as an extension and application of general philosophy in furtherance of healthcare decisions	2 Defines the concepts in General philosophy	2 Understands the various schools of General philosophies	3 Understands the philosophies of empiricism and rationalism	4 Understands rationalism in modern medicine with especial emphasis on Cartesian philosophy	4 Understands the empiricist philosophies of Locke, Hume and Francis Bacon	5 Demonstrates correlation of empiricism and homoeopathic philosophy
Align different school of philosophies in clinical decision making in	2 Basic concepts of Hahnemannian philosophy	2 Interprets the works in eastern and western philosophie	2 Understands Evolution of the homoeopa	3 Interprets philosophy of Goethe in evolution	3 Understands philosophies of Immanue	4 Correlatesdifferent philosophies in clinical decision

homoeopathic patient care		s	thic concepts through different school of philosophies	of Hahnemannian thoughts	l Kant, Swedenborg and Karl Poper in evolution of post Hahnemannian schools of philosophy	making in patient care
Evolve bio-pathography of disease as per modern and homoeopathic concepts	2 Demonstrates respect for patient privacy and autonomy Communicates effectively with patient and or attendants, care givers etc.	2 Understands the evolution of disease in different phases of life	3 Develops understanding of bio-pathographical progress of disease	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Documents accurately and legibly.	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge, skill and attitude
Analyze the social, economic, environmental, biological, and emotional determinants of health and enteropathogenesis of diseases as per modern	2 Gathers information regarding social, economic, cultural, environmental, biological and emotional factors influencing health and disease	2 Integrates the data gathered for case analysis	2 Defines the philosophy and importance of accessory circumstances	3 Applies knowledge and skill in utilising the information regarding social, economic, cultural, environmental, biological	4 Concludes the scope of homoeopathy considering holistic concept of health and disease	5 Ensures juniors follow steps defined accurately.

and homoeopathic concepts				and emotional factors influencing health and disease		
Interpret the general pathology in light of Hahnemannian theory of chronic disease.	2 Comprehends the concept of etiopathogenesis of diseases in light of homoeopathic philosophy	2 Understands the importance of predisposing and proximate cause in etiopathogenesis of diseases	2 Understands the importance of fundamentalcause in etiopathogenesis of diseases	3 AppliesHahneman n's theory of acute and chronic miasm	4 Comprehends the clinical utility of maismatic study of diseases	5 Demonstrates the clinical utility of maismatic study of diseases
Diagnose and classify acute and chronic diseases based on clinical assessment in relation with concepts of homoeopathic philosophy.	2 Gathers clinical information with emphasis on anamnesis	2 Understands the homoeopathic concept of indisposition, acute and chronic diseases and their types	3 Diagnoses and classifies the disease according to homoeopathic philosophy	3 Develops the strategy for case management, based on clinical assessment in relation with concepts of homoeopathic philosophy.	4 Ensures compliance of case management	5 Demonstrates effective implementation of homoeopathic classification of disease
Analyze the scope and limitations of Homoeopat	2 Defines the scope and limitation of homoeopathic system of	2 Demonstrates the scope and limitation of homoeopath	3 Outlines the clinical management on	3 Identifies the tools for the implementation of	4 Applies case management strategy	5 Demonstrates the scope and limitation of homoeopath

hy in acute and chronic diseases, especially in one sided diseases	medicine	y in different clinical settings, especially in one sided diseases	basis of understanding of homoeopathic philosophy	clinical management	and obtains feedback	y to the juniors and students
Perform holistic homoeopathic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies with special emphasis on evolving susceptibility	2 Understands the methods of holistic case analysis for planning therapeutic, rehabilitative, preventive, and promotive measures/strategies	2 Understands the modalities of therapeutic, rehabilitative, preventive, and promotive measures/strategies	2 Identifies the tools for the implementation of clinical management strategy	3 Applies different types of strategies for different clinical outcomes	4 Feedback and validation of treatment strategies	5 Demonstrates application of therapeutic, rehabilitative, preventive, and promotive measures/strategies to students and juniors
Plan posology in light of homoeopathic philosophy with special emphasis on evolving susceptibility	2 Understands the components of posology	2 Understands role of susceptibility in deciding posology	2 Understands role of susceptibility in deciding posology	3 Evaluates the different factors influencing susceptibility and hence poslogy	4 Application of understanding of evolving susceptibility in deciding posology	5 Plans and demonstrates posology selection on basis of evolving susceptibility
Interpret the prognosis and remedy reactions in each case based on the teachings of	2 Understands the Hahnemannian concept of remedy	2 Understands the post Hahnemannian concept of remedy	3 Understands prognosis and clinical	4 Applies knowledge and skills in assessme	4 Obtains feedback and validation of	5 Engages the students in understanding the various

Hahnemann and post-Hahnemannian stalwarts, especially Kent's Twelve observations	reaction and prognosis	reaction and prognosis	outcome in different case studies	nt of prognosis	prognostic markers	types of remedy reaction and prognosis
Interprets the knowledge of modern philosophies and concepts in furtherance of holistic, individualistic, and dynamic understanding of life, health, and disease	2 Understands basic concepts of modern philosophies	2 Comprehends different schools of modern philosophies	2 Understands the modern philosophies in context of holistic and patient centred paradigm of medicine	3 Evaluates homoeopathic principles in light of modern philosophies and concepts	4 Adapts different schools of modern philosophies and concepts in various clinical settings	5 Demonstrates the importance of modern philosophies and concepts in clinical care.
Evaluate the modern schools of homoeopathic philosophies and their relevance in the individualistic understanding of patient	2 Examines modern schools of Homoeopathic philosophies	2 Evaluates the origin of modern schools of Homoeopathic philosophies	2 Learns to analyse the merits of modern schools of Homoeopathic philosophies	3 Understands the role of different schools of Homoeopathic philosophies in various clinical settings	4 Validates different schools of Homoeopathic philosophies in various clinical settings	5 Demonstrates the importance of modern schools of Homoeopathic philosophies in clinical care.
Assess the translational value of Homoeopat	2 Thoroughly examines	2 Explores the	3 Develops skill in its	4 Applies Homoeopathic	4 Obtains feedback	5 Demonstrates the

hic principles and logic	the Homoeopathic principles and logic	application of Homoeopathic principles and logic	application	principles and logic in different clinical settings	and validation of Homoeopathic principles in practise	importance and advantages of understanding Homoeopathic principles and logic
Demonstrate empathy and humane approach towards patients and their families and exhibit appropriate interpersonal behaviour in light of basic principles of psychology	2 Understands patient physician relationship in light of basic principles of psychology	2 Communicates with patient and family empathetically	3 Develops skill in Interpersonal behaviour	4 Exhibits the art of humane approach towards patients and their families	4 Effectively replicates the application of psychology to patient care	5 Demonstrates the process of empathy and humane approach towards patients
Evaluate the role of Homoeopathic philosophy in the context of the health needs of the community and the national priorities in the health sector.	2 Understands the health needs of the community and the national priorities in the health sector.	2 Explores the role of homoeopathic philosophy in the context of the health needs of the community.	2 Explores the role of homoeopathic philosophy in the context of the national priorities in the health sector.	3 Applies homoeopathic philosophy for health needs of community and nation	4 Ensures awareness of homoeopathy in context of the health needs of the community	5 Demonstrates the importance of homoeopathic philosophy in health of community and nation
Demonstrate competence in basic	1 Orients self to research methodolog	2 Proactively seeks guidance in	3 Identifies the avenues	3 Applies the learnt processes	4 Conducts the research	5 Reviews the research outcomes

concepts of research methodology and epidemiology	y as a subject	application of research methodology	and processes that can be taken		on the topic selected and consolidates the findings	and identifies future areas for research
Critically analyse relevant published research literature in conjunction with Homoeopathic principles.	2 Critically analyses the published research literature	2 Attempts to demonstrate the importance of analyzing published research literature in conjunction with Homoeopathic principles	3 Seeks to validate the homoeopathic principles in light of modern researches	3 Identifies the avenues of scientific validation of homoeopathic principles	4 Submits to feedback on the process to be adopted for further validation	5 Demonstrates the need for critical review of research literature
Publish evidence-based documentation for validation of principles of Homoeopathic philosophy.	1 Becomes aware of importance of evidence-based documentation	2 Explores the documentation already published	2 Consolidates the process to adopted	3 Attempts to document and publish evidence-based studies	4 Effectively documents and publish evidence-based studies	5 Guides juniors regarding publication of research conducted
Consistently demonstrate characteristics of self-directed learning by recognising continuing educational needs and using appropriate learning	1 Proactively seeks the process	2 Attempts to demonstrates the importance through actions	2 Demonstrates the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	4 Attempts to proactively adapt and change based on feedback	5 Demonstrates through action the use of tools to become a self-directed learner.

resources.						
Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of using educational methods and techniques	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Participate as a contributing and integrated member of an interprofessional team	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participation	4 Attempts to seek feedback on self's lacunae in the process	5 Effectively contributes as a team member
Function as effective leader of team that is engaged in health care, research and training	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	4 Explores opportunities to demonstrate leadership	5 Demonstrates effective leadership

PART I PAPER 1

V. TOPICS AND TOPICS OBJECTIVES.

PAPER 1 PART 1:

The syllabus of MD-Part I in Homoeopathic Philosophy deals with the understanding of the basic science and philosophy of Homoeopathy. It focusses on understanding the evolution of different facets of homoeopathic philosophy through eastern and western philosophies. These contents help the students to understand the holistic, individualistic, and dynamic understanding of life, health, and disease. It will also give them insights into Clinical aspects of homoeopathic philosophy that would be useful for their resident postings.

TOPICS OBJECTIVES: FUNDAMENTALS OF HOMOEOPATHIC PHILOSOPHY

- **HOM – PG-OP – 01**

  HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY

- **HOM – PG-OP – 02**

  INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS

- **HOM – PG-OP – 03**

  GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

- **HOM – PG-OP – 04**

  INTRODUCTION TO ORGANON OF MEDICINE

- **HOM – PG-OP – 05**

  FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

- **HOM – PG-OP – 06**

  PHILOSOPHY OF SUBSTANTIALISM

- **HOM – PG-OP – 07**

  LIFE, HEALTH, AND DISEASE

- **HOM – PG-OP – 08**

  CURE AND RECOVERY

- **HOM – PG-OP – 09**

  PRESERVATION OF HEALTH

- **HOM – PG-OP – 10**

BIPHASIC ACTION OF MEDICINE AND MODERN PHARMOCOLOGY

- **HOM – PG-OP – 11**

  BASICS OF CLASSIFICATION OF DISEASES

- **HOM – PG-OP – 12**

  EXAMINATION OF THE PATIENT AND CASE ANALYSIS.

- **HOM – PG-OP – 13**

  BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE

- **HOM – PG-OP – 14**

  HUMAN DRUG PROVING

TOPIC CONTENTS

- **HOM – PG-OP – 01**

  HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY
  - History of medicine in the ancient era
  - History of Medicine in Dark ages and Renaissance
  - Evolution and spread of Homoeopathy in the world

- **HOM – PG-OP – 02**

  INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS
  - General philosophy of the contemporarieslikeAristotle, Socrates, Plato and their influence on evolution of homoeopathic philosophy.
  - Review of writings of Hippocrates, Immanuel Kant, Paracelsus and their influence on Hahnemannian Philosophy
  - Influence of Philosophy of Goethe and Francis Bacon on Hahnemann
  - Influence of Swedenborg's Philosophy on Kent
  - History of Modern medicine and its influence on development of Homoeopathic philosophy

- **HOM – PG-OP – 03**

GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

- Interpretation of homoeopathic philosophy rests upon the Law of Nature
- Concept of homoeopathy as science as well as an art

- **HOM – PG-OP – 04**

INTRODUCTION TO ORGANON OF MEDICINE

- Necessity and origin of Organon of medicine
- Salient features and ground plan of different editions and construction of Hahnemann's Organon of medicine.
- Role of Logic in ground plan of Organon

- **HOM – PG-OP – 05**

FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

- Overview of fundamental principles of homeopathy
- Correlation of the fundamental principles with modern concepts of epidemiological and biomolecular sciences
- Synergistic integration of concepts in Homoeopathy as a complete system of therapeutics

- **HOM – PG-OP – 06**

PHILOSOPHY OF SUBSTANTIALISM

- Historical review of substantialism and vitalism
- Development of Hahnemann's concept of vital force in light of philosophy of substantialism
- Vital force as expressed in functions: In health, in disease, in recovery, in cure.
- Concept of Simple Substance according to Kent
- Corroboration of philosophy of vitalism in context of modern medicine and developmental biology

- **HOM – PG-OP – 07**

LIFE, HEALTH, AND DISEASE

- Concept of Health as a balanced integral, harmonious function of the vital energy
- Appraise Disease as a changed condition of life
- Relevance of Anthropology, Sociology and Culture on life, Health Disease and cure.

- **HOM – PG-OP – 08**

  CURE AND RECOVERY
  - Hahnemann's modern concept of cure and protection from Sickness
  - Evaluation of the concept of prophylaxis and its critical study in relation to principles of homoeopathic therapeutics

- **HOM – PG-OP – 09**

  PRESERVATION OF HEALTH
  - Physician as preserver of health from historical perspective
  - Concepts of primordial and primary prevention of diseases
  - Concept of Homoeo-prophylaxis

- **HOM – PG-OP – 10**

  BIPHASIC ACTION OF MEDICINE AND MODERN PHARMACOLOGY
  - Concept of primary and secondary action of medicine
  - Biphasic action of medicine in modern pharmacology
  - Arndt schulz law, Koetshu effect and Concept of Hormesis

- **HOM – PG-OP – 11**

  BASICS OF CLASSIFICATION OF DISEASES
  - Classification of diseases in history of medicine
  - Clinical classification of diseases in homoeopathy

- **HOM – PG-OP – 12**

  EXAMINATION OF THE PATIENT AND CASE ANALYSIS.
  - Basic component of examination of the Patient
  - Significance of case anamnesis
  - Examination of the concepts relevant to case taking and patient examination with special emphasis on concept of auxiliary symptoms

- **HOM – PG-OP – 13**

  BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE
  - Concept of susceptibility as a vital attribute of life
  - Susceptibility in physiology and pathology and correlation with homoeopathic philosophy
  - Concept of Idiosyncrasy

- **HOM – PG-OP – 14**

DRUG PROVING

- Concept of Human Drug proving and necessity to prove the medicine on human beings.
- Procedure and methodology of drug proving
- Different concepts and sources of drug proving
- Criteria of ideal prover, doses for drug proving and the process of recording of symptoms.

VI TOPICS DESCRIPTION

HOM – PG-OP – 01:

HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY

Topic Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the history of medicine in ancient era, dark ages and renaissance and their influence in evolution of Homoeopathy
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 01- 1:** **EXPLAIN THE HISTORY OF MEDICINE IN THE ANCIENT ERA** **KNOWLEDGE:** • Summarize the important milestones in the History of medicine • Outline the state of Medicine in the primitive era • State the philosophy ofIndian, Egyptian, Mesopotamian, Greek and Roman Medicine **SKILL** • Trace the development of Eastern and Western philosophies and their influence on medicine in general and homoeopathy in specific • Trace the origin of empirical, rationalistic and vitalistic philosophies **REFLECTION** • Evolution of medical practice of the ancients **COMPETENCY HOM – PG-OP – 01-2:**

	HISTORY OF MEDICINE IN DARK AGES AND RENAISSANCE **KNOWLEDGE:** • Summarize the period of dark age • Outline the re-emergence of Medical science in the Renaissance era • State the contributions of medical men during the Renaissance era **SKILL** • Trace the development of medicine during the Renaissance era **REFLECTION** • Evolution of medical practice during the Renaissance era **COMPETENCY HOM – PG-OP – 01-3:** **EXPLAIN THE EVOLUTION AND SPREAD OF HOMOEOPATHY IN THE WORLD** **KNOWLEDGE:** • Recall the nature and origin of Homoeopathy • Trace the growth and development of Homoeopathy in India, Europe and western countries. • Discuss Hahnemann's life, his contributions, and the discovery of homoeopathy • List the contributions of stalwarts in the development of Homoeopathy. **SKILL** • Establishing position of homoeopathy in field of medicine **REFLECTION** • Recall your experience with referencing Hahnemannian and post Hahnemannian contributions in the evolution of homoeopathic system of medicine • Development of scientific spirit and methods of science with reference to Hahnemannian homoeopathy as a Science.
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment

Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Ackerknecht Erwin H. Haushofer Lisa. 2016. A Short History of Medicine, Johns Hopkins University Press. Baltimore & London, Revised Edition Banerjee D.D. (2019). Glimpses of History of Medicine. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Garrison Fielding H. (1917). An Introduction to The History of Medicine W. B. Saunders Company. Philadelphia and London Haehl R. (2016). Samuel Hahnemann His life and work. B. Jain Publishers (P) Ltd. 12th Impression Park, K. (2021)Textbook of Preventive and Social Medicine", Twenty sixth edition, M/s Banarsidas Bhanot Publishers.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 02:

INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) with an overview of different school of philosophies in evolution of Homoeopathic system of therapeutics
Learning Outcomes	**COMPETENCY HOM – PG-OP – 02-1:** **STUDYING GENERAL PHILOSOPHY OF THE CONTEMPORARIES LIKE ARISTOTLE, SOCRATES, PLATO AND THEIR INFLUENCE ON HOMOEOPATHIC PHILOSOPHY.** **KNOWLEDGE:** • Understand basic philosophy of Aristotle, Socrates, Plato • Recall and corelate with Hahnemann's Philosophy **SKILL** • Trace influence of these philosophies on Hahnemannian thoughts **REFLECTION** • Understanding the evolution of Hahnemann's Philosophy **COMPETENCY HOM – PG-OP – 02-2:** **UNDERSTANDING WRITINGS OF HIPPOCRATES, IMMANUEL KANT, PARACELSUS AND THEIR INFLUENCE ON HAHNEMANNIAN PHILOSOPHY** **KNOWLEDGE:** • Summarise the Writings of Hippocrates • Appraise the contribution of Immanuel Kant in the field of medicine • Analysis of the philosophy of Paracelsus in the development of homoeopathy **SKILL** • Trace influence of Hippocrates and Immanuel Kant on homoeopathic Principles. • Trace similarity and dissimilarity between Paracelsus and Hahnemann

- Trace the empirical, rationalistic and vitalistic thoughts

REFLECTION

- Understanding the evolution of Hahnemannian Philosophy.

COMPETENCY HOM – PG-OP – 02- 3:

INFLUENCE OF PHILOSOPHY OF GOETHE AND FRANCIS BACON ON HAHNEMANN

KNOWLEDGE:

- Interpret Philosophy of Goethe and Francis Bacon for the understanding of homoeopathy
- Recall Hahnemann's Philosophy

SKILL

- Trace influence of Philosophy of Goethe and Bacon on Hahnemann

REFLECTION

- Understanding the evolution of Hahnemann's Philosophy

COMPETENCY HOM – PG-OP – 02- 4:

INFLUENCE OF SWEDENBORG'S PHILOSOPHY ON KENT

KNOWLEDGE:

- Discuss the influence of Swedenborg'son Kentian understanding of Organon of Medicine
- Describe the salient features of Kent's Philosophy

SKILL

- Trace influence of Swedenborg'sPhilosophy on Kent

REFLECTION

- Understanding the evolution of Kentian thoughts and Philosophy

COMPETENCY HOM – PG-OP – 02- 5:

HISTORY OF MODERN MEDICINE AND ITS INFLUENCE ON DEVELOPMENT OF HOMOEOPATHIC PHILOSOPHY

KNOWLEDGE:

- Discuss the history of modern medicine

	SKILL • Trace influence of modern medicine on Homoeopathic philosophy **REFLECTION** Understanding the evolution of Homoeopathic philosophy in light of modern medicine
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, SO
Prescribed Texts:	Bradford Thomas Lindsley. (2006). Life and Letters of Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Haehl Richard. (2016). Samuel Hahnemann His Life & Work Vol.– I & II B. Jain Publishers (P) Ltd, New Delhi. 12th Impressions Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Handley Rima. (1993). A Homeopathic Love Story: The Story of Samuel and Melanie Hahnemann. North Atlantic Books, California. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Cook Trevor M. April 2008. Samuel Hahnemann: His Life and Times. B. Jain Publishers (P) Ltd, New Delhi. Ackerknecht Erwin H. Haushofer Lisa. 2016. A Short History of Medicine, Johns Hopkins university press. Baltimore & London, Revised Edition Garrison Fielding H. (1917). An Introduction to The History of Medicine W. B. Saunders Company. Philadelphia and London Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Park, K. (2021) Text book of Preventive and Social Medicine", Twenty sixth edition, M/s Banarsidas Bhanot Publishers.
Domains of Competencies	Knowledge / Homoeopathic Orientation

HOM – PG-OP – 3:

GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) to understand that homoeopathic philosophy rests upon the system of nature and fundamental science.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 3- 1:** **INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY RESTS UPON THE LAW OF NATURE.** **KNOWLEDGE** • Discuss the "Law of Nature" with reference to homoeopathic principles • Describe the cause-and-effect relationship in health and disease **SKILL** • Application of the homoeopathic principles based upon the System of Nature, which Science universally recognizes as fundamental. **REFLECTION** • Reflects Homoeopathy as a Scientifically valid system of medicine . **COMPETENCY HOM – PG-OP – 3- 2:** **EXPLAIN HOMOEOPATHY AS SCIENCE AS WELL AS AN ART** **KNOWLEDGE** • Differentiate between 'science' and 'art'. • Understand the importance of understanding logic in the evolution of Homoeopathic principles. • Dicuss the social aspects of homoeopathy: What has homoeopathy to offer to young man **SKILL** • Understanding of the working principles of Homoeopathy. **REFLECTION** • Reflects upon the understanding of homoeopathy as a science and art.

Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, SO
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Haehl Richard. (2016). Samuel Hahnemann His Life & Work Vol.– I & II B. Jain Publishers (P) Ltd, New Delhi, 12th Impressions. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 04: INTRODUCTION TO ORGANON OF MEDICINE

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) the insight to the meaning of the word Organon, style and editions of the Organon of medicine, teachings of application of principles of homoeopathy into practice.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 04-1:** **JUSTIFY THE NECESSITY OF ORGANON OF MEDICINE IN HOMOEOPATHIC PRACTICE** **KNOWLEDGE** • Trace the origin of Organon of medicine • List the salient features of different editions and construction of Hahnemann's Organon of medicine. • Outline the Ground plan of Organon of medicine • Mention the basics of Logic and utility of logic in homoeopathy **SKILL:** • **A**ppreciate the inter-relationship between philosophy, science and logic **REFLECTION** • Appreciating Organon as a product of application of inductive logical method of reasoning • Understanding Homoeopathy in vertical and horizontal integration with pre, para & clinical subject.
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Haehl Richard. (2016). Samuel Hahnemann His Life & Work Vol.– I & II B. Jain Publishers (P) Ltd, New Delhi, 12th Impressions. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W.

	Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge / Homoeopathic Orientation

HOM – PG-OP – 5:

FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) to understand Homeopathy as a complete and scientific system of therapeutic medication.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 5-1:** **EXPLAIN THE HOMOEOPATHIC PRINCIPLES IN LIGHT OFMODERN CONCEPTS OF EPIDEMIOLOGICAL AND BIOMOLECULAR SCIENCES** **KNOWLEDGE** • State the Fundamental principles of homeopathy • Corelate the basic principles with modern concepts of epidemiological and biomolecular sciences • Discuss Homoeopathy as a method of therapeutic medication **SKILL** • Practical Application of Homoeopathic principles in demonstration of efficacy of homoeopathy. **REFLECTION** • Understanding the fundamental laws of homoeopathy and then demonstrate them in practice. • Appreciate Homeopathy as a complete system of therapeutic medication
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi.

	Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New DelhiClose, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Reprint edition. Bradford Thomas Lindsley. (2006). Life and Letters of Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 06:

PHILOSOPHY OF SUBSTANTIALISM

Overview:	This topic will provide overview of historical concept of substantialism and vitalism and their correlation with homoeopathic concept
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 06-1:** **UNDERSTANDING THE EVOLUTION OF SUBSTANTIALISM AND VITALISM** **KNOWLEDGE:** • Historical review of substantialism and vitalism • Development of Hahnemann's concept of vital force in light of philosophy of substantialism • Explain vital force as expressed in functions: In health, in disease, in recovery, in cure. • Discuss the significance of Simple Substance according to Kent • Corroboration of philosophy of vitalism in context of modern medicine and developmental biology **SKILL:** • Correlate Hahnemann's concept and modern concepts of vital principle **REFLECTION:** • Understanding of Vital force in context of its nature and functions
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition

	Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 07:

LIFE, HEALTH AND DISEASE

Overview:	This topic will provide understanding of concept of Life, Health and Diseasefrom anthropological perspective
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 07-1:** **UNDERSTANDING THE CONCEPT OF LIFE, HEALTH AND DISEASE FROM ANTHROPOLOGICAL PERSPECTIVE** **KNOWLEDGE** • Justify Health as a balanced condition of the living organism in which the integral, harmonious performance of the vital functions. • Appraise Disease as a changed condition of life, which is inimical to the true development of the individual and tends to organic dissolution. • Critique the relevance of Anthropology, Sociology and Culture on life, Health Disease and cure. **SKILL:** • Identify social, economic, environmental, biological and emotional determinants of health and etio-pathogenesis of disease. • Understanding the evolution of disease from prodrome, diathesis to disease: functional to structural. **REFLECTION:** • Understanding health and disease as dynamic states in relation to physical character, environmental and social relations, and culture
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments

Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon. R.E. (2019). Lesser Writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Park, K. (2023). Park's Textbook of Preventive & Social Medicine; M/s Banarsidas Bhanot Publishers. 27th edition
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 08: CURE AND RECOVERY

Overview:	This topic will provide understanding of concept of cure and recovery which builds the conceptual base for the physician.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 08-1:** **UNDERSTANDING CURE AND RECOVERY OF DISEASES** **KNOWLEDGE** • Describe Hahnemann's modern concept of cure and protection from Sickness • Evaluate the concept of prophylaxis and its critical study in relation to principles of homoeopathic therapeutics **SKILL** • Understanding of cure and recovery according to Homoeopathy • Ability to plan therapeutics, rehabilitative, preventive measures / Strategies **REFLECTION** • Identify critical elements of treatment of the diseases through judicial application of homoeopathic principles
Competency based Learning Methods	Self-regulated learning,spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. Reprint edition IBPP, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine, Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Ninth Revised Edition Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM – PG-OP – 09: PRESERVATION OF HEALTH

Overview:	This topic will provide comprehension of health, its preservation and evolution of natural disease
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 09-1:** **UNDERSTANDING PREVENTIVE CARE** **KNOWLEDGE:** • Explain the role of Physician as preserver of health from historical perspective • Concepts of primordial and primary prevention of diseases • Discussthe concept of Homoeoprophylaxis **SKILL:** • Evaluation ofthe basic principles of health promotion and prevention of disease **REFLECTION:** • Concept of prophylaxis in homoeopathy
Competency based Learning Methods	Self-regulated learning, Library based, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Park, K. (2023). Park's Textbook of Preventive & Social Medicine; M/s Banarsidas Bhanot Publishers. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition

	with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM – PG-OP – 10:

BIPHASIC ACTION OF MEDICINES AND MODERN PHARMACOLOGY

Overview:	This topic will provide overview of biphasic action of medicine in context of principles of modern pharmacology
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 10- 1: BIPHASIC ACTION OF MEDICINE AND MODERN PHARMACOLOGY** **KNOWLEDGE:** • Understanding primary and secondary action of medicine • Biphasic action of medicine in modern pharmacology • Arndt schulz law, Koetshu effect and Concept of Hormesis **SKILL:** • Differentiating between primary and secondary action of medicine **REFLECTION:** Reflection on Biphasic action of medicine in context of Arndt schulz law, Koetshu effect and Concept of Hormesis
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 11:
BASICS OF CLASSIFICATION OF DISEASES

Overview:	This topic will provide overview of classification of diseases from history of medicine and Homoeopathic perspectives
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 11- 1:** **CLASSIFICATION OF DISEASES IN HISTORY OF MEDICINE** **KNOWLEDGE** • Diseases in prehistoric era • Hippocratic classification of diseases • Post Hippocratic understanding of diseases till modern era **SKILL** • Application understanding of disease in different eras in history of medicine **REFLECTION** • Appreciate the evolution of knowledge regarding the nature of diseases **COMPETENCY HOM – PG-OP – 11-2:** **CLINICAL CLASSIFICATION OF DISEASES IN HOMOEOPATHY** **KNOWLEDGE** • Classify diseases according to Hahnemann • Discuss post Hahnemannian concepts • Discuss strategies of case management of various types of diseases **SKILL** • Application homoeopathic understanding of disease to come to similimum as per the stage of disease. **REFLECTION** Appreciate the fundamental cause in progression of different classes of disease
Competency based Learning Methods	Problem based, Case based, Bedside Out patient based, Self-regulated learning, deliberate practice, formative self assessment

Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, Checklist, Rubrics
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Reprint edition. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. R.E. 14th Impression Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Park, K. (2023). Park's Textbook of Preventive & Social Medicine; M/s Banarsidas Bhanot Publishers. 27th edition Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 12:

EXAMINATION OF THE PATIENT AND CASE ANALYSIS.

Overview:	This topic will provide basic orientation of homoeopathic case taking and Understanding person in wider dimension with correct application of causes of disease
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 12- 1:** **LEARNING THE GENERAL PRINCIPLES OFCASE TAKING ACCORDING TO HOMOEOPATHIC PHILOSOPHY** **KNOWLEDGE** • Outline the basic component of Examination of the Patient • Understands the importance of case anamnesis • Explain the Importance of observation in case taking and Record Keeping • Describe the concepts relevant to case taking and patient examination with special emphasis on concept of auxiliary symptoms **SKILL:** • Case perceiving in relation to homoeopathic concepts **REFLECTION :** Analysing the critical components for Individualization of Patient Reflect on the basic principles of patient centered case study **COMPETENCY HOM – PG-OP – 12- 2:** **DEMONSTRATE ANALYSIS, EVALUATION OF THE CASE TO FORM THE TOTALITY OF SYMPTOMS** **KNOWLEDGE** • Explain the Importance of symptoms in homoeopathy • Discuss the basic concepts of Analysis and evaluation of case **SKILL** Outline the evolution of totality of symptoms **REFLECTION** • Holistic Perception of the patient with correct appreciation of the factors responsible for the origin and maintenance of illness

Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dhawale, M.L. (1994). Principle and Practice of Homeopathy", Published by Institute of Clinical Research Bombay. Dunham C. (2003). How To Case Taking. B. Jain Publishers (P)Ltd. New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Schmidt, P. (1980). Defective Illness", Hahnemannn Publishing Co. Private Ltd. First edition.. Khan Lal Mohammad. (2013). Case Perceiving: Know Thyself. B. Jain publishers pvt. Ltd. New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Third Edition Wright Hubbard Elizabeth. (2009) A Brief Study Course in Homoeopathy", B. Jain publishers Pvt Ltd. Schmidt, P. (2003) TheArtofInterrogation. B. Jain Publishers (P) Ltd, New Delhi. Schmidt, P. (2003) TheArtofCaseTaking. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 13:

BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE

Overview:	This topic will provide overview of state of susceptibility to formulate comprehensive plan of treatment and its utility in prescription
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 13- 1:** **CONCEPT OF SUSCEPTIBILITY AS FUNDAMENTAL BASIS OF LIFE** **KNOWLEDGE:** • Define susceptibility • Thoroughly examine susceptibility as fundamental basis of life • Correlate with the concept of Idiosyncrasy **SKILL:** • To analyse the factors affecting the susceptibility of patient • Appreciate the role of accessory circumstances in affecting the susceptibility **REFLECTION:** • Identify the critical elements for clinical application of concept of suscetibility
Competency based Learning Methods	Problem based, Case based, Bedside,Out patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dhawale, M.L. (1994). Principle and Practice of Homeopathy", Published by Institute of Clinical Research Bombay. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi.. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition

	Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 14:

HUMAN DRUG PROVING

Overview:	This topic will provide overview of concept of drug proving – pharmacological and physiological action of various drugs with their therapeutic scope which can be used for prescription of similimum.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 14-1: KNOWLEDGE OF INSTRUMENTS NEEDED FOR HOMOEOPATHIC CURE** **KNOWLEDGE:** • Discuss the knowledge of instruments for cure of disease. • Explainthe concept of Human Drug proving and necessity to prove the medicine on human beings. • Outline the procedure and steps of drug proving, Different ways of drug proving • Discuss the criteria of ideal prover, doses for drug proving and the process of recording of symptoms. **SKILL:** • Understand themethod of drug proving integrating modern developments in study of effects of drug on human organism **REFLECTION:** • Ethical and epidemiological issues involved in Human drug proving
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. 14th Impression Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy. B. Jain publishers pvt. Ltd.

	Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	**1st Term Test:** During sixth month of training	During eighteenth month of training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Philosophy	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Philosophy	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent weightage shall be for summative assessment).

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			**100**

PART 1 – PAPER 1. LIST OF TOPICS

1. **HOM – PG-OP – 01**

   HISTORY OF MEDICINE AND EVOLUTION OF HOMOEOPATHY

2. **HOM – PG-OP – 02**

   INFLUENCE OF DIFFERENT SCHOOLS OF PHILOSOPHIES IN EVOLUTION OF HOMOEOPATHIC SYSTEM OF THERAPEUTICS

3. **HOM – PG-OP – 03**

   GENERAL INTERPRETATION OF HOMOEOPATHIC PHILOSOPHY

4. **HOM – PG-OP – 04**

   INTRODUCTION TO ORGANON OF MEDICINE

5. **HOM – PG-OP – 05**

   FUNDAMENTAL PRINCIPLES OF HOMOEOPATHY

6. **HOM – PG-OP – 06**

   PHILOSOPHY OF SUBSTANTIALISM

7. **HOM – PG-OP – 07**

   LIFE, HEALTH, AND DISEASE

8. **HOM – PG-OP – 08**

   CURE AND RECOVERY

9. **HOM – PG-OP – 09**

   PRESERVATION OF HEALTH

10. **HOM – PG-OP – 10**

    BIPHASIC ACTION OF MEDICINE AND MODERN PHARMACOLOGY

11. **HOM – PG-OP – 11**

    BASICS OF CLASSIFICATION OF DISEASES

12. **HOM – PG-OP – 12**

    EXAMINATION OF THE PATIENT AND CASE ANALYSIS.

13. **HOM – PG-OP – 13**

    BASIC OVERVIEW OF SUSCEPTIBILITY IN HOMOEOPATHIC PRACTICE

14. **HOM – PG-OP – 14**

    HUMAN DRUG PROVING

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	**HOM – PG-OP – 12**	20
2	LAQ	**HOM – PG-OP – 02**	10
3	LAQ	**HOM – PG-OP – 04 &HOM – PG-OP – 05**	10
4	LAQ	**HOM – PG-OP – 06**	10
5	LAQ	**HOM – PG-OP – 13**	10
6	SAQ	**HOM – PG-OP – 01**	5
7	SAQ	**HOM – PG-OP – 03**	5
8	SAQ	**HOM – PG-OP – 07**	5
9	SAQ	**HOM – PG-OP – 08**	5
10	SAQ	**HOM – PG-OP – 09**	5
11	SAQ	**HOM – PG-OP – 10**	5
12	SAQ	**HOM – PG-OP – 11**	5
13	SAQ	**HOM – PG-OP – 14**	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3a). CLINICAL EXAMINATION.

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		**100 Marks**

VII (3B). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		**100 Marks**

VIII. LIST OF REFERENCE BOOKS

1. Ackerknecht Erwin H. Haushofer Lisa. 2016. A Short History of Medicine, Johns Hopkins University Press. Baltimore & London, Revised Edition
2. Allen. J. H. (1921) The Chronic Miasms: Psora and Pseudo-Psora, India Books and Periodicals Syndicate
3. Ameke Wilhelm. Dudgeon R. E. (1885) (ed) History of Homeopathy: Its Origin and Its Conflicts. The British Homoeopathic Society
4. Banerjea. S. K. (2010) Miasmatic Diagnosis: Comparison of the Dermatological Symptoms in Miasmatic Prescribing, (2nd Extended Edition) B. Jain Publishers (P) Limited.
5. Bradford, T.L. (2016) The Life and Letters of Dr.Samuel Hahnemann. (7th impression). B.Jain Publishers.
6. Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy (Reprint edition) IBPP, New Delhi.
7. Cook Trevor M. April 2008. Samuel Hahnemann: His Life and Times. B. Jain Publishers (P) Ltd, New Delhi.
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9. Dudgeon, R. E. (2019). Lesser writings of Samuel Hahnemann (14th Impression). B. Jain Publishers (P) Ltd, New Delhi.
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14. Haehl, R.(1996) Samuel Hahnemann: His Life and Works. B. Jain Publishers (P) Ltd, New Delhi.
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16. Hahnemann. S. (1999) The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure (Reprint Edition). B. Jain Publishers (P) Ltd
17. Handley Rima. (1993). A Homeopathic Love Story: The Story of Samuel and Melanie Hahnemann. North Atlantic Books, California.
18. Hughes Richard. (2020). The Principles and Practice of Homoeopathy (13th Impressions). B. Jain Publishers (P) Ltd, New Delhi.
19. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy (Reprint edition). Indian Book & Periodical Publishers, New Delhi.
20. Kent. J.T. (1926) New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts. Ehrhart & Karl.

21. Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi
22. Ortega PS. (1980). Notes on the miasm on Hahnemann's Chronic Diseases. National Homoeopathic Pharmacy.
23. Park, K. (2021) Text book of Preventive and Social Medicine", Twenty sixth edition, M/s Banarsidas Bhanot Publishers.
24. Roberts, H. A. (1995). The Principles and Art of Cure by Homoeopathy (Reprint edition). B. Jain Publishers (P) Ltd, New Delhi.
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26. Schmidt, P. (2003) The Art of Case Taking. B. Jain Publishers (P) Ltd, New Delhi.
27. Schmidt, P. (2003) The Art of Interrogation. B. Jain Publishers (P) Ltd, New Delhi.
28. Singh Mahendra, Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. (Third Edition). B. Jain Publishers (P) Ltd, New Delhi.
29. Wright Hubbard Elizabeth. (2009) A Brief Study Course in Homoeopathy, B. Jain Publishers (P) Ltd. New Delhi

Note: Part I Paper 2 separately after Part II Paper 1 & 2.

PART 2 PAPER 1 & 2

V. TOPICS AND TOPIC OBJECTIVES

PART-2:

- **HOM – PG-OP – 15**

  THE LOGIC OF HOMEOPATHY

- **HOM – PG-OP – 16**

  SUSCEPTIBILITY, REACTION AND IMMUNITY

- **HOM – PG-OP – 17**

  RELATION OF PATHOLOGY TO THERAPEUTICS

- **HOM – PG-OP – 18**

  GENERAL PATHOLOGY OF HOMOEOPATHY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

- **HOM – PG-OP – 19**

  INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE MANAGEMENT.

- **HOM – PG-OP – 20**

  HOMOEOPATHIC SEMIOLOGY

- **HOM – PG-OP – 21**

  CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

- **HOM – PG-OP – 22**

  THE DYNAMIC ACTION OF DRUGS

- **HOM – PG-OP – 23**

  PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

- **HOM – PG-OP – 24**

  THE SECOND PRESCRIPTION

- **HOM – PG-OP – 25**

  THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

- **HOM – PG-OP – 26**

  SECOND BEST REMEDY

- **HOM – PG-OP – 27**

  SUPPRESSION AND PALLIATION

- **HOM – PG-OP – 28**

  PHENOMENOLOGICAL VIEWPOINT

- **HOM – PG-OP – 29**

  TEMPERAMENTS

- **HOM – PG-OP – 30**

  ALTERNATION OF REMEDIES

- **HOM – PG-OP – 31:**

  THE STUDY OF PROVINGS

- **HOM – PG-OP – 32:**

  HA ROBERT'S CONCEPT OF DEFLECTED CURRENT

- **HOM – PG-OP – 33:**

  HOMOEOPATHIC POSOLOGY

- **HOM – PG-OP – 34**

  SCHOOLS OF MODERN PHILOSOPHIES AND THEIR CORRELATION WITH HOMOEOPATHIC PHILOSOPHY

- **HOM – PG-OP – 35**

  BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHY

TOPIC CONTENTS

- **HOM – PG-OP – 15**

  THE LOGIC OF HOMEOPATHY
  - Salient features,history and development of logic
  - Formal, inductive and deductive logic
  - Logic of Aristotle. Bacon, Mill and Hahnemann
  - Application of logic in various processes of applied homoeopathy

- **HOM – PG-OP – 16**

  SUSCEPTIBILITY, REACTION AND IMMUNITY
  - Susceptibility as a vital attribute of life
  - Concepts‘susceptibility’, ‘reaction’, and ‘immunity’.
  - Application of understanding of susceptibility in clinical practise.

- **HOM – PG-OP – 17**

  RELATION OF PATHOLOGY TO THERAPEUTICS
  - Concept of prodromal, subclinical and clinical stages of disease
  - Relation of the concepts in pathophysiology in context of susceptibility, reaction and immunity
  - Etio-pathogenesis of disease in terms of fundamental, exciting and predisposing causes

- **HOM – PG-OP – 18**

  GENERAL PATHOLOGY OF HOMOEOPATHY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS
  - Correlation of pathological and microbiological principles in homoeopathic practise
  - Concept of miasmin light of modern principles of pathology and microbiology

- **HOM – PG-OP – 19**

  INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE

MANAGEMENT.

- Importance of interdisciplinary approach for examination of patient
- Understanding the significance of patient centric approach in light of current trends in medicine

- **HOM – PG-OP – 20**

HOMOEOPATHIC SEMIOLOGY

- True nature and constitution of a symptom in 'proving', 'examination of a patient;', and 'the study of the Materia Medica'.
- Different types of symptoms according to Hahnemann, J. T. Kent, Boenninghausen, CM Boger, Garth Boericke, Ortega, Paschero, ML Dhawale and other modern homoeopathic stalwarts
- Application of different methods of evaluation in formation of totality of symptoms

- **HOM – PG-OP – 21**

CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

- Special directions for case taking according Hahnemann, Kent, Stuart Close, H.A. Roberts &Boenninghausen
- Importance of knowledge of special category of diseases – one sides, typical intermittent, alternating diseases etc.
- Plan of case management of special category of diseases

- **HOM – PG-OP – 22**

THE DYNAMIC ACTION OF DRUGS

- Dynamic concept of health, disease, and cure
- Different types of actions of drugs, such as mechanical, chemical, and dynamic.
- Clinical application of dynamic action of drugs in homoeopathic practise

- **HOM – PG-OP – 23**

PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

- Remedy reactions after administration of medicine
- Unfavourable prognosis after observing the action of remedy.
- Favorable prognosis after observing the action of remedy.

- **HOM – PG-OP – 24**

THE SECOND PRESCRIPTION

- Antidotal, Complimentary and Cognate relationship of medicines

- Conditions that merit change in the plan of treatment
- Parameters forsecond prescription
- Clinical application of different types of second prescription

- **HOM – PG-OP – 25**

  THE SCOPE AND LIMITATIONS OF HOMOEOPATHY
  - Modern and homoeopathic concept of disease.
  - Sphere of similia and Exclusion method adopted by Dake
  - Limitation of homoeopathy in different clinical settings

- **HOM – PG-OP – 26**

  SECOND BEST REMEDY
  - Indisposition as mimicking sickness
  - Role of 'second best remedy' in different clinical settings

- **HOM – PG-OP – 27**

  SUPPRESSION AND PALLIATION
  - Concepts of suppression and palliation
  - Fundamental laws governing the process of suppression and palliation
  - Different forms of clinical expressions of suppression and palliation

- **HOM – PG-OP – 28**

  PHENOMENOLOGICAL VIEWPOINT
  - Phenomenology and Empiricism
  - Evolution of phenomenological and Empiricist school of thoughts
  - Relationship of phenomenology and empiricism with homoeopathy

- **HOM – PG-OP – 29**

  TEMPERAMENTS
  - Historical perspective of understanding of temperaments and appreciate the importance of temperaments in pathological evolution of diseases
  - Importance of temperaments in the study of Materia Medica of homoeopathic medicines

- **HOM – PG-OP – 30**

  ALTERNATION OF REMEDIES
  - Basic concept and therapeutic utility of Alternation of remedies in context of Hahnemannian writings

- Basic concept and therapeutic utility of Alternationof remedies in context of post-Hahnemannian writings

- **HOM – PG-OP – 31:**

  THE STUDY OF PROVINGS
  - Emerging perspectives of drug proving, especially in light of works of modern day homoeopathic stalwarts
  - Application of Hahnemannian and modern methods of drug proving in proving of new drugs.

- **HOM – PG-OP – 32:**

  HA ROBERT'S CONCEPT OF DEFLECTED CURRENT
  - Knowledge of various obstacles to cure – causes fundamental, exciting or precipitating or maintaining causes and its management
  - Clinical application of deflected current in analyzing and removing the obstacles
  - Application of concept of intercurrent remedies, anti-miasmatic, nososdes or acute prescriptions

- **HOM – PG-OP – 33:**

  HOMOEOPATHIC POSOLOGY
  - Concept of posological principle of Infinitesimals
  - Components of homoeopathic posology and role of susceptibility

- **HOM – PG-OP – 34**

  SCHOOLS OF MODERN PHILOSOPHIES AND THEIR CORRELATION WITH HOMOEOPATHIC PHILOSOPHY
  - Relationship of Philosophy, science and metaphysics
  - Examination of Immanuel Kant concepts on causation and logical relation of antecedents
  - Interpretation of Jungian concepts of Archetypes and Synchronicity
  - Organic view of holistic sciences on the basis of Hegal
  - Doctrine of energy on the basis of Leibniz and Bergson
  - Indepthanalysis of 'Critical rationalism' of Karl Popper

- **HOM – PG-OP – 35**

  BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHY
  - Overview of modern schools of Homoeopathic Philosophies
  - Importance of modern homoeopathic softwares, e-learning tools, application based systems etc in better understanding and comprehension of homoeopathic principles

VI. TOPIC DESCRIPTION

HOM – PG-OP – 15:
THE LOGIC OF HOMEOPATHY

Topic Overview:	This topic orients the students to the development, application and reflection of Logic in applied Homoeopathy
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 15- 1:** **UNDERSTANDING THE LOGIC OF HOMOEOPATHY.** **KNOWLEDGE** • Define Logic and its salient features • Describe history and development of logic • Explain formal, inductive and deductive logic • Illustrate logic of Aristotle. Bacon, Mill and Hahnemann **SKILL** • Application of logic in various processes of applied homoeopathy **REFLECTION** • Understanding of application of logic in development of homeopathic principles • Reflects General relations of logic to the various processes of applied homoeopathy and to point out advantages in using the methods of logic in the treatment of human sufferings.
Competency based Learning Methods	Problem based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists

Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Reprint edition Dhawale, M.L. (1994). Principle and Practice of Homeopathy", Published by Institute of Clinical Research Bombay. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 16: SUSCEPTIBILITY, REACTION AND IMMUNITY

Topic Overview:	This topic will provide deeper understanding of susceptibility, its correlation with immunity and importance of susceptibility in clinical practice**.**
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 16- 1:** **UNDERSTANDING OF SUSCEPTIBILITY AS INNATE MECHANISM OF LIFE** **KNOWLEDGE** • Define susceptibility as a vital attribute of life • Compare the concepts'susceptibility', 'reaction', and 'immunity'. • Justify that action and reaction takes place only in the living organism. • Elicit the Stimulants and Depressants of susceptibility **SKILL** • Application of understanding of susceptibility in clinical practise. • Systematic understanding of Susceptibility and its importance in Health, Constitution, Diathesis, Disease, Recovery, Cure, Drug-effects,Remedy-effects, Suppression and Palliation, Local Application and Remedy-regulation. **REFLECTION** • Understanding the role of susceptibility in health, disease, cure and recovery. **COMPETENCY HOM – PG-OP – 16- 2:** **CORRELATE SUSCEPTIBILITY, REACTION AND IMMUNITY** **KNOWLEDGE** • Define susceptibility in the homoeopathic context • Explain the importance of susceptibility in clinical practice • Elaborate on evolving susceptibility in terms of vital reaction **SKILL** • Application of knowledge of Susceptibility in vital processes of health and disease **REFLECTION** • Role of susceptibility in clinical practice and relation

	between susceptibility, reaction and immunity
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists, ratings
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation/ / Practice Based Learning

HOM – PG-OP – 17: RELATION OF PATHOLOGY TO THERAPEUTICS

Topic Overview:	This topics will sensitize the students to the relation of pathology with General and Special Therapeutics
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 17-1:** **DISCUSS THE RELATION OF MODERN PATHOLOGY IN HOMOEOPATHIC PRACTICE** **KNOWLEDGE** • Outline the concept of prodromal, subclinical and clinical stages of disease • Highlight the general survey of disease • Relate the concepts in pathophysiology in context of susceptibility, reaction and immunity **SKILL** • Application of knowledge of pathology in individualisation **REFLECTION** • Importance of knowledge of pathology in therapeutics **COMPETENCY HOM – PG-OP – 17-2:** **DISCUSS ETIO-PATHOGENESIS OF DISEASE IN TERMS OF FUNDAMENTAL, EXCITING AND PREDISPOSING CAUSES** **KNOWLEDGE** • Outline the concept of fundamental and predisposing causes • Highlight the importance of constitution and temperament from historical and psychological perspective • Relate the homoeopathic concept of constitution with bio-pathographical evolution of disease **SKILL** • Application of concept of constitution in bio-pathographical evolution of disease **REFLECTION** • Importance of constitutional understanding in disease biopathography

Competency based Learning Methods	Case based, Bedside, Self-regulated learning, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann. S. (1999) The Chronic Diseases: Their Peculiar Nature Their Homoeopathic Cure (Reprint Edition). B. Jain Publishers (P) Ltd Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy: The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2004) Organon of Medicine by Samuel Hahnemann with Introduction and Commentary on the Text: Ninth Revised Edition. E Publications Pvt. Ltd. Delhi. Dhawale, M.L.(2013) Principles and Practice of Homoeopa Homoeopathic Philosophy and Repertoryation (4th revised and enla edition). Dr M.L. Dhawale Memorial Trust
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation/ Patient care

HOM – PG-OP – 18:

GENERAL PATHOLOGY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

Topic Overview:	This topic will sensitize the students to the relation of pathology and microbiology with homoeopathy and concept of chronic diseases. It will provide orientation for application of chronic miasm in clinical practise
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 18- 1:** **CORRELATION OF PATHOLOGICAL AND MICROBIOLOGICAL PRINCIPLES IN HOMOEOPATHIC PRACTISE** **KNOWLEDGE** • Explain the basic principles of pathology and microbiology • DescribeHahnemann's perception of "infection theory" • Discuss the significance of the pathophysiology of infection with reference to the theory of chronic diseases **SKILL** • Application of Hahnemann's concept of 'infection' in etiopathogenesis of acute and chronic diseases **REFLECTION** • Scientific validation of Hahnemann's understanding of etiopathogenesis of acute and chronic diseases **COMPETENCY HOM – PG-OP – 18-2:** **DISCUSS THE CONCEPT OF MIASMIN LIGHT OF MODERN PRINCIPLES OF PATHOLOGY AND MICROBIOLOGY** **KNOWLEDGE** • Trace the evolution of Hahnemann's theory of miasm • Discuss the Hahnemannian and post Hahnemannian viewpoints in relation to understanding of miasm • Discussthe evolution and development of miasmatic theory in light of modern pathology and microbiology **SKILL** • Implementation of theory of acute and chronic miasm in clinical practise **Reflection** • Corelate the miasmatic theory with the advancements in the study of pathology and microbiology
Competency	Case based, Bedside, Outpatient based, Self-regulated learning,

based Learning Methods	deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann Samuel (2005). The Chronic Diseases, Their Peculiar Nature and Their Homoeopathic Cure. B. Jain Publishers Pvt. Ltd. Allen JH (1998). The Chronic Miasms Psora and Pseudo-Psora. B. Jain Publishers Pvt. Ltd. Ortega PS. (1980). Notes on Themiasm on Hahnemann's Chronic Diseases. English Translation by Harris Coulter. National Homoeopathic Pharmacy. Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PGOP – 19:

INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE MANAGEMENT.

Topic Overview:	This topic will provide students of MD Hom (Homoeopathic Philosophy) with an overview of integrating the knowledges obtained in different clinical and paraclinical subjects for holistic patient centred case management.
Learning Outcomes:	**COMPETENCY HOM – PGOP – 19- 1:** **EXPLAIN THE IMPORTANCE OF INTERDISCIPLINARY APPROACH FOR EXAMINATION OF PATIENT** **KNOWLEDGE** • Discuss the concept of Holism • Describethe interdisciplinary approach in understanding man as a whole • Illustrate the inter-relationship of preclinical, clinical and paraclinical subjects **SKILL** • Application of holistic model of health system **REFLECTION** • Identify the elements critical for integrating clinical and para clinical knowledges for individualised case perceiving **COMPETENCY HOM – PGOP – 19-2:** **UNDERSTANDING THE SIGNIFICANCE OF PATIENT CENTRIC APPROACH IN LIGHT OF CURRENT TRENDS IN MEDICINE** **KNOWLEDGE** • Discuss the interdisciplinary approach of conventional medicine towards holistic understanding of patient • Corelate the homoeopathic concept of patient centric approach in framework of conventional medicine **SKILL** • Integration of homoeopathic concept of holism in paradigm of modern medicine

	REFLECTION • Scientific validation of Hahnemann's holistic concept of health
Competency based Learning Methods	Problem based, Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent James Tyler. (2023). Lesser Writings, Clinical Cases, New Remedies, Aphorisms and Precepts. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 20: HOMOEOPATHIC SEMIOLOGY

Topic Overview:	This topic will provide insights into concept of symptomatology, methods of evaluation of symptoms and its importance in Clinical practice
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 20-1:** **UNDERSTAND DIFFERENT AUTHORBASED PERSPECTIVE OF SYMPTOMATOLOGY AND THEIR APPLICATION IN CLINICAL PRACTICE** **KNOWLEDGE** • Discuss the true nature and constitution of a symptom in 'proving', 'examination of a patient;', and 'the study of the Materia Medica'. • Explain the different types of symptoms according to Hahnemann, J. T. Kent, Boenninghausen, CM Boger, Garth Boericke, Ortega, Paschero, ML Dhawale and other modern homoeopathic stalwarts **SKILL** • Application of concept of symptomatology in analysis of symptoms and its peculiarity in acute and chronic diseases. • Application of Boenninghausen's symptomatologic hexameter. • Application of DrKent'sconceptoftotality/evaluation of symptoms & their utility in synthetic prescriptions. • Application of DrBoger'sconceptofPathological General and • Application of Boericke's concept of Absolute and Determinative symptoms • Application of Ortega, Paschero, Dhawale and other modern homoeopathic stalwarts concept of evaluation of symptoms **REFLECTION** • Different methods of identification of striking, singular, uncommon and peculiar (characteristic) signs and symptoms • Application of different methods of evaluation in formation of totality of symptoms
Competency based Learning Methods	Case based, Bedside, Outpatient based, Brainstorming, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment).

	Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dhawale, M.L. (1994). Principle and Practice of Homeopathy", Published by Institute of Clinical Research Bombay. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Low priced 5th and Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 21:

CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

Topic Overview:	This topic will provide understanding of analysis of the case for individualization in different clinical settings
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 21-1:** **SIGNIFICANCE OF PROCESSING OF THE CASE FOR INDIVIDUALIZATION IN DIFFERENT CLINICAL SETTINGS** **KNOWLEDGE** • Mention the special directions for case taking according Hahnemann, Kent, Stuart Close, H.A. Roberts & Boenninghausen • Explain the importance of knowledge of special category of diseases – one sides, typical intermittent, alternating diseases etc. • Discuss the role of investigations and diagnosis in homoeopathic individualisation • State the Importance of observation, especially in paediatric cases. • Evaluate plan of case management of special category of diseases **SKILL** • Application of logical analysis in individualisation of such cases **REFLECTION** • Reflect upon the individualisation of patient, selection of remedy, selection of potency and doses in special clinical settings
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists, ratings

Prescribed Texts:	Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 22:

THE DYNAMIC ACTION OF DRUGS

Topic Overview:	This topic will provide insights into dynamic action of drugs
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 22-1:** **UNDERSTAND THE DYNAMIC ACTION OF DRUGS.** **KNOWLEDGE** • Explain the dynamic concept of health, disease, and cure • State the different types of actions of drugs, such as mechanical, chemical, and dynamic. • Mention the clinical application of dynamic action of drugs in homoeopathic practise **SKILL** • Application of concept of dynamic action of drugs to obtain complete proving. **REFLECTION** • Correlation of dynamic action of drugs with concept of administration of minute doses and homoeopathic aggravation in acute, chronic, and even complicated diseases.
Competency based Learning Methods	Self-regulated learning, spaced repitition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PGOP – 23:

PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

Topic Overview:	This topic will provide insights into remedy reaction and prognosis after observing the action of the remedy
Learning Outcomes:	**COMPETENCY HOM – PGOP – 23-1:** **ILLUSTRATE REMEDY REACTION AFTER ADMINISTRATION OF MEDICINE** **KNOWLEDGE** • State the actions and reactions of remedy • Explain the Presuppositions of remedy reaction and Expectations after the administration of remedy • Discuss the signs of commencement of amelioration and aggravation **SKILL** • Clinical application of remedy reaction to understand prognosis. **REFLECTION** • Correlation of Remedy reaction with prognosis of case **COMPETENCY HOM – PGOP – 23-2:** **DISCUSS THE UNFAVOURABLE PROGNOSIS AFTER OBSERVING THE ACTION OF REMEDY.** **KNOWLEDGE** • Discuss what is unfavourable prognosis. • State the signs of commencement of aggravation. • Explain the direction of progress of disease **SKILL** • Application of remedy reaction to understand prognosis of the case **REFLECTION** • Identify unfavourable Remedy reaction and its application in clinical practice **COMPETENCY HOM – PGOP – 23- 3:**

	DISCUSS THE FAVOURABLE PROGNOSIS AFTER OBSERVING THE ACTION OF REMEDY. **KNOWLEDGE** • Discuss the depth of pathology i.e. reversible or irreversible • State the signs of commencement of amelioration. • Mention the direction of cure, according toHering's Law of Cure **SKILL** • Application of remedy reaction to understand favourable prognosis **REFLECTION** • Identify favourable Remedy reaction and its use in clinical practice.
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 24: THE SECOND PRESCRIPTION

Overview:	This topic will provide insights into different types of second prescriptions and their use in clinical practice basing on remedy reactions.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 24- 1:** **MENTION THE DIFFERENT TYPES OF SECOND PRESCRIPTIONS AND THEIR INDICATIONS DEPENDING ON THE REACTION AFTER ADMINISTRATION OF REMEDY.** **KNOWLEDGE** • Explain the remedy reactions / Prognosis after the observing the action of the first remedy • Explain the Antidotal, Complimentary and Cognate relationship of medicines • Discus the conditions that merit change in the plan of treatment • Discuss parameters for second prescription • Illustrate the use of different types of second prescription **SKILL** • Application of knowledge of different types of second prescriptions in clinical practice **REFLECTION** • Correlation of second prescriptions with remedy reactions and its utility in clinical practice
Competency based Learning Methods	Problem based, Case based, Bedside, Outpatient based, brainstorming, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishrs, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications

	Pvt. Ltd. Delhi. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. Third Edition
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 25:

THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

Topic Overview:	This topic will provide insights into the scope and limitations of homoeopathy
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 25** 1: **UNDERSTAND THE SCOPE AND LIMITATIONS OF HOMOEOPATHY** **KNOWLEDGE** • Differentiate between modern and homoeopathic concept of disease. • Mention the sphere of Similia. • Examine the exclusion method adopted by Dake • Explain the limitation of homoeopathy in different clinical settings **SKILL** • Application of homoeopathy helps to get a clear defined idea of the field in which the principle of Similia is inoperative. **REFLECTION** • Identify the elements critical for evaluation of Scope and limitation of homoeopathy
Competency based Learning Methods	Case based, Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Hahnemann Samuel (2013). Organon of medicine translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra, Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition

	with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 26: CONCEPT OF SECOND-BEST REMEDY

Overview:	This topic will provide the knowledge of differentiation between indisposition and acute disease and utility of 'second best remedy'
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 26-1:** **UNDERSTANDING INDISPOSITION AS MIMICKING SICKNESS** **KNOWLEDGE:** • Explain indisposition as a state of sickness arising from improper diet, habits or lifestyle. **SKILL** • Discriminate between exciting or maintaining cause (causa occasionalis), **REFLECTION** • Reflect on the nature of causations **COMPETENCY HOM – PG-OP – 26-2:** **HIGHLIGHT THE ROLE OF 'SECOND BEST REMEDY'IN DIFFERENT CLINICAL SETTINGS** **KNOWLEDGE** • Discuss the concept of 'second best remedy' **SKILL** • Prescription of 'second best remedy' in clinical practice **REFLECTION** Reflect upon the clinical utility of 'second best remedy'
Competency based Learning Methods	Bedside, Outpatient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book

	& Periodical Publishers, New Delhi. Reprint edition Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi.. Sarkar B. K. (2003-2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Birla Publications Pvt. Ltd. Delhi. Ninth Revised Edition Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 27:

SUPPRESSION AND PALLIATION

Topic Overview:	This topic will sensitize the students to the basic concept of suppression and palliation. It will provide insights regarding different forms of their clinical expression and their role in difficult and incurable diseases
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 27-1:** **INSIGHT INTO THE BASIC CONCEPTS, FUNDAMENTAL LAWS AND CLINICAL EXPRESSIONS OF SUPPRESSION AND PALLIATION** **KNOWLEDGE** • Differentiate between the concepts of suppression and palliation • Highlight the Fundamental laws governing the process of suppression and palliation • Enumerate different forms of clinical expressions of suppression and palliation **SKILL** • Ability to clinically differentiate suppression from palliation **REFLECTION** • Evaluation of case prognosis in the light of concept of suppression and palliation **COMPETENCY HOM – PG-OP – 27- 2:** **SUPPRESSION AND PALLIATION IN DIFFICULT AND INCURABLE DISEASES** **KNOWLEDGE** • Identify the impact of palliation in difficult and incurable diseases • Discuss the palliative effect of repetitive physiological doses of medicine resulting in the sequence of suppression **SKILL** • Clinical management of difficult and incurable disease conditions

	REFLECTION • Principles of palliative care according to homoeopathic and conventional medicine
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning/ Communication skills/ Professionalism

HOM – PG-OP – 28:

PHENOMENOLOGICAL VIEWPOINT

Topic Overview:	This topic will provide insights into concept of phenomenology and empiricism and highlight its importance in Understanding homoeopathic principles
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 28-1:** **CORRELATE THE CONCEPT OF PHENOMENOLOGY AND EMPIRICISM AS WELL AS ITS RELATION WITH HOMOEOPATHY** **KNOWLEDGE** • Discuss the concept of Phenomenology and Empiricism • Describe the evolution of phenomenological and Empiricist school of thoughts • Corelate the relationship of phenomenology and empiricism with homoeopathy **SKILL** • Clinical utility of phenomenological and empiricist point of view in Understanding science of homoeopathy **REFLECTION** • Corelation of empiricist philosophy with Hahnemannian approach in evolution of homoeopathic science **COMPETENCY HOM – PG-OP – 28- 2:** **HIGHLIGHT THE PRINCIPLES OF HOMOEOPATHIC PHILOSOPHY IN LIGHT OF PHENOMENOLOGICAL VIEWPOINT** **KNOWLEDGE** • Discuss Hahnemannian concept of 'a priori' and 'posteriori' • Discuss the evolution of fundamental principles of homoeopathy in the light of phenomenology and Empiricism **SKILL** • Application of phenomenological view point in appreciation of principles of Homoeopathic philosophy

	Reflection • Scientific validation of Hahnemannian philosophy in context of Empiricism
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Hahnemann. Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Singh Mahendra. Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 29: TEMPERAMENTS

Topic Overview:	This topic will provide overview of historical concept of temperaments, its utility in in perception of pathogenesis of homoeopathic medicines and application in clinical practise
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 29- 1:** **DISCUSSION OF THE HISTORICAL PERSPECTIVE OF UNDERSTANDING OF TEMPERAMENTS AND APPRECIATE THE IMPORTANCE OF TEMPERAMENTS IN PATHOLOGICAL EVOLUTION OF DISEASES** **KNOWLEDGE** • State the Hippocratic and post Hippocratic concepts of temperaments • Explain the Hahnemann's view point regarding temperament • Describe the concept of pathological evolution of diseases ~~and~~ • Discuss the importance of temperaments **SKILL** • Application of temperaments in perceiving pathological evolution of diseases **REFLECTION** • Corelate historical concept of temperaments with modern understanding of personality profile of diseases **COMPETENCY HOM – PG-OP – 29- 2:** **HIGHLIGHT THE IMPORTANCE OF TEMPERAMENTS IN THE STUDY OF MATERIA MEDICA OF HOMOEOPATHIC MEDICINES** **KNOWLEDGE** • Explain the significance of types of temperaments of different polycrest remedies in homoeopathic Materia Medica • Describe the importance of temperamentsin drug pathogenesis **SKILL** • Application of understanding of temperaments in clinical

	practise **REFLECTION** • Reflect upon the clinical utility of archaic concepts of temperaments mentioned in Materia medica of homoeopathic medicines
Competency based Learning Methods	Brainstorming, Self-regulated learning, Library based, e-learning, spaced repetition, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Hahnemann. Samuel. (2002). The Chronic Diseases Their Peculiar Nature and Their Homoeopathic Cure. Translated by L. H. Tafel. B. Jain Publishers (P) Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning/ Communication skills

HOM – PG-OP – 30:

ALTERNATION OF REMEDIES

Topic Overview:	This topic will sensitize the students to the basic concept and therapeutic implication of Alternation of remedies
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 30- 1:** **HIGHLIGHT THE BASIC CONCEPT AND THERAPEUTIC UTILITY OF ALTERNATIONOF REMEDIES IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN WRITINGS** **KNOWLEDGE** • Mention Basic concept of alternation of remedies • Differentiate between the Hahnemannian and post Hahnemannian views on alternation of remedies • Discuss the Therapeutic scope of alternation of remedies **SKILL** • Judicious employment of Alternation of remedies **REFLECTION** • Clinical decision-making regarding alternation of remedies
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Hahnemann. Samuel. (2002). The Chronic Diseases Their Peculiar Nature and Their Homoeopathic Cure. Translated by L. H. Tafel. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 31:

THE STUDY OF PROVINGS

Topic Overview:	This topic will provide overview of modern methods of drug proving and its application in proving of new drugs
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 31-1:** **EXPLANATION OF THE MODERN METHODS OF DRUG PROVING** **KNOWLEDGE** • State the sources of Materia Medica • Mention the Dunham's view regarding drug proving • Illustrate the emerging perspectives of drug proving, especially in light of works of modern day homoeopathic stalwarts **SKILL** • Application of Hahnemannian and modern methods of drug proving in proving of new drugs. **REFLECTION** • Reflects upon the proving of new drugs and formation of new Materia Medicas
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. R.E. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. 14th Impression. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PG-OP – 32:

HA ROBERT'S CONCEPT OF DEFLECTED CURRENT

Topic Overview:	This topic will provide insights into the accessory circumstances or factors which may cause hindrance/obstacle to cure.
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 32-1:** **IDENTIFY THE FACTORS WHICH MAY CAUSE HINDRANCE/OBSTACLE TO CURE.** **KNOWLEDGE** • Describe the exciting and maintaining cause • Recognize whether the obstacle is from the patient side, from the physician side, or related to the remedy • Appraise the exclusion method adopted by Dake • Knowledge of various obstacles to cure – causes fundamental, exciting or precipitating or maintaining causes and its management **SKILL** • Clinical application of deflected current in analyzing and removing the obstacles • Application of concept of inter current remedies, anti-miasmatic, nososdes or acute prescriptions **REFLECTION** • Correlate the concept of accessory circumstances with obstacle to cure and their removal.
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Reprint edition Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Reprint edition Dudgeon R. E. (2002). Lectures on the Theory and Practice of

	Homoeopathy. B. Jain publishers pvt Ltd, New Delhi.
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 33:

HOMOEOPATHIC POSOLOGY

Topic Overview:	This course will provide insights into posological principle of Infinitesimal, elements of posology and role of susceptibility in posology
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 33- 1:** **UNDERSTANDING THE CONCEPT OF POSOLOGICAL PRINCIPLE OF INFINITESIMALS** **KNOWLEDGE** • Explain the basic principles of vitalistic philosophy • Describe the basic concept of Infinitesimals and the laws governing posology • Knowledge of various scales of potency-centesimal,decimaland50 millesimal scale **SKILL** • Clinical application of Infinitesimal dose • Application of each scale of potency according to the susceptibility and sensitivity of the patient. **REFLECTION** • Scientific validation of posological principle of Infinitesimal **COMPETENCY HOM – PG-OP – 33-2:** **RELATE THE COMPONENTS OF HOMOEOPATHIC POSOLOGY AND ROLE OF SUSCEPTIBILITY** **KNOWLEDGE** • List the components of homoeopathic posology • Describe the Basic concept of susceptibility • State the factors influencing susceptibility **SKILL** • Application of susceptibility in posology **Reflection** • Critical understanding of elements determining posology
Competency based	Bedside, Outpatient based, Self-regulated learning, deliberate

Learning Methods	practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check lists
Prescribed Texts:	Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Dudgeon R. E. (2002). Lectures on the Theory and Practice of Homoeopathy. B. Jain publishers pvt Ltd, New Delhi. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Hughes Richard. (2020). The Principles & Practice of Homoeopathy. B. Jain Publishers (P) Ltd, New Delhi. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy. Indian Book & Periodical Publishers, New Delhi. Roberts, H. A. (1995). The principles and art of cure by homoeopathy. B. Jain publishers pvt. Ltd. Hubbard EW. (2004). A Brief Study Course in Homoeopathy B. Jain publishers Pvt. Ltd.
Domains of Competencies	Knowledge & Scholarship / Patient Care/ Homoeopathic Orientation / Practice Based Learning

HOM – PG-OP – 34:

SCHOOLS OF MODERN PHILOSOPHIES AND THEIR CORRELATION WITH HOMOEOPATHIC PHILOSOPHY

Topic Overview:	This topic will sensitize the students with an overview of modern schools of philosophies in context of understanding Hahnemann and post Hahnemannian philosophies
Learning Outcomes:	**COMPETENCY HOM – PG-OP – 34- 1:** **BRIEF OVERVIEW OF SCHOOLS OF MODERN PHILOSOPHIES** **KNOWLEDGE** • Discuss Philosophy, science and metaphysics and their relationship • Examine Immanuel Kant concepts on causation and logical relation of antecedents • Interpret Jungian concepts of Archetypes and Synchronicity • Explain Organic view of holistic sciences on the basis of Hegal • Discuss Doctrine of energy on the basis of Leibniz and Bergson • Indepth analysis of 'Critical rationalism' of Karl Popper **SKILL** • Application of modern philosophies in understanding the workings of Homoeopathic principles **REFLECTION** • Identify the elements critical for development of Hahnemann's and post Hahnemann concepts of homoeopathic philosophy **COMPETENCY HOM – PG-OP – 34- 2:** **CORRELATION OF MODERN SCHOOLS OF PHILOSOPHY WITH HOMOEOPATHIC PHILOSOPHY** **KNOWLEDGE** • Discuss the schools of philosophies – Materialism, Idealism and substantialism, existentialism, realism, pragmatism, romanticism, vitalism. positivism,

	phenomenology, Naturalism and critical theory **SKILL** • Application of these fundamental philosophies in understanding Hahnemann's and post Hahnemann concept of health, disease and cure **REFLECTION** • Integrate various facets of modern schools of philosophy with homoeopathic philosophy
Competency based Learning Methods	Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Durant, Will (1961) The Story of Philosophy : the Lives and Opinions of the Great Philosophers of the Western World. New York, Simon and Schuster Russell, Bertrand (1945) History of Western Philosophy. Routledge Danto, Arthur C. (1960). Philosophy of Science. Cleveland: World Publishing. Hatfield, Gary (2005). The History of Philosophy as Philosophy. Oxford: Clarendon. Reck, Erich (2013) Introduction: Analytic Philosophy and Philosophical History. Palgrave Macmillan
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

HOM – PGOP – 35:

BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHY

Topic Overview:	This topic will sensitize the students with modern schools of homoeopathic philosophy and their relevance in the holistic and individualistic understanding of patient
Learning Outcomes:	**COMPETENCY HOM – PGOP – 35-1:** **BRIEF OVERVIEW OF MODERN SCHOOLS OF HOMOEOPATHIC PHILOSOPHIES** **KNOWLEDGE** • Discuss the need to obtain basic nuances of modern schools of Homoeopathic Philosophies • Highlight the importance of modern homoeopathic softwares, e learning tools, application based systems etc in better understanding and comprehension of homoeopathic principles **SKILL** • Application of modern philosophies in patient centred holistic case management **REFLECTION** • Identify the elements of different homoeopathic philosophies in holistic and individualistic understanding of patient
Competency based Learning Methods	Case based, Self-regulated learning, Library based, e-learning, , formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi. Rajendran E. (2023). New lights - Lectures on Homeopathy and Philosophy, Mohana Publication
Domains of Competencies	Knowledge & Scholarship / Homoeopathic Orientation

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-II	**1st Term Test:** During twenty fourth month of training	During thirty sixth month of training
	2nd Term Test: During thirtieth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Homoeopathic Philosophy Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Homoeopathic Philosophy Paper 2	100	50		

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *Eighty per cent weightage shall be for summative assessment).

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
ProblemBased Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			**100**

Part 2 – Paper 1. List the topics

- **HOM – PG-OP – 15**

  THE LOGIC OF HOMEOPATHY

- **HOM – PG-OP – 16**

  SUSCEPTIBILITY, REACTION AND IMMUNITY

- **HOM – PG-OP – 17**

  RELATION OF PATHOLOGY TO THERAPEUTICS

- **HOM – PG-OP – 18**

  GENERAL PATHOLOGY OF HOMOEOPATHY IN CONTEXT OF HAHNEMANNIAN AND POST HAHNEMANNIAN UNDERSTANDING OF MIASMS

- **HOM – PG-OP – 19**

  INTEGRATING PRECLINICAL, CLINICAL AND PARACLINICAL KNOWLEDGE FOR HOLISTIC PATIENT CENTRED CASE MANAGEMENT.

- **HOM – PG-OP – 22**

  THE DYNAMIC ACTION OF DRUGS

- **HOM – PG-OP – 23**

  PROGNOSIS AFTER OBSERVING THE ACTION OF THE REMEDY/REMEDY REACTION

- **HOM – PG-OP – 24**

  THE SECOND PRESCRIPTION

- **HOM – PG-OP – 27**

  SUPPRESSION AND PALLIATION

- **HOM – PG-OP – 33:**

  HOMOEOPATHIC POSOLOGY

Part 2 – Paper 2. List the topics

- **HOM – PG-OP – 20**

  HOMOEOPATHIC SEMIOLOGY

- **HOM – PG-OP – 21**

  CASE PERCEIVING IN SPECIAL CLINICAL SETTINGS

- **HOM – PG-OP – 25**

  THE SCOPE AND LIMITATIONS OF HOMOEOPATHY

- **HOM – PG-OP – 26**

  SECOND BEST REMEDY

- **HOM – PG-OP – 28**

  PHENOMENOLOGICAL VIEWPOINT

- **HOM – PG-OP – 29**

  TEMPERAMENTS

- **HOM – PG-OP – 30**

  ALTERNATION OF REMEDIES

- **HOM – PG-OP – 31:**

  THE STUDY OF PROVINGS

- **HOM – PG-OP – 32:**

  HA Robert's concept of Deflected current

- **HOM – PG-OP – 34**

  Schools of modern Philosophies and their correlation with homoeopathic philosophy

- **HOM – PG-OP – 35**

  Brief overview of modern schools of homoeopathic philosophy

VII (2B). QUESTION PAPER LAYOUT PAPER 1

Q. No.	Type of Question	Content	Marks
1	Problem Based	**HOM – PG-OP – 19**	20
2	LAQ	**HOM – PG-OP – 15**	10
3	LAQ	**HOM – PG-OP – 16**	10
4	LAQ	**HOM – PG-OP – 18a**	10
5	LAQ	**HOM – PG-OP – 23**	10
6	SAQ	**HOM – PG-OP – 18b**	5
7	SAQ	**HOM – PG-OP – 17a**	5
8	SAQ	**HOM – PG-OP – 17b**	5
9	SAQ	**HOM – PG-OP – 22**	5
10	SAQ	**HOM – PG-OP – 24**	5
11	SAQ	**HOM – PG-OP – 27**	5
12	SAQ	**HOM – PG-OP – 33a**	5
13	SAQ	**HOM – PG-OP – 33b**	5

VII (2B). QUESTION PAPER LAYOUTPAPER 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	**HOM – PG-OP – 20**	20
2	LAQ	**HOM – PG-OP – 21a**	10
3	LAQ	**HOM – PG-OP – 25**	10
4	LAQ	**HOM – PG-OP – 28**	10

5	LAQ	**HOM – PG-OP – 34**	10
6	SAQ	**HOM – PG-OP – 21b**	5
7	SAQ	**HOM – PG-OP – 26**	5
8	SAQ	**HOM – PG-OP – 29**	5
9	SAQ	**HOM – PG-OP – 30 a**	5
10	SAQ	**HOM – PG-OP – 30b**	5
11	SAQ	**HOM – PG-OP – 31**	5
12	SAQ	**HOM – PG-OP – 32**	5
13	SAQ	**HOM – PG-OP – 35**	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION.

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		**100 Marks**

VII (3b). Viva Voce.

Viva		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		**100 Marks**

VIII. LIST OF REFERENCE BOOKS

1. Hahnemann, Samuel. (2013). Organon of medicine Translated from fifth edition, With an Appendix, by R. E. Dudgeon and from 6th edition by W. Boericke (Reprint edition) B. Jain Publishers (P) Ltd, New Delhi.
2. Organon of Medicine. 6th & 5th Edition with an Appendix & Word Meaning (of each aphorism) by Samuel Hahnemann. (Third Edition) B. Jain Publishers (P) Ltd, New Delhi
3. Hahnemann. S. (1999) The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure (Reprint Edition). B. Jain Publishers (P) Ltd

4. Dudgeon. R. E. (2019). Lesser writings of Samuel Hahnemann. B. Jain Publishers (P) Ltd, New Delhi. R.E. 14th Impression
5. Sarkar B. K. (2004) Organon of Medicine by Samuel Hahnemann with An Introduction and Commentary on the Text: Ninth Revised Edition. Birla Publications Pvt. Ltd. Delhi.
6. Singh Mahendra, Singh Subhas. (2022). First Corrected, Re-Translated & Redacted English Edition of Organon of Medicine. (Third Edition). B. Jain Publishers (P) Ltd, New Delhi.
7. Dudgeon, R. E. (2019). Lesser writings of Samuel Hahnemann (14th Impression). B. Jain Publishers (P) Ltd, New Delhi.
8. Kent, J. T. (2002). Lectures on Homoeopathic Philosophy (Reprint edition). Indian Book & Periodical Publishers, New Delhi.
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11. Hughes Richard. (2020). The Principles and Practice of Homoeopathy (13th Impressions). B. Jain Publishers (P) Ltd, New Delhi.
12. Dunham Carroll. (2019). Homoeopathy: The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi.
13. Dhawale, M.L.(2013) Principles and Practice of Homoeopathy: Homoeopathic Philosophy and Repertorization (4th revised and enlarged edition). Dr M.L. Dhawale Memorial Trust
14. Banerjea. S. K. (2010) Miasmatic Diagnosis: Comparison of the Dermatological Symptoms in Miasmatic Prescribing, (2nd Extended Edition) B. Jain Publishers (P) Limited.
15. Allen. J. H. (1921) The Chronic Miasms: Psora and Pseudo-Psora, India Books and Periodicals Syndicate
16. Haehl, R.(1996) Samuel Hahnemann: His Life and Works. B. Jain Publishers (P) Ltd, New Delhi.
17. Bradford, T.L. (2016) The Life and Letters of Dr.Samuel Hahnemann. (7th impression). B.Jain Publishers.
18. Kent. J.T. (1926) New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts. Ehrhart & Karl.
19. Ortega PS. (1980). Notes on the miasm on Hahnemann's Chronic Diseases. National Homoeopathic Pharmacy.
20. Wright Hubbard Elizabeth. (2009) A Brief Study Course in Homoeopathy, B. Jain Publishers (P) Ltd. New Delhi
21. Schmidt, P. (2003) The Art of Interrogation. B. Jain Publishers (P) Ltd, New Delhi.
22. Schmidt, P. (2003) The Art of CaseTaking. B. Jain Publishers (P) Ltd, New Delhi.
23. Ackerknecht Erwin H. Haushofer Lisa. 2016. A Short History of Medicine, Johns Hopkins University Press. Baltimore & London, Revised Edition
24. Handley Rima. (1993). A Homeopathic Love Story: The Story of Samuel and Melanie Hahnemann. North Atlantic Books, California.
25. Dunham Carroll. (2019). Homoeopathy The Science of Therapeutics. B. Jain Publishers (P) Ltd, New Delhi.

26. Cook Trevor M. April 2008. Samuel Hahnemann: His Life and Times. B. Jain Publishers (P) Ltd, New Delhi.
27. Rajendran E. (2023). New lights - Lectures on Homeopathy and Philosophy, Mohana Publication
28. Ortega PS. (1980). Notes on Themiasm on Hahnemann's Chronic Diseases. English Translation by Harris Coulter. National Homoeopathic Pharmacy
29. Ameke Wilhelm. Dudgeon R. E. (1885) (ed) History of Homeopathy: Its Origin and Its Conflicts. The British Homoeopathic Society
30. Durant, Will (1961) The Story of Philosophy : the Lives and Opinions of the Great Philosophers of the Western World. New York, Simon and Schuster
31. Russell, Bertrand (1945) History of Western Philosophy. Routledge
32. Danto, Arthur C. (1960). Philosophy of Science. Cleveland: World Publishing.
33. Hatfield, Gary (2005). The History of Philosophy as Philosophy. Oxford: Clarendon.
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FUNDAMENTALS OF CLINICAL MEDICINE TO ORGANON OF MEDICINE
PART 1 PAPER 2

(HOM-PG-FMOP) PAPER-2

1. **TITLE OF THE FUNDAMENTAL COURSE AND ITS ABBREVIATION.**

   Fundamentals of Clinical Medicine to Organon of Medicine

HOM-PG-FMOP

2. **BRIEF DESCRIPTION OF COURSE AND ITS RELEVANCE IN HOMEOPATHY POST-GRADUATE COURSE.**

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Philosophy. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles.

3. **COURSE OUTCOMES:**

1. Perform evidence-based clinical practice in Organon of Medicine.
2. Display ethical standards in clinical practice in Organon of Medicine.
3. Evaluate differential diagnosis by symptom-based approach in clinical practice
4. Relate symptomatology and clinical examination to Organon of Medicine
5. Interpret investigation in the light of clinical diagnosis and Organon of Medicine
6. Perform homoeopathic case-taking based on homoeopathic principles.
7. Relate the different cause and effect relationships in case taking.
8. Assemble data from the case taking and correlate it with medicine.
9. Apply the direction of clinical management from a homoeopathic perspective.
10. Relate the symptoms of drugs in Homoeopathic Materia Medica with the miasm and susceptibility of the patient.

4. **TOPICS AND TOPIC CONTENTS**

TOPICS

- HomPG-FMOP–01:

  INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

- HomPG-FMOP–02:

  DEVELOPING A BASIC CLINICAL APPROACH: ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

- Hom PG-FMOP–03:

  STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND THERAPEUTICS THROUGH CLINICAL CASES AND BEDSIDE

- Hom PG-FMOP–04:

  BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

- Hom PG-FMOP–05:

  INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

TOPIC CONTENTS

(I) HomPG-FMOP–01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

a. Concept of evidence-based practice and its importance in Homoeopathy in relation to Organon of Medicine.
b. Importance of developing an ethical base while adhering to the above with relation to Organon of Medicine.

(II) HomPG-FMOP–02:

DEVELOPING A BASIC CLINICAL APPROACH: ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases
b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-

endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness

c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic approach.
d. Concept of predisposition and disposition and its influence on development of diseases and application to Organon of Medicine
e. Bio-psycho-social and environmental model of aetiology and correlating with the Hahnemannian concept of causation and evolution of disease.
f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to Homoeopathic Materia Medica
g. Clinico-pathological correlations and the concept of a syndrome, its therapeutics and its utility in understanding miasmatic evolution
h. Bed side- General and Systematic examination and understanding their basis
i. Role of physical examination and clinical investigation in the study of disease and miasm.
j. Understanding the process of clinical diagnosis through homoeopathic perspective
k. Importance of differential diagnosis-probable diagnosis and final diagnosis in relation to homoeopathic philosophy

FOLLOWING STUDY SHALL HELP IN BUILDING TOTALITY OF SYMPTOMS AND IN MANAGEMENT OF THE CASE.

a. Predisposition:
b. Causation and modifying factors:
c. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result
d. Classification and evolution of disease according to varying expressions of susceptibility:
e. Case taking, examination, investigation and approach to clinical diagnosis:
f. Differential diagnosis:
g. Management-General and Homoeopathic:
    i. General Management
    ii. Standard management: Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient. And indicated medicines for the state.

This may include the following:

    iii. Principles of Homoeopathic management:
        1.Scope and limitations:
        2.Role of different forces:
        3.Potency and repetition:
        4.Follow up management:

h. Prognosis

i. Future advances

(III) Hom PG-FMOP–03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND THERAPEUTICS THROUGH CLINICAL CASES AND BEDSIDE

a. Pain
    i. Pain: Patho-physiology
    ii. Chest Pain
    iii. Abdominal pain
    iv. Headache
    v. Back and Neck pain
b. Fever-types
c. Alteration in Nervous system functions
    i. Faintness, syncope, dizziness, vertigo
    ii. Weakness, myalgias, imbalance
    iii. Numbness, tingling and sensory loss
    iv. Acute confusional states
    v. Aphasias
    vi. Memory loss and dementia
    vii. Sleep disorder
d. Alteration in Respiratory and Circulation
    i. Dyspnoea
    ii. Cough and hemoptysis
    iii. Cyanosis
    iv. Oedema
    v. Shock
e. Alteration in Gastrointestinal functions
    i. Dysphagia
    ii. Nausea, vomiting, indigestion
    iii. Diarrhea and Constipation
    iv. Weight loss
    v. Gastrointestinal bleeding
    vi. Jaundice
    vii. Abdominal swelling and ascites
f. Alteration in Urinary functions and electrolytes
    i. Incontinence and lower urinary symptoms
    ii. Urinary abnormalities
g. Alteration in Reproductive and Sexual functions
    i. Erectile dysfunction
    ii. Disturbances of Menstruation

iii. Leucorrhea
iv. Hirsutism
v. Infertility

h. Alteration in Skin functions
   i. Itching
   ii. Eruptions
   iii. Disorders of pigmentation

i. Hematological alterations
   i. Anaemia
   ii. Bleeding
   iii. Enlargement of Lymph nodes and spleen

(IV) Hom PG-FMOP–04: Basic Concepts of Nutrition, Nutritional Diseases and miasmatic assessment

a. Nutritional and Dietary assessment
b. Malnutrition
c. Vitamin and Mineral deficiency
d. Obesity
e. Eating disorders etc.

(V) Hom PG-FMOP–05: Interpretations of Laboratory and Radiological Investigations

a. Hematology - All basic tests
b. Serology
c. Biochemistry
d. Microbiology
e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardolipin antibodies.
f. Basis Concepts of Radio Imagining like X-rays, CT, MRI
g. USG
h. ECG (Basic applications)

5. TOPIC DESCRIPTION:

HOMPG-FMOP–01: INTRODUCTION TO THE PRACTICE OF EVIDENCE BASED MEDICINE

Course Overview:	**This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of displaying ethical based clinical practice in Organon.**
Learning Outcomes:	**COMPETENCY HOMPG-FMOP–01-1:** **IDENTIFIES ETHICAL BASED CLINICAL PRACTICES IN ORGANON OF MEDICINE.** **KNOWLEDGE** ▪ Describes the ethical based clinical practices in Organon of Medicine. ▪ Apply different philosophies of ethical based clinical practices in clinical practice. ▪ Discuss importance of authentic data publication in journals and dissertation. ▪ Explain the issues related to plagiarism. **SKILL** ▪ Demonstrates fidelity in converting the experience shared by patient using all senses. ▪ Demonstrates truthfulness in writing the right symptoms choosing right words. ▪ Prefer the totality used have the intended meaning desired by the author. ▪ Complete a publication ready document which ensure free of plagiarism and no manipulation of data. **REFLECTION** ▪ Appreciates the process involved ensuring ethical based clinical practice and Organon.
Competency based Learning Methods	Brain storming, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments
Prescribed Texts:	As per enclosed list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOMPG-FMOP–02:

DEVELOPING A BASIC CLINICAL APPROACH: ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

Course Overview:	**This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the**
Learning Outcomes:	**COMPETENCY HOMPG-FMOP–02-1:** **BASIC CLINICAL APPROACH IN RELATION TO HOMOEOPATHIC PHILOSOPHY** **KNOWLEDGE** ▪ Describes the concept of clinical practices in Organon of Medicine. ▪ Apply different facets of philosophies in clinical practice. ▪ Discuss importance of homoeopathic orientation to clinical medicine ▪ **SKILL** ▪ Demonstrates clinical approach in relation to homoeopathic philosophy **REFLECTION** ▪ Appreciates the processes involved in ensuring clinical approach in relation to homoeopathic philosophy
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per enclosed list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Hom PG-FMOP–03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND THERAPEUTICS THROUGH CLINICAL CASES AND BEDSIDE: PAIN AS AN EXAMPLE

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of utilisation of Organon of Medicine as understanding homoeopathic perspective of pain in general and various locations in particular.
Learning Outcomes:	**COMPETENCY-HOM PG-FMOP–03-1:** **EXPLAIN THE PATHOGENESIS OF PAIN IN GENERAL AND LOCATIONS IN PARTICULAR IN RELATION TO HOMOEOPATHIC PHILOSOPHY** **KNOWLEDGE** ▪ Describes the various patho – physiological processes involved in genesis of pain. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of pain. ▪ Discuss the representation of pain in **SKILL** ▪ Demonstrates bedside case taking skills. ▪ Identifies the symptom based on subjective and objective expressions. ▪ Search the relevant symptomatology with differential symptoms from different miasms. **REFLECTION** ▪ Recall the experience with reference to Organon of Medicine and Different philosophies . **COMPETENCY HOM PG-FMOP–03-2: DIFFERENTIATES THE TYPES OF PAIN BASED ON LOCATION ASSOCIATION.** **KNOWLEDGE** ▪ Identifies the different types of pains in relation to location. ▪ Relate with the pathogenesis. ▪ Identifies the pain and enquires appropriately. ▪ Identifies the characteristics in the pain sensation .

	▪ Aware of the role of homoeopathy ▪ Identifies the investigations to be indented ▪ Concludes the clinical diagnosis in context of miasm and susceptibility **SKILL** ▪ Logically demonstrate the need of Organon of Medicine **REFLECTION** ▪ Identify the critical incidents that help in homoeopathic perspective of pain as a symptom
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per enclosed list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM PG-FMOP–03:

GASTRO-INTESTINAL BLEEDING AS AN EXAMPLE

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of utilisation of Organon of Medicine as credible source for management for Gastro-intestinal bleeding.
Learning Outcomes:	**COMPETENCY-HOM PG-FMOP–03-3:** **EXPLAIN THE PATHOGENESIS OF GASTRO-INTESTINAL BLEEDING.** **KNOWLEDGE** ▪ Describes the various pathological conditions leading to Gastro-intestinal bleeding. ▪ Describe the predisposition and dispositions prone for gastrointestinal bleeding ▪ Interpret the data collected from the case taking ▪ Assemble the clinical and homoeopathic data relating to the gastrointestinal bleedings with examination findings ▪ Discuss differential diagnosis of the gastro intestinal bleedings ▪ Relate gastrointestinal bleeding with investigation findings ▪ Identifies the symptom based on subjective and objective expressions ▪ Describe the various pathogenesis, clinicopathological corelation and miasmatic correlation ▪ Explain the different causation at the level of bio-psycho-social-cultural-economical -political-religious responsible for the gastrointestinal bleeding ▪ Classify the different evolution of gastrointestinal bleeding from reversible to irreversible pathologies ▪ Classify the diseases with gastrointestinal bleeding from Hahnemannian classification ▪ Define the scope and limitation of homoeopathic management for the same ▪ Relate gastrointestinal bleedings with range of susceptibility ▪ Define the follow up criteria and remedy response for the gastrointestinal bleedings in context of evolving susceptibility ▪ Apply all the clinical and homoeopathic knowledge to plan homoeopathic management for gastrointestinal bleeding ▪ Describe range of susceptibility and miasm of gastrointestinal bleeding remedies **SKILL**

	▪ Demonstrates bedside case taking skills in cases of Gastro-intestinal bleeding. ▪ Perform homoeopathic clinical case taking of the gastrointestinal bleeding ▪ Demonstrate the physical examination skill. ▪ Construct different reportorial totalities and reportorial references of gastrointestinal bleeding ▪ Construct acute, inter current and chronic totalities of gastrointestinal bleedings **REFLECTION** ▪ Recall the viewpoint of different stalwarts for management of gastrointestinal bleeding.
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

HOM PG-FMOP–03:

DYSPNOEA AS AN EXAMPLE

Course Overview:	This course will provide overview of dyspnoea, its understanding in clinical practice and its homoeopathic perspective.
Learning Outcomes:	**COMPETENCY -HOM PG-FMOP–03-4:** **EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE** **KNOWLEDGE** • Discuss the etiopathogenesis of dyspnoea • Conclude etiopathogenesis of dyspnoea from homoeopathic perspective • Discuss the other clinical features associated with dyspnoea • Explain the pathogenesis of Dyspnoea • Plan investigation for confirmation of diagnosis

	• Formulate provisional clinical diagnosis and differential diagnosis • Explain Clinical differentiation of symptoms for assessment of no sological diagnosis • Discuss investigation for confirmation of diagnosis • Classify dypnoea from Hahnemannian classification of disease • Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) • Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea • Classify the symptoms with analysis and evaluation • Ascertain prognosis from clinical medicine and homoeopathic perspective • Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions. • Plan the line of management (Medicinal and/or auxiliary management) • Plan Strategy for homoeopathic management **SKILL:** • Perform Homoeopathic Case taking including anamnesis • Perform Clinical examination of chest and other relevant systems. • Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis • Construct prescribing Totality **REFLECTION:** • Integrated approach in understanding dyspnoea • Identify social, economic, environmental, biological and emotional determinants of dyspnoea
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

HOM PG-FMOP–04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

Course Overview:	This course will provide students of MD Hom (Homoeopathic Philosophy) with an overview of the significance of utilisation of Organon of Medicine and Homoeopathic philosophy as credible database for malnutrition, vitamin and mineral deficiency, obesity, eating disorder.
Learning Outcomes:	Competency Hom PG-FMOP–04- 1: Identifies subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity, eating disorder. <u>Knowledge</u> ▪ Describes the various patho–physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of predisposition and susceptibility in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Aware of subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Defines the level of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Discuss the role of diet and nutritional supplements in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Awareness of representation in Repertory of signs and symptoms related to malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Apply clinical symptoms and characteristics of different homoeopathic medicines ▪ Classify malnutrition from Hahnemannian classification of disease ▪ Identifies the scope of homoeopathy alone in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. **SKILL** • Demonstrates case taking skills in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.

	▪ Demonstrates the clinical examination skills of signs and symptom of malnutrition, vitamin and mineral deficiency, obesity and eating disorders ▪ Demonstrates the assessment skills of level and intensity of malnutrition, vitamin and mineral deficiency, obesity and eating disorders in relation to homoeopathic practise. ▪ Refers appropriate repertory and relevant rubrics that represent the malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) **REFLECTION** ▪ Appreciates the process involved in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders and scope of homoeopathy. **COMPETENCY HOM PG-FMOP–04-2:** **REFERS APPROPRIATE ORGANON AND HOMOEOPATHIC PHILOSOPHY TO MANAGE MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY AND EATING DISORDERS**. **KNOWLEDGE** ▪ Identifies the different guidelines in Organon of Medicine useful for management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of miasms in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. **SKILL** ▪ Demonstrate the the role of miasms in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders, obesity and eating disorders. **REFLECTION** ▪ Identifies the scope of use of Homoeopathy in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list

Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

HOM PG-FMOP–05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

BELOW IS MENTIONED A PROTOTYPE THAT WILL BE APPLIED TO ALL THE INVESTIGATION LISTED AFTER THE TABLE:

Course Overview:	This course will provide overview of Interpretation of Liver Function test, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	**COMPETENCY HOM PG-FMOP–05-1:** **INTERPRETATION OF LIVER FUNCTION TEST IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE.** **KNOWLEDGE** • Explain the liver functions • Discuss Etiopathogenesis of liver disorders • Interpret investigation for liver function. • Classify the liver function in to functional and structural representation • Classify the liver function as representation of different Miasm (Psoric, Syphilitic and Sycotic) • Explain the importance of liver function test in judging the susceptibility of the patient. • Correlate the Hahnemann's concept and modern medicine for the understanding liver function test • Justify prognosis from clinical and homoeopathic medicine based on liver functions test. • Plan the line of management based on Liver Function test • Identify Striking, singular, uncommon, and peculiar symptoms based on laboratory findings. • Relate liver function test to clinical Organon • Apply laboratory findings in selection of medicine, potency, repetition of doses. • Apply laboratory findings in prescribing diet and regimen from modern and homoeopathic point of view. • Discuss prognosis from clinical medicine and homoeopathic perspective. **SKILL:** • Perform clinical and homoeopathic history based on laboratory findings. • Corelation of clinical history with laboratory finding. **REFLECTION:** • Relate use of laboratory test in judicious management of clinical cases

	• Relate the utility of laboratory finding in forming the totality of symptoms.
Competency based Learning Methods	Problem based, Case based, Bedside, Out-patient based, Self-regulated learning, deliberate practice, formative self assessment
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). Formative Assessment tools: MCQ, Group discussion, Assignments, check list
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

6 SCHEME OF EXAMINATION

PART I - Paper- 2

6a. Theory: 100 Marks
Number of papers: 01
Maximum marks: 100
Types of question with marks:

Table-7

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			**100**

QUESTION PAPER BLUEPRINT PART-1- PAPER -2 EXAMINATION:
ALL THE QUESTION MUST HAVE ORGANON AND PHILOSOPHY APPLICATION

A. GENERAL TOPICS

Sr no	Course content	Problem based questions	Weightage
Long Answer Questions: Compulsory = 20 marks Problem based -: PBL/ scenario/Case based			
Q 01	HomPG-FMOP–01 or 03 or 04	20 x1	20 marks
Long Answer Questions = 10 marks each Q 2 – Q 5 Problem based -: PBL/ scenario/Case based			
Q 02	HomPG-FMOP–01	10 marks	40 marks
Q 03	HomPG-FMOP–03: a or c	10 marks	
Q 04	HomPG-FMOP–03: d	10 marks	
Q 05	HomPG-FMOP–03: e	10 marks	
Short Answer Questions = 5 marks each Q 6 to Q 13			
Q 06	HomPG-FMOP–04	5 marks	40 marks
Q 07	HomPG-FMOP–03: b or i	5 marks	
Q 08	HomPG-FMOP–03: f	5 marks	
Q 09	HomPG-FMOP–03: g	5 marks	
Q 10	HomPG-FMOP–03: h	5 marks	
Q 11	HomPG-FMOP–05: a or b or c	5 marks	
Q 12	HomPG-FMOP–05: d or e	5 marks	
Q 13	HomPG-FMOP–05: f or g or h	5 marks	

7b. Practical and Viva-Voce Examination: 100 Marks (80% marks will be of Part-1 University Examination, 20% marks will be calculated from the average of two internal assessment examinations).

CLINICAL AND VIVA-VOCE EXAMINATION
(AS COMMON TO PAPER 1 & 2 OF PART 1):
CLINICAL

1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		**100 Marks**

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
TOTAL		**100 MARKS**

INTERNAL ASSESSMENT:

	End Semester Assessment I (A)			End Semester Assessment II (B)			End Semester Assessment III (C)			Final marks (A+B+C)/3
	Viva	Clinical	Total	Viva	Clinical	Total	Viva	Clinical	Total	Total
Out of	10	10	20	10	10	20	10	10	20	
Marks obtained										

8. LIST OF BOOKS

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5. Close, Stuart. (2003). The Genius of Homoeopathy Lectures and Essays on Homoeopathy. IBPP, New Delhi. Reprint edition.
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19. Kumar, P.J. and Clark, M. (2002) Textbook of Clinical Medicine. 8th Edition, Saunders, London.

20. Macbryde CM (1983). MacBryde's Signs and symptoms: Applied pathologic physiology and clinical interpretation. Lippincot

21. Mehta NP, Mehta SP, Joshi SN (2023). P. J. Mehta's Practical Medicine (22 Ed). National Book Trust.

22. Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. (Eds.). (2018). Davidson's principles and practice of medicine (23rd ed.). Elsevier Health Sciences.

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Part -I Paper: 3

I. TITLE OF THE SPECIALITY COURSE, AND ITS ABBREVIATION:

M.D. (Homoeopathy) Research Methodology and Biostatistics (RMB) for all speciality subjects

II. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE COURSE:

This curriculum is for MD Hom Part – 1 for teaching & examination for developing a scientific aptitude in the students. Upon completion of the program, the PG students should have a basic understanding of research methodology and biostatistics useful for homoeopathic research; and be able to undertake an ethical research study in their specialization under the supervision of a guide. The course is designed to develop the research competencies of MD Hom Part 1 students and is structured for lectures, group and individual activities, discussions, and journal club, spread over 18 months.

The course is designed to incorporate mechanisms for understanding and encompassing scientific advances in diagnostics, pathogenesis, and its relevance to homoeopathic approaches and therapeutic principles. The management of cases as a clinician or in the community is enhanced with an aptitude for continuous learning and upgrading knowledge and practices. The course is designed as a bridge between traditional principles and practices recorded in the literature with modern approaches for developing and adopting tools for their validation and use in clinical practice.

After studying this subject, it is expected that the Homoeopathic Postgraduate will continue the scientific study of the specific subject demonstrated by undertaking a research study presented in the form of a dissertation and a research publication in a peer-reviewed journal / oral presentation at scientific conferences thus they should be able to communicate the derived knowledge to the scientific and lay community.

III. TOPICS AND TOPICS OBJECTIVES:

Part -1 Paper : 3

RESEARCH METHODOLOGY AND BIOSTATISTICS (HOM-PG-RMB)

I.	**Hom-PG-RMB-01**	FOUNDATION FOR HOMOEOPATHIC RESEARCH
II.	**Hom-PG-RMB-02**	CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE REVIEW
III.	**Hom-PG-RMB-03**	RESEARCH PROCESS AND PROPOSAL WRITING
IV.	**Hom-PG-RMB-04**	QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
V.	**Hom-PG-RMB-05**	QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
VI.	**Hom-PG-RMB-06**	MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH
VII.	**Hom-PG-RMB-07**	DOCUMENTATION OF EVIDENCE
VIII.	**Hom-PG-RMB-08**	ETHICS IN HOMOEOPATHIC RESEARCH
IX.	**Hom-PG-RMB-09**	BASICS CONCEPTS OF BIOSTATISTICS
X.	**Hom-PG-RMB-10**	CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS
XI.	**Hom-PG-RMB-11**	CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH
XII.	**Hom-PG-RMB-12**	BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY
XIII.	**Hom-PG-RMB-13**	BASICS OF INFERENTIAL STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH
XIV.	**Hom-PG-RMB-14**	SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS
XV.	**Hom-PG-RMB-15**	COMMUNICATING RESEARCH FINDINGS

TOPICS CONTENTS

Hom-PG-RMB-01 : FOUNDATION FOR HOMOEOPATHIC RESEARCH

a. Importance of Research in Homoeopathy in general
b. Hahnemann as a Researcher and the research qualities of homoeopathic stalwarts
c. The foundation of Homoeopathic principles is based on relevant research methods
d. Relevance of research as per the speciality subject
e. Types of Research in homoeopathy –Basic / Fundamental, Clinical Trials, Agro-Homoeopathy, Veterinary, and Educational Researches.

Hom-PG-RMB-02 : CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE REVIEW

a. Need and Purpose of Review of Literature
b. Sources of Literature – Homoeopathic and other database
c. Types of literature review – Narrative review, critical review, scoping review, systematic review, meta-analysis, realist review, review of reviews, meta-narrative reviews, evidence gap map
d. Developing information search plan – PICOT, SPICE, etc.
e. Medical search engines like PubMed search – word search, field search, Boolean operators, MeSH terms
f. Plagiarism, Bibliography & References – methods (Vancouver, Harvard)
g. Reference management software – Zotero, Mendeley, etc.
h. Recent advances/studies in homoeopathic research in general and discipline-specific

Hom-PG-RMB-03 : RESEARCH PROCESS AND PROPOSAL WRITING

a. Research planning Process
b. Criteria for Selecting a research question / Problem
c. Process for framing of the selected research question/problem
d. Hypothesis – Characteristics and Formation – Null and Alternative
e. Variables – Definition & types
f. Aim and Objectives
g. Format for writing Research Proposal
h. Proposal writing for funding

Hom-PG-RMB-04 : QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH

a. Research Design: Concept and Importance in Research

b. Quantitative Research design for homoeopathic research – advantage, scope, limitations, utility and applications
c. Descriptive research design – Survey, Case Studies, Case Reports
d. Observational research design – Cohort, Case Control design
e. Experimental research design – Single arm clinical trials, nRCTs, RCTs - parallel arm trials, cross-over trials, cluster randomized trials, factorial trials, field trials, community trials
f. Quasi-Experimental research design

Hom-PG-RMB-05 : QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH

a. Purpose & Philosophy of Qualitative Methods
b. Research Designs – Ethnography, Grounded Theory, Action Research, Phenomenology, Historical research, Narrative analysis, Discourse analysis
c. Data collection and analysis techniques – Thematic analysis, Content analysis, KII, IDI, Exit interviews, social mapping and networking, Root cause analysis, Fishbone analysis, Problem tree analysis

Hom-PG-RMB-06 : MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH

a. Purpose & Philosophy of Mixed Methods
b. Mixed methods research design – Morse notation, typologies or models
c. Data Collection techniques – Free listing, Pile sorting, Delphi techniques, Scale development, Validity and reliability
d. Data Analysis methods for mixed research – Data transformation, Joint display, Visualization, Mapping, etc.

Hom-PG-RMB-07 : DOCUMENTATION OF EVIDENCE

a. Evidence-based practice
b. Type and Level of Evidence in Research
c. Data Recording Principles
d. Special case Record
e. Software for creating databases – Epi Info etc.

Hom-PG-RMB-08 : ETHICS IN HOMOEOPATHIC RESEARCH

a. History, Ethical principles & regulations in Research (Declaration of Helsinki, ICMR guidelines, ICH GCP, GCP Homoeopathy, Drugs & Cosmetics Act & Rules relevant

part, NDCT rules, other General and Specific guidelines and legal provisions for research)
b. Categories of anticipated risks
c. Participant information sheet & Informed Consent, Assent, Waiver of consent, re-consent
d. Institutional Ethics Committee/Institutional Review Board, Data Safety Monitoring Board
e. AE, SAE, compensation, interim analysis, trial registration
f. Ethics in Publication

Hom-PG-RMB-09 : BASICS CONCEPTS OF BIOSTATISTICS

a. Introduction to Biostatistics: definition
b. Variability – meaning, types
c. Bias, Chance
d. Clinical significance
e. Validity and Reliability
f. Specificity and Sensitivity

Hom-PG-RMB-10 : CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS

a. Data Types – Qualitative / Quantitative, Primary / Secondary
b. Measurements: Concept & level (Nominal, Ordinal, Interval, Ratio)
c. Method of collection of data – Interview, Questionnaire
d. Data preparation, Data Tabulation
e. Graphical methods for qualitative and quantitative data

Hom-PG-RMB-11 : CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH

a. Concept and definition of Population, Sampling frame, Sample
b. Characteristics of a good sample
c. Types of Sampling Methods and Techniques
d. Probability Sampling Methods
e. Non – Probability Sampling Methods
f. Sampling and non-sampling errors
g. Demography Statistics & Measures of Population
h. Factors determining sample size
i. Calculating sample size for various research designs

Hom-PG-RMB-12 : BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY

a. Measure of Central Tendency and Location
b. Measures of Dispersion
c. Normal Distribution and estimations
d. Skewness and Kurtosis
e. Confidence Interval
f. Probability concept
g. Laws of Probability
h. Inverse Probability
i. Theoretical Distributions

Hom-PG-RMB-13 : BASICS OF INFERENTIAL STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH

a. Level of Significance
b. Type I and Type II Error
c. Testing of Significance
d. Hypotheses Testing
e. Parametric test (SEM, Z test, t test – Pair, unpaired, F test, ANOVA, SEP), effect size
f. Non-parametric Test (Chi-square test, The Mann-Whitney U test, Wilcoxon matched pair test)
g. F- Test and Analysis of Variance and Covariance
h. Method based on Rank order (Spearman's rank correlation, Pearson's rank correlated coefficients)
i. Regression analysis – linear, logistic, multiple, cox
j. Odds ratio, Risk ratio, Likelihood ratio, Prognostic factor research
k. Interpretation of statistical test results

Hom-PG-RMB-14 : SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS

a. Statistical software – MS Excel, G-Power, R, SPSS, STATA, SAS
b. Software for writing and publication – (reference managers, plagiarism check, language & grammar e.g. Mendeley, iThenticate, Grammarly, etc.)

Hom-PG-RMB-15 : COMMUNICATING RESEARCH FINDINGS

a. Basic principles of scientific writing
b. Dissertation, Thesis Writing

c. Formats for writing article
d. Writing Abstract, Title and Keyword
e. Data Presentation – Textual, Tabular, Graphical (Frequency polygon, frequency curve, line diagram, Scatter plot diagram, Types of Bar graph, types of Pie graph, Pictogram, Map diagram, Box plot graph)
f. Journal – Scientific and peer-reviewed and impact factor
g. Pre-print and Peer Review Process
h. Publication technicalities – flow chart of publication, journal selection, journal and author metrics, open access models, predatory journals and conferences, cloned journals, manuscript preparation, authorship criteria, plagiarism and similarity index, preprint, reprint, retraction
i. Paper Presentation – oral
j. Poster Presentation

Topic Overview	**FOUNDATION FOR HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency Hom-PG-RMB-01 :** **FOUNDATION FOR HOMOEOPATHIC RESEARCH** **KNOWLEDGE :** 1. Define Research 2. Discuss Hahnemann as a Researcher 3. Discuss the research qualities of homoeopathic stalwarts 4. Explain the formulation of homoeopathic research principles on the basis of research 5. Explain the importance of research in general for homoeopathic science 6. Discuss current researches conducted in relation with the speciality subject 7. Discuss the logic used in research 8. Understand the concept of time in relation with research 9. Summarise several types of research pertaining to homoeopathy. **SKILLS :** 1. Display the application of research to the specialty subject Reflection 1. Relate the application of research for the growth of knowledge of speciality subject
Learning Methods	Lecture, Problem based, Assignment
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE REVIEW**
Learning Outcomes	**Competency Hom-PG-RMB-02 :** **CONCEPT OF STRUCTURED AND CONTINUOUS LITERATURE** **KNOWLEDGE:** 1. Explain the importance of searching existing knowledge 2. Discuss the purpose of the review about the problem at hand 3. Enumerate the sources of literature 4. Discuss the utility of various literature sources 5. Explain the utility of various types of literature review 6. Explain the steps of formulating a search query 7. Describe various steps of using a medical search engine 8. Critically evaluate the searched literature and utilise appropriate material useful for their research 9. Explain the method of critically reviewing a research paper 10. Discuss Plagiarism and reference methods **SKILL:** 1. Analyse the existing body of information i.e. current knowledge on a specific topic in a structured manner 2. Use the appropriate source of literature for answering a specific search query 3. Practice appropriate method of type of literature review for the problem identified for their research work 4. Formulate the literature search query using PICOT, SPICE model 5. Select the appropriate reference style using reference management software **REFLECTION:** 1. Discuss the existing knowledge concerning the observations of their research study for the speciality subject. 2. Evaluating the scientific research paper for updating self 3. Updating self with recent advances in the field of homoeopathic speciality subject
Learning Methods	Lecture, Demonstration, e-learning, Deliberate practice, Assignment
Assessments	Written Examinations: LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**RESEARCH PROCESS AND PROPOSAL WRITING**
Learning Outcomes	**Competency: Hom-PG-RMB-03 :** **RESEARCH PROCESS AND PROPOSAL WRITING** **KNOWLEDGE:** 1. Discuss the steps of the research process 2. Explain the criteria for selecting an appropriate research question 3. Recognize the importance of writing a scientific research proposal 4. Discuss the steps of formulating the research question 5. Define Hypothesis 6. Discuss the types of hypotheses for homoeopathic research 7. Explain the steps of formulating SMART objectives 8. Define variable 9. Classify the variables 10. Describe the format and meaning of various sections of a proposal 11. Comprehend the steps of writing a proposal for the funding **SKILL:** 1. Utilize the day-to-day clinical experience for formulating the potential researchable problem for the research study 2. Construct a logical research question, hypothesis and objectives for a research study related to the subject speciality 3. Manage variables as per the requirement of the study 4. Link the research question to appropriate research design **REFLECTION:** 1. Construct the scientific research proposal for the subject speciality
Learning Methods	Lecture, Problem based, Flipped learning, Library based - Journal Club, Case based, Reflective learning
Assessments	Written Examinations: Application based question, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency: Hom-PG-RMB-04 :** **QUANTITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH** **KNOWLEDGE:** 1. Define research design 2. Classify research design 3. Explain the meaning of quantitative research 4. Explain the types of quantitative research 5. Discuss the strengths & limitations of different research designs 6. Explain the type of research question suitable for this research design 7. Discuss the type of homoeopathic research that can be answered through this research design 8. Discuss the type of documentation required for this research design 9. Explain the steps undertaken for selecting the sample for this design 10. Explain various sampling methods used for conducting this research design 11. Explain data collection methods for this research design 12. Explain the data analysis method for this research design 13. Synthesis valid research conclusions as per the scope of this research design **SKILL:** 1. Using random table method for randomization method 2. Formulating appropriate research methodology for this research design **REFLECTION:** Select appropriate research design for selected research problem of specialty subject
Learning Methods	Lecture, Problem based, e-learning, library based - journals, Group discussion, Assignments
Assessments	Written Examinations: Application based questions, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency: Hom-PG-RMB-05 :** **QUALITATIVE RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH** **KNOWLEDGE:** 1. Explain the meaning of qualitative research 2. Explain the types of qualitative research 3. Discuss the strengths & limitations of different research designs 4. Explain the type of research question suitable for this research design 5. Discuss the type of homoeopathic research that can be answered through this research design 6. Discuss the type of documentation required for this research design 7. Explain the steps undertaken for selecting the sample for this design 8. Explain various sampling methods used for conducting this research design 9. Explain data collection methods for this research design 10. Explain the data analysis method for this research design 11. Synthesis valid research conclusions as per the scope of this research design **SKILL:** 1. Formulating appropriate research methodology for this research design 2. Interpret the data using appropriate data analysis technique **REFLECTION:** 1. Select appropriate research design for selected research problem of specialty subject 2. Summarise the research conclusions using qualitative method.
Learning Methods	Lecture, Problem based, e-learning, library based - journals, Group discussion, Assignments
Assessments	Written Examinations: Application based questions, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency: Hom-PG-RMB-06 :** **MIXED RESEARCH DESIGN FOR HOMOEOPATHIC RESEARCH** **KNOWLEDGE:** 1. Explain the meaning of Mixed research 2. Discuss the strengths & limitations of different research designs 3. Explain the type of research question suitable for this research design 4. Discuss the type of homoeopathic research that can be answered through this research design 5. Discuss the type of documentation required for this research design 6. Explain the steps undertaken for selecting the sample for this design 7. Explain various sampling methods used for conducting this research design 8. Explain data collection methods for this research design 9. Explain the data analysis method for this research design 10. Synthesis valid research conclusions as per the scope of this research design **SKILL:** 1. Formulating appropriate research methodology for this research design 2. Interpret the data using appropriate data analysis technique **REFLECTION:** 1. Select appropriate research design for selected research problem of specialty subject 2. Formulate steps for conducting research using mixed research design
Learning Methods	Lecture, Problem based, e-learning, library based - journals, Group discussion, Assignments
Assessments	Written Examinations: Application based questions, LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**DOCUMENTATION OF EVIDENCE**
Learning Outcomes	**Competency: Hom-PG-RMB-07** **DOCUMENTATION OF EVIDENCE** **KNOWLEDGE:** 1. Define evidence in research 2. Explain the concept of evidence-based medicine 3. Classify types and levels of evidence 4. Discuss principles of data recording 5. Discuss the knowledge required for formulating special case record 6. Demonstrate the use of Epi Info **SKILL:** 1. Using special software for recording data as evidence **REFLECTION:** 1. Using the concept of evidence-based medicine for homoeopathic research and practice
Learning Methods	Problem based, Lecture, Demonstration, Reflective learning
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**ETHICS IN HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency: Hom-PG-RMB-08 :** **ETHICS IN HOMOEOPATHIC RESEARCH** **KNOWLEDGE:** 1. Recall the evolution of ethical principles 2. Discuss the basic ethical principles 3. Enlist the silent features of statutory regulations 4. Discuss the importance of statutory regulations 5. Describe the components of various consents 6. Enumerate the steps of obtaining consent / assents and also situation of consent wavier 7. Explain the importance and content of Patient Information Sheet 8. Outline the structure and function of Institutional Ethical Committee and data safety committee 9. Define Adverse event 10. Enumerate the step of reporting and managing AE 11. Explain the ethical issues in publication of results **SKILL:** 1. Identifythe situations where Ethical issues and statutory laws are applicable 2. Categories the ethical issues for the research work done for the speciality subject 3. Formulate the Inform consent for the research work done for the speciality subject 4. Present the proposal to IEC committee **REFLECTION:** 1. Conduct the study as per the protocols and report the findings with due consideration for ethical principles.
Learning Methods	Role Play, Brainstorming, Flipped learning, Reflective learning, Deliberate practice
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS, PBL, CS, PRF

Topic Overview	BASIC CONCEPTS OF BIOSTATISTICS
Learning Outcomes	**Competency: Hom-PG-RMB-09 :** **BASIC CONCEPTS OF BIOSTATISTICS** **KNOWLEDGE:** 1. Define Biostatistics 2. Discuss the importance of Biostatistics in homoeopathic research 3. Define Variability 4. Discuss the types of variability 5. Define Clinical significance 6. Discuss the concept of validity and reliability 7. Discuss the concept of Specificity and Sensitivity **SKILL:** 1. Demonstrate the use of Specificity and Sensitivity during homoeopathic drug trials **REFLECTION:** 1. Value the basic concept of Bio-statistics while doing homoeopathic research
Learning Methods	Lecture, Library based
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS

Topic Overview	**CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS**
Learning Outcomes	**Competency Hom-PG-RMB-10 :** **CONCEPT OF DATA TYPES, COLLECTION & SORTING METHODS** **KNOWLEDGE:** 1. Define Data 2. Define Primary and Secondary Data 3. Define Qualitative and Quantitative Data types with medical examples 4. Define the Data Level of Measurements 5. Enumerate the Nominal, Ordinal, Interval, and Ratio with medical examples 6. Discuss the process of Data collection methods; Interview and Questionnaire. 7. Enumerate the types of Questions used for the Questionnaire design. 8. Discuss the guidelines for data tabulation for Quantitative and Qualitative Data 9. Discuss the guidelines for the graphical presentation of Quantitative Data (Histogram Graph, Frequency polygon, frequency curve, line diagram, Scatter plot diagram, Box Plot graph) 10. Discuss the guidelines for the graphical presentation of Qualitative Data (Types of Bar graph, types of Pie graph, Pictogram, Map diagram) **SKILLS :** 1. Display the application of data to categorize the data into types and data levels of measurements while reading research articles on the subject's speciality. 2. Display the application of data presentation principles while reading the research article of the subject speciality **REFLECTION :** 1. Relate the application of Data types, Data Level of Measurements, and Data Presentation while writing the synopsis or protocol.
Learning Methods	Lecture, Demonstration, Case based, e-learning
Assessments	Written Examinations: SAQ, LAQ, Case-Based Questions
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency Hom-PG-RMB-11 :** **CONCEPT OF POPULATION, SAMPLE, SAMPLING TECHNIQUES AND SAMPLE SIZE FOR CONDUCTING HOMOEOPATHIC RESEARCH** **KNOWLEDGE :** 1. Define Population 2. Define Sampling Frame 3. Define Sample 4. Discuss the difference between Census and Sample 5. Enumerate the characteristics of a good sample 6. Define the classification of Sampling Probability and Non – probability Sampling 7. Discuss the difference between Probability and Non – Probability Sampling 8. Discuss the types of Probability Sampling with medical examples (Simple random, Systemic random, Stratified random, Multiphase, Multistage, Cluster, Replicate) 9. Discuss the types of Non – Probability Sampling with medical examples (Quota, Purposive, Accidental, Snowball) 10. Discuss the sampling and non–sampling errors 11. Define the Demography Statistics 12. Discuss the types of Demography statistics with medical examples (Vital, Morbidity, Mortality, Hospital & life table) 13. Enumerating the factors to be considered for calculating the sample size 14. Enlisting the steps to calculate the sample size for Observational Analytical Studies 15. Enlisting the steps to calculate the sample size for Survey Design 16. Enlisting the steps to calculate the sample size for the Experimental study design **SKILLS :** 1. Display the application of Sampling and Non-Sampling errors while reading the research article of

	the subject speciality 2. Display the application of Types of Sampling methods and Techniques while reading the research article of the subject speciality 3. Display the application of the Sample size concepts while reading the research article of the subject speciality 4. Demonstrate the calculation of sample size on sample size calculator software. **REFLECTION :** 1. Relate the application of Sample size, Sampling frame, and Sampling methods and techniques while writing the synopsis or protocol.
Learning Methods	Lecture, Case based, Assignment, Spaced repetition
Assessments	Written Examinations: SAQ, LAQ, Case-Based Questions
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY**
Learning Outcomes	**Competency Hom-PG-RMB-12 :** **BASICS OF DATA ANALYSIS, DESCRIPTIVE STATISTICS & PROBABILITY** **KNOWLEDGE :** 1. Define Central Tendency (Mean, Median, Mode) 2. Discuss the application of Mean, Median, Mode with the medical examples 3. Define the Percentile 4. Discuss the application of Percentile with the medical example 5. Enlisting the steps for calculating Central Tendency and Percentile (Location) 6. Discuss the concept of Dispersion in the statistics 7. Enlisting the steps for range, quartile, semi-quartile, interquartile, range, Mean Deviation, Standard Deviation, Standard Error, and coefficient of Variation 8. Discuss the application of measures of Dispersion (range, quartile, semi-quartile, interquartile, range, Mean Deviation, Standard Deviation, Standard Error, Coefficient of Variation) 9. Define Normal Distribution 10. Enlisting the characteristics of Normal Curve 11. Discuss the Standard Normal Distribution properties for Quantitative and Qualitative Data 12. Define Skewness and Kurtosis 13. Discuss the positively and negatively skewed distribution 14. Define Confidence Interval 15. Discuss the application of Confidence Interval with Medical Examples 16. Enlisting the steps for calculating Confidence Interval 17. Explain the Probability concept 18. Discuss the Laws of Probability (addition, multiplication, binomial probability law, probability law explained z table) 19. Discuss the types of Probability (Marginal, Joint,

	Conditional probability) 20. Explain the Baye's Theorem and its application to understand the Inverse Probability 21. Discuss the application of Probability laws to Likelihood Ratio and Predictive (False Positive, False Negative, True Positive, True Negative, Sensitivity, Specificity, Accuracy, Predictive Value Positive and Predictive Value Negative) 22. Explain the theoretical distributions with medical examples (Binomial and Poisson Distributions) 23. Explain the zone of acceptance and rejection in Normal distribution 24. Explain the Type I and Type II errors with medical Examples 25. Explain the significance of Type I and Type II errors in the medical field **SKILLS :** 1. Display the application of likelihood Ratio while reading the research article on Likelihood Ratio in Homoeopathy 2. Demonstrate the calculation of Descriptive Statistics (Mean, Mode, Median, SD, and Normal Distribution) on statistics software or MS Excel. **REFLECTION:** 1. Relate the application of Descriptive statistics while writing the synopsis or protocol. 2. Relate the application of Descriptive statistics while reading the articles of the subject speciality.
Learning Methods	Lecture, Case based, Library based, Spaced repetition, Self-regulated learning
Assessments	Written Examinations: SAQ, LAQ, Case-Based Questions
Prescribed texts	As per list
Domains of competencies	KS, HO, PBL

Topic Overview	**BASICS OF INFERENTIAL STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH**
Learning Outcomes	**Competency: Hom-PG-RMB-13 :** **BASICS OF INFERENTIAL STATISTICS FOR DATA ANALYSIS FOR HOMOEOPATHIC RESEARCH** **KNOWLEDGE:** 1. Define Inferential Statistics 2. Explain the meaning of level of significance 3. Discuss the test used for hypothesis testing 4. Enlist Parametric test 5. Explain the concept and operation of parametric tests 6. Enlist non-parametric test 7. Explain the concept and operation of non-parametric tests 8. Discuss the concept of Variance and covariance 9. Explain the concept and operations of test for analysis of variance and covariance 10. Enlist the rank-based test 11. Explain the concept and operations of rank-based test 12. Discuss the concept of regression analysis 13. Define Odds ratio 14. Define risk ration 15. Define Likelihood ratio 16. Define Prognostic factors 17. Explain the concept of test used for Odds ratio, risk ratio, likelihood ratio **SKILL:** 1. Interpret the outcome of statistical test 2. Derive valid conclusions on the basis of outcome of statistical tests **REFLECTION:** 1. Use statistical test for correct data analysis and making valid conclusions
Learning Methods	Lecture, Case based, Library based, Spaced repetition, Self-regulated learning
Assessments	Written Examinations: LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, HO

Topic Overview	**SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS**
Learning Outcomes	**Competency: Hom-PG-RMB-14 :** **SOFTWARE & AI TOOLS FOR SUPPORTING RESEARCH DATA MANAGEMENT AND ANALYSIS** **KNOWLEDGE:** 1. Discuss the utility of Statistical Software 2. Discuss the utility of software for writing and publications 3. Discuss the scope of R, SPSS, SAS software for statistical analysis **SKILL:** 1. Demonstrate the use of MS-Exe l for data organizing and basic statistical calculations 2. Demonstrate the use of G -Power for sample size calculation 3. Illustrate the use of reference management software 4. Illustrate the use of language-enhancing software **REFLECTION:** 1. Using various AI tools for data organizing, analysis and presenting the research findings.
Learning Methods	Demonstration, Self-regulated learning, e-Learning
Assessments	Written Examinations: SAQ
Prescribed texts	As per list
Domains of competencies	KS

Topic Overview	**COMMUNICATING RESEARCH FINDINGS**
Learning Outcomes	**Competency: Hom-PG-RMB-15 :** **COMMUNICATING RESEARCH FINDINGS** **KNOWLEDGE:** 1. Discuss the basic principles of scientific writing 2. Explain the meaning of each section of the dissertation and thesis 3. Explain the basic formats IMRAD for writing a scientific article 4. Indicate various categories of journals and the meaning of the impact factor 5. Explain the process of the peer review process 6. Explain the meaning of various publication technicalities **SKILL:** 1. Formulate the data presentation Textual format 2. Formulate the data presentation in Tabular format 3. Formulate the data presentation in a graphical format 4. Creating a poster for a scientific presentation 5. Demonstrating skills in oral presentation of a scientific paper **REFLECTION:** 1. Dissemination of the knowledge gained through research in an appropriate forum and medium
Learning Methods	Lecture,Demonstration, Flipped learning, Deliberate practice
Assessments	Written Examinations: LAQ, SAQ
Prescribed texts	As per list
Domains of competencies	KS, CS,PRF

Assessment Method:

PART 1 – PAPER 3. COURSE NUMBERS

Hom-PG-RMB-01	Foundation for Homoeopathic Research
Hom-PG-RMB-02	Concept of Structured and Continuous Literature Review
Hom-PG-RMB-03	Research Process and Proposal Writing
Hom-PG-RMB-04	Quantitative Research Design for Homoeopathic Research
Hom-PG-RMB-05	Qualitative Research Design for Homoeopathic Research
Hom-PG-RMB-06	Mixed Research Design for Homoeopathic Research
Hom-PG-RMB-07	Documentation of Evidence
Hom-PG-RMB-08	Ethics in Homoeopathic Research
Hom-PG-RMB-09	Basics concepts of Biostatistics
Hom-PG-RMB-10	Concept of Data types, Collection & Sorting methods
Hom-PG-RMB-11	Concept of Population, Sample, Sampling Techniques and Sample Size for Conducting Homoeopathic Research
Hom-PG-RMB-12	Basics of Data Analysis, Descriptive Statistics& Probability
Hom-PG-RMB-13	Basics of Inferential Statistics for Data Analysis for Homoeopathic Research
Hom-PG-RMB-14	Software & AI tools for supporting Research Data Management and Analysis
Hom-PG-RMB-15	Communicating Research Findings

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-RMB-03,04,05,06	20
2	LAQ	Hom-PG-RMB-02,04	10
3	LAQ	Hom-PG-RMB- 05,13	10
4	LAQ	Hom-PG-RMB-06,15	10
5	LAQ	Hom-PG-RMB-11,12	10
6	SAQ	Hom-PG-RMB-01	5
7	SAQ	Hom-PG-RMB-07	5
8	SAQ	Hom-PG-RMB-08	5
9	SAQ	Hom-PG-RMB-09	5
10	SAQ	Hom-PG-RMB-10,11	5
11	SAQ	Hom-PG-RMB-12	5
12	SAQ	Hom-PG-RMB-13	5
13	SAQ	Hom-PG-RMB-14	5
Total			**100**

Abbreviations:

Long Answer Question: LAQ
Short Answer Question: SAQ

VIII. *Reference:*

RESEARCH METHODOLOGY:

Author, Initial, Year, *Book Title,* City of Publication Country/ state: Publisher

1. Kothari CR. 2019*, Research methodology-Methods and Techniques*, India, New age International Publishers
2. Saha I, Paul B.2023, *Essentials of Biostatistics and Research Methodology,* India, Kolkata: Academic Publishers.
3. Rao NSN, Murthy NSN, 2010, *Applied Statistics in Health Sciences,* India, JP Brothers Medical Publishers
4. Ahmed.R Munir, 2015, *Research Methodology-simplifying intricacies in post graduate studies,* India, Bangalore, Centre for Homeopathic Studies Bangalore
5. Ahmed R Munir, 2015, *Dissertation Made Easy*, India, Bangalore,Center for Homoeopathic Studies
6. Richie Jane, Lewis Jane, 2003, Qualitative Research Practice, England, London, SAGE publications limited
7. Government of India, 2021, *Good Clinical Practice Guidelines For Clinical Trials in Homoeopathy,* India, Central Council for Research in Homoeopathy.

BIO-STATISTICS:

1. Park K. 2021, *Park's Text Book of preventive and Social Medicine,* India, Madhya Pradesh, Jabalpur, M/s Bhanarasi Bhanot Publishers.
2. Dixit J V. 2017, *Principles and Practice of Bio-statistics*, India, Madhya Pradesh, Jabalpur, M/s Bhanarasi Bhanot Publishers.
3. Mahajan BK, 2010, *Methods of Biostatistics: For Medical Students and Research Workers,* India, Jaypee Publishers.
4. Joann G. E. *Jekel's – Epidemiology, Bio-statistics and Preventive Medicine*, USA, Elsevier Publishers.
5. Sundaram K R, Dwivedi S N, Sreenivas V, 2014, *Medical Statistics: Principles and Practice,* India, Wolters Kluwer Pvt. Ltd.
6. Susan W. 2019, *Basic & Clinical Biostatistics*, India, Lange Publication.
7. Constantin Yiannoutsos, 2010, *Principles Of Biostatistics*, USA, Center For Biostatistics In Aids Research Harvard School Of Public Health.

WEB RESOURCES :

1. https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/
2. https://www.wma.net/what-we-do/medical-ethics/
3. https://ethics.ncdirindia.org/
4. https://www.spss-tutorials.com/spss-what-is-it/Nptel courses of research methodology & bioethics
5. https://www.ijrh.org/
6. https://www.ccrhindia.nic.in
7. https://www.ich.org/
8. https://ayushportal.nic.in/
9. https://onlinecourses.nptel.ac.in/noc22_ge08/preview
10. https://nie.gov.in/icmr_sph/ERHR.html
11. https://ichgcp.net/
12. https://www.equator-network.org/
13. https://apps.who.int/iris/handle/10665/206929

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CURRICULUM DOCUMENT

M.D. (Homoeopathy) Practice of Medicine

I. TITLE OF THE SPECIALITY COURSE, AND ITS ABBREVIATION.

M.D. (Homoeopathy) Practice of Medicine.

II. COMPONENTS OF THE CURRICULUM

II (1) Part I

(i) Fundamentals of Practice of Medicine.

(ii) Fundamentals of Homoeopathy in Practice of Medicine.

(iii) Research Methodology and Biostatistics.

II (2) Part II

(i) Fundamentals of Practice of Medicine -Paper 1.

(ii) Fundamentals of Practice of Medicines. -Paper 2.

III. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE COURSE.

The purpose of a post-graduate specialty program in the Practice of Medicine is to train the homoeopathic graduate in the field of general medicine and to treat the sick depending upon the principles and philosophy of homoeopathy and to produce excellent professional thinkers, researchers and teachers in homoeopathy with special emphasis in the field of medicine.

They shall recognize the health needs of community and carry out professional obligations ethically and contribute for the advancement of community health of the people of our country and even globally and play responsible role in implementation of national health programs.

The competency-based training program aims to produce postgraduate student who after undergoing required training should be able to deal effectively with the needs of the community, be aware of scope and limitations and acquire skills in training medical and

paramedical students.

They shall have mastered most of the competencies about the homoeopathic practice of medicine that is required to be practiced at the secondary and tertiary levels of healthcare delivery systems. The importance of physical, mental, social, and spiritual health and its adaptability in the context of health while practicing homoeopathy. They shall have acquired the spirit of scientific enquiry and are oriented to the principles of research methodology and epidemiology.

IV. COURSE OBJECTIVES (ENTRUST ABLE PROFESSIONAL ACTIVITIES – EPAS)

After three years of residency training program, postgraduate should be able to

(i) Practice efficiently as a homoeopathic physician with internal medicine specialty having applied knowledge of basic science; ability to gather a history and skills to perform physical examination.

(ii) Possess sound knowledge of common disease conditions in adults and children with the ability to prioritize differential diagnosis following clinical encounters.

(iii) Recommend and interpret common screening and diagnostic tests considering differential diagnosis in a diseased individual.

(iv) Demonstrate skills in documentation of case details including demographic profile / data and all clinical encounters in the patient record.

(v) Plan and deliver comprehensive treatment through homoeopathy considering the miasmatic evolution of the disease and applying the knowledge of homoeopathic principles and therapeutics.

(vi) Apply appropriate Homoeopathic tools for prescription and assessment of progress.

(vii) Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.

(viii) Plan and advice measures for the prevention and rehabilitation of patients identifying social, economical, environmental, biological and emotional determinants of health.

(ix) Recognize a patient requiring urgent or emergency care, initiate evaluation and

management by providing Basic Life Support (BLS) and timely referring to the

emergency care unit for effective resuscitation.

(x) Supervise the process of patient transfer to maintain continuity of care both during and after transfer.

(xi) Play the assigned role in the implementation of National Health Programs.

(xii) Demonstrate competence in basic concepts of research methodology and clinical epidemiology.

(xiii) Share knowledge and skills with a colleague or a junior and teach the junior, any learner on concepts of health education.

(xiv) Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources.

(xv) Be well versed in medico-legal responsibilities.

(xvi) Undertake research - both basic and clinical, to publish the work and present the work at scientific forums to promote the quality of Homoeopathic services.

(xvii) Publish education-based clinical outcomes in credible journals.

(xviii) Collaborate as a member of inter-professional team to offer integrative approach in patient care.

(xix) Improve instructional methods and assessment practices at UG and PG level.

(xx) Use Information technology tools for training and preparing basic treatment algorithms for Homoeopathic Management.

(xxi) Adhere to legal and ethical principles in professional practice.

(xxii) Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV (1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

KS : Knowledge and Scholarship **PC** : Patient care **HO** : Homoeopathic Orientation

CS : Communication skills **PBL** : Practice based learning **Prf**: Professionalism

Sr. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Practice efficiently as a homoeopathic physician with internal medicine specialty having applied knowledge of basic science; ability to gather a history and skills to perform physical examination.	√	√	√	√	√	√
2	Possess sound knowledge of common disease conditions in adults and children with ability to prioritize differential diagnosis following clinical encounter.	√	_	√	√	√	√
3	Recommending and interpreting common screening and diagnostic tests considering differential diagnosis in a diseased individual..	√	√	√	√	√	_
4	Demonstrate skills in documentation of case details including demographic data and all clinical encounters in the patient record	√	_	√	√	√	√
5	Plan and deliver comprehensive treatment through homoeopathy considering the miasmatic evolution of disease and applying the knowledge of homeopathic principles and therapeutics	√	√	√	√	√	_
6	Apply appropriate Homoeopathic tools for prescription and assessment of progress	√	√	√	_	√	_
7	Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.	_	_	_	√	_	√
8	Plan and advice measures for the prevention and rehabilitation of patients identifying social, economical, environmental, biological and emotional determinants of health	√	√	√	√	√	√
9	Recognize a patient requiring urgent or emergency care,	√	√	√	√	√	_

	initiate evaluation and management by providing Basic Life Support (BLS) and timely referring to emergency care unit for effective resuscitation.						
10	Supervise the process of patient transfer for maintaining continuity of care both during and after transfer	√	√	√	√	_	√
11	Play the assigned role in the implementation of National Health Programs.	√	_	√	√	_	√
12	Demonstrate competence in basic concepts of research methodology and clinical epidemiology.	√	_	√	_	_	_
13	Share knowledge and skills with colleague or a junior and teach junior, any learner on concepts of health education.	√	_	√	√	_	√
14	Continue to evince keen interest in continuing education irrespective of whether he/she is in a teaching institution or is practicing and use appropriate learning resources.	√	_	√	√	_	√
15	Be well versed with medico-legal responsibilities.	√	√	√	_	_	√
16	Undertake research - both basic and clinical, with the aim of publishing the work and presenting the work at scientific forums for promoting quality of Homoeopathic services	√	_	√	√	_	√
17	Publish education based clinical outcome in credible journals.	√	_	√	_	_	_
18	Collaborate as a member of inter professional team to offer integrative approach in patient care.	√	_	√	√	_	√
19	Improve instructional methods and assessment practices at UG and PG level	√	_	√	√	_	√
20	Use Information technology tools for training and preparing basic treatment algorithm for Homoeopathic Management	√	√	√	√	√	_

21	Adhere to legal and ethical principles in professional practice	√	√	√	_	_	√
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	√	√	√	√	√

IV (2). SEMESTER WISE TABLE EPA LEVELS AND COMPETENCIES APPLICABLE TO EACH EPA.

EPA level:

1. No permission to act
2. Permission to act with direct proactive supervision present in a room
3. Permission to act with indirect supervision, not present but quickly available if needed
4. Permission to act under distant supervision; not directly available (unsupervised)
5. Permission to provide supervision to junior trainees

Sr. No.	EPAs	Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
1	Practice efficiently as a homoeopathic physician with internal medicine specialty having applied knowledge of basic science. Ability to gather history and skills to	2 Document systematically data collected during History Taking and findings of Physical examination	3 Demonstrate skills of Physical Examination relevant to patient history	4 Apply knowledge and skills of Physical Examination to derive at probable diagnosis.	5 Exhibit application of knowledge and skills of history taking and physical examination to arrive at provisional diagnosis and	5 Exhibit application of knowledge and skills of history taking and physical examination to arrive at provisional diagnosis and integrate	5 Exhibit application of knowledge and skills of history taking and physical examination to arrive at provisional diagnosis and integrate with Homoeopathic perspective

	perform physical examination.				integrate with Homoeopathic perspective	with Homoeopathic perspective	
2	Possesses sound knowledge of common disease conditions in adults and children with ability to prioritize differential diagnosis following clinical encounters.	2 Gather information of common disease and grasp skills of examination which can help arrive at differential diagnosis	3 Document systematically the data collected through history taking and physical examination is accurate in a given clinical encounter to arrive at differential diagnosis	4 Apply the Knowledge of common diseased conditions with ability to prioritise differential diagnosis in a clinical encounter	5 Confirm Juniors follow the steps to prioritise differential diagnosis in a given clinical Encounter through direct supervision	5 Confirm Juniors follow the steps to prioritise differential diagnosis in a given clinical examination. Encounter through direct supervision	5 Confirm Juniors follow the steps to prioritise differential diagnosis in a given clinical examination. Encounter through direct supervision
3	Recommend and interpret common screening and diagnostic tests considering differential diagnosis in a	2 Document accurately Diagnostic tests from basic to advance to be carried out in a	2 Document accurately Diagnostic tests from basic to advance to be carried out in a	3 Interpret the diagnostic / screening tests to be performe	4 Advice and interpret the results of Diagnostic tests in view of	5 Monitor that the juniors follow the accurate steps in recommending and	5 Monitor that the juniors follow the accurate steps in recommending and interpreting the Diagnostic / screening tests

	diseased individual	given clinical encounter	given clinical encounter	d in a given clinical encounter	diseased individual	interpreting the Diagnostic / screening tests in a given clinical encounter	in a given clinical encounter
4	Demonstrate skills in the documentation of case details including demographic data and all clinical encounters in the patient record.	2 Document the data gathered in all communities and clinical encounters	3 Demonstrate the patient record in clinical as well as community setting mentioning demographic data	4 Interpret the data in view of clinical / community encounter	5 Ensure juniors follow the steps accurately while gathering the data and its interpretation in clinical / community encounter	5 Ensure juniors follow the steps accurately while gathering the data and its interpretation in clinical / community encounter	5 Ensure juniors follow the steps accurately while gathering the data and its interpretation in clinical / community encounter
5	Plan and deliver comprehensive treatment through homoeopathy considering the miasmatic	2 Know accurately the principles of Homoeopathic	3 Document the plan of homoeopathic management considering the	4 Demonstrate the ability to plan and execute comprehensive	5 Verify juniors follow the steps accurately while planning	5 Verify juniors follow the steps accurately while planning	5 Verify juniors follow the steps accurately while planning comprehensive treatment and its execution

	evolution of disease and applying the knowledge of homoeopathic principles and therapeutics	Management, miasmatic diagnosis and the plan for therapeutic intervention.	miasmatic evaluation of the diseased and defining the scope and limitations appropriately.	treatment	comprehensive treatment and its execution	comprehensive treatment and its execution	
6	Apply appropriate Homoeopathic tools for prescription and assessment of progress	2 Document appropriately Homoeopathic tools for prescription and assessment of progress	3 Demonstrate appropriate use of Homoeopathic tools for prescription and assessment of progress	4 Display the ability to use appropriate Repertory as per the case and arriving at final prescription by confirming Materia Medica and interprets the	5 Confirm Juniors follow all the steps while application of tools for decision making of final prescription and assessment program during follow up	5 Confirm Juniors follow all the steps while application of tools for decision making of final prescription and assessment progress during follow up	5 Confirm Juniors follow all the steps while application of tools for decision making of final prescription and assessment progress during follow up

				remedy response while arriving at the progress			
7	Exercise empathy and a caring attitude and maintain professional integrity, honesty and high ethical standards.	2 Demonstrate the process of ethical practice and demonstrate empathy and caring attitude and professional integrity	3 Develop empathy, caring attitude, maintaining professional integrity through following accurately the steps of ethical practice.	4 Display the ability to effectively demonstrate the importance of ethical practice	5 Monitor juniors develop and effectively apply the steps of ethical practice and demonstrate empathy, caring attitude, maintaining professional integrity	5 Monitor juniors develop and effectively apply the steps of ethical practice and demonstrate empathy, caring attitude, maintaining professional integrity	5 Monitor juniors develop and effectively apply the steps of ethical practice and demonstrate empathy, caring attitude, maintaining professional integrity
8	Plan and advice measures for the prevention and rehabilitation	2 Document the aspects of preventive and	3 Instruct and demonstrate appropriately preventive rehabilitative	4 Apply appropriate application of	5 Steer juniors for preventive and rehabilitati	5 Steer juniors for preventive and rehabilitativ	5 Steer juniors for preventive and rehabilitative measures by understanding

	of patients identifying social, economic, environmental, biological and emotional determinants of health	rehabilitative process by understanding the determinants of health	measures	rehabilitation and preventive measures	ve measures by understanding and identifying determinants of health	e measures by understanding and identifying determinants of health	and identifying determinants of health
9	Recognize a patient requiring urgent or emergency care, initiate evaluation and management by providing Basic Life Support (BLS) and timely referring to the emergency care unit for effective resuscitation.	2 Document the basic approach to manage emergency and perform basic procedure like providing BLS and timely referring practices for emergency care	3 Demonstrate the basic emergency management protocol like providing BLS and timely referring practices for emergency care	4 Exhibit the ability through effective management of emergency situation and appropriate transfer of patients	5 Direct juniors to follow the basic protocol for management of emergency and ensure that they follow appropriately	5 Direct juniors to follow the basic protocol for management of emergency and ensure that they follow appropriately	5 Direct juniors to follow the basic protocol for management of emergency and ensure that they follow appropriately
10	Supervise the process of patient	2 Gather information	3 Document the process	4 Perform the	5 Ensure Juniors	5 Ensure Juniors	5 Ensure Juniors follow

	transfer for maintaining continuity of care both during and after transfer.	for the process of documentation for transfer of patients	of transfer of patients and do appropriate documentation	process of transfer of patient ensuring the continuity of care during and after transfer	follow accurately the process of transfer of patient and continuity care and document accurately	follow accurately the process of transfer of patient and continuity care and document accurately	accurately the process of transfer of patient and continuity care and document accurately
11	Play the assigned role in the implementation of National Health Programs.	2 Document the role in process of implementation of National Health Care	3 Participate in various National Health Program and understand the process	4 Execute independently National Health Program at your Health Care Organisation abiding the process and document	4 Execute independently National Health Program at your Health Care Organisation abiding the process and document	4 Execute independently National Health Program at your Health Care Organisation abiding the process and document	5 Mentor juniors to execute National Health Program and ensure they abide the process accurately and document
12	Demonstrate competence in basic concepts	2 Gather information	3 Demonstrate the concepts	4 Apply the	5 Guide juniors and	5 Guide juniors and	5 Guide juniors and ensure

	of research methodology and clinical epidemiology.	of basic concept of Research Methodology	of Research Methodology and document the same accurately	concepts of Research Methodology in Internal Medicine	ensure appropriate use of concept of Research Methodology and clinical epidemiology	ensure appropriate use of concept of Research Methodology and clinical epidemiology	appropriate use of concept of Research Methodology and clinical epidemiology
13	Share knowledge and skills with colleagues or a junior and teach junior, any learner on concepts of health education.	2 Gather information on concepts of Health Education.	3 Demonstrate the skills appropriately to impart health education	4 Disseminate knowledge and skills to juniors while imparting health education using modern teaching skills	5 Monitor juniors understand and make appropriate use of knowledge and skills while imparting Health Education	5 Monitor juniors understand and make appropriate use of knowledge and skills while imparting Health Education	5 Monitor juniors understand and make appropriate use of knowledge and skills while imparting Health Education
14	Continue to evince keen interest in continuing education irrespective of	2 Explain the process and benefit of Life Long Learner	3 Demonstrate the ability to be a lifelong learner	4 Exhibit the ability for self-directed learning	5 Facilitate the benefit of self directed learning in	5 Facilitate the benefit of self directed learning in	5 Facilitate the benefit of self directed learning in juniors

	whether he/she is in a teaching institution or is practising and using appropriate learning resources.				juniors	juniors	
15	Be well versed with medico-legal responsibilities.	2 Gather accurate information regarding Medico Legal responsibility	3 Document appropriately medico legal issues in clinical practice during various clinical conditions and settings	4 Demonstrate and document medico legal issues and participate in the process of Medico legal enquiries	5 Ensure juniors are well versed with medico legal responsibilities and work efficiently and appropriately in medico legal issues	5 Ensure juniors are well versed with medico legal responsibilities and work efficiently and appropriately in medico legal issues	5 Ensure juniors are well versed with medico legal responsibilities and work efficiently and appropriately in medico legal issues
16	Undertake research - both basic and clinical, to	2 Document the steps for undertaking	2 Document the steps for undertaking	3 Develop the method	4 Undertake Research both basic	5 Lead juniors to undertake	5 Lead juniors to undertake research and

	publish the work and present the work at scientific forums to promote the quality of Homoeopathic services	Research and follow accurately so that it can be accepted for presentation at scientific forum or publication	Research and follow accurately so that it can be accepted for presentation at scientific forum or publication	to conduct Research and prepare synopsis and follow accurately steps laid down	and clinical and publish the research completed at the scientific forum and credible journals	research and ensure that they follow steps accurately while undertaking research proposal and complete it	ensure that they follow steps accurately while undertaking research proposal and complete it
17	Publish education-based clinical outcomes in credible journals.	2 Document the steps accurately required for publication of clinical outcome in credible journals and enlist the credible journals for publishing the outcome	3 Prepare manuscript and participate in review process	4 Publish scientific papers in credible journals	5 Ensure Juniors follow steps accurately for manuscript preparation and select the credible journals for publications	5 Ensure Juniors follow steps accurately for manuscript preparation and select the credible journals for publications	5 Ensure Juniors follow steps accurately for manuscript preparation and select the credible journals for publications
18	Collaborate as a member of inter-professional	2 Explain the process for team	3 Participate as a team member of	4 Implement collabora	5 Establish participation of	5 Establish participation of juniors	5 Establish participation of juniors as a

	team to offer integrative approach in patient care.	formation and its functioning and grasp the final tenets of being inter professional team member	inter professional team for collaborative actions and also in the formation of a team and define your role in integrative approach	tive actions being a member of a team and assess the outcome	juniors as a member of inter profession al team for the effective outcome of collaborati on	as a member of inter professional team for the effective outcome of collaboratio n	member of inter professional team for the effective outcome of collaboration
19	Improve instructional methods and assessment practices at UG and PG levels.	2 Document the process of assessment and instruction methods accurately	2 Document the process of assessment and instruction methods accurately	3 Apply the process of instructio n methods and assessme nt accuratel y	4 Implement and suggest improveme nt or application of newer methodolo gy for assessment and instruction methods	5 Exhibit appropriate use of assessment and instructions by juniors	5 Exhibit appropriate use of assessment and instructions by juniors
20	Use Information technology tools for training and	2 Document the fundaments of	3 Demonstrate use of IT Tools for training and	4 Exhibit appropria te applicatio	5 Ensure juniors apply the treatment	5 Ensure juniors apply the treatment	5 Ensure juniors apply the treatment algorithm with

	preparing basic treatment algorithms for Homoeopathic Management	Information Technology for preparing treatment algorithm for Homoeopathic management in various clinical conditions	preparing basic treatment algorithms for Homoeopathic Management of various clinical conditions	n of use of IT tools for training and treatment algorithm as appropriate	algorithm with appropriately use of IT	algorithm with appropriately use of IT	appropriately use of IT
21	Adhere to legal and ethical principles in professional practice	2 Document the basic tenets of legal and ethical principles in homoeopathic practice	2 Document the basic tenets of legal and ethical principles in homoeopathic practice	3 Demonstrate through practice application of law and ethics	4 Display the legal and ethical adherence in practice	5 Exhibit application of legal and ethical principles in homoeopathic practice by Juniors	5 Exhibit application of legal and ethical principles in homoeopathic practice by Juniors
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate	1 Acquaint with knowledge and skills of educational methodology	2 Document the lesson plan. Identify learning objectives for their	3 Demonstrate the levels of Guilbert. Indicate the level in	4 Exhibit the objectives for all domains of Blooms Taxonomy and levels	5 Train juniors in educational methodology and application of various	5 Train juniors in educational methodology and application of various teaching learning

	education.		domains in Bloom taxonomy	Millar's Pyramid and select appropriate instructional activity	of Guilbert . Identify assessment tools appropriately for the context	teaching learning methods for imparting UG and PG training	methods for imparting UG and PG training

PART I Paper 1:

V. TOPICS AND TOPIC OBJECTIVES.

Part I Paper I:

Fundamentals of Practice of Medicine Hom-PG-PM

(Topic 1)- Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations under general medicine, paediatrics, psychiatry and dermatology, Laboratory investigations, Evidence based medicine, application of Homoeopathic Concepts with miasmatic evolution of disease and Applied Materia Medica.

- **Hom-PG PM 01. Cardiovascular system**
- **Hom-PG PM 02. Respiratory system and its major manifestations**
- **Hom-PG PM 03. Alimentary Tract and Pancreas and Liver and biliary tract and its major manifestations**
- **Hom-PG PM 04. Kidney and Genitourinary system and its major manifestations**
- **Hom-PG PM 05. Musculoskeletal system and major manifestation of musculoskeletal system**

- **Hom-PG PM 06. Reproductive system and major manifestation of reproductive disease**
- **Hom-PG PM 07. Endocrine system and manifestation of endocrine diseases**
- **Hom-PG PM 08. Haematological (Blood) disorders**
- **Hom-PG PM 09. Nervous system and its major manifestations of neurological disorders**
- **Hom-PG PM 10. Skin and appendages and its major manifestations**
- **Hom-PG PM 11. Psychiatric Disorders and its major manifestations**
- **Hom-PG PM 12. Pain and its Cardinal Manifestations**
- **Hom-PG PM 13. Fever**
- **Hom – PG PM 14. Integrative Approaches in Clinical Diagnostics and Homeopathy: Evidence-Based Practices, Ethical Considerations, and Miasmatic Interpretations**
- **a) Laboratory and Radiological Investigations and their interpretation**

- **b) Concept of evidence based medicine, ethical issues, guidelines and its importance Homoeopathic orientation and its application**

- **c) Integrate and interpret the cardinal manifestations of system under general medicine, paediatric, psychiatry and dermatology in diseased individual according to Homoeopathic concepts. Understand and correlate miasmatic evolution of expressions of disease. Applied Materia Medica and use of Repertory for therapeutic application.**

VI. TOPIC DESCRIPTION

Topic Name: Hom-PG-PM-(Topic 1)Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations under general medicine, paediatrics, psychiatry and dermatology , Laboratory investigations, Evidence based medicine, application of Homoeopathic Concepts with miasmatic evolution of disease and Applied Materia Medica

Topic Overview	Overview of clinical examination of all the systems and General physical examination, functional anatomy, physiology, investigations, cardinal manifestations of systems under General Medicine, Paediatrics, Psychiatry and Dermatology, Lab investigations and Practice of evidence-based medicine. **Contents of topic and competencies**
Learning Outcome	**HOM-PG PM 01. CARDIOVASCULAR SYSTEM** **Competency 1** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of the heart • Cardiac cycle in foetus and adults • Clinical approach and differential diagnosis of cardinal manifestations of the cardiovascular system like, chest pain, palpations, breathlessness, (dyspnoea), oedema, cyanosis, pre-syncope, syncope. • Bedside investigations/ initial investigations e.g. ECG etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. **SKILLS** • Clinical Examination of the cardiovascular system • Eliciting signs/ findings on Inspection, Palpation, Percussion and Auscultation • General Examination for assessment of vital data: Temperature, Pulse, BP, Respiratory Rate, etc. • Correlating the examination findings with differential

	symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of cardio- the vascular system to know the probable causes and able to do clinical examinations of the cardiovascular system in a patient to understand the deviation from normal functioning of the cardiovascular system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision-making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence-based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct

	Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, Simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains Of Competencies	Knowledge and Scholarship, Patient Care, Homoeopathic Orientation / Practice Based Learning, Communication Skill.
Learning Outcome	**HOM-PG PM 02. RESPIRATORY SYSTEM AND ITS MAJOR MANIFESTATIONS** **Competency 2** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of the Respiratory system • Respiratory cycle and its regulation • Pulmonary volumes and capacities • Clinical approach and differential diagnosis of cardinal manifestations of Respiratory system like, Cough, Dyspnoea, Expectoration, Chest Pain, Haemoptysis • Bedside investigations/ initial investigations e.g. Chest X-ray, Spirometry, etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. **SKILLS** • Clinical Examination of Respiratory System • Eliciting signs/ findings on Inspection, Palpation

	• Percussion and Auscultation • General Examination for assessment of vital data, pulse, BP, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating with homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of respiratory system to know the probable causes and able to do clinical examinations of respiratory system in a patient to understand the deviation from normal functioning of respiratory system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to List Attached**
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcome	**HOM-PG PM 03. ALIMENTARY TRACT AND PANCREAS, LIVER AND BILIARY TRACT DISEASE AND ITS MAJOR MANIFESTATIONS** **Competency 03** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of Alimentary Tract and Pancreas, functional anatomy, physiology of Liver and biliary tract • Process of digestion • Clinical approach and differential diagnosis of cardinal manifestations of Alimentary Tract and Pancreas and Liver and Biliary tract like, dysphagia, dyspepsia, nausea, vomiting. indigestion, diarrhoea and constipation, malabsorption, weight

	loss, gastrointestinal bleeding, abdominal pain, ascites, jaundice, asymptomatic abnormal liver function test, hepatic encephalopathy. • Bedside investigations/ initial investigations e.g. Stool examination, blood examination, Radiology etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating with homoeopathic perspective. **SKILLS** • Clinical Examination of Alimentary Tract and Pancreas, Liver and Biliary tract • Eliciting signs/ findings on Inspection, Palpation, Percussion and Auscultation • Local examination – per rectal examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Alimentary Tract and Pancreatic diseases and Liver Biliary tract to know the probable causes and able to do clinical examinations of Alimentary Tract and Pancreas and Liver Biliary tract in a patient to understand the deviation from normal functioning of Alimentary Tract and Pancreas and Liver Biliary tract by eliciting the signs of various

	clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domains of Competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication S
Learning Outcome	**HOM-PG PM 04. KIDNEY AND GENITOURINARY SYSTEM AND ITS MAJOR MANIFESTATIONS** **Competency 04** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of Kidney and Genitourinary system. • Physiology of excretion through kidney and urine formation. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like urine volume, hematuria, proteinuria, oedema, incontinence Bedside investigations/ initial investigations e.g. X ray abdomen, CT scan, MRI, ultrasonography, urine examination, Radiology etc for clinical evaluation of symptomatology • Advice specific investigations to arrive at a final diagnosis • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** • Clinical Examination of Kidney and Genitourinary system. • Eliciting signs/ findings on Inspection, Palpation. • Percussion and Auscultation.

	• General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Kidney and Genitourinary system diseases to know the probable causes and able to do clinical examinations of Kidney and Genitourinary system in a patient to understand the deviation from normal functioning of Kidney and Genitourinary system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	**HOM-PG PM 05. MUSCULOSKELETAL SYSTEM AND MAJOR MANIFESTATION OF MUSCULOSKELETAL SYSTEM** **Competency 5** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of Musculoskeletal system, Muscle attachments, nerve innervations and blood supply, types of joints and movements. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like joint pain, stiffness, swelling,

	muscle pain and weakness, wasting, and deformity. Bedside investigations/ initial investigations e.g. Radiology, haematology, immunological test etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** . • Clinical Examination of Musculoskeletal system. • Eliciting signs/ findings on Inspection, Palpation. • Percussion and Auscultation. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Musculoskeletal system disorders to know the probable causes and able to do clinical examinations of Musculoskeletal system in a patient to understand the deviation from normal functioning of Musculoskeletal system by eliciting the signs of various clinical

	conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	**HOM-PG PM 06. REPRODUCTIVE SYSTEM AND MAJOR MANIFESTATION OF REPRODUCTIVE DISEASE** **Competency 6** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of Reproductive system, Reproductive and Hormonal functions of the Male and female. • Clinical approach and differential diagnosis of cardinal manifestations of disorders like menstrual disorders, leucorrhoea and infertility. Bedside investigations/ initial investigations e.g. USG Abdomen, semen analysis, hormonal assays etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • **SKILLS** • Clinical Examination of Reproductive system.

	• Eliciting signs/ findings on local examination. • Per vaginal examination, male genitalia examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Reproductive system diseases to know the probable causes and able to do clinical examinations of Reproductive system in a patient to understand the deviation from normal functioning of Reproductive system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.

	• Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	**HOM-PG PM 07. ENDOCRINE SYSTEM AND MANIFESTATION OF ENDOCRINE DISEASES** **Competency 7** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of Endocrine glands. • Functional anatomy and physiology of hypothalamus, pituitary, thyroid, parathyroid, adrenal gland and endocrine functions of pancreas. • Clinical approach, differential diagnosis and cardinal

	manifestations of endocrinal abnormalities. Bedside investigations/ initial investigations e.g. Hormonal assays, USG, CT scan, MRI etc for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** • Clinical Examination of Endocrine glands. • Eliciting signs/ findings on local and systemic examination. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Endocrine disorders to know the probable causes and able to do clinical examinations of Endocrine glands in a patient to understand the deviation from normal functioning of Endocrine glands by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine

	based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill

Learning Outcome	**HOM-PG PM 08. HAEMATOLOGICAL (BLOOD) DISORDERS** **Competency 8** Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of bone marrow. • Haematopoiesis in foetus and adult, Immune system and Blood coagulation. • Clinical approach, differential diagnosis and cardinal manifestations like dyspnea, bleeding, pallor, hepatospleenomegaly . Bedside investigations/ initial investigations e.g. complete blood count, peripheral blood smear etc, for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • **SKILLS** • Clinical Examination of Haemopoietic system. • Eliciting signs/ findings on systemic examination. • Percussion, Auscultation. • General Examination for assessment of vital data, pulse, B.P,

	Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Haemopoietic system disorders to know the probable causes and able to do clinical examinations of Haemopoietic disorders in a patient to understand the deviation from normal functioning of Haemopoietic system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
	HOM-PG PM 09. NERVOUS SYSTEM AND ITS MAJOR MANIFESTATIONS OF NEUROLOGICAL DISORDERS **Competency 9** • Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of nervous system. • Organization of the nervous system, Basic functions of synapses, neurotransmitters and receptors. • Clinical approach, differential diagnosis and cardinal manifestations like faintness, syncope, dizziness, vertigo, headache, weakness, myalgia, sensory disturbances, aphasia, memory loss and dementia, sleep disorders, coma and disorders of movement.

	Bedside investigations/ initial investigations e.g. CT Scan, MRI etc. for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • **SKILLS** • Clinical Examination of nervous system. • Eliciting signs/ findings on Higher mental functions, cranial nerve examination, motor, sensory and cerebella signs • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of nervous system disorders to know the probable causes and able to do clinical examinations of nervous system disorders in a patient to understand the deviation from normal functioning of nervous system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations.

	• Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domains of competencies	Knowledge and Scholarship , Patient Care, Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcomes	**HOM-PG PM 10. SKIN AND APPENDAGES AND ITS MAJOR MANIFESTATIONS** **Competency 10** • Applied anatomy, physiology, cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Developmental anatomy of skin and its layers including sweat glands and hair follicles, Regenerative potential of skin. • Clinical approach, differential diagnosis and cardinal manifestations like pruritis, eruptive skin lesions, disorders of pigmentation, types of alopecia. Bedside investigations/ initial investigations e.g. Skin swab, scrapings, skin biopsy, skin prick test etc. for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** . • Clinical Examination of skin. • Eliciting signs/ findings on Local examination and systemic examination General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc.

	• Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of skin disorders to know the probable causes and able to do clinical examinations of skin disorders in a patient to understand the deviation from normal functioning of integumentary system by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcomes	**HOM-PG PM 11. PSYCHIATRIC DISORDERS AND ITS MAJOR MANIFESTATIONS** **Competency 11** • Cardinal manifestations, investigations and Clinical examination. **KNOWLEDGE OF** • Normal Functioning of mind - cognition, conation and affect and factors affecting this function. • Clinical approach, differential diagnosis and cardinal manifestations like depressive symptoms, anxiety symptoms, delusions and hallucinations, self harm. Bedside investigations/ initial investigations for clinical evaluation of symptomatology. • Components of mental state examination • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective.

	• Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** • Mental state examination and clinical Examination of Psychiatric Disorders and eliciting signs/ findings on higher mental functions. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the symptoms of Psychiatric Disorders to know the probable causes and able to do clinical examinations of Psychiatric Disorders in a patient to understand the deviation from normal functioning by eliciting the signs of various clinical conditions to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of

	remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed Texts	**Refer to list attached**
Domains of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning ,Communication Skill
Learning Outcomes	• **HOM-PG PM 12. PAIN AND ITS CARDINAL MANIFESTATIONS** **competency 12** • Pathophysiology, investigations and Clinical examination. **KNOWLEDGE OF**

	• Pain pathway, aetiology and types of pain. • Clinical approach, differential diagnosis and management of pain. Bedside investigations/ initial investigations for clinical evaluation of pain. • Advice specific investigations to arrive at a final diagnosis **SKILLS** • Clinical Examination and management • Eliciting signs/ findings to differentiate various aetiologies of pain. • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings to arrive at a provisional diagnosis. • Cardinal manifestations of different pains like Chest pain, Abdominal pain, Head ache, Back pain, Neck pain • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Able to evaluate the patients with pain to know the probable causes to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or

	radiological investigations and to manage the pain. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ .
Prescribed Texts	**Refer to list attached**

Domains of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcome	**HOM-PG PM 13. FEVER** **Competency 13** • Pathophysiology, investigations and Clinical examination. **KNOWLEDGE OF** • Regulation of body temperature. • Aetiology and Types of fever. • Clinical approach and differential diagnosis of fever. Bedside investigations/ initial investigations, for clinical evaluation of symptomatology. • Advice specific investigations to arrive at a final diagnosis. • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** • Clinical Examination. • Eliciting signs/ findings • General Examination for assessment of vital data, pulse, B.P, Respiratory Rate, Temperature etc. • Correlating the examination findings with differential symptomatology to arrive at a provisional diagnosis • Demonstrate the skills of history taking integrating homoeopathic perspective.

	REFLECTION • Able to evaluate the patients with fever to know the probable causes to arrive at a provisional diagnosis and establish final diagnosis with appropriate interpretation with laboratory and or radiological investigations and to manage the fever. • Application of knowledge of disease to knowledge of medicine based on principles of Homoeopathy and individualization. Selection of Homoeopathic remedy with the use of repertory and applied Materia Medica as a decision making tool for prescribing. • Documentation of case with analysis, evaluation, totality of symptoms, reportorial approach, justifying the selection of remedy as well as assessing the progress for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.

Prescribed Texts	**Refer to List attached**
Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning ,Communication Skill
Learning Outcome	• **HOM – PG PM 14. INTEGRATIVE APPROACHES IN CLINICAL DIAGNOSTICS AND HOMEOPATHY: EVIDENCE-BASED PRACTICES, ETHICAL CONSIDERATIONS, AND MIASMATIC INTERPRETATIONS** **a) Laboratory and Radiological Investigations and their interpretation** **Competency 14** • Haematology. • Serology. • Biochemistry. • Microbiology. • Hormonal Assays and other special tests • X-rays • CT Scan, MRI – Basic Concepts of radio imaging and its interpretation • USG • ECG, Stress test **KNOWLEDGE OF** • Interpretation of investigations at various stages of disease • Knowledge of preparation of patient before procedure / investigations (if any)

	SKILLS • Confirmation of provisional diagnosis based on interpretation of investigations and decide the scope and limitations • Preparation of patient for the procedure • Demonstrate the skills of history taking integrating homoeopathic perspective. **REFLECTION** • Appropriate action / interventions depending on diagnosis and stage of disease condition and final treatment plan including auxiliary measures for the case
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based,

Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation ,Practice Based Learning, Communication Skill
Learning Outcomes	**B. CONCEPT OF EVIDENCE BASED MEDICINE, ETHICAL ISSUES, GUIDELINES AND ITS IMPORTANCE HOMOEOPATHIC ORIENTATION AND ITS APPLICATION** **Sub competency** Case based knowledge of evidence based medicine. Importance of ethical guidelines in clinical practice. **KNOWLEDGE OF** • Components and types of Evidence based Medicine. • Different types of evidences and how to collect evidences in clinical practice • Ethical guidelines to be followed while managing the case and collecting data for research purpose **SKILLS** • Record keeping of evidences of cases treated in OPD / IPD • Utilization of records of clinical evidences for research purpose • Application of knowledge of Ethical guidelines during managing cases in OPD / IPD and emergency settings etc. **REFLECTION** • Ability to utilize evidences collected for understanding clinical medicine and for research purpose • Ability to utilize knowledge of ethical guidelines for clinical practices and research

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning , reflective learning , portfolio-based, library based , e-learning, spaced repetition , deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill
Learning Outcomes	**c. Integrate and Interpret The Cardinal Manifestations Of System Under General Medicine, Paediatric, Psychiatry And Dermatology In Diseased Individual According To Homoeopathic Concepts. Understand And Correlate Miasmatic Evolution Of Expressions Of Disease. Applied Materia Medica And Use Of Repertory For Therapeutic Application.** **Sub competency** • Understand and correlate miasmatic evolution of expressions of disease. • Appropriate use of repertory and applied Materia Medica and its

	therapeutics applications **KNOWLEDGE OF** • Homoeopathic concept of disease • Role of Psycho-neuro- endocrine axis (PNE) and Reticuloendothelial system (RES) in maintenance of health and causing disease. • Various expression of disease and its miasmatic correlation • Understanding of formation of totality in a given case and use of repertory and applied Materia Medica for prescribing • Basic principles of history taking integrating homoeopathic perspective. • Classification of symptoms • Formation of totality of symptoms • Miasmatic evolution of disease • Applied Materia Medica and appropriate use of Repertory for selection of remedy. **SKILLS** • Case taking and case processing with understanding of disease expression and pathology in an individual • Explore factors responsible for affection of Psycho-neuro-endocrine axis (PNE) and Reticuloendothelial system (RES). • Formulate totality and come to a probable remedy to be confirmed by referring various Materia Medica • Demonstrate the skills of history taking integrating homoeopathic perspective. • Construct the totality of symptoms • Explain miasmatic evolution of disease **REFLECTION** • Ability to make final diagnosis with understanding the stage of

	disease • Identify the factors which may have contributed in affection of PNE and RES in a given case. • Explore use of repertory for arriving at a group of remedies in a given case. • Ability to differentiate between various remedies after referring Materia Medica. • Ability to prescribe final remedy with understanding susceptibility with Posology.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning,reflective learning , portfolio-based, library based , e-learning , spaced repetition , deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based.
Prescribed Texts	**Refer to list attached**

Domain of competencies	Knowledge and Scholarship ,Patient Care , Homoeopathic Orientation , Practice Based Learning, Communication Skill

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	**1st Term Test:** During sixth month of training **2nd Term Test:** During twelfth month of training	During eighteenth month of training

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Practice of Medicine	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Homoeopathy in Practice of Medicine	100	50		

iii.Research Methodology and Biostatistics	100	50	-	-

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weight age shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. Weight age shall be for summative assessment).

VII (2). Assessment Blueprint – Theory *(Benchmarked by the module-wise distribution.)*

VII (2a) DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

Types of Questions with Marks

Types of question	**No. of questions to be asked**	**Marks per question**	**Total**
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

Part I – Paper I. TOPIC NUMBERS

Part I Paper I: Fundamentals of Practice of Medicine Hom-PG-PM

(Topic 1)- Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations under general medicine, paediatrics, psychiatry and dermatology,

Laboratory investigations, Evidence based medicine, application of Homoeopathic Concepts with miasmatic evolution of disease and Applied Materia Medica

- **Hom-PG PM 01. Cardiovascular system**
- **Hom-PG PM 02. Respiratory system and its major manifestations**
- **Hom-PG PM 03. Alimentary Tract and Pancreas and liver and biliary tract and its major manifestations**
- **Hom-PG PM 04. Kidney and Genitourinary system and its major manifestations**
- **Hom-PG PM 05. Musculoskeletal system and major manifestation of musculoskeletal system**
- **Hom-PG PM 06. Reproductive system and major manifestation of reproductive disease**
- **Hom-PG PM 07. Endocrine system and manifestation of endocrine diseases**
- **Hom-PG PM 08. Haematological (Blood) disorders**
- **Hom-PG PM 09. Nervous system and its major manifestations of neurological disorders**
- **Hom-PG PM 10. Skin and appendages and its major manifestations**
- **Hom-PG PM 11. Psychiatric Disorders and its major manifestations**
- **Hom-PG PM 12. Pain and its Cardinal Manifestations**
- **Hom-PG PM 13. Fever**
- **Hom – PG PM 14. Integrative Approaches in Clinical Diagnostics and Homeopathy: Evidence-Based Practices, Ethical Considerations, and Miasmatic Interpretations**
  a) Laboratory and Radiological Investigations and their interpretation

  b) Concept of evidence based medicine, ethical issues, guidelines and its importance Homoeopathic orientation and its application

  c) Integrate and interpret the cardinal manifestations of system under general medicine, paediatric, psychiatry and dermatology in diseased individual according to Homoeopathic concepts. Understand and correlate miasmatic evolution of

expressions of disease. Applied Materia Medica and use of Repertory for therapeutic application.

VII (2b) QUESTION PAPER LAYOUT

Q No.	Type Of Question	Content	Marks
1	Problem Based	Case based question on any clinical condition. (From Topic Content Hom-PG PM 01 to Hom-PG PM 09)	20
2	LAQ	Hom-PG PM 01 Cardiovascular system OR Hom-PG PM 02 Respiratory System OR Hom-PG PM 09 Nervous system	10
3	LAQ	Hom-PG PM 03 Alimentary Tract, Pancreas, Liver and Biliary tract diseases OR Hom-PG PM 04 Kidney and Genitourinary diseases OR Hom-PG PM 09 Nervous system	10
4	LAQ	Hom-PG PM 05 Musculoskeletal system AND / OR Hom-PG PM 6 Reproductive system	10
5	LAQ	Hom-PG PM 07 Endocrine System AND/ OR Hom-PG PM 08 Haematology	10
6	SAQ	Hom-PG PM 09 Nervous system	05

7	SAQ	Hom-PG PM 10 Skin diseases	05
8	SAQ	Hom-PG PM 11 Psychiatric Disorders	05
9	SAQ	Hom-PG PM 12Pain and its Cardinal manifestations	05
10	SAQ	Hom-PG PM 13 Fever types ,evaluation of febrile patients, Pyrexia of unknown origin	05
11	SAQ	Hom-PG PM 14 (a ,b)Lab , Radiological investigations / Evidence based medicine	05
12	SAQ	Hom-PG PM 01 Cardiovascular system OR Hom-PG PM 02 Respiratory System OR Hom-PG PM 09Nervous system	05
13	SAQ	Hom-PG PM 03 Alimentary Tract, Pancreas, Liver and Biliary tract diseases OR Hom-PG PM 04 Kidney and Genitourinary diseases OR Hom-PG PM 09 Nervous system	05

Note:-

1) Topic Content of Hom-PG PM 14 (c) can be applied in multiple contexts as appropriate while drawing the question paper.

2) When drawing the question paper the examiner must ensure that every part of topic content is addressed.

3) To ensure balanced coverage questions shall be designed as under –

- **Question No.1 –Problem Based – Case based or Clinical Scenario based.**
- **Question No.2 to 5 – LAQ- Application based encouraging integrated approach Question No 6 to 13 – SAQ – Questions focused to access knowledge and cognitive level from recall to evaluation**

VII (3) Assessment Blueprint –Practical / Viva.

VII (3a) CLINICAL EXAMINATION.

Clinical		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		100 Marks

VII (3b). VIVA VOCE.

Viva		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		100 Marks

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

8. REFERENCE BOOKS (RECOMMENDED READING)

Clinical Medicine

(Text Books-Latest Editon**)**

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- Vakil,R J and Udwadia F.E,Diagnosis And Management of Medical Emergencies,1975,Oxford University Press,London,3rd Ed.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC MATERIA MEDICA

- Allen,T.F,1990,Handbook Of Materia Medica And Homoeopathic Therapeutics, B.Jain Publishers,New Delhi.
- Allen H.C,2005,Keynotes Rearranged And Classified With Leading Remedies of the Materia Medica and Bowel Nosodes Including Repertorial Index, B.Jain Publishers,New Delhi,10th Ed.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC REPERTORY

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- Zandorvoot,R.,1994,Complete Repertory, Inst for Research in Homoeopathic Information Symptomatology.

RECOMMENDED JOURNAL READING

- Indian Journal of Research in Homoeopathy
- Homoeopathic Link
- New Homoeopath
- International Journal of Homoeopathic Science

- Journal of Integrated standardized homoeopathy
- The Homoeopathic Heritage
- National Journal of Homoeopathy
- Indian Journal of Medical Ethics
- Indian Journal of Medical Sciences
- Indian Journal of Genetics and Molecular Research
- Journal of Homoeopathy By National Institute of Homoeopathy

Part II Paper 1, 2

V. TOPICS AND TOPIC OBJECTIVES.

Part II: (includes: Advance learning in Practice of Medicine)

Topic -2 Part II Paper I

System-based diseases- General Medicine including Pediatrics and Dermatology with respect to understanding Patho-Physiology, Epidemiology, Clinical Features, Complications, Investigations, Management, General Principles of Management, General Measures, Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

- **HOM-PG PM 15: CARDIOVASCULAR DISEASE**

  1.1 Disorders of heart rate, rhythm and conduction

  1.2 Atherosclerotic vascular disease

  1.3 Coronary heart diseases

  1.4 Vascular diseases

  1.5 Hypertension

  1.6 Diseases of heart valves

  1.7 Congenital heart diseases

  1.8 Diseases of myocardium

1.9 Diseases of pericardium

1.10 Heart failure

1.11 Acute circulatory failure

1.12 Cardiac arrest and sudden cardiac death

- **HOM-PG PM 16 : RESPIRATORY SYSTEM**

2.1. Diseases of nasopharynx, larynx and trachea

2.2. Diseases of pleura, diaphragm, and chest wall

2.3.Obstructive Pulmonary diseases

2.4. Sleep disordered breathing

2.5. Respiratory Failure

2.6. Infections of the Respiratory system

2.7. Interstitial and Infiltrative pulmonary diseases

2.8. Pulmonary Vascular diseases

2.9. Tumours of bronchus and lung

- **HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES**

3.1 Congenital abnormalities of kidney and urinary system

3.2 Glomerular diseases

3.3 Tubulo-interstitial diseases

3.4 Infections of kidney and urinary tract

3.5 Urinary tract calculi and nephrocalcinosis

3.6 Renal involvement in systemic diseases

3.7 Renal vascular diseases

3.8 Tumours of kidney and genitourinary tract

- **HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE**

4.1 Diseases of Hypothalamus and Pituitary gland

4.2 Diseases of Thyroid gland

4.3 Diseases of Parathyroid gland

4.4 Diseases of Adrenal gland

4.5 Diseases of Endocrine pancreas

4.6 Diabetes Mellitus

- **HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC DISEASES**

5.1 Diseases of mouth and salivary glands

5.2 Diseases of Oesophagus, Stomach and Duodenum

5.3 Diseases of Small Intestine

5.4 Diseases of Pancreas

5.5 Irritable Bowel Syndrome

5.6 Inflammatory Bowel Disease

5.7 Disorders of Colon and Anorectum

5.8 Diseases of Peritoneal cavity

5.9 Diseases of Gut Injury

- **HOM-PG PM 20: LIVER AND BILIARY TRACT DISEASE**

6.1 Acute fulminant hepatic failure

6.2 Liver cirrhosis and Chronic liver failure

6.3 Portal Hypertension

6.4 Hepatic encephalopathy

6.5 Hepatorenal Failure

6.6 Specific causes of Parenchymal liver disease

6.7 Tumours of liver

6.8 Miscellaneous liver diseases

6.9 Gall bladder and other Biliary diseases

- **HOM-PG PM 21: BLOOD DISORDERS**

7.1 Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia

7.2 Anaemia

7.3 Blood products and transfusion

7.4 Haematological malignancies

7.5 Myeloproliferative disorders

7.6 Bleeding disorders

7.7 Venous thrombosis

- **HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM**

  8.1 Degenerative joint diseases

  8.2 Inflammatory joint diseases

  8.3 Fibromyalgia

  8.4 Diseases of the Bone

  8.5 Systemic Connective tissue diseases

  8.6 Musculoskeletal manifestations of disease in other systems

  8.7 Miscellaneous musculoskeletal conditions

- **HOM-PG PM 23: NEUROLOGICAL DISEASE**

  9.1 Cerebro- vascular diseases

  9.2 Inflammatory diseases of CNS

  9.3 Degenerative diseases

  9.4 Diseases of Nerves

  9.5 Disorders of Muscles

  9.5 Disorders of Spine and Spinal cord

  9.6 Infections of Nervous System

  9.7 Intracranial mass lesions and Raised intracranial pressure

- **HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY)**

  10.1 Skin manifestations in Systemic Disease

  10.2 Eczema

  10.3 Urticaria

  10.4 Psoriasis and other Erythematous Scaly Eruptions

  10. 5.Disorders of the Pilosebaceous Unit

  10. 6 .Some Common Skin Infections and Infestations

  10.7 Pressure sores

10.8. Skin Tumours

10.9 Disorders of Pigmentations

10.10. Disorders of the Nails

Topic 3: Part II Paper II

Infection, Immunology, Nutrition, Genetics, Medical Psychiatry, Geriatric Medicine, Oncology, Women's Disease, Lifestyle Disease, Critical Care, Palliative Care And Pain Management, Emergency Medicine, Poisoning, National Health Programs, Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

- **HOM-PG PM 25 :INFECTION AND IMMUNE FAILURE**

  11.1 Patterns of infection

  11.2 Microorganism - Host interaction

  11.3 Vaccine development

  11.4 The febrile patient

  11.5 Generalised infections

  11.6 Rashes and infection

  11.7 Food poisoning and gastroenteritis

  11.8 Tropical and International health

  11.9 Sexually transmitted infections

  11.10 Human immunodeficiency virus infection and Acquired immunodeficiency syndrome

  11.11 The management of infection

- **HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE**

  12.1 Physiology of Water and Electrolyte

  12.2 Disorders of Water metabolism: Dysnatraemias

  12.3 Disorders of Potassium Metabolism: Dyskalaemias

  12.4 Acid Base disorders

12.5 Disorders of Divalent ion metabolism

- **HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE**

13.1 Nutritional assessment and nutritional needs

13.2 Nutritional and Metabolic disorders

13.3 Vitamins and Minerals

13.4 Other metabolic disorders

13.5 Environmental disorders

- **HOM-PG PM 28:CLINICAL GENETICS**

14.1 The role of clinical geneticist

14.2 The anatomy of the human genome

14.3 Types of genetic disease

14.4 Common presentations of genetic disease

14.5 Investigations of genetic disease

14.6 Genetic counselling and testing

- **HOM-PG PM 29: PSYCHIATRIC AND ADDICTION DISORDERS**

15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders

15.2 Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders Affective (Mood) disorders

15.3 Somatoform Disorders, Personality Disorders,

15.4 Psychiatric and psychological aspects of chronic and progressive diseases Substance abuse / misuse

15.5 LEGAL ASPECTS OF PSYCHIATRY

- **HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE**

16.1 Normal aging and concept of "Homeostenosis" and Major manifestations in old people

16.2 Frailty Syndrome, Major manifestations of disease in frail older people
Clinical assessment, investigations and Rehabilitation

- **HOM-PG PM31: ONCOLOGY**

  17.1 Approach to a patient with cancer Diagnosis, clinical assessment, investigations, and staging Principals of Treatment

- **HOM-PG PM 32: WOMEN'S DISEASES**

  18.1 Infertility
  Endometriosis
  Pelvic Inflammatory Diseases
  Disorders of Menstrual regulation
  Health issues in Menopausal women
  18.2 Malignancies (Gynecological Cancers)
  Polycystic Ovarian Syndrome (PCOS.)
  Medical diseases in pregnancy

- **HOM-PG PM 33: LIFE STYLE ILLNESSES**

  19.1 Concept of Life Style Illnesses
  Role of the individual and environment in their genesis and maintenance
  Homoeopathic perspective of Life style illnesses
  Comprehensive Homoeopathic assessment and management
  Role of Education, Family education and ancillary measures in restoring health

- **Hom-PG PM 34: Critical care**

  20.1 Provision of critical care
  General principles of critical care management and monitoring Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated intravascular coagulation

Scoring system in critical care

- **HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT**

  21.1 Palliative care Symptoms control, rehabilitation, continuity of care, terminal care

- **HOM-PG PM 36: EMERGENCY MEDICINE**

  22.1 Initial Pre-Hospital Care

  Patient assessment

  Medical emergencies of cardio- circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies

  22.2 Basic Knowledge of Trauma Care

- **HOM-PG PM 37: POISONING**

  23.1 General approach to the poisoned patient

  Poisoning by specific pharmaceutical agents

  23.2 Chemicals and pesticides

  Envenomation

  Environmental poisoning and illnesses

- **HOM-PG PM 38: NATIONAL HEALTH PROGRAMS**

  24.1 Current National health Programs - Concept/ Objectives/ Implementations/ Ground realities/ Impact National Programs under NRHM Contribution of Homoeopathy in National Health Programs

NOTE: -Advancements in Internal Medicine and Homoeopathy must be incorporated periodically in teaching programs.

VI. TOPIC DESCRIPTION

Topic Name (Topic 2): Hom-PG-PM: **System-based diseases- General Medicine**

including Pediatrics and Dermatology with respect to understanding Patho-Physiology, Epidemiology, Clinical Features, Complications, Investigations, Management, General Principles of Management, General Measures and Applied Homoeopathy comprising of Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

Topic overview	This topic will provide students of MD Hom (Practice of Medicine) with an over view of system based diseases from General Medicine including Paediatrics and Dermatology - with respect to understanding Applied Anatomy, Applied Physiology, Patho - Physiology, Epidemiology, Clinical features, complications, investigations. General principles of management, Ancillary measures, specific treatment with homoeopathy defining the scope and limitations of homoeopathy
Learning Outcome	**HOM-PG PM 15: CARDIOVASCULAR DISEASE** **1.1 Disorders of heart rate, rhythm and conduction** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of • Sinus rhythms, atrial tachyarrhythmias, junctional tachyarrhythmias, ventricular tachyarrhythmias, sinoatrial disease, atrioventricular and bundle branch block. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS**

	• Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease, use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.2 ATHEROSCLEROTIC VASCULAR DISEASE** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of atherosclerotic vascular disease • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	• Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment,

	spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.3 CORONARY HEART DISEASES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of stable angina, unstable angina, myocardial infarction • Basics of BLS • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case. • Infer the miasm in a given case. • Basics of BLS. • Role of Homoeopathy in management (Curative/Palliative/

	Adjuvant). • Arriving at the totality of symptoms. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool. • Documentation of the same. **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations. • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.4 VASCULAR DISEASES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of peripheral arterial disease, diseases of aorta. • Standard line of treatment. • Principles of Management. • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica. • Ancillary measures. **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case. • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant). • Arriving at the totality of symptoms. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia. Medica

	as a prescription decision tool. • Documentation of the same. **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations. • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of	

Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.5 HYPERTENSION** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Hypertension. • Standard line of treatment. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.6 DISEASES OF HEART VALVES**

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Rheumatic heart disease, mitral valve disease, aortic valve disease, tricuspid valve disease, infective endocarditic. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.7 Congenital heart diseases.** **KNOWLEDGE**

	• Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of congenital heart diseases- persistent ductus arteriosus, coarctation of aorta, atrial septal defect, ventricular septal defect, tetralogy of Fallot, other causes of cyanotic congenital heart diseases. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.8 DISEASES OF MYOCARDIUM** **KNOWLEDGE**

	• Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of acute myocarditis, cardiomyopathy, specific diseases of heart muscle, cardiac tumours. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.9 DISEASES OF PERICARDIUM** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis,

	investigations, complications of acute pericarditis, pericardial effusion, tuberculosis pericarditis, chronic constructive pericarditis. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with

	justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.10 HEART FAILURE** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, types, diagnosis, investigations, complications of heart failure • Standard line of treatment

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use ofrepertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.11 ACUTE CIRCULATORY FAILURE** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of acute circulatory failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica

	• Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning,

	reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment..
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**1.12 CARDIAC ARREST AND SUDDEN CARDIAC DEATH** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Cardiac arrest. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional

	diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Basics of BLS • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant)/Defining Scope and Limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative

	self-assessment.
Assessments	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 16 : RESPIRATORY SYSTEM** **Sub – competencies** **2.1. Diseases of nasopharynx, larynx and trachea** **KNOWLEDGE OF** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of allergic rhinitis , chronic laryngitis, laryngeal paralysis, laryngeal obstruction, acute tracheitis, tracheal obstruction, trachea- oesophageal fistula, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILL**

	• Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.2. DISEASES OF PLEURA, DIAPHRAGM, AND CHEST WALL** **KNOWLEDGE OF** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Pleurisy, pleural effusion, empyema, pneumothorax, mesothelioma of the pleura, abnormalities of diaphragm - congenital disorders, and acquired • disorders, deformities of the chest wall • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures

	SKILL • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative / adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencingMateria Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Confirm the final diagnosis with appropriate laboratory, radiological investigations and its interpretation. • In emergency conditions initiate the management and monitor vitals till the case is referred to emergency care unit • Recognise the stage of disease pathology correlating with miasmatic evaluation of disease to define scope and limitations of homoeopathy • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based	• Peer-based learning methods-Problem-based, case based,

Learning Methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.3. OBSTRUCTIVE PULMONARY DISEASES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Chronic obstructive pulmonary disease (COPD), chronic bronchitis, bronchiectasis Asthma emphysema, cystic fibrosis • Principles of Management

	• Miasmatic expression of disease • Use of appropriate repertory • Standard line of treatment • Applied Materia Medica • Ancillary measures **SKILL** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative / adjuvant • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy prescription, potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.4. SLEEP DISORDERED BREATHING** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of sleep apnoea,

	hypopnoea syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILL** • History taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.5. RESPIRATORY FAILURE** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, Classification of respiratory failure, course of disease, differential diagnosis, complications and investigations of acute type 1 respiratory failure, Acute type II

	respiratory failure, Acute on chronic type I and type II respiratory failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Role of Homoeopathy in management- curative/ palliative/ adjuvant / Defining scope and limitations • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation for the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy potency,

	repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient and relative about the disease condition and time required for the recovery and importance of ancillary measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic

	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.6. Infections of the Respiratory system** **KNOWLEDGE** • Various organisms causing infection of respiratory system • Aetiopathogenesis, epidemiology, clinical presentation, course of disease differential diagnosis, complications, investigations and preventive measures of upper respiratory tract, infections- viral, bacterial, etc. Pneumonia- community acquired, suppurative and aspirational, lung abscess, and hospital acquired pneumonia in immunocompramised patients. Tuberculosis. Diseases due to fungi- allergic Bronchopulmonary Aspergillosis, Invasive pulmonary Aspergillosis. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case

	• Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient and relative about the disease condition and time required for the recovery and importance of ancillary measures Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.7. Interstitial and Infiltrative pulmonary diseases** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, course of disease differential diagnosis, investigations, complications of interstitial lung diseases, sarcodosis cryptogenic fibrosing alveolitis, lung diseases due to organic and inorganic dust, lung diseases due to systemic inflammatory disease, pulmonary eosinophilia due to radiation and drugs and rare interstitial lung disease. • Standard line of treatment • Principles of Management • Miasmatic expression of disease

	• Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient about the disease condition and time required for the recovery and importance of ancillary

	measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.8. Pulmonary Vascular diseases** **KNOWLEDGE**

	• Risk factors, aetiopathogenesis, clinical presentation, course of disease, differential diagnosis, complications and investigations of pulmonary venous thromboembolism, severe pulmonary hypertension • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILL** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia

	Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice • Orient patient about the disease condition and time required for the recovery and importance of ancillary measures • Explain patient and family about complications and need for hospitalization
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**2.9. TUMOURS OF BRONCHUS AND LUNG** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, course of disease, differential diagnosis, complications and investigations oflarge bronchus obstruction, primary tumours of lung, bronchial carcinoma, Secondary tumours of lung, tumours of mediastinum • Miasmatic expression of disease • Use of appropriate repertory • Standard line of treatment • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant /Defining Scope and limitations • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological

	investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Plan for assessment of condition for evidence based practice • Orient patient about the disease condition and its outcome, time required for the recovery and importance of ancillary measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES** **3.1 Congenital abnormalities of kidney and urinary system** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Congenital abnormalities of kidney and urinary system • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing

	Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**3.2 GLOMERULAR DISEASES** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Inherited glomerular diseases, thin GBM disease, Glomerulonephritis, membranous nephropathy, IgA nephropathy and Henoch-Schoenlein purpura • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs • to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**3.3 TUBULO-INTERSTITIAL DISEASES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Interstitial nephritis, analgesic nephropathy, sickle-cell nephropathy, reflux nephropathy, cystic kidney disease, cystic diseases of renal medulla, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis. • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION**

	• Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**3.4 INFECTIONS OF KIDNEY AND URINARY TRACT** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of infections of lower urinary tract, infections of upper urinary tract and kidney • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Orient patient about the disease condition and time required for the recovery and importance of ancillary measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**3.5 URINARY TRACT CALCULI AND NEPHROCALCINOSIS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Urinary tract calculi and nephrocalcinosis • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	**3.6 RENAL INVOLVEMENT IN SYSTEMIC DISEASES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diabetes mellitus, systemic vacuities, SLE, malignant diseases, pregnancy, and drug induced renal disease. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**3.7 RENAL VASCULAR DISEASES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Renal artery stenosis, diseases of small intrarenal vessels • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of • Principles of Management • Applied Materia Medica • Ancillary measures

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**3.8 TUMOURS OF KIDNEY AND GENITOURINARY TRACT KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Tumours of kidney, tumours of the renal pelvis, uterus

	and bladder, prostatic disease, testicular tumours. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- (curative/ palliative /adjuvant)/ Defining Scope and limitations • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE** **4.1 Diseases of Hypothalamus and Pituitary gland** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential

	diagnosis, investigations, complications of Diseases of hypothalamus and pituitary gland • Hypopituitarism, visual field defect, galactorrhoea, pituitary and hypothalamic tumours, hypothalamic and posterior pituitary disease • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of • repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**4.2 DISEASES OF THYROID GLAND**

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of thyroid gland, Hypothyroidism, hyperthyroidism, simple goitre, solitary thyroid nodule, malignant tumours • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory, • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	**KS,PC,HO,CS,PBL,PRF** Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**4.3 DISEASES OF PARATHYROID GLAND**

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of the Parathyroid Glands • hypercalcaemia, hypocalcaemia, hyperparathyroidism. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**4.4 DISEASES OF ADRENAL GLAND** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of adrenal gland • Cushing's Syndrome, adrenal insufficiency, mineralocorticoid excess and primary hyperaldosteronism, phaeochromocytoma, congenital adrenal hyperplasia • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of

	investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**4.5 DISEASES OF ENDOCRINE PANCREAS**
	KNOWLEDGE
	• Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Diseases of endocrine pancreas
	• spontaneous hypoglycaemia,
	• Standard line of treatment
	• Principles of Management
	  • Miasmatic expression of disease
	  • Use of appropriate repertory ,
	  • Applied Materia Medica
	• Ancillary measures
	
	SKILLS
	• Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis
	• Interpretation of investigations to confirm the diagnosis
	• Decision of acceptance or referral of case
	• Infer the miasm in a given case
	• Role of Homoeopathy in management- curative/ palliative /adjuvant
	• Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool
	• Documentation of the same
	REFLECTION
	  • Arriving at a final diagnosis by appropriate interpretation of investigations
	  • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	**4.6 DIABETES MELLITUS** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Diabetes mellitus. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC**

	DISEASES **5.1 Diseases of mouth and salivary glands** **KNOWLEDGE OF** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of aphthous ulceration, candidiasis, parotitis, Vincent's angina • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**5.2 DISEASES OF OESOPHAGUS, STOMACH AND DUODENUM**

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Gastro-oesophageal reflux disease, motility disorders, tumours of oesophagus, perforation of oesophagus, gastritis, peptic ulcer disease, functional disorders, tumours of the stomach • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of

	expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**5.3 DISEASES OF SMALL INTESTINE** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of disorders causing mal-absorption, motility disorders, miscellaneous disorders of small intestine, adverse food reactions, infections of small intestine, tumours of small intestine • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of	Knowledge and Scholarship / Patient Care / Homoeopathic

Competencies	Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**5.4 DISEASES OF PANCREAS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of acute and chronic pancreatitis, congenital abnormalities of pancreas, tumours of pancreas. • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Documentation of the same • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate

	interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	**5.5 IRRITABLE BOWEL SYNDROME** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of irritable bowel syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and

	or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**5.6 INFLAMMATORY BOWEL DISEASE**

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of inflammatory bowel syndrome • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencingMateria Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification

	• Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**5.7 DISORDERS OF COLON AND ANORECTUM** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations,

	complications of Tumours of colon and rectum, diverticulosis, constipation and disorders of defaecation, faecal incontinence, haemorrhoids, pruritis ani, solitary rectal ulcer syndrome, anal fissure, anorectal abscesses and fistulae • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with

	justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**5.8 DISEASES OF PERITONEAL CAVITY** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential

	diagnosis, investigations, complications of Peritonitis and tumours of peritoneal cavity • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**5.9 DISEASES OF GUT INJURY** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of Ischaemic gut injury (Acute small bowel ischaemia, acute colonic

	ischaemia, chronic mesenteric ischaemia) • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with Physical Examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 20: LIVER AND BILIARY TRACT DISEASE** **6.1 Acute fulminant hepatic failure** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Acute fulminant hepatic failure standard line of treatment

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.2 LIVER CIRRHOSIS AND CHRONIC LIVER FAILURE** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Liver cirrhosis and chronic liver failure • Standard line of treatment • Principles of Management

	• Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.3 PORTAL HYPERTENSION** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications ofPortal hypertension • Standard line of treatment

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.4 HEPATIC ENCEPHALOPATHY** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Hepatic encephalopathy • Standard line of treatment • Principles of Management

	• Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant)/ Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based	• Peer-based learning methods-Problem-based, case based,

Learning Methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment. •
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.5 HEPATORENAL FAILURE** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, grades, diagnosis, investigations, complications of Hepatorenal Failure • Standard line of treatment • Principles of Management • Miasmatic expression of disease

	• Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) /Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-

	Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.6 SPECIFIC CAUSES OF PARENCHYMAL LIVER DISEASE KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, classification, diagnosis, investigations, complications of Viral hepatitis, alcoholic liver disease, fatty liver and non-alcoholic steatohepatitis, autoimmune hepatitis, haemochromatosis, Wilson's disease, alpha 1 antitrypsin deficiency, biliary cirrhosis, sclerosing cholangitis, vascular diseases of liver,

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.7 TUMOURS OF LIVER** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of tumours of liver

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant)/Defining scope and limitations • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.8 MISCELLANEOUS LIVER DISEASES** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications ofLiver abscess, hepatic nodule, cystic and fibropolycystic disease

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**6.9 GALL BLADDER AND OTHER BILIARY DISEASES** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of gallstones, cholecystitis, choledocholithiasis, tumours of gallbladder and bile duct, miscellaneous biliary disorders.

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 21: BLOOD DISORDERS** **7.1 LEUKOPENIA, LEUCOCYTOSIS, THROMBOCYTOPENIA, THROMBOCYTOSIS, PANCYTOPENIA** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis,

	investigations, complications of • Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with

	justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**7.2 ANAEMIA** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis,

	investigations, complications of Iron deficiency anaemia, megaloblastic anaemia, chronic anaemia, haemolysis, congenital haemolysis, acquired haemolyticanaemia, haemoglobinopathies • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection

	of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**7.3 BLOOD PRODUCTS AND TRANSFUSION**

	KNOWLEDGE • Different types of blood products • Procedure of blood and blood product transfusion • Indications and contraindications of transfusion • Adverse effects of transfusion **SKILLS** • Appropriate use of various blood products after confirming the diagnosis through interpretation of investigations. • Standard procedures for pre- transfusion samples and administering transfusion • Decision of acceptance or referral of case • Documentation of the same **REFLECTION** • Plan for assessment of a progress of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**7.4 HAEMATOLOGICAL MALIGNANCIES** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of leukaemia, lymphomas, paraproteinaemias, aplastic anaemia • Standard line of treatment • Scope and limitations of Homoeopathy • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	• Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct

	Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**7.5 MYELOPROLIFERATIVE DISORDERS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of myelofibrosis • Standard line of treatment • Scope and limitations of Homoeopathy • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case.

	• Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**7.6 BLEEDING DISORDERS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of disorders of primary haemostasis, vessel wall abnormalities, platelet functional disorders, coagulation disorders, congenital bleeding disorders, acquired bleeding disorders • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	• Decision of acceptance or referral of case • Infer miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	• Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment. **Refer to list attached**
Prescribed Texts	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Domains of Competencies	
Learning Outcome	**7.7 VENOUS THROMBOSIS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Haematological disorders predisposing to venous thromboembolism. • Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional

	diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM** **KNOWLEDGE** • Aetiopathogenesis, clinical features, investigations, complications of Musculoskeletal Diseases • standard line of treatment • scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis

	• Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment,

	spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**8.1 DEGENERATIVE JOINT DISEASES** **KNOWLEDGE** • Epidemiology aetio-pathogenesis, clinical features, investigations, complications • standard line of Osteoarthritis and other degenerative joint disorder • Key management goals • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess stage of disease and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case

	• Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Miasmatic evolution of expression of disease • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referencing Materia Medica to arrive at selection of indicated remedy with Posology.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**8.2 INFLAMMATORY JOINT DISEASES** **KNOWLEDGE** • Epidemiology aetio-pathogenesis, clinical features, investigations, complications – Rheumatoid arthritis, Seronegative Spondyloarthritis, Crystal- Associated Disease, Gout, Calcium Pyrophosphate Dehydrate Crystal Deposition Disease (CPPD),Bone and Joint Infection, Septic Arthritis, Viral Arthritis, Juvenile idiopathic arthritis. • Key management goals • Standard line of treatment • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess progress of disease, development of extra articular

	manifestations (if any) and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Orient patient and family about the disease condition and time required for recovery and importance of ancillary measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	• Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**8.3 FIBROMYALGIA** **KNOWLEDGE** • Epidemiology aetio-pathogenesis, clinical features, investigations, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Infer the miasm in a given case.

	• Arriving at the totality of the symptoms of the case. • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by clinical assessment and appropriate interpretation of investigations. • Educate the patient concerning the nature of problem and non inflammatory cause of chronic pain. • Formulate the totality, use of repertory if necessary and or referring. • Materia Medica to arrive at selection of indicated remedy.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**8.4 DISEASES OF THE BONE** **KNOWLEDGE** • aetio-pathogenesis, clinical features, investigations, complications • standard line of treatment – Goals of management of Osteoporosis, Osteomalacia and rickets, Paget's Disease, Cancer associated bone disease • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing

	Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Orient the patient and family about the nature of disease , time required for recovery and preventive measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**8.5 SYSTEMIC CONNECTIVE TISSUE DISEASES** **KNOWLEDGE** • Aetio-pathogenesis, clinical features, investigations, complications of Systemic lupus erythematosus (SLE) Systemic Scleroderma, Mixed Connective tissue disorder, Sjogren's Syndrome, Polymyositis and Dermatomyositis , systemic vasculitis, Polymyalgia, Rheumatica, Giant cell arthritis, Takayasu's Arteritis, Polyarteritis Nodosa, Kawasaki disease, Small vessel disease of arthritis, veins and capillaries and other forms of Vasculitis • Standard line of treatment • Goals of management • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant)

	• Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**8.6 MUSCULOSKELETAL MANIFESTATIONS OF DISEASE IN OTHER SYSTEMS** **KNOWLEDGE** • Aetio-pathogenesis, clinical features, investigations, complications of malignant disease, endocrine disease, metabolic disorder, sarcoidosis, neuropathic Joints • standard line of treatment • scope and limitations of Homoeopathy • Goals of management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION**

	• Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy, Orient the patient about the nature of disease, time required for recovery and preventive measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ Professionalism
Learning Outcome	**8.7 MISCELLANEOUS MUSCULOSKELETAL CONDITIONS**

	KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications of miscellaneous musculoskeletal conditions for eg Osteogenesis imperfecta, Osteopetrosis , Osteosclerosis inherited connective tissue disorders • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory, • Applied Materia Medica **SKILL** • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosisof rare musculoskeletal conditions • Interpretation of investigations to confirm the diagnosis • Miasmatic evolution of expression of Disease • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Infer miasm in a given case. • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy

	• Assess the stage of clinical condition to define the role of Homoeopathy. • Orient the patient and family about the nature of disease , time required for recovery and preventive measures
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 23: NEUROLOGICAL DISEASE** **9.1 CEREBRO- VASCULAR DISEASES**

	KNOWLEDGE • aetio-pathogenesis, epidemiology, clinical features, investigations, complications of • Cerebrovascular disease, Acute Focal Stroke, Cerebral Infarction, Intracerebral Haemorrhage, Subarachnoid Haemorrhage, Cerebral Venous disease • Standard line of treatment • Principles of acute management, • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Rehabilitation and secondary prevention **SKILL** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis with understanding of Focal area affected and progression of stroke for preventing major damage of functions, thus assessing the stage and progress of Disease • Miasmatic evolution of the expression of disease • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Specially nursing care, rehabilitative measures and planning for secondary prevention • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia

	Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Referring the patient to stroke unit or neuro- surgical unit to minimize the damage • Define your role in management of the case and work as a member of inter-professional team • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**9.2 INFLAMMATORY DISEASES OF CNS** **KNOWLEDGE** • Aetio-pathogenesis, clinical features, investigations, complications – Multiple Sclerosis, Acute Disseminated Encephalomyelitis ,Acute Transverse Myelitis • standard line of treatment • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional • Interpretation of investigations to confirm the diagnosis • Miasmatic evolution of the expression of disease • Decision of acceptance or referral of case • Infer miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy, work as a member of inter professional team , • Planning of assessment , criteria to assess the progress prognosis of the case
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ /

	Professionalism
Learning Outcome	**9.3 DEGENERATIVE DISEASES** **KNOWLEDGE** • aetio-pathogenesis, clinical features, investigations, complications – Degenerative causes of Dementia, Alzheimer's Disease Parkinson's Disease and Akinetic – Rigid syndromes, Wilson's Disease, Huntigton's Disease, Hereditory Ataxias, Motor Neuron Disease, Spinal Muscular Atrophies • standard line of treatment • Applied Materia Medica • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory, **SKILL** • Case taking with physical examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate

	interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy with appropriate potency and repetation • Defining the role as a member of interprofessional team • Planning of assessment criteria to assess the progress prognosis of the case
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**9.4 DISEASES OF NERVES**

	KNOWLEDGE • Aetio-pathogenesis, clinical features, investigations, complications – Disease of the Peripheral nervous system, Guillain Barre syndrome, Entrapment neuropathies, Diseases affecting cranical nerves, Idiopathic facial nerve palsy, • Standard line of treatment • Applied Materia Medica • Ancillary measures • Miasmatic expression of disease • Use of appropriate repertory **SKILL** • Case taking with physical examination and to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of

	indicated remedy potency, repition with its justification • Defining the role as a member of interprofessional team
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**9.5 DISORDERS OF MUSCLES** **KNOWLEDGE** • Aetio-pathogenesis, clinical features, investigations, complications – Disease of Disorders of the Neuromuscular junction, Myasthenia Gravis, Diseases

	of muscle, Muscular Dystrophies, Inflammatory myopathy/ polymyositis • Standard line of treatment • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking with physical examination and to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer miasm in a given case. • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy potency, repetition with its justification • Defining the role as a member of inter professional team
Competency Based	• Peer-based learning methods-Problem-based, case based,

Learning Methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**9.5 DISORDERS OF SPINE AND SPINAL CORD** **KNOWLEDGE** • Aetio-pathogenesis, clinical features, investigations, complications – Compression of Spinal Cord, Cervical Spondylosis with radiculopathy, CervicalSpondylotic Myelopathy, Lumber disc Herniation Lumber Canal stenosis, syringomyelia • Standard line of treatment

	• Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking with physical examination to assess and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning, Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.

Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**9.6 INFECTIONS OF NERVOUS SYSTEM**
	
	KNOWLEDGE
	• Aetio-pathogenesis, clinical features, investigations, complications –standard line of treatment of Meningitis, Parenchymal viral infections, Parenchymal bacterial infections, Prion diseases: Transmissible spongiform, encephalopathies
	• Scope and limitations of Homoeopathy
	  • Miasmatic expression of disease
	  • Use of appropriate repertory ,
	  • Applied Materia Medica
	
	SKILL
	  • Case taking with physical examination to assess the

	vitals and elicit the signs to arrive at the provisional diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Defining the role as a member of inter professional team
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**9.7 Intracranial mass lesions and Raised intracranial pressure** **KNOWLEDGE** • Aetio-pathogenesis, clinical features, investigations, complications – Raised intracranial pressure, Intracranial Neoplasms, Neurofibromatosis, Acoustic Neuroma, Paraneoplastic, Neurological disease, Hydrocephalus, Idiopathic IntacranialHypertention • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica **SKILL** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case

	• Role of homoeopathy in management - (curative/ palliative /adjuvant) • Arriving at the totality of the symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring Materia Medica to arrive at selection of indicated remedy • Defining the role as a member of inter professional team
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY)** **10.1 SKIN MANIFESTATIONS IN SYSTEMIC DISEASE** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Neurofibromatosis, Tuberous Sclerosis, Xanthomas, Amyloidosis, Porphyria, Sarcoidosis, Erythema Multiforme, Erythema Nodosum, Pyoderma Gangrenosum, Acanthosis Nigricans, Necrobiosis Lipoidica, Granuloma Annulare, Drug Eruptions, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case

	• Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.

	• SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.2 ECZEMA** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Eczema • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy

	• Documentation of the same **REFLECTION** • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of condition for evidence based practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.3 URTICARIA** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, complications and investigations of • Urticaria, Photo sensitivity, blisters, leg ulcers, vulval itch • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same

	REFLECTION • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy ,potency, repetition with justification • Plan for assessment of progress of condition for evidence based practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.4 PSORIASIS AND OTHER ERYTHEMATOUS SCALY ERUPTIONS** **KNOWLEDGE OF** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Stable Plaque Psoriasis, Guttate Psoriasis, Erythrodermic Psoriasis, Pustular Psoriasis, Lichen Planus, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking with Physical Examination to elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative / adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool

	• Documentation of the same **REFLECTION** • Confirm the final diagnosis with appropriate laboratory, radiological investigations and its interpretation. • Recognise the stage of disease pathology correlating with miasmatic evaluation of disease to define scope and limitations of homoeopathy • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10. 5. Disorders of the Pilosebaceous Unit** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Acne Vulgaris, Acne Rosacea, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • Case taking and Physical Examination with assessment of vitals and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative / adjuvant • Arriving at the totality of symptoms of the case • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool

	• Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy prescription, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10. 6 . Some Common Skin Infections and Infestations** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Fungal Infection of Skin (Ringworm), Tinea Corporis, Tinea Cruris, Tinea Pedis, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • History taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION**

	• Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.7 PRESSURE SORES**

	KNOWLEDGE • Aetiopathogenesis, clinical presentation, differential diagnosis, investigations, complications of • Pressure sores • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILL** • History taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-

	Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached** Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.8. SKIN TUMOURS** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, course of disease differential diagnosis, investigations, Melanocytic Naevi, Seborrhoeic Warts (Basal Cell Papilloma), Keratoacanthoma, Pre-Malignant Tumours, Malignant Tumours, Basal cell Carcinoma(BCC), Squamous Cell Carcinoma (SCC), Cutaneous T-Cell Lymphoma (Mycosos Fungoides)

	• Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and investigations to arrive at final diagnosis • Assessing the stage of clinical condition for defining the scope of Homoeopathy • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Orient patient and family about the disease condition and time required for the recovery and importance of ancillary measures

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.9 DISORDERS OF PIGMENTATIONS** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical presentation, Classification of respiratory failure, course of disease, differential diagnosis, complications and investigations of

	• Decreased Pigmentation- Oculocutaneous Albinism, Vitiligo, • Increased Pigmentations- Localized Hypermelanosis, Diffuse Hypermelanosis, • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Interpretation of investigations to confirm the diagnosis • Decision about acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation for the same **Reflection** • Interpretation of clinical findings and lab, radiological investigation to arrive at final diagnosis • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy potency, repetition with justification • Plan for assessment of the condition for evidence based

	medicine
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**10.10. Disorders of the Nails** **KNOWLEDGE OF** • Clinical presentation, differential diagnosis, complications,

	investigations, Nail Fold Disorders, Nail Plate Disorders, Congenital Disease, Traumatic Nail Disease, Nail in Systemic disease, Nail in some common skin disease • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking and Physical Examination and elicit the signs to arrive at the provisional diagnosis • Role of Homoeopathy in management- curative/ palliative/ adjuvant • Infer the miasm in a given case • Arriving at the totality of symptoms of the case • Application of Repertory and referencing Materia Medica for selection of remedy • Documentation of the same **REFLECTION** • Interpretation of clinical findings and investigations if necessary to arrive at final diagnosis • Miasmatic evolution of expression of disease for planning the Homoeopathic management • Integrate the knowledge of Repertory and Materia Medica to arrive at final selection of remedy, potency, repetition with justification • Orient patient and family about the disease condition and time required for the recovery and preventive measures

Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domains of Competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Part II Paper II

Topic Name (Topic 3) Infection, Immunology, Nutrition, Genetics, Medical Psychiatry, Geriatric Medicine, Oncology, Women's Disease , Lifestyle Disease, Critical Care, Palliative Care and Pain Management, Emergency Medicine, Poisoning, National Health Programs and Applied Homoeopathy comprising of Miasmatic evolution of disease and Homoeopathic Approach, defining Scope and Limitations.

Learning outcomes	**HOM-PG PM 25** **INFECTION AND IMMUNE FAILURE**
Learning Outcome	**11.1 PATTERNS OF INFECTION** **KNOWLEDGE** • Patterns of infection in developed and tropical countries • Common prevalent infections in developed countries and tropical countries • like measles, diphtheria, pertussis, poliomyelitis, tetanus, Hepatitis B, gastroenteritis, malaria, meningococcal disease, Acute diarrhoeal illness, leprosy, tuberculosis, trachoma, amoebiasis, intestinal helminths, dengue fever etc. • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/ Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	• Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Explain the preventive measures.
Competency Based Learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**11.2 MICROORGANISM - HOST INTERACTION** **KNOWLEDGE** • Clinical effects of infections on the body- Acute, chronic, allergic or immune mediated, toxic or toxin mediated • Pathology of infection • Source/route of transmission, method of spread of different infections • Prevention of different infections **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Explain guidelines of prevention of infection • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.
Competency	• Peer-based learning methods-Problem-based, case based,

based learning methods	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**11.3 VACCINE DEVELOPMENT** **KNOWLEDGE** • Different vaccines and toxoids • Characteristics of effective vaccines • Guidelines for immunisation against infectious disease • Vaccination Schedule **SKILLS** • Administration of Vaccines

	• Documentation of vaccination schedule **REFLECTION** • Ask and orient about vaccination schedule
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning outcome	**11.4 THE FEBRILE PATIENT** **KNOWLEDGE** • Anatomy of thermostat and physiology of thermoregulation

	• Physiology of febrile response • Aetiopathogenesis of fever • Different clinical presentations of fever (rash, cough, headache, joint pain, neck stiffness, lymphadenopathy, pain in abdomen, fever of returning traveller, pyrexia of unknown origin, fever in injecting drug user,) • Course of disease/fever • Different sites of recording temperature • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination in different presentations of fever to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Specific examinations pertaining to diagnosis • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Standard line of treatment • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever
Competency Based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**11.5 GENERALISED INFECTIONS** **KNOWLEDGE** • Risk factors, aetiopathogenesis, mode of transmission, course of disease, clinical features, investigations, complications of Glandular fever syndrome, Brucellosis, Leptospirosis, Lyme Borreliosis, Q fever, Toxoplasmosis etc. • Prevention of infection • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations

	• Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**11.6 RASHES AND INFECTION** **KNOWLEDGE** • Different patterns of rash associated with infection (macular, maculo-papular, haemorrhagic, urticarial, vesicular, pustular,

	nodular, erythematous, chancers, etc) • Risk factors, aetiopathogenesis, mode of transmission, course of disease, clinical features, investigations, complications of • **Direct skin infections** (impetigo, folliculitis, furuncles, carbuncles, other staphylococcal infections- wound infections, cannula related infections, injection site infection in intravenous drug users, erysipelas, cellulitis, severe necrotising soft tissue infections, clostridial soft tissue infections, Bacteroides infection), etc. • **Toxic erythematous rashes**(streptococcal scarlet fever, streptococcal toxic shock syndrome, staphylococcal scalded skin syndrome, staphylococcal toxic shock syndrome), • **Rashes with haemorrhage**(yellow fever, viral haemorrhagic fever, and meningococcal meningitis) • **Erythematous and vesiculopustular eruptions** (Herpes simplex virus, human herpes virus, chicken pox, Shingles, hand-foot and mouth disease, herpangina) • **Viral exanthemata (**Measles, rubella, parvovirus B 19, mumps) • Prevention of infection • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	• Standard line of treatment • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation

	Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**11.7 FOOD POISONING AND GASTROENTERITIS** **KNOWLEDGE** • Principles of food hygiene • Risk factors, aetiopathogenesis, clinical features, investigations, complications of acute gastroenteritis, acute diarrhoea, acute food poisoning with predominant vomiting, acute watery diarrhoea, acute bloody diarrhoea, parasitic causes of acute diarrhoea, traveller'sdiarrhoea, chronic diarrhoea • Assessment of patient with diarrhoea and management of acute diarrhoea • Preventive measures • Standard line of treatment • Principles of Fluid replacement • Miasmatic expression of disease • Use of appropriate repertory , • Applied Materia Medica • Scope and limitations of Homoeopathy • Ancillary measures **SKILLS**

	• Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of fever • Explain the food hygiene and preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**11.8 TROPICAL AND INTERNATIONAL HEALTH KNOWLEDGE** • Aetiopathogenesis, clinical features, mode of transmission, course of disease, investigations, complications of , • **Fever in/from tropics,** • **Fever without localising signs** (Malaria) • **Fever with rash**- (typhoid and paratyphoid fevers, dengue, African trypanosomiasis or sleeping sickness, American Trypanosomiasis or chagas disease) • **Fever with haemorrhage**- (yellow fever, viral haemorrhagic fevers) • **Fever following arthropods bites**- (Rickettsia fevers, lyme disease, louse borne relapsing fever, plague) • **Chronic Fever**- (Amoebic liver abscess, visceral leishmaniasis or kala azar)

	• **Diphtheria** • **Eosinophilia and tropical infections** • **Parasitic causes of eosinophilia**(soil- transmitted helminthiases, ancylostomiasis, strongyloidiasis, ascaris lumbricoides) • **Helminths not associated with eosinophilia-** (Enterobius vermicularis**,** Trichuris trichiura**)** • **Filariases-** (lymphatic filariasis, non-filarial elephantiasis, onchocerciasis, other filariases) • **Schistosomiasis** • **Liver flukes** • **Cysticercosis and hydatid disease-** (Taenia saginata, taenia solium and cysticercosis, echinococcusgranulosus and hydatid disease, other tapeworms.) • **Skin conditions in tropics-** (cutaneous larva migrans, cutaneous leishmaniasis, tropical ulcer, Buruli ulcer, yaws, pinta and bejel) • **Subcutaneous swellings-** (Jiggers, myiasis, dracunculiasis, mycetoma) • **Leprosy** • **Splenomegaly in/from tropics** • **Other systemic infections-** (Japanese B encephalitis, Nipah virus encephalitis, melioidosis) • **Systemic fungal infections-** (histoplasmosis, histoplasma duiboisii, aspergillosis, coccidioidomycosis, paracoccidioidomycosis, blastomycosis, cryptococcosis, candidiasis) • Travel medicine and malaria prophylaxis • Personal protection • Preventive measures

	• Vaccination and prophylaxis • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Orient about pattern and course of disease • Explain preventive measures.

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**11.9 SEXUALLY TRANSMITTED INFECTIONS** **KNOWLEDGE** • Aetiopathogenesis, clinical features, mode of transmission and control, course of disease, investigations, complications of • **Sexually transmitted bacterial infections**- (syphilis, congenital syphilis, gonorrhoea, non- gonococcal urethritis and chlamydial infections in males, chlamydial infection in females, other chlamydial infections, other sexually transmitted bacterial infections)

	• **Sexually transmitted viral infections-** (genital herpes simplex, anogenital warts, molluscum contagiosum, hepatitis) • **Other genital conditions-** (Balanitis and Balanoposthitis, vulvovaginal conditions) • Preventive measures • Standard line of treatment • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy.

	• Explain preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competences	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**11.10 HUMAN IMMUNODEFICIENCY VIRUS INFECTION AND ACQUIRED IMMUNODEFICIENCY SYNDROME** **KNOWLEDGE** • Epidemiology, global epidemic and regional patterns, virology

	and immunology, natural history and classification, aetiopathogenesis, clinical features, mode of transmission, course of disease, investigations, differential diagnosis, complications of, **HIV and AIDS** • **Clinical syndromes and specific conditions**-(mucocutaneous disease, specific skin condition, specific oral condition, gastrointestinal disease, specific conditions, respiratory disease, specific conditions, nervous system and eye disease, miscellaneous conditions, neoplasms) • Management of HIV • Prevention of infection • Scope and limitations of Homoeopathy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Standard line of treatment/Principles of management • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool

	• Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy. • Explain preventive measures.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning	**11.11 THE MANAGEMENT OF INFECTION**

Outcome	**KNOWLEDGE** • Principles of antimicrobial therapy • Antimicrobial resistance • Selection of appropriate antibiotic therapy • Antimicrobial agents
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
	HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE **12.1 PHYSIOLOGY OF WATER AND ELECTROLYTE** **KNOWLEDGE** • Principal of Homeostasis, Normal Distribution of water and electrolyte, Nephron segments and functions **DISORDERS OF VOLUME STATUS** **KNOWLEDGE** • Understanding pathophysiology and clinical presentation of Extra cellular fluid volume overload and Extra cellular fluid

	volume depletion • General principles of Management **SKILLS** • Eliciting the clinical findings. • Advising and interpretation of investigations. • Initiating the management by application of general measures and intervention with indicated Homoeopathic medicine based on totality. • Documentation of the same **REFLECTION** • Defining the scope by Arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised

	Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**12.2 DISORDERS OF WATER METABOLISM: DYSNATRAEMIAS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation and signs of • Hyponataemia, Syndrome of inappropriate ADH secretion, Hypernatraemiaand Polyuria • Principles of Management • Applied Materia Medica • Ancillary measures **SKILLS** • Assessing the clinical presentation by history taking, examination, vital data assessment and eliciting signs to arrive at the provisional diagnosis. • Advising investigations and its interpretation for confirmation of diagnosis. • Decision of acceptance or referencing of the case. • Initiating management by applying general principals • Documentation of the same **REFLECTION** • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. • Initial management to overcome acute state by application of

	general measures. Selection of Homoeopathic remedy by using repertory andMateria Medica as a decision making tool
Community based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domains of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**12.3 DISORDERS OF POTASSIUM METABOLISM: DYSKALAEMIAS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation and signs of • Hyperkalaemia, Hypokalaemia • Principles of Management

	• Applied Materia Medica • Ancillary measures **SKILLS** • Assessing the clinical presentation by history taking, examination, vital data assessment and eliciting signs to arrive at the provisional diagnosis. • Advising investigations and its interpretation for confirmation of diagnosis. Decision of acceptance or referencing of the case. Initiating management by applying general principals and documentation of the same **REFLECTION** • Defining the scope by Arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical

	Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**12.4 ACID BASE DISORDERS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation of Acid base disorders • Normal values and interpretation of changes in arterial (H+), PaCO2, plasma bicarbonates in acid base disturbances • Aetiopathogenesis and clinical presentation of Metabolic acidosis, Metabolic alkalosis, Respiratory acidosis, Respiratory alkalosis and mixed Acid Base Disorders • Principles of Management • Scope and limitations of Homoeopathy • Ancillary measures **SKILLS** • Clinical assessment of a case by history taking, examination of vital data, physical examination to elicit signs to arrive at provisional diagnosis • Decision of acceptance or referral of case • Initial management by application of general measures • Indicated Homoeopathic medicine based on totality • Documentation of the same **REFLECTION** • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical

	assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory andMateria Medica as a decision making tool
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**12.5 DISORDERS OF DIVALENT ION METABOLISM** **KNOWLEDGE** • Calcium and Phosphate metabolism • Aetiopathogenesisandclinical presentation of • Hypocalcaemic Hypophosphatemia • Hypercalcaemic Hypophosphatemia • Hypomagnesaemia

	• Hypermagnesaemia • Standard line of treatment • Principles of Management • Ancillary measures **SKILLS** • Clinical assessment of the case by history taking, physical examination and assessment of vital signs • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • General principle of management • Defining the role of Homoeopathy and arriving at the indicated medicine based on totality • Documentation of the same **REFLECTION** • Defining the scope by arriving at a final diagnosis by appropriate interpretation of investigations and clinical assessment • Appropriate referencing. Initial management to overcome acute state by application of general measures. Selection of Homoeopathic remedy by using repertory and Materia Medica as a decision making tool
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE** **13.1 NUTRITIONAL ASSESSMENT AND NUTRITIONAL NEEDS** **KNOWLEDGE** • Assessment of Nutritional status of patient • Understanding of Nutrient and energy requirements in patients **SKILLS** • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing MateriaMedica as a prescription decision tool • Documentation of the same

	REFLECTION • Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health • Plan for assessment of a progress of the condition for evidence based medicine
	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Community Postings, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**13.2 NUTRITIONAL AND METABOLIC DISORDERS** **KNOWLEDGE**

	• Aetio-pathogenesis of Obesity and Lipoprotein disorders • Aetiopathogenesis, clinical features and complications of PEM and Malnutrition in Hospital population • Understanding role of Diet and Nutrition in this cases • Standard line of treatment • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Infer the miasm in a given case • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis after clinical examination with eliciting signs andappropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health

	• Plan for assessment of the condition for evidence based medicine
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**13.3 VITAMINS AND MINERALS** **KNOWLEDGE** • Understanding daily requirement and role of Vitamins and Inorganic nutrients • Understanding signs and symptoms of Deficiency of Vitamins and inorganic nutrients

	• Standard line of treatment • Principles of Management • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica • Ancillary measures **SKILLS** • To assess nutritional status of patient by clinical examination and history taking • Understanding daily requirement of nutrients and energy to understand deficiency and its impact on health • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Infer the miasm in a given case • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis after clinical examination with eliciting signs and appropriate interpretation of investigations • Give basic diet advice to patients after understanding flaws in diet • Understand impact on dietary deficiency on health • Plan for assessment of the condition for evidence based medicine
Competency	• Peer-based learning methods-Problem-based, case based,

based learning outcomes	Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, community Postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**13.4 OTHER METABOLIC DISORDERS** **KNOWLEDGE** • Aetiopathogenesis, clinical presentation, diagnosis, investigations, complications of Porphyriasand Amyloidosis • Principles of Management • Scope and limitations of Homoeopathy **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis

	• Decision of acceptance or referral of case • Role of Homoeopathy in management (curative/Palliative/ Adjuvant) • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencingMateria Medica as a prescription decision tool **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; Miasmatic evolution of expression of disease use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine
Community based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, community postings,Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting,

	Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**13.5 ENVIRONMENTAL DISORDERS** **KNOWLEDGE** • Clinical presentation, diagnosis, investigations, complications of Diving illness, Hyperthermia and heart illness, Hypothermia, Drowning/ Near Drowning, High-altitude illness, Radiation exposure • Standard line of treatment • Principles of Management • Scope and limitations of Homoeopathy • Ancillary measures **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Start basic management for acute conditions and Decision of acceptance or referral of case • Interpretation of investigations to confirm the diagnosis • Role of Homoeopathy in management (curative/Palliative/ Adjuvant). • Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referencing Materia Medica as a prescription decision tool • Documentation of the same

	REFLECTION • Understanding of acute emergency and steps to be followed for basic management of acute state • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality; use of repertory if necessary and or referencing Materia Medica to arrive at the selection of indicated remedy, potency, repetition with justification • Plan for assessment of the condition for evidence based medicine • Competency
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 28 CLINICAL GENETICS** **14.1 THE ROLE OF CLINICAL GENETICIST** **KNOWLEDGE** • How to diagnose all types of genetic diseases, birth defects, and developmental anomalies • How to assess genetic risk • How to do genetic risk
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	**14.2 THE ANATOMY OF THE HUMAN GENOME** **KNOWLEDGE** • Structure of DNA, chromosome and genes

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	**14.3 TYPES OF GENETIC DISEASE** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical features, investigations, complications of • Chromosomal disorders • Mutations • Duplications • Polymorphism • Genetic factors in common diseases • Inheritance patterns
Competency based learning	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay.

methods	• Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Learning Outcome	**14.4 COMMON PRESENTATIONS OF GENETIC DISEASE** **KNOWLEDGE** • Risk factors, aetiopathogenesis, clinical features, investigations, complications of common presentations of genetic diseases in different systems- multisystem, respiratory, cardiovascular, renal, gastrointestinal, hepatic, metabolic, endocrine, haematological, neuromuscular, central nervous system, connective tissue, skin, eye. • Miasmatic expression of disease **SKILLS** • Case taking with physical examination to assess the vitals and elicit the signs to arrive at the provisional diagnosis. • Interpretation of investigations to confirm the diagnosis • Decision of acceptance or referral of case • Infer the miasm in a given case • Role of Homoeopathy in management (Curative/Palliative/ Adjuvant/Preventive)

	• Arriving at the totality of symptoms • Remedy differentiation and final selection of remedy with appropriate use of repertory and referring Materia Medica as a prescription decision tool • Documentation of the same **REFLECTION** • Arriving at a final diagnosis by appropriate interpretation of investigations • Formulate the totality, use of repertory if necessary and or referring materia to arrive at selection of indicated remedy
Competency based learning methoda	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**14.5 INVESTIGATIONS OF GENETIC DISEASE** **KNOWLEDGE** • Investigations of genetic disease
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting. • SAQ.
Learning Outcome	**14.6 GENETIC COUNSELLING AND TESTING** **KNOWLEDGE** • Constructing a pedigree • Risk calculation • Information and support • Genetic testing- genetic screening, prenatal testing, diagnostic test, predictive tests. • Ethical issues in genetic testing

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, Bed Side Examination, Mini CEX (Clinical Evaluation Exercise) Case based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Practice Based Learning
Learning Outcome	**HOM-PG PM 29:** **PSYCHIATRIC AND ADDICTION DISORDERS** **15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders** **Clinical Interview and Mental State Examination and Major Manifestations of Psychiatric illnesses**

	KNOWLEDGE OF • Classification of psychiatric disorders • Etiological factors in psychiatric disorders • Major Manifestations of Psychiatric illnesses • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILL** • Clinical assessment of a psychiatric patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders (PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment.

	• Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**15.2 ANXIETY DISORDERS, OBSESSIVE COMPULSIVE DISORDER, SCHIZOPHRENIA AND DELUSIONAL DISORDERS AFFECTIVE (MOOD) DISORDERS**
	
	KNOWLEDGE OF
	• Clinical presentation of
	• Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders
	• Affective (Mood) disorders
	  • Miasmatic expression of disease
	  • Use of appropriate repertory
	  • Applied Materia Medica
	
	SKILL
	  • Clinical assessment of a patient in context to Hahnemann classification of mental disorders.
	  • Infer the miasm in a given case
	  • Use of the Primary Care Evaluation of Mental Disorders

	(PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**15.3 SOMATOFORM DISORDERS , PERSONALITY DISORDERS,** **KNOWLEDGE OF** • Somatoform Disorders • Behavioural Syndromes associated with Physiological Disturbances, • Personality Disorders • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILL** • Case taking, Physical examinations to arrive at provisional diagnosis and Clinical assessment of a patient in context to Hahnemann classification of mental disorders. • Infer the miasm in a given case • Use of the Primary Care Evaluation of Mental Disorders (PRIME_MD and Patient Health Questionnaire) • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning,

	simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**15.4 PSYCHIATRIC AND PSYCHOLOGICAL ASPECTS OF CHRONIC AND PROGRESSIVE DISEASES** **SUBSTANCE ABUSE / MISUSE** **KNOWLEDGE OF** • Psychiatric and psychological aspects of chronic and progressive diseases • Substance abuse / misuse • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILL** • Clinical assessment of a patient in context to Hahnemann classification of mental disorders.

	• Infer the miasm in a given case. • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism

Learning Outcome	**15.5 LEGAL ASPECTS OF PSYCHIATRY** **KNOWLEDGE OF** • Legal aspects of psychiatry **SKILL** • Assessment of the patient for its acceptance or referral **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ
Prescribed Texts	**Refer to list attached**

Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	**HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE** **16.1 NORMAL AGING AND CONCEPT OF "HOMEOSTENOSIS" AND MAJOR MANIFESTATIONS IN OLD PEOPLE** **KNOWLEDGE OF** • Normal aging and concept of "Homeostenosis" • Major manifestations in old people **SKILL** • History and clinical examination of geriatric cases • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	**16.2 FRAILTY SYNDROME, MAJOR MANIFESTATIONS OF DISEASE IN FRAIL OLDER PEOPLE** **CLINICAL ASSESSMENT, INVESTIGATIONS AND REHABILITATION** **KNOWLEDGE OF** • Frailty Syndrome ,Clinical assessment , investigations andf Rehabilitation **SKILL** • History and clinical examination of geriatric cases • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition

Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care /Practice Based Learning
Learning Outcome	**HOM-PG PM31: ONCOLOGY** **17.1 Approach to a patient with cancer** **Diagnosis, clinical assessment, investigations, and staging** **Principals of Treatment** **Case Study** **Oncological emergencies** **KNOWLEDGE OF**

	• Approach to a patient with cancer • Diagnosis, clinical assessment, investigations, and staging • Principals of Treatment • Case Study • Oncological emergencies • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILL** • History and clinical examination of oncology cases. • Infer the miasm in a given case • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment.

	• Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 32: WOMEN'S DISEASES** **18.1 Infertility** **Endometriosis** **Pelvic Inflammatory Diseases** **Disorders of Menstrual regulation** **Health issues in Menopausal women** **KNOWLEDGE OF** • Infertility • Endometriosis • Pelvic Inflammatory Diseases • Disorders of Menstrual regulation • Health issues in Menopausal women • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILL**

	• History and clinical examination of gynaecology cases. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given case **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**18.2 MALIGNANCIES (GYNECOLOGICAL CANCERS)** **POLYCYSTIC OVARIAN SYNDROME (PCOS.)** **MEDICAL DISEASES IN PREGNANCY** **KNOWLEDGE OF** • Malignancies (Gynecological Cancers) • Polycystic Ovarian Syndrome (PCOS.) • Medical diseases in pregnancy • Miasmatic expression of disease • Use of appropriate repertory • Applied Materia Medica **SKILL** • History and clinical examination of cases. • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given case **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based,

learning methods	Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**Hom-PG PM 33: LIFE STYLE ILLNESSES** **19.1 CONCEPT OF LIFE STYLE ILLNESSES** Role of the individual and environment in their genesis and maintenance Homoeopathic perspective of Life style illnesses Comprehensive Homoeopathic assessment and management Role of Education, Family education and ancillary measures in restoring

	health **KNOWLEDGE OF** • Concept of Life Style Illnesses • Role of the individual and environment in their genesis and maintenance • Homoeopathic perspective of Life style illnesses • Comprehensive Homoeopathic assessment and management • Role of Education, Family education and ancillary measures in restoring health **SKILL** • History and clinical examination of cases of life-style diseases • Role of Homoeopathy in management- curative/ palliative /adjuvant • Infer the miasm in a given a case **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 34: CRITICAL CARE** **20.1 PROVISION OF CRITICAL CARE** General principles of critical care management and monitoring Major manifestations of critical illness-Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma),Hepatic failure, Sepsis, Disseminated intravascular coagulation Scoring system in critical care **KNOWLEDGE OF** • Provision of critical care • General principles of critical care management and monitoring • Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated intravascular coagulation

	Scoring system in critical care **SKILL** • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation • Mechanical ventilation • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Define the scope and limitations of homoeopathy • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-

	assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ-
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT** **21.1 PALLIATIVE CARE SYMPTOMS CONTROL, REHABILITATION, CONTINUITY OF CARE, TERMINAL CARE** **GENERAL PRINCIPLES OF PAIN** Mechanisms, psychological aspects of chronic pain and chronic illness Assessment and measurement of pain Treatment of pain **CASE STUDY WITH APPROACH** **KNOWLEDGE OF** • Palliative care Symptoms control, rehabilitation, continuity of care, terminal care • General principles of pain

	• Mechanisms, psychological aspects of chronic pain and chronic illness • Assessment and measurement of pain • Treatment of pain • Case study with approach **SKILL** • Role of Homoeopathy in management of palliative care with respect to Symptoms control, rehabilitation, continuity of care, terminal care. **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ

Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 36: EMERGENCY MEDICINE** **22.1 INITIAL PRE-HOSPITAL CARE** Patient assessment Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies **KNOWLEDGE OF** • Initial Pre-Hospital Care • Patient assessment • Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, Abdominal emergencies, Orthopaedic emergencies and Nephrology emergencies **SKILL** • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation

	• Mechanical ventilation • High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ.
Prescribed	

Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 36: EMERGENCY MEDICINE** **22.1 INITIAL PRE-HOSPITAL CARE** Patient assessment Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies **KNOWLEDGE OF** • Initial Pre-Hospital Care • Patient assessment • Medical emergencies of Cardio- Circulatory disorders, Respiratory disorders, Neurological disorders, Abdominal emergencies, Orthopaedic emergencies and Nephrology emergencies **SKILL** • Clinical assessment of critically ill patient using SOFA/ APACHE II scoring system. • Preliminary demonstration about: • Insertion of arterial lines/ central venous line • Arterial blood gas analysis • Pulse oximeter • Endotracheal intubation • Mechanical ventilation

	• High flow oxygen delivery system • Clinical assessment of a comatose patient. • Interpretation of investigations to confirm the diagnosis. • Role of Homoeopathy in management- curative/ palliative /adjuvant **REFLECTION** • Arriving at a final diagnosis through clinical and laboratory assessment. • Formulate the totality • Plan for assessment of a progress of the condition
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**22.2 BASIC KNOWLEDGE OF TRAUMA CARE** **KNOWLEDGE OF** • Basic Knowledge of Trauma Care • To acquire skills for its appropriate use of necessary equipments like - Nebulizer, Suction apparatus, Oxygen cylinder with regulator, Fingertip pulse oxymeter Laryngoscope, Airways, Ambu bag, ECG machine, IV Canulla 16-21G butterfly Syringes-different sizes 3cc, 50cc, Glucometer, Defibrillator • Essential clinical skills for Therapeutics and Diagnostics procedures • Venous and arterial puncture, open airway with or without airway devices. Ventilate a patient, performance of Cardio-pulmonary resuscitation (CPR one or two supporters). Interpretation of arterial blood gases, surgical suture of injuries, apply cast to extremity fractures • Essential emergency medications- To know the Pharmaco-dynamics, Pharmacokinetics, therapeutic actions and route of administration- Adrenaline • 1:1000 vials. Chlorphreniramine IV vials, Promethazine IV vials, Salbutamol respiratory solution. Prednisolone tablets, IV hydrocortisone vials, Rectal diazepam preparation. Aspirin tablets, Morphine tablets. IV furosemide vials Diclofenac sodium suppository. Hyoscine butylbromide vials, IV fluids-N Saline, 5% dextrose, 50% dextrose

	SKILL • Appropriate use of necessary equipment like - Nebulizer, Suction apparatus, Oxygen cylinder with regulator, Fingertip pulse oximeter Laryngoscope, Airways, Ambu bag, ECG machine, IV Canulla 16-21G butterfly Syringes-different sizes 3cc, 50cc, Glucometer, Defibrillator. • Venous and arterial puncture, open airway with or without airway devices. Ventilate a patient, performance of Cardio-pulmonary resuscitation (CPR one or two supporters). Interpretation of arterial blood gases, surgical suture of injuries, apply cast to extremity fractures. • Defining the scope and limitations of homoeopathy.
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**

Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 37: POISONING** **23.1 GENERAL APPROACH TO THE POISONED PATIENT POISONING BY SPECIFIC PHARMACEUTICAL AGENTS** **KNOWLEDGE OF** • General approach to the poisoned patient • Poisoning by specific pharmaceutical agents **SKILL** • History taking and clinical assessment of poisoned patient • Role of Homoeopathy in management of poisoned patient
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting,

	Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**23.2 CHEMICALS AND PESTICIDES** **ENVENOMATION** **ENVIRONMENTAL POISONING AND ILLNESSES** **KNOWLEDGE OF** • Clinical features and management of • Chemicals and pesticides • Envenomation • Environmental poisoning and illnesses **SKILL** • History taking and clinical assessment of poisoned patient • Role of Homoeopathy in management of poisoned patient
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment.

	• Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship / Patient Care / Homoeopathic Orientation / Communication skill/ Practice Based Learning/ / Professionalism
Learning Outcome	**HOM-PG PM 38: NATIONAL HEALTH PROGRAMS** **SUB – COMPETENCIES** 24.1 Current National health Programs - Concept/ Objectives/ Implementations/ Ground realities/ Impact National Programs under NRHM Contribution of Homoeopathy in National Health Programmers **KNOWLEDGE OF** • Current National health Programmes - Concept/ Objectives/ Implementations/ Ground realities/ Impact • National Programs under NRHM • Contribution of Homoeopathy in National Health Programmes **SKILL** • Get versed with implementation of various National Health Programmes. **REFLECTION**

	• Role of homoeopathy in implementation of various National Health Program through active participation at community level • Documentation of evidences
Competency based learning methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Ward rounds, Out-patient based, Lab-Based, Community Postings, Flipped learning , Roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessment	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed Texts	**Refer to list attached**
Domain of competencies	Knowledge and Scholarship , Patient Care , Homoeopathic Orientation, Communication Skill

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-II	**1st Term Test:** During twenty fourth month of training	During thirty sixth month of training
	2nd Term Test: During thirtieth month of training	

VII (1). M.D. (Homoeopathy) Part-II examination –Maximum marks for each subject and minimum marksrequired to pass shall be as follows:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Fundamentals of practice of medicine paper I	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Fundamentals of practice of medicine paper II	100	50		

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of

40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	**No. of questions to be asked**	**Marks per question**	**Total**
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

PART II – PAPER I. TOPIC NUMBERS

LIST OF TOPICS

PART II: (INCLUDES: ADVANCE LEARNING IN PRACTICE OF MEDICINE (ALPM)

TOPIC-II

- **HOM-PG PM 15: CARDIOVASCULAR DISEASE**

  1.1 Disorders of heart rate, rhythm and conduction

  1.2 Atherosclerotic vascular disease

  1.3 Coronary heart diseases

  1.4 Vascular diseases

  1.5 Hypertension

  1.6 Diseases of heart valves

  1.7 Congenital heart diseases

1.8 Diseases of myocardium

1.9 Diseases of pericardium

1.10 Heart failure

1.11 Acute circulatory failure

1.12 Cardiac arrest and sudden cardiac death

- **HOM-PG PM 16 : RESPIRATORY SYSTEM**

2.1. Diseases of nasopharynx, larynx and trachea

2.2. Diseases of pleura, diaphragm, and chest wall

2.3.Obstructive Pulmonary diseases

2.4. Sleep disordered breathing

2.5. Respiratory Failure

2.6. Infections of the Respiratory system

2.7. Interstitial and Infiltrative pulmonary diseases

2.8. Pulmonary Vascular diseases

2.9. Tumours of bronchus and lung

- **HOM-PG PM 17: KIDNEY AND GENITOURINARY DISEASES**

3.1 Congenital abnormalities of kidney and urinary system

3.2 Glomerular diseases

3.3 Tubulo-interstitial diseases

3.4 Infections of kidney and urinary tract

3.5 Urinary tract calculi and nephrocalcinosis

3.6 Renal involvement in systemic diseases

3.7 Renal vascular diseases

3.8 Tumours of kidney and genitourinary tract

- **HOM-PG PM 18: ENDOCRINE AND METABOLIC DISEASE**

4.1 Diseases of Hypothalamus and Pituitary gland

4.2 Diseases of Thyroid gland

4.3 Diseases of Parathyroid gland

4.4 Diseases of Adrenal gland

4.5 Diseases of Endocrine pancreas

4.6 Diabetes Mellites

- **HOM-PG PM 19: ALIMENTARY TRACT AND PANCREATIC DISEASES**

5.1 Diseases of mouth and salivary glands

5.2 Diseases of Oesophagus, Stomach and Duodenum

5.3 Diseases of Small Intestine

5.4 Diseases of Pancreas

5.5 Irritable Bowel Syndrome

5.6 Inflammatory Bowel Disease

5.7 Disorders of Colon and Anorectum

5.8 Diseases of Peritoneal cavity

5.9 Diseases of Gut Injury

- **HoM-PG PM 20: LIVER AND BILIARY TRACT DISEASE**

6.1 Acute fulminant hepatic failure

6.2 Liver cirrhosis and Chronic liver failure

6.3 Portal Hypertension

6.4 Hepatic encephalopathy

6.5 Hepatorenal Failure

6.6 Specific causes of Parenchymal liver disease

6.7 Tumours of liver

6.8 Miscellaneous liver diseases

6.9 Gall bladder and other Biliary diseases

- **HOM-PG PM 21: BLOOD DISORDERS**

7.1 Leukopenia, leucocytosis, thrombocytopenia, thrombocytosis, pancytopenia

7.2 Anaemia

7.3 Blood products and transfusion

7.4 Haematological malignancies

7.5 Myeloproliferative disorders

7.6 Bleeding disorders

7.7 Venous thrombosis

- **HOM-PG PM 22: MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM**

8.1 Degenerative joint diseases

8.2 Inflammatory joint diseases

8.3 Fibromyalgia

8.4 Diseases of the Bone

8.5 Systemic Connective tissue diseases

8.6 Musculoskeletal manifestations of disease in other systems

8.7 Miscellaneous musculoskeletal conditions

- **HOM-PG PM 23: NEUROLOGICAL DISEASE**

9.1 Cerebro- vascular diseases

9.2 Inflammatory diseases of CNS

9.3 Degenerative diseases

9.4 Diseases of Nerves

9.5 Disorders of Muscles

9.5 Disorders of Spine and Spinal cord

9.6Infections of Nervous System

9.7 Intracranial mass lesions and Raised intracranial pressure

- **HOM-PG PM 24: SKIN DISEASE (DERMATOLOGY)**

10.1 Skin manifestations in Systemic Disease

10.2 Eczema

10.3 Urticaria

10.4 Psoriasis and other Erythematous Scaly Eruptions

10. 5. Disorders of the Pilosebaceous Unit

10. 6 . Some Common Skin Infections and Infestations

10.7 Pressure sores

10.8. Skin Tumours

10.9 Disorders of Pigmentations

10.10. Disorders of the Nails

Part II – Paper II. Topic Numbers

List of Topics

Part II: (includes: Advance learning in Practice of Medicine (ALPM)

TOPIC 3:

- **HOM-PG PM 25 :INFECTION AND IMMUNE FAILURE**

11.1 Patterns of infection

11.2 Microorganism - Host interaction

11.3 Vaccine development

11.4 The febrile patient

11.5 Generalised infections

11.6 Rashes and infection

11.7 Food poisoning and gastroenteritis

11.8 Tropical and International health

11.9 Sexually transmitted infections

11.10 Human immunodeficiency virus infection and Acquired immunodeficiency syndrome

11.11 The management of infection

- **HOM-PG PM 26: WATER ELECTROLYTE AND ACID – BASE BALANCE**

12.1 Physiology of Water and Electrolyte

12.2 Disorders of Water metabolism: Dysnatraemias

12.3 Disorders of Potassium Metabolism: Dyskalaemias

12.4 Acid Base disorders

12.5 Disorders of Divalent ion metabolism

- **HOM-PG PM 27: NUTRITIONAL, METABOLIC AND ENVIRONMENTAL DISEASE**

13.1 Nutritional assessment and nutritional needs

13.2 Nutritional and Metabolic disorders

13.3 Vitamins and Minerals

13.4 Other metabolic disorders

13.5 Environmental disorders

- **HOM-PG PM 28 CLINICAL GENETICS**

14.1 The role of clinical geneticist

14.2 The anatomy of the human genome

14.3 Types of genetic disease

14.4 Common presentations of genetic disease

14.5 Investigations of genetic disease

14.6 Genetic counselling and testing

- **HOM-PG PM 29: PSYCHIATRIC AND ADDICTION DISORDERS**

15.1 Classification of psychiatric disorders and aetiological factors in psychiatric disorders

15.2 Anxiety disorders, Obsessive compulsive disorder, Schizophrenia and Delusional disorders Affective (Mood) disorders

15.3 Somatoform Disorders , Personality Disorders,

15.4 Psychiatric and psychological aspects of chronic and progressive diseases Substance abuse / misuse

15.5 Legal aspects of psychiatry

- **HOM-PG PM 30: GERIATRIC MEDICINE-FRAIL OLDER PEOPLE**

16.1 Normal aging and concept of "Homeostenosis" and Major manifestations in old people

16.2 Frailty Syndrome, Major manifestations of disease in frail older people

Clinical assessment, investigations and Rehabilitation

- **HOM-PG PM31: ONCOLOGY**

17.1 Approach to a patient with cancer Diagnosis, clinical assessment, investigations, and staging Principals of Treatment

- **HOM-PG PM 32: WOMEN'S DISEASES**

18.1 Infertility

Endometriosis

Pelvic Inflammatory Diseases

Disorders of Menstrual regulation

Health issues in Menopausal women

18.2 Malignancies (Gynecological Cancers)

Polycystic Ovarian Syndrome (PCOS.)

Medical diseases in pregnancy

- **HOM-PG PM 33: LIFE STYLE ILLNESSES**

19.1 Concept of Life Style Illnesses

Role of the individual and environment in their genesis and maintenance

Homoeopathic perspective of Life style illnesses

Comprehensive Homoeopathic assessment and management

Role of Education, Family education and ancillary measures in restoring health

- **HOM-PG PM 34: CRITICAL CARE**

20.1 Provision of critical care

General principles of critical care management and monitoring

Major manifestations of critical illness- Circulatory failure. Respiratory failure, Renal failure, Neurological failure (Coma), Hepatic failure, Sepsis, Disseminated

intravascular coagulation

Scoring system in critical care

- **HOM-PG PM 35: PALLIATIVE CARE AND PAIN MANAGEMENT**

21.1 Palliative care Symptoms control, rehabilitation, continuity of care, terminal care

- HOM-PG PM **36: EMERGENCY MEDICINE**

22.1 Initial Pre-Hospital Care

Patient assessment

Medical emergencies of cardio- circulatory disorders, Respiratory disorders, Neurological disorders, abdominal emergencies, Orthopedic emergencies and Nephrology emergencies

22.2 Basic Knowledge of Trauma Care

- **HOM-PG PM 37: POISONING**

23.1 General approach to the poisoned patient

Poisoning by specific pharmaceutical agents

23.2 Chemicals and pesticides

Envenomation

Environmental poisoning and illnesses

- **HOM-PG PM 38: NATIONAL HEALTH PROGRAMS**

24.1 Current National health Programs-Concept/Objectives/Implementations/ Groundrealities/ Impact National Programs under NRHM Contribution of Homoeopathy in National Health Programs

VII (2B). QUESTION PAPER LAYOUT

THEORY QUESTION PAPER LAYOUT

PART II PAPER I ADVANCED LEARNING OF PRACTICE OF MEDICINE

Q No.	Type of Question	**Content**	**Marks**
1	Problem Based	Case based question on any clinical condition (Topic content from Hom-PG PM 15 to Hom-PG PM 24)	20
2	LAQ	Hom-PG PM 15 Cardiovascular Diseases	10

		OR Hom-PG PM 16 Respiratory diseases	
3	LAQ	Hom-PG PM 17 Kidney and Genitourinary diseases OR Hom-PG PM 18 Endocrine diseases	10
4	LAQ	Hom-PG PM 19 Alimentary Tract and Pancreatic Disease OR Hom-PG PM 20 Liver and Biliary tract diseases	10
5	LAQ	Hom-PG PM 21 Blood disorders OR Hom-PG PM 22 Musculoskeletal diseases	10
6	SAQ	Hom-PG PM 23 Neurological Disease	05
7	SAQ	Hom-PG PM 24 Skin Disease	05
8	SAQ	Hom-PG PM 23 Neurological Disease	05
9	SAQ	Hom-PG PM 24 Skin Disease	05
10	SAQ	Hom-PG PM 15 Cardiovascular Diseases OR Hom-PG PM 16 Respiratory diseases	05
11	SAQ	Hom-PG PM 17 Kidney and Genitourinary diseases OR Hom-PG PM 18 Endocrine diseases	05
12	SAQ	Hom-PG PM 19 Alimentary Tract and Pancreatic Disease OR Hom-PG PM 20 Liver and Biliary	05

		tract diseases	
13	SAQ	Hom-PG PM 21 Blood disorders OR Hom-PG PM 22 Musculoskeletal diseases	05

Note:-

1) When drawing the question paper the examiner must ensure that every part of topic is addressed.

2) To ensure balanced coverage questions shall be designed as under –

- Question No.1 – Problem Based – Case based or Clinical Scenario based.
- Question No.2 to 5 – LAQ- Application based encouraging integrated approach .
- Question No 6 to 13 – SAQ – Questions focused to access knowledge and cognitive level from recall to evaluation

THEORY QUESTION PAPER LAYOUT

PART II PAPER II ADVANCED LEARNING OF PRACTICE OF MEDICINE

Q No.	Type of Question	**Content**	**Marks**
1	Problem Based	Case based question on any clinical condition (Topic content from Hom-PG PM 25, Hom-PG PM 27, Hom-PG PM 29, Hom-PG PM 31, Hom-PG PM 32, Hom-PG PM 33, Hom-PG PM 34	20

2	LAQ	Hom-PG PM 25 Infection	10
3	LAQ	Hom-PG PM 27 Nutritional, Diseases AND / OR Hom-PG PM 29 Psychiatric Disorder	10
4	LAQ	Hom-PG PM 31 Oncology AND / OR Hom-PG PM 32 Women's Diseases	10
5	LAQ	Hom-PG PM 33 Lifestyle diseases OR Hom-PG PM 34Critical Care	10
6	SAQ	Hom-PG PM 26 Water electrolyte and Acid – Base Balance	05
7	SAQ	Hom-PG PM 28 Clinical Genetics	05
8	SAQ	Hom-PG PM 30 Geriatric Medicine	05
9	SAQ	Hom-PG PM 35 Palliative Care	05
10	SAQ	Hom-PG PM 36 Emergency medicine	05
11	SAQ	Hom-PG PM 37 Poisoning	05
12	SAQ	Hom-PG PM 38 National Health Programme	05
13	SAQ	Hom-PG PM 33 Life Style Illnesses OR Hom-PG PM 34 Critical Care	05

Note:-

1) When drawing the question paper the examiner must ensure that every part of Topic is addressed.

2) To ensure balanced coverage questions shall be designed as under –

- **Question No.1 – problem Based – Case based or Clinical Scenario based.**
- **Question No.2 to 5 – LAQ- Application based encouraging integrated approach Question No 6 to 13 – SAQ – Questions focused to access knowledge and cognitive level from recall to evaluation**

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION.

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		**100 Marks**

VII (3b). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		**100 Marks**

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

8. REFERENCE BOOKS (RECOMMENDED READING)

CLINICAL MEDICINE

(TextBooks-Latest Editon**)**

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- Loscalzo, J.Kasper,D.L.,Longo,D,L.,Fauci,A.S,Hauser,S.L.and Jameson,J.L. ,1958, Harrison's, Principles and Practice of Medicine Mc Graw Hill, New York, 21st Ed.
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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC PHILOSOPHY

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LIST OF RECOMMENDED REFERENCE BOOKS FOR HOMOEOPATHIC REPERTORY

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- Murphy, Robin, 2010, Homoeopathic Medical Repertory, B.Jain Publishers, USA, 3rd Ed.
- Phatak, S.R. 2005, A Concise Repertory of Homoeopathic Medicines: Alphabetically Arranged, B.Jain Publishers, USA,4th Ed.
- Schroyens, F.,1994, Synthesis Repertorium Homoeopathicum Syntheticum: The Source Repertory, B.Jain Publishers, USA, and 9.1th Ed
- Zandorvoot,R.,1994,Complete Repertory, Inst for Research in Homoeopathic Information Symptomatology.

RECOMMENDED JOURNAL READING

- Indian Journal of Research in Homoeopathy
- Homoeopathic Link
- New Homoeopath
- International Journal of Homoeopathic Science
- Journal of Integrated standardized homoeopathy
- The Homoeopathic Heritage
- National Journal of Homoeopathy
- Indian Journal of Medical Ethics
- Indian Journal of Medical Sciences
- Indian Journal of Genetics and Molecular Research
- Journal Of Homoeopathy Of National Institute of Homoeopathy

PART I PAPER 2

I. TITLE OF THE FUNDAMENTAL TOPIC , AND ITS ABBREVIATION:

FUNDAMENTALS OF HOMOEOPATHY IN PRACTICE OF MEDICINE

HOM-PG-FHPOM

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

(i) Fundamentals of Practice of Medicine.

(ii) Fundamentals of Homoeopathy in Practice of Medicine.

(iii) Research Methodology and Biostatistics.

II (2). Part II

(i) Fundamentals of Practice of Medicine .Paper 1.

(ii) Fundamentals of Homoeopathy in Practice of Medicines. Paper 2.

III. BRIEF DESCRIPTION OF THE TOPIC AND ITS RELEVANCE IN HOMEOPATHY POST-GRADUATE TOPIC - (HOM-PG-FHPOM) PAPER-2

The practice of Homoeopathy is based on the tenets of Homoeopathic Philosophy. This premise sharply differentiates it from the practice of Medicine in the allopathic stream where management is based on scientific evidence bereft of any underlying philosophical base. The homoeopathic practitioner has to undertake the task of not only acquiring the clinical base but applying insights born out of a study of principles of Homoeopathic philosophy and their application through Repertory and Materia Medica and evolving the therapeutic approach. Thus, the triology of Organon, Repertory and Materia Medica conjoint with Clinical Medicine allows the precise practice of Homoeopathic science. We

need to evolve an integrated course.

Study of the Fundamentals of Homoeopathy should thus allow the postgraduate student to utilize the basic understanding of Health, Disease, Recovery, Cure and Palliation as seen from the perspective of Homoeopathic Philosophy and apply the operational understanding of Materia Medica and Repertory in his daily clinical work to produce evidence-based results. Simultaneously, he works in the area of preventive and community health where he utilizes the principles of Organon to extend the reach of the physician in preserving health and preventing disease.

IV. COURSE OBJECTIVES. (ENTRUST ABLE PROFESSIONAL ACTIVITIES – EPAS)- SAME AS PER PAPER ONE

PART I PAPER 2:

V. TOPICS AND TOPIC OBJECTIVES

1. Hom-PG-FHPOM-01 –
   HAHNEMANNIAN CONCEPT OF MAN , HEALTH AND DISEASE.
2. Hom-PG-FHPOM-02 –
   CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE
3. Hom-PG-FHPOM -03 –
   CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE
4. Hom-PG-FHPOM-04 –
   CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING
5. Hom-PG-FHPOM-05 –
   CONCEPT OF SYMPTOMATOLOGY
6. Hom-PG-FHPOM-06 –
   CONCEPT OF SUSCEPTIBILITY AND ACUTE AND CHRONIC DISEASE
7. Hom-PG-FHPOM-07 –

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN MEDICINE

8. Hom-PG-FHPOM-08 –
   CONCEPT OF TOTALITY
9. Hom-PG-FHPOM-09 –
   CONCEPT OF SIMILAR AND SIMILLIMUM
10. Hom-PG-FHPOM-10 –
    CONCEPT OF THERAPEUTIC MANAGEMENT

At the end of studying the course the postgraduate student of MD (Clinical Medicine) should possess the following competencies and thus should be able to–

1. Demonstrate how Aphorisms 1-6 of the Organon of Medicine provide a comprehensive base for the functioning of a Homoeopathic physician in Clinical medicine
2. Apply the knowledge of HMM, Organon and Homoeopathic Philosophy and Repertory in case taking in given patient.
3. Carry out reportorial analysis, remedy selection and case management.
4. Identify the conceptual basis of the travel of the patient from Health to Disease in the Bio-psycho-socio-spiritual environment and its application in practice.
5. Apply the knowledge in the management of illness and preservation of health of patient.
6. Display case taking skills for knowing the illness and the person through inter-relationship of man and environment to determine what causes and maintains the illness and its application in preventive and promotive practices.
7. Illustrate evidence-based approach to practice Homoeopathy in clinical medicine
8. Document the case record in accordance with Principles of Homoeopath enunciated in the Organon.
9. Identify the characteristics in acute and chronic disease and the significance of these in their management
10. Explain and assess the role played by the disordered vital force in altering the

quantitative and qualitative aspects of susceptibility

11. Identify the influence of miasmatic forces in affecting disease expressions, course and outcome.
12. Demonstrate the method of processing clinical data utilizing the appropriate principles to arrive at a Hahnemannian totality
13. Identify the acute phase, chronic and Inter current totalities in a given case
14. Demonstrate the use of the appropriate repertorial and non-repertorial methods to arrive at the similimum.
15. Validate the correspondence using the source books and commentaries of Materia Medica.
16. Comply with the principles of homoeopathic management and use of remedial forces appropriately with respect to time of administration, potency and repetition.
17. Choose the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.

TOPIC CONTENT

(I) HOM-PG-FHPOM-01

HAHNEMANNIAN CONCEPT OF MAN, HEALTH AND DISEASE

- Concept of Health, disease and causation.
- Concept of health by WHO
- Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger and its influence on their writing in repertory and HMM.(REP AND HMM)
- Evolution of disease: Predisposition-disposition-diathesis-disease
- Philosophical basis and the Construction of the three original repertories (Kent, TPB, BBCR) representation of above concepts in the repertories.
- Science and philosophy of HMM

(II) HOM-PG-FHPOM-02

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

- Concept of vital force in maintaining health and in genesis of disease
- Concepts of recovery and cure and the essential difference between the two. (ORG)
- Concept of pseudo chronic diseases. (ORG)
- Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG)
- Role of miasm in causing and maintaining disease and addressing the same to ensure cure.(ORG)
- Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)

(III) HOM-PG-FHPOM-03

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

- Mission of physician and knowledge of physician (ORG)
- Drug proving (ORG, HMM)
- Process of recording and manner of recording artificial and natural diseases (ORG)
- Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM)
- Art of creating portrait of polychrest remedies through analysis, evaluation and construction of totality at level of mind, physical general and particulars (HMM).

(IV) HOM-PG-FHPOM-04

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

A. Studying the guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG)
B. Demonstrating the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-

patient interaction in detail. (ORG)

C. Utilising the concept of unprejudiced in perceiving the patient and constructing totality for correct prescribing. (ORG)

(V) HOM-PG-FHPOM-05

CONCEPT OF SYMPTOMATOLOGY

- Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG)
- Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory)
- Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep)
- Understanding the concept of classification of symptoms and its utility in the study of HMM
- Understanding the concept of generalisation vs individualisation and its utility in generalising the individual drug symptom into Group symptoms and deriving group characteristics (HMM)
- Study of group remedies based on above concept (HMM).

(VI) HOM-PG-FHPOM-06

CONCEPT OF SUSCEPTIBILITY AND DISEASE

- Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, mental, and periodic illnesses and its application in practice. (ORG)
- Application of the knowledge of classification of diseases as given by Hahnemann and in defining the scope and limitations by demonstrating its application in different types of cases. (ORG)
- Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. e.g. Boericke's Repertory, Phatak's repertory with examples. (REP)

- Clinical Materia Medica and remedy differentiation in different types of cases.

(VII) HOM-PG-FHPOM-07

CONCEPT OF SUPPRESSION AND MIASMS

- Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management (ORG)
- Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and ML Dhawale (ORG)
- Use of Miasm in classifying and understanding the evolution of different remedies(HMM)
- Utilising the knowledge of indications of anti-miasmatic remedies .
- Role of miasm as a fundamental cause and `its influence on the expressions in disease and remedies ie. through the Miasmatic expressions of Psora, Sycosis, Tubercular and Syphilis. (HMM)
- Rubrics of suppression from different repertories (REP)
- Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP)

(VIII) HOM-PG-FHPOM-08

CONCEPT OF TOTALITY

- Process of constructing acute, chronic and inter current totalities. (ORG)
- Mastering the concept of classification and evaluation of symptoms (REP)
- Selecting the suitable approach and constructing reportorial totality as per Kent, Boenninghausen and Boger. (REP)
- Understanding the process of reportorial and non-reportorial approach and how to select one (REP)
- Solving the case with the help of available homoeopathic softwares. (REP)
- Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note. (REP)
- Differentiation of similar remedies in acute and chronic cases by refereeing to the source books, commentaries and clinical Materia medica. (HMM)

- Building up totalities of different remedies through source books and other commentaries. (HMM)

(IX) HOM-PG-FHPOM-09

CONCEPT OF SIMILAR AND SIMILIMUM

- Understanding single, simple, minimum substance as Similimum following from the Law of Similars. (ORG)
- Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.(HMM)
- Understanding remedy relationships - complementary, inimical, antidote, follows well, similar with examples. (HMM)
- Learning the concept of concordances as evolved by Boennninghausen and its utility in practice. (REP)

(X) HOM-PG-FHPOM-10

CONCEPT OF THERAPEUTIC MANAGEMENT

A. Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription. (ORG)
B. Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG)
C. Study of therapeutics and study of different Materia Medica with respect to various clinical conditions.
D. Remedy relationship in determining the second prescription. (HMM)
E. Patient education and orientation about disease. (ORG)
F. Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease.(ORG)

VI. TOPIC DESCRIPTION

NOTE:

Some topic contents in the templates are displayed here for guidelines only . Rest of the content shall be prepared by the institute for their implementation and documentation at their end.

Topic Overview	This Topic will provide students of MD Hom (Practice Of Medicine) with an overview of the significance of study of fundamentals of homoeopathy with the integrated knowledge of Homoeopathic Philosophy, Materia Medica and Repertory in various clinical stages of different clinical conditions in practice to produce evidence based results.
Learning Outcomes	**HOM-PG-FHPOM-01** **COMPETENCY 1: HAHNEMANNIAN CONCEPT OF MAN, HEALTH, DISEASE** **KNOWLEDGE OF :-** • Concept of Health, disease and causation. • Concept of health by WHO • Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger and its influence on their writing of Repertory and HMM. • Evolution of disease: Predisposition-disposition-diathesis-disease

	• Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BBCR) representation of above concepts in the repertories. • Science and philosophy of HMM **SKILLS** • Elicit the causation of disease in a given case • Demonstrate utility of causation in management of cases • Demonstrate application of Repertory and HMM from causative perspective **REFLECTION** • Relate the evolution of disease with understanding of predisposition , disposition and diathesis in a given case. • Reason out the utility of Repertory and HMM for selection of remedy in clinical practice.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment.

	• Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-02** **COMPETENCY 2 : CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE** **KNOWLEDGE OF –** • Concept of vital force in maintaining health and in genesis of disease • Concepts of recovery and cure and the essential difference between the two. (ORG) • Concept of pseudo chronic diseases. (ORG) • Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG) • Role of miasm in causing and maintaining disease and addressing the same to ensure cure.(ORG) • Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)

	SKILLS • Demonstrate logically the difference between recovery and cure. • Indentify the obstacles to cure in a given case. **REFLECTION** • Relating the vital force concept with health and disease. • Illustrate how to remove the obstacles to cure in a given case. • Relate the miasmatic understanding in maintaining the chronic disease.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed texts	**As per list**

Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-03** **COMPETENCY 3: CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE** **KNOWLEDGE OF-** • Mission and knowledge of physician (ORG) • Drug proving (ORG, HMM) • Process of recording and system of recording artificial and natural diseases (ORG) • Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM) • Art of creating portrait of polychrest remedies through analysis, evaluation and construction of totality at level of mind, physical general and particulars (HMM). **SKILLS** • Implement knowledge of physician in clinical practice in all the types of clinical settings. • Construct the portrait of artificial and natural disease and their matching. • Classify the data from artificial and natural disease through analysis and evaluation. **REFLECTION** • Relate the knowledge of physician in the clinical practice. • Illustrate the portrait of remedy in a given case.
Competency Based	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped

Learning Methods	learning , roleplay. • Individual – based learning methods –Self regulated learning, reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-04** **COMPETENCY 4 : CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING** **KNOWLEDGE OF :-** • The guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG) • Discuss the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in

	detail. (ORG) • Utilising the concept of unprejudiced in perceiving the patient and constructing totality for correct prescribing. (ORG) **SKILLS** • Exhibit the skill of perceiving the patient and constructing totality through unprejudiced observation in patient **REFLECTION** • Relate the role of prejudices in perceiving and constructing totality. • Contextualizing the knowledge of case taking and unprejudiced observation in construction of totality.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-05** **COMPETENCY 5:- CONCEPT OF SYMPTOMATOLOGY** **KNOWLEDGE OF :-** • Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG) • Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory) • Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep) • Understanding the concept of classification of symptoms and its utility in the study of HMM • Understanding the concept of generalisation vs individualisation and its utility in generalising the individual drug symptom into Group symptoms and deriving group characteristics (HMM) • Study of Materia Medica with the help of concept of generalisation. (HMM). • Study of group remedies based on above concept (HMM).

	SKILLS • Construct the totality by using concept of generalization and individualization • Construct the totality of symptoms of a group remedy through generalization. **REFLECTION** • Relate the application of study of group remedies in clinical practice • Reason out the process of generalization and individualization in totality formation • Contextualize the value of symptom in matching with HMM and referring to repertory.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.

Prescribed texts	• As per list
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-06** **COMPETENCY 6 :- CONCEPT SUSCEPTIBILITY, ACUTE AND CHRONIC DISEASE** **KNOWLEDGE OF :-** • Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, mental, and periodic illnesses and its application in practice. (ORG) • Application of the knowledge of classification of diseases as given by Hahnemann and its role in defining the scope and limitations by demonstrating its application in different types of cases. (ORG) • Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g. Boericke's Repertory, Phatak's repertory with examples. (REP) • Clinical Materia Medica and remedial differentiation in different types of cases . **SKILLS** • Apply susceptibility concept in management of cases in clinical practice.

	• Demonstrate the disease classification as per Hannenmann in a given case • Document scope and limitations as per classification of diseases in the light of clinical medicine. **REFLECTION** • Relate the role of susceptibility in homoeopathic practice • Illustrate the utility of regional repertory in clinical practice
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning, roleplay. • Individual – based learning methods –Self regulated learning, reflective learning, portfolio-based, library based e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**COMPETENCY: HOM-PG-FHPOM-07** **COMPETENCY 7: CONCEPT OF SUPPRESSION AND MIASM** **KNOWLEDGE OF –** • Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management (ORG) • Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and ML Dhawale (ORG) • Use of Miasm in classifying and understanding the evolution of different remedies(HMM) • Utilising the indications of anti-miasmatic remedies as per list. • Role of miasm as a fundamental cause and `its influence in the expressions in disease and remedies through the Miasmatic expression of Psora, Sycosis, Tubercular and Syphilis. (HMM) • Rubrics of suppression from different repertories (REP) • Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP) **SKILLS** • Identify the suppression in clinical cases • Derive miasmatic understanding in acute and chronic disease • Choose anti-miasmatic remedy prescribing in clinical cases. • Illustrate miasmatic symptoms in a given case.

	REFLECTION • Relate the evolution of disease with miasm in clinical practice. • Review the concept of suppression and relate it through the study of repertory and Materia Medica.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning	**HOM-PG-FHPOM-08**

Outcomes	**COMPETENCY 8 :** CONCEPT OF TOTALITY **KNOWLEDGE OF-** • Process of constructing acute, chronic and inter current totalities. (ORG) • Mastering the concept of classification and evaluation of symptoms (REP) • Selecting the suitable approach and constructing reportorial totality as per Kent, Boenninghausen and Boger. (REP) • Understanding the process of reportorial and non-reportorial approach and how to select one (REP) • Solving the case with the help of available homoeopathic softwares. (REP) • Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note. (REP) • Differentiation of similar remedies in acute and chronic cases by reference to source books, commentaries and clinical Materia Medica. (HMM) • Building up totalities of different remedies through source books and other commentaries from the list. (HMM) **SKILLS** • Construct acute, chronic and inter current totality • Construct reportorial totality • Solving the case with suitable software • Perform differentiation of remedies using different HMM viz source book, commentaries , clinical Materia Medica and key notes

	REFLECTION • Justify the construction of totality in a given case. • Reason out the basis for different approaches and references to repertory • Establish the role of various Materia Medica based on totality of cases.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • SAQ.
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-09** **COMPETENCY 9: CONCEPT OF SIMILAR AND SIMILIMUM**

	KNOWLEDGE OF - • Understanding single, simple, minimum substance as Similimum following from the Law of Similars.(ORG) • Learning the concept of concordances as evolved by Boennninghausen and its utility in practice. (REP) • Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.(HMM) • Understanding remedy relationships - complementary, inimical, antidotal, follows well, similar with examples. (HMM) **SKILLS** • Apply fundamental laws of Homoeopathy in practice • Apply the remedy relationship in clinical practice **REFLECTION** • Review the fundamental laws of homoeopathy observed in clinical cases • Relate the remedy relationship through case studies and correlate with concordance in Repertory
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-

	assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce. • • SAQ
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Learning Outcomes	**HOM-PG-FHPOM-10** **COMPETENCY 10 : CONCEPT OF THERAPEUTIC MANAGEMENT** **KNOWLEDGE OF –** • Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription. (ORG) • Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG) • Remedy relationship in determining the second prescription. (HMM) • Patient education and orientation about disease. (ORG)

	• Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease.(ORG) **SKILLS** • Select second prescription based on remedy response of Kent's observation • Perform patient education and orientation • Demonstrate the ancillary management in acute and chronic diseases **REFLECTION** • Evaluate the remedy response in clinical cases • Plan investigations with reference to current advances and its utility in judging remedy response • Planning and undertaking the ancillary management in a given case.
Competency Based Learning Methods	• Peer-based learning methods-Problem-based, case based, Brainstorming, Bedside, Word rounds, Out-patient based, Flipped learning , roleplay. • Individual – based learning methods –Self regulated learning ,reflective learning , portfolio-based, library based , e-learning , simulations, spaced repetition , deliberate practice, formative self-assessment.
Assessments	• Continuous / Programmatic assessment. • Practical assessment. • Written assessment. • Assignment, MCQ, OSCE, Bed Side Examination, DOPS (Direct Observation of Procedural Skills), Mini CEX (Clinical Evaluation Exercise) Case based assessment, simulation based assessment, spotting, Standardised Patients, Portfolio, Rubrics, Viva voce.

	• SAQ, LAQ- Descriptive, Case Scenario, Clinical application based, Problem Based Assessment.
Prescribed texts	**As per list**
Domains of competencies	**KS,PC,HO,CS,PBL**

Following examples of list of repertories besides Kent, TPB, BBCR are suggested during the course.

- Bell's diarrhoea,
- Allen's therapeutics of fevers,
- Phatak's repertory,
- Murphy's repertory
- Boericke's repertory
- Boger synoptic Key
- Borland Pneumonia

As an example the list of remedies for different aspects for study of applied Materia Medica is given here under. However this should not be taken as exclusive for the course purpose.

Clinical HMM	Drug picture	Group study	Anti-miasmatic
1. Aconite	1. Alumina	1. sodium	Bacillinum
2. Aesculus	2. Antimony crud	2. Magnesium	2. Tuberculinum
3. Aethusa	3. Apis mel	3. Calcarea	3. Thuja
4. Agaricus	4. Argentum met	4. Kali	4. Medorrhinum
5. Aloes	5. Argentum nit	8. Loginneacea	5. Psorinum
6. Ammonium carb	6. Arsenic alb	9. Solanacea	6. Sulphur
7. Anacardium	7. Aurum met	10. Compositae	7. Syphilinum
8. Antimony ars	8. Baryta carb.	11. Ophidia	

9. Antimony tart	9. Baryta mur.	12. Spider	
10. Arnica	10. Calc. carb.	13. Metals	
11. Ars iod	11. Calc. flur.	15. Acids	
12. Baptisia	12. Calc. iod.		
13. Belladona	13. Calc. phos.		
14. Bellis per	14. Calc. sulph.		
15. Berberis v.	15. Calc. sil		
16. Borax	16. Causticum		
17. Bromium	17. China		
18. Bryonia. alb.	18. Conium		
19. Cactus g.	19. Ferrum met.		
20. Calc. ars.	20. Ferrumphos.		
21. Carbo. an	21. Fluoric acid		
22. Cantharis.	22. Graph.		
23. Carb. veg.	23. Ignatia		
24. Caulophyllum	24. Iodine		
25. Chamomila	25. Kali bichrom.		
26. Chelidonium m.	26. Kali brom.		
27. China ars.	27. Kali carb.		
28. Cicuta v.	28. Kali iod.		
29. Cimicifuga	29. Kali mur.		
30. Cina	30. Kali sulph.		
31. Coca	31. Lac. can.		
32. Cocculus	32. Lachesis		
33. Coccus cacti	33. Lycopodium		
34. Collinsonia	34. Lyssin		
35. Colocynth	35. Mag. carb.		
36. Corallium rubrum	36. Mag. mur 37. Mag. phos.		
37. Crategus	38. Mag. sulph		
38. Crotalus h.	39. Medorrhinum		

39. Croton tig	40. Mercurius sol.		
40. Cup. met.	41. Naja		
41. Digitalis	42. Natrum carb.		
42. Dioscorea	43. Natrum mur.		
43. Drosera	44. Natrum phos.		
44. Dulcamara	45. Natrum sulph.		
45. Echinacia	46. Nitric acid		
46. Euphrasia	47. Nuxvom.		
47. Gelsemium	48. Opium		
48. Glonoine	49. Petroleum		
49. Hammamelis	50. Phos.		
50. Helleborus	51. Phos. ac		
51. Hepar sulph	52. Platina		
52. Hyoscyamus.	53. Psorinum		
53. Hypericum.	54. Puls.		
54. Ipecac	55. Rhus tox.		
55. Kali ars.	56. Sanicula		
56. Lactrodectus m	57. Sepia		
57. Laurocerasus	58. Silica		
58. Ledum	59. Stannum met.		
59. Lilium tig.	60. Staph		
60. Lobelia	61. Stram.		
61. Manganum	62. Sulphur		
62. Merc. dul.	63. Tarent h.		
63. Merc. iod. fl.	64. Thuja		
64. Merc. ior. r.	65.		
65. Mercurius cor.	Tuberculinumbov		
66. Mezereum	66. Verat. alb.		
67. Muriatic acid	67. Zincum		
68. Murex			
69. Nux moschata			

70. Phytolacca 71. Plumbum 72. Podophyllum 73. Pyrogen 74. Ranunculus bulb 75. Ratanhia 76. Rheum 77. Rhododendron 78. Rumex 79. Ruta g. 80. Sabadilla 81. Sabina 82. Sambucus 83. Sanguinaria 84. Sarsaparilla 85. Secale cor. 86. Selenium 87. Senega 88. Spigelia 89. Spongia 90. Sticta 91. Symphaytum 92. Tarentula. c. 93. Thlaspi bursa 94. Veratrum vir.			

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.)	**1st Term Test:** During sixth month of	During eighteenth month of

Part-I	training	training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
1)Fundamentals of Practice of Medicine	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
1) Fundamentals of Homoeopathy in Practice of Medicine	100	50		
2) Research Methodology and Biostatistics	100	50	-	-

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *Eighty per cent weightage shall be for summative assessment).

VII (2). Assessment Blueprint – Theory *(Benchmarked by the module-wise distribution.)*

VII (2a). Distribution of Courses for Theory-Based Assessment.

Types of Questions with Marks

Types of question	**No. of questions to be asked**	**Marks per question**	**Total**
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

Part 1 – Paper 2. Topic Numbers

Hom-PG-FHPOM-01 - Hahnemannian Concept of man, Health, Disease

Hom-PG-FHPOM-02 - Concept of Dynamism, Recovery and Cure and Obstacles to Cure

Hom-PG-FHPOM -03 - Concept of Artificial Disease and Portrait of Disease

Hom-PG-FHPOM-04 - Concept of Unprejudiced observation and Case taking

Hom-PG-FHPOM-05 - Concept of Symptomatology

Hom-PG-FHPOM-06 - Concept of Susceptibility and Acute and Chronic Disease

Hom-PG-FHPOM-07 - Concept of Suppression, Miasm and vaccinations in paediatrics

Hom-PG-FHPOM-08 - Concept of Totality

Hom-PG-FHPOM-09 - Concept of Similar and Simillimum

Hom-PG-FHPOM-10 - Concept of Therapeutic management

VII (2B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom-PG-FHPOM-–/**10**	20
2	LAQ	Hom-PG-FHPOM–**07**	10
3	LAQ	Hom-PG-FHPOM–**04**	10
4	LAQ	Hom-PG-FHPOM–**03**	10
5	LAQ	Hom-PG-FHPOM–**05**	10
6	SAQ	Hom-PG-FHPOM–**01**	5
7	SAQ	Hom-PG-FHPOM–**02**	5
8	SAQ	Hom-PG-FHPOM–**06**	5
9	SAQ	Hom-PG-FHPOM–**06**	5
10	SAQ	Hom-PG-FHPOM–**08**	5
11	SAQ	Hom-PG-FHPOM–**09**	5
12	SAQ	Hom-PG-FHPOM–**08**	5
13	SAQ	Hom-PG-FHPOM–**03**	5

VII (3). Assessment Blueprint –Practical / Viva.

VII (3a). Clinical examination: A Common Practical/viva for Part I Paper 1 and 2.

VIII. List of Reference Books (As per APA Format).

List of Recommended Reference Books – along with standard text books of Practice of medicine and repertory:

- Allen J.H, 1998, Diseases of therapeutics of the skin, B.Jain Publishers, New Delhi.

- Blackkow,R.S,1983,Macbride's Clinical Signs and symptoms,Lippincott,6th Ed.
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- Choudhuri,N.M,2001,A Study on Materia Medica, B.JainPublishers,New Delhi.
- Clarke,J.H,2006,A Dictionary of Practical Materia Medica Vol 1 to Vol 3,IBPP,New Delhi.
- Close, S, 2005, The Genius of Homoeopathy Lectures And Essays on Homoeopathic Philosophy With Word Index, B.Jain Publishers Pvt.Ltd, USA, 2nd Ed.
- Dahlke,Rand Dethlefsen,T,2002 Healing Power of illness,Vega.
- Dhawale, M.L, 1994, Principles and Practice of Homoeoapthy: Homoeopathic Philosophy andRepertorization, B.JainPublishers,New Delhi.
- Hahnemann, S, 2002, Organon of medicine B.Jain Publishers, New Delhi, 6th Ed.
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- Hering,C,1984,The Guiding Symptoms of Homoeopathic Materia Medica Vol 1 to vol 10, B.JainPublishers,New Delhi.
- Kent,J.T,2002,Lectures on Homoeopathic Materia Medica, B.JainPublishers,New Delhi.
- Kent,J.T,2002,Lectures on Homoeopathic Philosophy, B.Jain Publishers, USA.
- **Loscalzo, J.Kasper,D.L.,Longo,D,L.,Fauci,A.S, Hauser,S.L.andJameson,J.L. 1958 Harrison's, Principles and Practice of Medicine Mc Graw Hill, New York, 21st Ed.**
- Morgan,C.T,King,R.A,Weisz,J.Rand Schopler,J,1986,Introduction to Psychology, McGraw Hill Education (India) Private Limited,7th Ed.
- Phatak,S.R,1999,Materia Medica of Homoeopathic Medicines, B.Jain Publishers,USA,2nd Ed.
- Robbins and Cotran,2014,Pathologic Basic of Diseases,Vol 1 and Vol 2,Elsevier Pub,New Delhi.

- Robert H.A, 2002, The Principles and Art of Cure by Homoeopathy: A Modern Textbook, B.Jain Publishers Pvt.Ltd, USA.
- Tortora,G.J,1996,Principles of Anatomy And Physiology, Harper Collins College Publishers,New York,8th Ed.
- Tyler,M.L,1992,Homoeopathic Drug Pictures, B.Jain Publishers, New Delhi.

IX. List of contributors:

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Professor & Principal Sharada Krishna Homeopathic Medical College

Competency Based Dynamic Curriculum

for

MD (Homoeopathy) Course

(Applicable from Batch 2024-2025 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri,

New Delhi-110 058

MD HOMOEOPATHY COURSE DOCUMENT

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SECTION II: GAZETTED REGULATIONS OF MD HOMOEOPATHY COURSE.

SECTION III: COURSE-WISE SYLLABUS DOCUMENTS.

A. General subjects (in MD Hom Part 1)

1. Fundamentals of Speciality Subject.
2. Fundamentals of Clinical Medicine in homoeopathic speciality subject /
3. Fundamentals of Homoeopathy in Clinical speciality subjects.
4. Research Methodology & Biostatistics

B. Speciality subjects (in MD Hom Part 2):

1. Homoeopathic Materia Medica.
2. Organon of medicine and Homoeopathic philosophy
3. Homoeopathic Repertory and case taking
4. Homeopathic Pharmacy.
5. Practice of Medicine.
6. Paediatrics.
7. Psychiatry.

SECTION IV: ETHICAL REFLECTIONS FOR HOMOEOPATHIC PRACTICE.

SECTION V: MONITORING LEARNING PROGRESS.

PREFACE

In recent years, the landscape of medical education has undergone a transformative shift, moving towards competency-based frameworks that focus not just on the acquisition of knowledge but on the practical application of that knowledge in real-world clinical settings. This shift is particularly pertinent to homeopathy, a system of medicine that blends deep theoretical knowledge with the art and science of individualized patient care. As the scope and complexity of healthcare continue to evolve, it is essential for homeopathic education to embrace a model that emphasizes measurable competencies, ensuring that graduates are equipped with the skills, judgment, and professionalism needed to navigate the increasingly demanding healthcare environment.

The postgraduate level of homeopathic education represents a critical phase in the development of advanced clinical skills and specialized knowledge. As practitioners progress in their education, they must not only refine their diagnostic and therapeutic techniques but also deepen their understanding of the philosophical foundations and advanced therapeutic strategies that distinguish homeopathy as a system of medicine. At this stage, students are expected to integrate their foundational knowledge with complex clinical scenarios, demonstrating the ability to treat a wide array of cases with clinical excellence and professional maturity.

This postgraduate curriculum is designed to meet these advanced learning needs by adopting a competency-based approach that focuses on the measurable outcomes essential to safe and effective practice. The integration of *Entrustable Professional Activities* (EPAs) into the curriculum provides a practical framework to assess the readiness of postgraduate students to undertake high-level clinical responsibilities. EPAs are designed to identify specific, observable tasks—such as conducting comprehensive patient interviews, formulating personalized treatment plans, and assessing treatment progress—that, when performed successfully, indicate that the student is ready for independent, unsupervised practice.

Postgraduate students in homeopathy will be challenged to further hone their clinical reasoning, patient communication skills, and ability to integrate homeopathic principles with the wider medical context. Unlike the undergraduate stage, where foundational knowledge and basic clinical skills are developed, postgraduate education emphasizes the refinement and application of these skills in more complex, real-world situations. Students are expected to develop greater autonomy in their practice, handle intricate cases with confidence, and contribute to the growing body of knowledge in homeopathy through research, critical reflection, and continuous learning.

This curriculum provides the flexibility to address the diverse needs of postgraduate students by offering personalized learning paths and opportunities for self-directed study. Through ongoing formative assessments, direct observation, and feedback from mentors and patients, students will be guided in their development, ensuring that their clinical competencies are refined to a high standard of professional excellence. Importantly, the emphasis on continuous reflection and feedback ensures that students are not just passive recipients of knowledge but active participants in their own learning journey.

At the postgraduate level, the goal is not simply to produce knowledgeable practitioners but to cultivate homeopaths who are well-prepared to lead and innovate within the profession. These practitioners will be equipped to handle a variety of complex cases, offer integrative care, and navigate the evolving landscape of modern healthcare. By aligning the curriculum with contemporary expectations and global standards for medical education, we aim to produce homeopathic practitioners who are capable of delivering high-quality, patient-centred care while contributing meaningfully to the ongoing development and integration of homeopathy within the broader medical community.

Through this advanced, competency-based approach to postgraduate homeopathic education, we aspire to produce practitioners who are not only proficient in their technical skills but also embody the values of professionalism, ethical practice, and lifelong learning—ensuring the continued evolution and relevance of homeopathy in the 21st century.

(Dr. Tarkeshwar Jain)
President
Homoeopathy Education Board

FOREWORD

The New Education Policy (NEP) 2020 emphasizes a shift in the educational paradigm, focusing on developing critical thinking, creativity, and adaptability rather than rote memorization. This change is crucial in responding to the evolving new trends in education and health care, where learning how to learn is paramount.

Aligned with the NEP, the National Commission for Homoeopathy aims to enhance access to quality medical education, ensuring a robust supply of skilled homoeopathic professionals across the Country. The transition from traditional teaching methods to a competency-based, application-focused approach is essential, especially in medical training, which must prioritize preventive healthcare and community medicine.

The rapidly evolving landscape of healthcare demands that our medical professionals are not only well – versed in theoretical knowledge but also adopt in critical thinking, problem-solving, and innovative practices. This curriculum reflects our commitment to fostering these essential skills, ensuring that our post graduates are not just competent practitioners but also lifelong learners who can adapt to the changing needs of society.

The newly introduced post graduate curriculum for Homoeopathy education is designed to be dynamic and competency based. Its key features include:

- A foundational program to help students acclimatize to their studies.
- Common mandatory coursework for all Post graduate students.
- EPA's (Entrustable Professional Activities) is introduced to ensure the quality of training and assessment for safe healthcare activities.
- Resources for trainers to enhance learning activities.
- Supportive materials for learners to aid in instructor-led sessions and future applications.
- Guidance for understanding and completing assessments.
- Resources for self-directed learning.

Each chapter of this document is straightforward and actionable, aimed at fostering meaningful discussions and initiatives. It is hoped that educators and leaders will find this document valuable in transforming the educational landscape of homoeopathy into a more innovative and engaging model.

(Dr. Anil Khurana)
Chairperson
National Commission for Homoeopathy

ACKNOWLEDGEMENT

The formulation of the Competency-Based Dynamic Curriculum (CBDC) for Homoeopathy has been a monumental effort, made possible by the vision, leadership, and unwavering support of several distinguished individuals.

First and foremost, we extend our sincere gratitude to the **Honourable Prime Minister, Shri Narendra Modiji,** whose visionary leadership through the National Education Policy 2020 has fostered a transformative shift from knowledge-centric to competency-based education, guiding the future of our youth.

We are also deeply grateful to the **Hon'ble Minister of State for Ministry of Ayush (Independent charge), Shri. Jadhav Prataprao Ganpatrao ji,** for his proactive steps in implementing the National Education Policy within the AYUSH sector. His commitment to enhancing education in this field has been invaluable.

A special acknowledgment is due to **Secretary, Ministry of Ayush, Vaidya Shri Rajesh Kotecha ji,** whose persistent emphasis on the urgency of this reform, coupled with his direction and resource support, has enabled the transition to a Competency-Based Curriculum in Homoeopathy.

The Chairperson of the National Commission for Homoeopathy (NCH), **Dr. Anil Khurana ji,** has provided continuous monitoring and encouragement, ensuring that the steps taken in formulating and implementing the CBDC are both organized and effective. We are also thankful to all the esteemed Presidents and members of the Boards, Secretary NCH and members of the NCH, whose valuable suggestions contributed significantly to the final draft of the PG CBDC.

The **Advisory Council of the NCH** has been a strong pillar of support for the progressive changes being introduced in the Homoeopathy sector. Their guidance has been essential in the development of this curriculum.

We would like to express our gratitude to **Dr. Tarkeshwar Jain, President, Homoeopathy Education Board,** for his keen oversight of the various committees tasked with formulating the CBDC for the MD (Hom.) course. His leadership has been instrumental in ensuring that timelines and objectives were met.

We are also deeply appreciating all the subject expert after undergoing training in medical education technology, worked diligently to draft the curriculum for their respective subjects in record time.

We owe a great debt of gratitude to the CBDC core committee members, **Dr. Munir Ahmed R and Dr. Bipin Jain,** for their tireless contributions in shaping the framework of the curriculum. Their selfless dedication and countless hours of work ensured the success of this endeavour.

Additionally, our thanks go to **Dr. Vanija Sharma** for her valuable contributions to the final shaping of this document and mapping with the PG regulation.

Our sincere thanks to Dr. Sakshi Mehrotra & Dr. Rupali, former consultant for her technical and editorial assistance in refining this document, as well as to Mr. Sandeep Thakur, and the entire Homoeopathy Education Board team for their dedicated efforts in meeting every deadline throughout the process.

(Dr. Mangesh Jatkar)
Member,
Homoeopathy Education Board

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Sl. No.	Name of Subject Expert	Designation	Institute Name	Subject
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2	**Dr. Swapan Paul**	Asso. Professor	National Institute of Homoeopathy, Kolkata	
3	**Dr. George Mathew**	Professor	Nehru Homeopathic Medical College, Delhi	
4	**Dr. Heena Rawal**	Professor & Principal	Ahmedabad Homoeopathic Medical College	**Organon/ Homoeopathy Philosophy**
5	**Dr. Bipin Jethani**	Professor	Nehru Homeopathic Medical College, Delhi	
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8	**Dr. Abhishek Dalmia**	Professor	Homoeopathy University, Jaipur Rajasthan	
9	**Dr. Maneesha V Solanki**	Professor & Principal	D.S. Homeopathic Medical College, Pune	**Practice of Medicine**
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11	**Dr. N. Sugathan**	Professor & Principal	Sharada Krishna Homeopathic Medical College	
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24	**Dr. Subhranil Saha**	Assistant Prof.	D.N.De Homoeopathic Medical college, Kolkata	

PREAMBLE

THE PURPOSE :

The National Commission for Homoeopathy (NCH), New Delhi, which is mandated by an Act of Parliament to state the quality standards for homoeopathic education across the country, and to monitor and evaluate their implementation has undertaken major revisions in the educational regulations in the past year.

The Homoeopathic Educational Board (HEB) is mandated by the NCH Act 26 (b) to "develop a competency based dynamic curriculum for Homoeopathy at all levels in accordance with the regulations made under this Act, in such manner that it develops appropriate skill, knowledge, attitude, values and ethics among the graduates, postgraduate and super-specialty students and enables them to provide healthcare, to impart medical education and to conduct medical research".

As part of this mandate, Homoeopathy education board has devised a new curriculum to ensure that the student who completes the homoeopathic post-graduate Course grows into a specialty homoeopathic professional who is informed and can be trusted to perform with competency and deliver services as required for addressing the healthcare needs of the society and individuals. The post-graduate Course is designed and developed on the strict philosophical platform of homoeopathic science and with an inclusivity of clinical, social, psychological and ethical principles of healthcare practices, to deliver results in all aspects of health, viz. preventive promotive, curative and rehabilitative.

Postgraduate studies in homeopathic medical education assume importance to prepare the homoeopathic professionals for advanced level of thinking, reasoning, decision-making as applied to the various specialty disciplines in the practice of homoeopathy. The post-graduation experience empowers the learners to develop competencies that are consistent with the global benchmarks of healthcare services. This phase of training inspires the learners to progress and performs as consistently reliable professionals on the stated yardsticks of Course outcomes.

In the absence of a comprehensive guidance from homoeopathic academic antecedents, it is considered to draw from the recommendations of World Federation of Medical Education (WFME, 2023), the reasoning for post-graduation in medical related domain. The WFME recommends postgraduate curriculum as a managerial, ideological, and planning document that should among others, promote and define appropriate outcomes of postgraduate medical education that will have an impact on the health of patients and communities, advise the teacher and supervisor what to do to deliver the content, and support the postgraduate doctor in their task of personal and professional development, enable the responsible body to set appropriate assessments of the postgraduate doctor's achievements and implement relevant evaluations of the postgraduate medical education provision, and inform society how the Course is executing its responsibility to produce the next generation of specialised doctors appropriately .

Drawing inspiration from the globally accepted standards for post-graduate medical education, the aggregate experience and evidences of conducting postgraduate studies for almost three decades, and also embracing the emerging evidences in the domain of health professionals' education to design a futuristic and user-friendly interphase of curriculum model, the National Commission for Homoeopathy, New Delhi has sculpted contemporary paradigm of curriculum, by explicitly stating the Entrustable Professional Activities (EPAs) that are epitome of a comprehensive homeopathic specialty professional.

The essential intent of postgraduate studies in health professionals' education, and by extension into homoeopathic education is three fold – to develop competent clinicians, groom conscientious researchers, and to cultivate teachers. With this as the driving purpose, the

curriculum of MD Homoeopathy has been carefully designed to include elements of learning and assessment that support and promote the acquisition of these qualities by the end of the Course.

Since the homoeopathic post-graduation is a clinically aligned discipline, it is imperative to develop the clinical acumen and skills for homoeopathy-based healthcare practices. As there is a need for generating and validating objective evidences to support the homoeopathic clinical decisions, it is imperative to groom the post-graduates for a mindset and skillset of research that is germane for the nature of homoeopathic ideology. Further, as there is a compelling need for expanding the horizons of homoeopathic academics, and to scale the reach of homoeopathic education, there is an obligation to qualify the post-graduates also in the realm of educational methodology.

With these in the background, the Entrustable Professional Activities of MD Homoeopathy Course have been carefully devised to develop a comprehensive homeopathic clinical professional who is also a conscientious researcher, and responsible teacher.

The thrust on research is also made imperative by the mandate of National Health Research Policy that says that the medical education system needs to develop a research culture. However, the idea and process of research has to conform with the homoeopathic principles, and at the same time, be relevant for societal benefit. To support the development of research temperament, and the requisite knowledge, ethics, and skills in a separate paper to be studied and assessed in the Part 1 of MD Homoeopathy course. The Journal Club discussions provide a fertile ground for nurturing practical and ethical dimensions of research skills.

The provision for cultivating skills of communication and teaching are built into the various formal and informal encounters that the post-graduate makes with the undergraduates, internees, and of course the patients and their attendants. This skill is further reinforced by the checklist and rating scales for assessing teaching and communication abilities as a continuing learning and assessment activity.

For the purpose of achieving a new paradigm of homeopathic specialty professional, the NCH has already laid a solid foundation by making the undergraduate homeopathy education as a Competency-Based Dynamic Curriculum (CBDC). The elaborate exercise that was conducted both as prelude to the curriculum design, and as part of the curriculum design have shifted the aptitude and emphasis of homeopathic academics to a new direction of outcomes-based learning model. Segueing this trend into the post-graduate curriculum, attempt is made to conflate the concepts and diligence so as to create an academic document that would advance the learning from basic homoeopathic professional at the end of undergraduate Course, to a specialty homoeopathic professional, by the end of post-graduate course.

THE PROCESS :

Curriculum is the overarching course document that provides all the answers to how the course is structured and shall be implemented, what are the responsibilities and accentualities of the various stakeholders such as the apex body, university, institution, teachers, and students. Therefore, transparency in the articulation of curriculum's purpose and outcomes is a key feature for its success. In this background, there have been innumerable attempts to design a functional document that serves the purpose.

Recent history is witness to Flexner's Report that set-in motion an organised attempt for curriculum design in medical education. Though one of the drivers for Flexner's committee was an animosity for homoeopathy by the then medical establishment, even the early homoeopathic curriculum documents were patterned after his recommendations. Gradually, as the wisdom of

precision medicine and personalisation of healthcare started gaining ground, Harden proposed a SPICES model, which is a harbinger for competency and outcomes-based medical education.

As the ball set rolling, the collective efforts of national bodies such as Royal College of Physicians and Surgeons of Canada, and Accreditation Council for Graduate Medical Education of the United States, and Universities such as Case Western, McMaster, and Maastricht among other resulted in the gradual adaption of Competency Based Education, and now, the movement for Entrustable Professional Activities (EPAs).

The recent efforts by the Homoeopathy education board, National Commission for Homoeopathy, New Delhi for recasting the undergraduate curriculum as competency-based model was a courageous and successful effort. One of the key differentiators of the NCH attempt was the inclusion of faculty orientation that HEB conducted across the country. With such a commitment, the Commission took up the onerous task of redesigning the postgraduate courses on competency-based platform. This was an historic opportunity for homeopathy education to adapt the latest global model of EPAs, and design the curriculum on the new paradigm.

For achieving this, the subject-matter experts stretched an extra inch to gain insights into the principles of educational methodology as applied to homeopathic education, and related these principles to the designing of post-graduate curriculum.

These concepts were discussed in a workshop format during the two-days of interactions that enabled them to design the competency-based curriculum that is benchmarked on Entrustable Professional Activities. As a pre-workshop activity they were introduced to readings on need for faculty training in educational methodology, and components of curriculum, that is, stating learning objectives, instructional activities, and assessment methods.

The Entrustable Professional Activities (EPAs) were stated as the first step, as these would form the foundations for the curriculum design. Some of the EPAs were common across all the specialties of MD Hom course, whole some were specific to the specialty.

The next step was to define the Domains of Competencies as relevant and valid for homoeopathic post-graduate professional. These were stated as six dimensions – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism. The specific indicators for these six domain competencies were also elaborated, as attached in annexure – 1.

The broad description of learning is classified under three headings – knowledge, skill, and reflection, so as to infuse clarity to outline, design and develop a performance-based model of learning and assessment for the homeopathy post graduate scholars.

Knowledge and skills are rather easy to understand; these represent the knowledge levels (lower or higher), skill is the process of performance. Reflective activity is the internal feedback that learners gain during and after the process / product of learning. This determines how strongly the learning will be anchored and the longevity of learning.

The various elements of learning are to be arranged for each topic or unit under these themes, which will help to determine the assessment parameters, and will also give clarity to learners on how they will be assessed. This exercise also helped to include the relevant and essential knowledge and skills into our syllabus and scheme of student assessment.

THE PRODUCT:

The final outcome is the curriculum document that is spread over five sections – (1) Introduction to the MD Homoeopathy Course; (2) Gazetted Regulations of MD Homoeopathy

course; (3) Speciality-wise Syllabus Documents; (4) Ethical dimensions of homoeopathic practice; and (5) Monitoring Learning Progress.

The introductory component of the document presents the Foreword to document, acknowledges the contributions by various sources, provides a preamble to the document that state the purpose of the document, explains the process that culminated in the final product, i.e., the final curriculum document. It also explains the structure of the document by describing the salient features, and concludes with a glossary of terminology that is used in the document.

The Gazetted Regulations of MD Homoeopathy are the official document as approved by the Parliament, and published in the official gazette.

Subject Speciality-wise distribution of learning outcomes, processes, and contents are elaborated for the general subjects, as well as the specialty subjects. The designing of this document follows a standard pattern as below:

1. Title of the subject / specialty
2. Executive Summary of the subject / specialty and its relevance for homeopathic postgraduate studies.
3. Course Objectives (CO) / Entrustable Professional Activities (EPA).
4. Domains of Competencies, and mapping them to the EPAs.
5. Tabulation of Semester-wise EPA distribution / Competency Attainment.
6. List of topics under each subject / specialty.
7. Outline of topics content along with statements of learning outcomes under Competencies.
8. Distribution of topics for theory-based examinations for part 1 and part 2.
9. Assessment Blueprint including Question Paper pattern, and Clinical-Based Assessment for University Examinations.
10. List of references.

The exception to this rule is the two general subjects, 'Research Methodology & Biostatistics'; and 'Fundamentals of Clinical Medicine in Homoeopathic Speciality subject / Fundamentals of Homoeopathy in Clinical speciality'. Here the EPAs are not stated because the EPAs of concerned speciality subject are overarching for these general subjects in their speciality. List of competencies however is diligently presented and elaborated in their respective syllabus.

The syllabus document has certain innovations, which merit illustration for gaining functional clarity. EPAs are similar to the COs that we have seen in the undergraduate curriculum of BHMS in the CBDC model. The singularity of EPAs is that they lend a positive assurance and confidence on the stated professional performance. The history of EPAs is seeped into the movement for Outcomes Based Education, which later transitioned as Competence Model of Education. Some EPAs are generic to the entire MD Hom Course , while some are specific to the speciality. **An example of EPAs is shown in Table –1**

Course Objectives.(Entrustable Professional Activities -EPAs)

1. Gather a homoeopathic history and perform a physical examination in various settings.
2. Obtain information for homoeopathic case management decisions through case analysis.
3. Prioritize a differential diagnosis following a clinical encounter.
4. Recommend and interpret common diagnostic screening investigations as appropriate.
5. Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management.
6. Document the homoeopathic as well as clinical data and the processing of case.
7. Apply appropriate homeopathic tools for prescription and assessment of progress.

Table No. 1 – Examples of EPAs

Domains of Competencies are the dimensions that perceive a comprehensive homoeopathic professional from multiple and cross cutting angles. These are the perspectives that assert thematic professional strands that get woven to strengthen the fabric of professional performance. The six domains of competence that are identified for homeopathic practice are – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism.

The domains of competencies shall be differentiated from the performance competencies in the syllabus. The performance competencies describe the level of capability for a particular performance. These are mapped on the Miller's Pyramid, and illustrate the incremental degrees of competency acquisition.

The EPAs are mapped for their relevance to the Domains of Competencies in a tabular form as shown in Table – 2.:

Mapping of EPAs & Domain Competencies

Sr. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Gather a homoeopathic history and perform a physical examination.	√	√	√	√	√	√
2	Obtain information for homoeopathic case management decisions through case analysis.	√	-	√	√	√	-
3	Prioritize a differential diagnosis following a clinical encounter	√	√	√		√	
4	Recommend and interpret common diagnostic screening investigations as appropriate.	√	√	-	-	-	-
5	Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management	√	-	√	-	√	-

KS : Knowledge & Scholarship
PC : Patient care
HO : Homoeopathic Orientation
CS : Communication skills
PBL : Practice based learning
Prf : Professionalism

Table No. 2-Mapping of EPAs and Domain Competencies

The EPAs are distributed over the longitudinal learning stages in the incremental nature of their attainment, as shown in Table – 3:

EPA Level:

1 = No permission to act
2 = Permission to act with direct, proactive supervision present in the room
3 = Permission to act with indirect supervision, not present but quickly available if needed
4 = Permission to act under distant supervision not directly available (unsupervised)
5 = Permission to provide supervision to junior trainees

EPAs	Part 1			Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Gather a homoeopathic history and perform a physical examination	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge, skill and attitude

Table No. 3- Levels of EPAs distributed over Semesters

The list of topics is provided as per Table – 4:

List of Topics

- **Hom-PG- R** - 01Concept of repertory in Homoeopathy
- **Hom-PG- R** - 02 Historical evolution of Repertories
- **Hom-PG- R** - 03 Terminologies
- **Hom-PG- R** - 04 Symptomatology
- **Hom-PG- R** - 05 Case taking in various settings and situations.
- **Hom-PG- R** - 06 Analysis and evaluation of symptoms
- **Hom-PG- R** - 07 Case analysis
- **Hom-PG- R** - 08 Repertorisation
- **Hom-PG- R** - 09 Evolution – Plan – Construction – Application of Philosophical repertories

Table No. 4- List of Topics

Topic overview for the distribution of contents under knowledge, skill, and reflection is provided as Table – 5.

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of repertory as credible database for shortlisting prescription possibilities.
Learning Outcomes:	**Competency Hom-PG- R – 01-1: Explain the position of repertory as a database of symptoms.** Knowledge Recall the felt need for repertory by the early stalwarts of homeopathy. Discuss the efforts of Boenninghausen for a granular indexing symptom-remedy connect. Illustrate the relationship of repertory with materia medica. Skill Search the relevant data to seek basis of creation of repertory. Reflection Recall the experience with referencing the reportorial result with materia medica before confirming the prescription. **Competency Hom-PG- R – 01-2: Justify the necessity for repertory in homeopathic practice.** Knowledge Describe repertory as a clinical decision tool. State the taxonomy of evidence for clinical decision. Discuss importance of evidence-supported decision in clinical practice. Skill To logically demonstrate the need of repertory Reflection Identify the critical incidents that supported your prescription decision to be unbiased.
Learning Methods	• Brain storming / e-learning / library based / self-regulated.
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment / SAQ / LAQ / Viva / Assignment
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Table No.5- Content distribution for competencies

It is suggested that the teachers and students organise the syllabus to map the competency with the domain of competency, the performance-competency, level of performance as per Miller, the specific learning outcome, categorisation as per Bloom's Taxonomy and Guilbert's levels, Learning Methods, probable assessment approach for formative and summative, areas for reflection, and possible remediation to the stated and achieved outcomes gap. Such an exercise with the background understanding of principles of educational methodology would harmonise the mutual agreement on learning and assessment into the academic practices.

Individual methods	Self-regulated, reflective, portfolio-based, library-reference-based, e-learning, simulations, spaced repetition, deliberate practice, formative self-assessment.
Peer-based methods	Problem-based, case-based, journal club, seminar, symposium, group discussion, project, workshop, brainstorming, bed-side, ward rounds, out-patient based, lab-based, community postings, roleplay, flipped learning, Jigsaw method.

Chart 1: Classification of learning methods for PG level CBDC

The topics are distributed for the theory-based university examinations, so as to have clarity of assessment blueprint, as shown in Table – 6.

Content Distribution - Part I Paper I

Clinical Examination, Functional anatomy, physiology, investigations and cardinal manifestations of system under general medicine, pediatrics, psychiatry and dermatology, laboratory investigations, Evidence based medicine, application of Homoeopathic concepts with miasmatic evolution and applied Materia Medica

Sr. No	Content	Marks Allotted	Percentage (%)
1	Cardiovascular System	10/5+5	10%
2	Respiratory System	10/5+5	10%
3	Alimentary tract and pancreatic diseases & Kidney and genitourinary diseases	10/5+5	10%
4	Muskuloskeletal Disorder & Skin Disease	10/5+5	10%
5	Reproductive system and major manifestation of reproductive disease & Endocrine System and manifestation of endocrine disease	10/5+5	10%
6	Blood disorders & Pain & Fever-types, febrile patient evaluation, Pyrexia of Unknown Origin	10/5+5	10%
7	Nervous system and major manifestation of neurological disorder & Psychiatric Disorder	10/5+5	10%
8	Homoeopathic Approach and Applied Materia Medica	10+10+5+5	30%
Total		100	100%

Table-6: Theory Assessment Blueprint

Question Paper Pattern as per Table – 7a, and Clinical and Viva Assessment blueprint as per Table – 7b are illustrated with an example:

Theory Question Paper Pattern

Q. No	Marks	Content
1	20	Problem Based
2	10	LAQ
3	10	LAQ
4	10	LAQ
5	10	LAQ
6 -13	5	SAQ

Table No. 7a- QP Pattern

Clinical and Viva-voce Examination

Clinical		
1	Internal Assesment	20 Marks
2	1 Long case	50 Marks
3	1 Short case	20 Marks
4	Log Book	5 Marks
5	Micro Teaching	5 Marks

Viva		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis / Dissertation	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
	Total	100 Marks

Table No. 7(b)-Clinical and Viva Assessment blueprint

The following list of clinical assessment tools may be considered: -

- Checklist
- Rating Scale
- Rubrics
- Direct observation of Procedure
- Mini-clinical evaluations
- OSCE
- Script Concordance
- Key feature Item
- Workplace- Based Assessments
- Multi Source Feedback

As per the Gazette notification, a common practical exam for paper I and II (100 marks practical + 100 marks viva voce) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. Eighty per cent weightage shall be for summative assessment. The Part 2 Examination also Shall have a similar scoring scheme.

Nota Bene:In case of speciality Courses of Homoeopathic Pharmacy, and Community Medicine, the Long Case shall be substituted by Major Experiment, and the Short Case shall be substituted by Minor Experiment. Rest of the components shall be common across all subject specialities.

The list of references is provided at the end of the syllabus document to add authentic literature connections for the academic Course.

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ANNEXURE – 1

DIMENSIONS OF COMPETENCIES FOR HOMEOPATHIC POST-GRADUATION

I. KNOWLEDGE AND SCHOLARSHIP

To acquire relevant and optimal levels of knowledge of the basic, clinical, and behavioural sciences, and apply these in the context of patient care.

1. Describe the normal structure and function of the human body and each of its major organ systems.
2. Recognise the altered structure and function of major organ systems that are seen in common diseases and conditions.
3. Relate the clinical, laboratory, and radiologic manifestations of common disease and conditions.
4. Correlate the behavioural, psychosocial, genetic, and cultural factors associated with the origin, progression, and treatment of common diseases and conditions.
5. Identify the epidemiological dimensions of common diseases and conditions within a defined population.

II. PATIENT CARE

To provide individualised therapeutic and individualised and community-wide preventive care for a range of conditions.

1. Gather accurate, complete, and unbiased information through history taking, physical examination, and laboratory & imaging data.
2. Interpret the symptoms and correlate them with the outcomes of physical examination, and laboratory & imaging data.
3. Prioritise the outcomes of interpretation to prepare the basis for patient care decisions.
4. Plan for the management of therapeutic care on the basis of disease state, patient individuality, and the psycho-social influencers.
5. Plan for a community-based preventive care on the basis of socio-cultural, and health belief paradigms.
6. Engage the patients, family / care givers, and the community members to empower them for therapeutic / preventive care.
7. Provide evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

III. HOMEOPATHIC ORIENTATION

To make evidence-based decisions that are anchored into the spirit of homeopathy for both individual and community care, and for therapeutic and preventive care.

1. Relate the patient's history, physical examination, and laboratory & imaging data for developing a picture of homeopathic diagnosis.
2. Position the case in Hahnemann's disease classification.
3. Identify the operating school of philosophy in the case.

4. Assess the prognostic possibilities as per Dake's hypothesis.
5. Track the progress of disease and specify its current state.
6. Select the prescription approach as materia medica-based, therapeutics-based, or repertory-based.
7. In the case of repertory-based prescription, select the appropriate repertorisation medium.
8. Identify the similimum including the potency and dosage.
9. Assess the remedy reaction as per Hering's Law or Direction of Cure, and Kent's 12 Observations.
10. Mange the case in line with principles of homeopathy.

IV. COMMUNICATION SKILLS

Shall be able to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team.

1. Practice empathic and patient-centred interviewing and communication.
2. Obtain an accurate and complete medical history considering the patient's culture, beliefs, personal preferences and level of health literacy.
3. Communicate effectively, both orally and in writing, with patients, families and members of the healthcare team / other healthcare professionals.
4. Function as a member of a healthcare team, collaborating effectively with other healthcare professionals in caring for patients.

V. PRACTICE-BASED LEARNING AND IMPROVEMENT

Develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

1. Recognize strengths, deficiencies and limitations in their knowledge and skills.
2. Articulate the goals for self-regulated learning and improvement.
3. Perform learning activities that address gaps in the knowledge, skills and / or attitudes.
4. Use information technology to optimize learning.
5. Demonstrate commitment to continuously improve knowledge, skills and/or attitudes by incorporating formative evaluation and feedback into daily practice.
6. Participate in the education of patients, families, trainees, peers and other health professionals.
7. Obtain information about individual patients, populations of patients or communities of patients to improve care.
8. Practice life-long learning skills by continually identifying, analysing and implementing new knowledge, guidelines, standards, technologies, products or services.

VI. PROFESSIONALISM.

Demonstrate a commitment to upholding professional duties guided by ethical principles.

1. Demonstrate respect for patients by using the appropriate form of address, attending to a patient's comfort, displaying appropriate attire and grooming, and honouring a patient's privacy and right to make decisions.

2. Demonstrate responsibility in actions by being punctual, managing emotions when confronted with adversity and confrontation, and recognizing personal and peer impairments.

3. Demonstrate honour and integrity by being honest about role and experience level, admitting mistakes and shortcomings, appropriately attributing sources of ideas and data, and respecting boundaries between patients, peers, and educators

4. Demonstrate reverence for human life, understanding that sympathy for suffering is a fundamental concern of the medical profession and that the needs of the patient are paramount and should govern a physician's actions.

5. Demonstrate knowledge of the principles that govern ethical decision-making and rules and regulations regarding healthcare delivery, incorporating them into clinical practice and research.

ANNEXURE – 2

GLOSSARY OF TERMS USED IN THE CURRICULUM DOCUMENT OF MD HOM

ASSESSMENT:

Assessment of learning is an important component of curriculum. This measures the performance of the students in comparison to the expected outcomes of learning. Therefore the learning outcomes must be stated and communicated clearly and objectively to all the stakeholders of education. Assessment strategy is based on the domain and the level of domain in which the outcome is to be measured. Assessment could be judgemental for the extent and quality of outcomes, when it is called 'assessment of learning', or it could also be supportive for learning, when it is called as 'assessment for learning'. There are two major approaches to assessment – formative, and summative. The tools of assessment are provided in the annexure.

BLOOM'S DOMAINS:

Bloom's Taxonomy of Educational Objectives is a tool for classifying learning under the categories of 'knowledge', 'skill', and 'attitude / value / communication', represented by the technical terms 'Cognitive', 'Psychomotor', and 'Affective' domains respectively. Each of these domains distinguish the dimension of learning in a particular area. The importance of such classification is that it offers a clear model for both teaching and students' assessment.

CASE BASED LEARNING:

Case-based learning (CBL) is a small group learning method used in medical education that uses real or simulated cases to provide context for learning. CBL uses human cases to impart relevance and aid in connecting theory to practice. The impact of CBL can reach from simple knowledge gains to changing patient care outcomes.

CBL has to be differentiated from Problem Based Learning (PBL). CBL focuses on applying existing knowledge to a specific case, while PBL focuses on constructing new knowledge from a general problem. CBL provides more structure and guidance to learners, while PBL allows more autonomy and flexibility.

COMMUNICATION SKILLS:

The ability to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team. It is important to practice empathic and patient-centred interviewing and communication, and obtain an accurate and complete medical history considering the patient's culture, beliefs, personal preferences and level of health literacy

COMPETENCY:

An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.

COMPETENCY BASED EDUCATION:

Competency-based medical education is an outcomes-based approach to the design, implementation, and evaluation of education Courses. It uses competencies or observable abilities to assess learners. It is a flexible, lifelong learning experience with knowledge and / or skills acquired and assessed throughout the process. It emphasises on developing mastery in all the learners, especially by taking teaching-learning techniques that keep students as the main focus, inclusive of formative assessment.

COURSE:

In the context of this academic document, Course is a longitudinal academic quest that culminates in the award of a qualification by the university conducting such a Course. MD Hom would qualify as Course in this context.

COURSE OUTCOMES:

Course Outcomes (COs) are what knowledge, skills and attitudes a graduate should have at the time of graduation. The Course Outcomes of professional disciplines are identified at national level by the concerned accrediting agency. In this case, it would be the National Commission of Homoeopathy which would be involved.

CURRICULUM AND SYLLABUS:

Curriculum is a set of courses and contents offered by an educational institution, while a syllabus is a descriptive list of subjects to be taught in a class. Curriculum therefore is the broader, overarching framework that outlines the educational goals and structure of an entire Course, while te syllabus is a specific document that provides detailed information about an individual course within that Course. Curriculum is the regulatory component of a Course, while syllabus is the academic aspect of the Course.

DOMAIN OF COMPETENCIES*:*

These are the statements of the complex knowledge, skills, attitudes, behaviours, and values applied to specific situations. In the context of this Course, six dimensions are recognised as relevant for the homeopathic postgraduate – (1) Knowledge & Scholarship; (2) Patient Care; (3) Homoeopathic Orientation; (4) Communication Skills; (5) Practice Based Learning and Improvement; and (6) Professionalism.

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS):

Designed by the Royal Medical College of England, Direct Observation of Procedural Skills (DOPS) is an assessment method used in medical education to assess a trainee's clinical skills. DOPS can assess all domains of learning, including cognitive, affective, and psychomotor skills. In a DOPS assessment, a trainer directly observes a trainee performing a procedure on a real patient in a real clinical setting. The trainer provides feedback to the trainee on their performance.

ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPAS):

The professional Courses are characterised by the learners acquiring skillsets that ensure performance of professional tasks at optimal levels of confidence and trust for the safety of society. These are the professional performances that are denoted by certain demonstrable attributes that the learners imbibe and internalize as reflex activities. These are the abilities of the professional that characterize the quality and level of performance. The construct of Course Objectives in the BHMS Course of CBDC are similar to the EPAs in the postgraduate Course of MD Hom.

EPA LEVELS:

The Entrustable Professional Activity that is stated is the ideal level of performance, and would require continuous and gradual acquisition of skillsets. The distribution of competency stages to reach the desired entrustable level are the incremental stages of development. Mapping these provides a clarity to both the learners and teachers / assessors on the roadmap of academic activities.

FORMATIVE ASSESSMENT:

Formative assessment is NOT judgmental, in that it does not brand the learner as 'pass' or 'fail'. The formative assessments measure the extent and quality of learning with reference to the expected learning outcomes, so that the students can be given feedback to improve on their performance. The formative assessments promote mastery learning, that is to say, each students achieves the stated level of mastery of performance because of the feedback and support. Formative assessment is also called as continuous assessment.

GUILBERT'S LEVELS:

Guilbert's Hierarchy is a tool that describes the various levels of learning that can be mapped and managed in the Bloom's domains of learning – cognitive, psychomotor, and affective. This tool also has the additional benefit to identify the appropriate teaching – learning methods / media, and also the assessment strategies.

In the 'knowledge' domain Guilbert's approach to learning proceeds from recall of facts to understanding / interpreting the different sets of data, and finally to the ability to make decisions and solve problems on the basis of the understanding / interpretation. This simple three-step process builds a sequential order of learning; it clearly brings out that decisions shall be made NOT on the basis of facts alone, but through a process of understanding and interpretation.

The 'skill' domain builds the learning from the stage of observing and imitation to gaining control over the skills and culminating in automatism of the skill. In simple terms, any skill will be learnt initially by observing its performance, and imitating the same in the sequential order. In the next phase, the learner tries to gain control over the skill initially under the supervision, and ultimately will be able to perform it independently.

Learning in the affective domain proceeds from the stage where the learner is open and receptive to the stimulus or trigger situation, responding to it in a desirable manner, and finally internalising the responses.

HOMOEOPATHIC ORIENTATION:

This is central to ensure adherence to the principles of homoeopathy in all aspects of clinical decisions, and activities. Homoeopathic orientation as a domain of competency ensures to make evidence-based decisions that are anchored into the spirit of homeopathy for both individual and community care, and for therapeutic and preventive care.

JOURNAL CLUB:

Journal club is a small group learning approach that is a standard feature of postgraduate healthcare education. The small group of postgraduates under the supervision of a mentor / guide meet to discuss published literature related to their speciality. It serves as practicum for developing the procedural and ethical skills for research methodology.

KNOWLEDGE & SCHOLARSHIP:

Acquiring relevant and optimal levels of knowledge of the basic, clinical, and behavioural sciences, is critical to the context of patient care. Recognising the normal structure and function of the human body and each of its major organ systems is imperative for understanding the altered structure and function of major organ systems that are seen in common diseases and conditions. Making connections between the patient's nosological status with the psycho-social dimensions and associating them with homoeopathic principles is the key for success as homeopathic professional. These attributes are acquired as a commitment to knowledge and scholarship of relevant fields.

MILLERS LEVELS:

Miller's Pyramid is a diagrammatic representation of the convergence of learning. It maps the pathway of learning to show a person gains the ability and competence in a series of increasingly progressive phases of learning.

The broad base of this pyramid - 'Knows' – has the ability to recall facts and ideas that form the bedrock of professional requirements. 'Knows How' is the next phase of learning, where the students gains the insight into the relationships between the various units of 'knows' and can relate them meaningfully to reach the 'knows how' capacity. These phases would largely be in the Cognitive Domain of Bloom's Taxonomy of Learning Objectives.

Learning is not just about knowing and knowing how, but also to enable that the 'know how' is put into practice. This is the third phase of Miller's Pyramid – the 'Shows How'. During this phase of learning, the student is able to demonstrate the reasoning ability that he / she has acquired in controlled or real situations. This ability also includes the psychomotor dimension of Bloom's Taxonomy. The summit of pyramid, i.e., 'Does' also includes the emotional aspect of learning in the form of values, attitudes, communication, etc, that denote the 'Affective Domain' of Bloom's Taxonomy.

The Miller's Pyramid is a valuable tool to represent the increasing levels of competencies that the students need to acquire, and also a framework to assess the level of competency that is achieved. Interestingly, the framework focuses on what the learner would be doing, rather than on what the teacher would be doing.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION:

An Objective Structured Clinical Examination (OSCE) is a performance-based exam used in medical education to assess clinical competence. Developed by Harden in the 1970s, it shifts learning priority from knowledge-based rote learning to performance-based skill and values honing. OSCE's are helpful in medical education because they allow students to practice and demonstrate clinical skills in a standardized medical scenario. Students are assessed for each step that they perform correctly and in the proper sequence. During an OSCE, students are observed and evaluated as they go through a series of simulated stations. These stations may involve history collection, physical assessment, laboratory investigation, and treatment.

In the context of practical skills, the OSPE, or Objective Structured Practical Examination can be substituted with similar satisfaction and success.

MINI-CEX:

Mini-CEX stands for Mini-Clinical Evaluation Exercise. It is a concise, validated method of assessment used by supervisors in workplace settings. In a mini-CEX, a supervisor observes a trainee during a consultation with a real patient and provides feedback to the trainee about their performance. It is one of the components or station in the larger OSCE format for teaching or assessing history taking and clinical assessment performance.

PATIENT CARE:

This is the pivotal role in any clinical situation. The purpose of this competency is to provide individualised therapeutic and individualised and community-wide preventive care for a range of conditions. It also entails providing evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

PORTFOLIO:

Portfolio is a collection of students' works that shows their efforts, progress, and achievements. Portfolios are used in medicine to study critical thinking and self-directed learning during the development from student to the professional. It is used as an assessment tool, documentation of

competence, and for revalidation purposes, and also to appraise the difficult-to-assess areas such as students' attitudes, professionalism, and teamwork.

PRACTICE BASED LEARNING AND IMPROVEMENT:

It is an educational approach that involves physicians monitoring, analysing, and improving their own practice behaviours. It also involves keeping up with advances in relevant medical disciplines, so as to develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

PROBLEM BASED LEARNING:

PBL is an innovative and challenging approach to medical education. Developed and improvised at McMaster University in Canada, this approach to learning has proved to be genuinely learner-centric, and enabling learning in a holistic manner with the entire person as the centre of learning, rather than making compartmentalised reductionism. It is an innovative model because it is a new way of using clinical material to help students learn. It's challenging because it requires the medical teacher to use facilitating and supporting skills rather than didactic, directive ones.

PBL includes the presentation of an applied problem to a small group of students who engage in discussion over several sessions. For example, a group of medical students might work through a case study involving a new patient experiencing a variety of symptoms. PBL offers medical students an opportunity to gain a comprehensive understanding of a patient's condition. Through active engagement, they collaboratively tackle real-world medical challenges and complex questions within their PBL groups

PROFESSIONALISM:

It is the blend of intellectual depth for performance, skillsets as appropriate for optimal performance, and adherence to the code of conduct. It shall demonstrate a commitment to upholding professional duties guided by ethical principles.

PROGRAMMATIC ASSESSMENT:

This is the defining feature of competency-based education. It uses multiple data points, such as assignments, participation, peer feedback, presentations, and oral exams, instead of a single exam. It uses multiple data points, such as assignments, participation, peer feedback, presentations, and oral exams, instead of a single exam. *Programmatic* assessment is a cycle of inquiry that allows Courses to regularly evaluate their goals and how well they're achieving them. It's a radical approach to assessment that was designed to address endemic problems in assessment.This includes a range of assessment approaches such as formative, summative & continues assessment.

REFLECTION:

Reflection is an important component of learning in medical education. It can help improve understanding, clinical competence, and performance. This provides an opportunity to introspect on the critical success factors or critical checkmates that hindered success. Reflection can also promote a desire for lifelong learning and ensure continual professional development.

REMEDIATION OF LEARNING:

Remediation is a learning approach that involves facilitating the students who have previously failed to learn it, to make attempts to develop the expected learning outcomes. The trigger for remediation is assessment of learning gaps, that is, the deficit between expected outcomes, and the actual outcomes by the learner. Observation and feedback are the factors that ensure remediation of learning.

PERFORMANCE COMPETENCIES:

Performance competencies are the abilities that the student is expected to acquire in a focused area of expertise, which could be a discipline-based knowledge, a skill, an attitude, or a combination of these.

SPECIFIC LEARNING OBJECTIVES / OUTCOMES:

Specific Learning Objectives / Outcomes (SLOs) describe what students should know or be able to do at the end of a learning session, that they couldn't do before. These are written and communicated in a 'low context communication style', that is to say, whoever reads the SLO would have the same understanding that the person who wrote it had. That is, there would be no communication gap.

That is the reason why the SLOs are written specifically and exclusively as units of learning in one of the domains of Bloom, and further at one of the levels of Guilbert. This will ensure that the learning that is expected is clearly communication among all those who refer to it, including those who set the assessment and evaluate the student performance. Further, the SLOs are ALWAYS written with an ACTIVE verb, so as to make the statement observable and measurable.

SUMMATIVE ASSESSMENT:

Summative assessment has the mandate to judge the achievement of the learner at the end of a period of learning, and label him / her as 'pass' or 'fail, assign a rank, approve for eligibility to be promoted or eligibility to be admitted to a course. These assessments also serve as quality check to ensure that those who are being certified conform to a minimum standard of professional competence.

TL METHOD / MEDIA:

The teaching-learning (TL) methods and media are the vehicles that enable the acquisition of stated outcomes. Teaching method is simply 'what the teacher does or what the teacher enables the students with', such as giving a lecture, conducting a demonstration, or facilitating a group discussion. Teaching-learning media is 'what the teacher or the students use' to enable the learning; with examples such as a board, or projector, or model, or specimen, among others.

Section II: Gazetted Regulations of MD Homoeopathy Course.

SECTION III: SPECIALITY-WISE SYLLABUS DOCUMENTS. (Attached Separately)

A. General subjects (in MD Hom Part 1)

1. Fundamentals of Speciality Subject.
2. Fundamentals of Clinical Medicine in homoeopathic speciality subject / Fundamentals of Homoeopathy in Clinical speciality subjects.
3. Research Methodology & Biostatistics

B. Speciality subjects (in MD Hom Part 2):

1. Homoeopathic Materia Medica.
2. Organon of Medicine and Homoeopathic philosophy.
3. Homoeopathic Repertory and case taking.
4. Homeopathic Pharmacy.
5. Practice of Medicine.
6. Paediatrics.
7. Psychiatry.

SECTION IV: ETHICAL REFLECTIONSFOR HOMOEOPATHIC PRACTICE.

Hahnemann established the entire essence of homoeopathic practice on bedrock of ethical principles and practices. The Organon of Medicine is replete with both conceptual directives, and practical archetypes of conscientious illustrations. It would however, be desirable to understand the philosophical foundations that discuss ethical aspects of healthcare practice, and relate them with the practice of homoeopathy.

The organised acceptance of ethical dimensions in healthcare could be traced to the ancient healers and philosophers such as Charaka and Hippocrates, whose oaths are cited as epitomising moral high standards for healthcare practice. The rise of ethics as code of conduct for physicians and surgeons and other healthcare practitioners anchors its lineage to Thomas Percival, whose seminal work Code of Institutes and Precepts Adapted to the Professional Conduct of Physicians and Surgeons, published in 1803. This work elaborated on professional duties and ideal behaviour relative to hospitals and other charities, and has been a harbinger of various improvisations to establish ethics as integral to healthcare practice.

The significance of ethical undertones to healthcare practice is underscored because of the quintessence of the service that surrounds matters of life and death. It therefore is inclusive of a range of elements such as trust, hope, confidentiality, competence, consent, patient rights, etc. The delicate balancing of competing emotions and dilemmas that one has to grapple on a routine basis, and perhaps making a split second decision render this aspect of professional feature all the more challenging.

Because ethics entails choosing the best option among the decisions in the given circumstance and context, a thorough foundations of the principles that guide for an informed decision is imperative. It is therefore necessary to have a thorough grasp of the ethical, legal, intellectual dimensions that are germane for the cultural ethos to make conscientious decisions.

The foundations of ethical interpretations can be ascribed to two philosophical concepts –utilitarianism / consequentialism, and deontology. These two ideologies may have competing stances and may not have notional congruence; but are united in their aspiration to provide interpretive clarity to make objective and contextual decisions that extenuates their moral predicament.

Popularised by John Stuart Mill and Jeremy Bentham, Utilitarianism or Consequentialism as a concept proposes that morality of an action is dependent absolutely on its outcomes or consequences. If the decision or action begets beneficial results, the decision is to be preferred no matter how disagreeable that action be, and if the outcomes are not perceived as beneficial, the action or decision is not preferable, however agreeable it may seem to be. In simple terms it implies that ‘ends justify the means’.

Deontology – advocated by Immanuel Kant, on the other hand, asserts that course of action is not to be determined by its outcomes or consequences, but by the virtue of action or decision itself. It argues that the correct course of action is dependent on what your duties and obligations are, and not the consequences of such action. Basing on the idea of ‘categorial imperative’ deontological decisions appeal to the moral compunctions regardless of their consequences. This ideology lays down a set of rules that are definite, and are not biased by assumption of possible consequences, and therefore avoid subjectivity. Deontology conforms to ‘duty-based ethics’.

In substantive situations, it may not be feasible to be always guided by the binaries of utilitarian or deontological arbitrations, as life is not simple, and the issues relating to health and disease tend to swaddle with multiple and complex layers. Therefore, to mitigate the dilemma of consternation, it is pragmatic to be sublimating and practically prudent, and be guided by the principles of ‘prima facie’ duties (Ross, 2022), which has at least one right-making feature. At

the same time, he also speaks of 'prima facie wrong', when there is at least one wrong making feature.

The clarity for adapting situational ethics can be guided by the moral compass of four principles – beneficence, nonmaleficence, respect for autonomy, and justice (Beauchamp & Childress, 2001). These pillars of healthcare ethics shall be understood in the backdrop of 'prima facie duties' described by Ross. The presence of at least one of these principles would qualify it as ethically right and absence of any one would make it ethically wrong. Therefore, according to Ross, an act is morally right if and only if it has the greatest balance of prima facie rightness over prima facie wrongness, which is an assertion of deontological advocacy.

The principle of 'beneficence' is to provide benefits to persons and contribute to their welfare, while the principle of 'nonmaleficence' is desisting from any act that could harm a person. These two principles are considered in unison as they form two sides of the same coin. These follow the traditional Hippocratic moral obligation of medicine is to provide net medical benefit to patients with minimal harm - that is, beneficence with non-maleficence. The appropriate training and capacity-building is foundational to ensuring that these two principles are met. The balancing of these two principles requires careful moral and intellectual undertones in each individual context, and has to be diligently customised for context considering the net benefit.

The principle of 'respect for autonomy' is to acknowledge a person's liberty to make choices, to hold views, and to take actions based on personal values and beliefs. In Kantian terms, it is treating others as ends in themselves and not means as per 'categorical imperative', and accepting that such acts would be the norms and rules. This principle brings into play the conundrum of confidentiality, informed consent, and clarity and content of communication. Making an informed decision about breaking a bad news about prognosis and the timing of such communication is a matter that may pose considerable predicament.

The principle of 'justice' is to arbitrate the competing demands, and make a fair decision. The contesting claims could stem from a need to distribute resources equitably, respect the beliefs and values of people, and upholding the moral and legal compulsions.

Apart from these four classic pillars of ethical decision making, Ross has suggested the attributes of 'fidelity', which is the quality or state of being faithful or loyal; 'reparations' which is the action of making amends for a wrong one has done, by providing payment or other assistance to those who have been wronged; 'gratitude', which is a feeling of appreciation to someone or something for what the person has done to help you; and 'self-improvement', that is the improvement of one's knowledge, status, or character by one's own efforts.

In the specific context of homoeopathic practice, the legal and ethical dimensions have been explicitly published as 'the National Commission for Homoeopathy (Professional Conduct, Etiquette and Code of Ethics for Practitioners of Homoeopathy) Regulations, 2022'. These consist of –

- General Principals, that include Character of Practitioner of Homoeopathy, Standards of Character and Morals, Responsibility of Practitioner of Homoeopathy, Prescription and Medical certificate, Advertising, and professional Service.
- Duties of Homoeopathic Practitioners to their Patients, that describe Obligations to the sick, Patient not to be neglected, Acts of negligence, Practitioner of Homoeopathy to obey law and regulations, Behaviour towards patients, Prognosis, and Ethics of Privacy, Confidentiality and Medical Records (Patience, Delicacy and Secrecy).
- Duties of practitioner of Homoeopathy to the Profession, that explain Upholding honour of profession, Membership of Medical Society, exposing unethical conduct, Association

with unregistered persons or indulging in malpractice, Appointment of substitutes, Service without fees to fellow Practitioner, Emergency visit, and Engagement for an Obstetrics case.

- Duties of practitioner of Homoeopathy in Consultation, that clarify aspects relating to matters such as Consultation shall be encouraged, Patient referred to another medical practitioner of Homoeopathy, Consultation by telemedicine, Conduct in consultation, Consent to medical treatment, Treatment after consultation, and Consultant not to take charge of the case.
- Duties of Practitioners of Homoeopathy to the Public, that include Practitioners as citizens, Public health, and dispensing.
- Matters related to misconduct, such as Professional or ethical Misconduct, Pharmacovigilance, Guidelines on proper prescription and dispensing, and also the procedure for taking disciplinary action and the procedure for receiving complaints.

The document has also published the Hahnemannian Oath that every homoeopathic professional has to proclaim at the time of his / her registration with the homoeopathic council. The oath states "On my honour, I swear that, I shall practice the teachings of Homoeopathy, perform my duty as expected from me, render justice to my patients and help the sick whosoever comes to me for treatment. May the teachings of Master Hahnemann inspire me and may I have the strength for fulfilment of my mission with the aim to cure the sick."

The details of twelve item declaration that the homeopathic professional shall submit, which include the assertion to the effect:

1. I solemnly pledge myself to consecrate my life to the service of humanity.
2. Even under threat, I will not use my medical knowledge contrary to the laws of humanity.
3. I will maintain the utmost respect for human life.
4. I will not permit considerations of religion, nationality, race, political beliefs or social standing to intervene between my duty and my patient.
5. I will practice my profession with conscience and dignity in accordance with the principles of Homoeopathy.
6. The health of my patient shall be my first consideration.
7. I will respect the secrets which are confided to me, during homoeopathic consultation.
8. I will give to my teachers the respect and gratitude which is their due.
9. I will maintain by all means in my power the honour and noble traditions of medical profession.
10. I will treat my colleagues with respect and dignity.
11. I make these promises solemnly, freely and upon my honour.
12. I shall abide by the Code of Ethics, Rules and Regulation for Homoeopathic practice as amended time to time.

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SECTION V: MONITORING LEARNING PROGRESS

PREAMBLE TO CONCEPT OF COMPETENCY-BASED ACADEMICS:

This curriculum is based on the philosophy of Competency-Based Medical Education, which has now become the preferred and accepted model of training future healthcare professionals across the globe. It is imperative to understand the principles of competency-based academics for a successful implementation of this curriculum.

The learning model to attain the stated competencies is dependent on a practice called Constructive Alignment, which has been a mainstay in the higher education circles. Drawing inspiration from Ralph Tylor's four principles of curriculum and instruction, Constructive Alignment establishes a philosophy of learner-centric practices that spring from the purpose for learning, the experiences that support the realization of those purposes, methods of effectively organizing the learning experiences, and assessing the attainment of the stated purposes.

Developed by John Biggs, the crux of constructive alignment is that, the three elements of curriculum – stated learning objectives, instructional strategies, and student assessment practices are positively blended to create an aligned model of inter-dependency and collaborative achievement. That is to say, the selection of teaching – learning activities, and the student assessment activities are directly influenced by the stated outcomes.

In this model of education which is learner-centric, the learners construct meaning from what they do to learn. This concept recognizes the importance of linking new material to concepts and experiences in the learner's memory, and extrapolation to possible future scenarios via the abstraction of basic principles through reflection. Such a conscious effort provides the learners with a clearly specified goal, a well-designed learning activity or activities that are appropriate for the task, and well-designed assessment criteria for giving feedback to the learner.

The role of teachers is to make a deliberate alignment between the planned learning activities and the learning outcomes. Therefore, for the success of this curriculum, teachers have to consciously move from the previously prevalent teacher-centric model to this new approach.

The monitoring of learning progress not only factors in, the classroom-based teaching – learning activities, but also emphasizes on the informal and personalised paradigms of learning. It must also be insisted here that teachers shall plan the curriculum implementation schedule with a significant involvement of students, so that there is a clarity and acceptance of learning responsibilities by the students. This would not only entail the harmonising the scheduling, but also enlightening the students about the various learner-activities and their importance for achieving the stated outcomes.

The Entrustable Professional Activities that form the essence of this post-graduate Course intend to ensure certain base-level professional competencies that are developed in the background of national health needs, and the role that homoeopathy can play in supporting the nation's health. Therefore, the responsibility of teachers is not only to teach, but also assess for the authentic attainment of the competencies.

Considering the dual challenges of time limits, and the need to ensure competent performance, the Competency-Based Academics has evolved a dynamic model of 'mentoring and monitoring', so as to provide continuous and immediate feedback to make course corrections 'on the go'. Therefore, the philosophy of assessment in competency-based academics is also called as 'Coursematic Assessment', wherein, the learner is given specific, and supportive feedback to improve his / her performance. This is also known as 'assessment for learning, as against 'assessment of learning', which is the traditional end-of-the-course assessment.

In this context, there are certain tools that are provided as Appendices in this document that can lead the teachers to design the planning and implementation of curriculum with greater possibility of reaching the outcomes.

OUTLINE OF TRAINING SCHEDULE:

The MD (Hom) Course is in two phases – Phase I, and Phase II, each of eighteen months' duration. The outcomes of training shall reflect the Dimensions of Competencies as listed in this document – Knowledge and Scholarship, Patient Care, Homoeopathic Orientation, Communication Skills, Practice-Based Learning and Improvement, and Professionalism.

In the first phase of Course, the postgraduate students shall undergo one-year compulsory house job at the hospital, during which time, the hospital authorities shall monitor their performance in all the dimensions of competencies. The monitoring shall be a continuous and regular process, based on the criteria, as provided in the respective checklists. These assessment tools not only help the teachers to assess students, but also students to self- assess.

During the house job, the postgraduates shall gauge their aptitude for professional growth, and the opportunities available at the hospital / institution, so as to develop a proposal for conducting a study that would culminate as Dissertation. To get an authentic clarity on the research study that they would conduct as partial fulfilment of the postgraduate Course, they shall conduct at least a couple of exploretory studies. This would also give them a feel of research ambience.

As part of the hospital-based activity, the postgraduate shall also be observed for, and given feedback to improve the professional values and soft skills that are consequential for a benevolent homoeopathic practitioner. These include personal attitudes such as caring, trustworthiness, reliability, ability to work in teams, taking initiative, critical thinking, organizational ability, and potential to cope with stressful situations, among others.

Simultaneously, they also need to prepare a proposal – known as Synopsis – for conducting study, within nine months of admission to the Course, and this has to be submitted to the affiliating University for approval to start the study. The purpose of such study is to enrich the evidences of homoeopathy in a range of healthcare decision making. Therefore, both the synopsis, and later the study needs to be taken with the seriousness that they deserve.

The study shall start as soon as the synapsis is approved by the university, which shall give the student sufficient time for the study, its analysis, and final documentation, so that the Dissertation can be submitted to the university for approval and eligibility to appear for the final examination.

TRAINING AND ASSESSMENT METHODS:

As the philosophy of learning is competency-based the learning methods would naturally be problem-based and discovery driven, and also match the phase of competency. This means that teaching–learning and assessment would focus on the development of competencies and would continue till the desired competency is achieved.

The training methods in postgraduate Courses of health sciences' streams is generally either in the clinical spaces or in the laboratories, or in the community as the case may be. Further, there will also be discussions and deliberations among the peer group, as well as individual efforts and practices.

It is seen as a common practice that the postgraduates are posted to hospital or laboratory or community duties in the first half of the day, and in the post lunch session there will be group discussions, seminars, journal club meetings, clinical case presentation, case discussion, teaching

assignments, etc. All these activities are performed as per the Standard Operating Procedures, and also simultaneously assessed on the same parameters. Such a fusion of learning and assessment into a single activity is the hallmark of constructive alignment, and therefore a distinguishing attribute of competency-based academics. These activities are documented in the Log Book or Portfolio for each individual postgraduate.

They are also required to make at least one podium presentation and two poster presentations at national level seminar / conference / colloquium / workshop as part of the Course of study, and publish at least two articles in peer reviewed journals as first or second author, any time during the course . These shall be counted as eligibility to appear for the final examination, apart from the requisite attendance, coursework, dissertation submission, and clearing the Part 1 Examination.Cousework is mandatory for the completion of Part I of MD (Hom.) as per clause 13(a)& 13(b) of National Commission for Homoeopathy (Homoeopathy Post-Graduate Degree Course- Doctor of Medicine in Homoeopathy) Regulations, 2024.

The Log Book records participation of individual postgraduates in various didactic or interactive activities by the students. The number of activities that they present or actively participate and the number in which they are passive participants are recorded. In the log book, which should periodically be validated by the Supervisors.

The hospital related learning includes training and assessment for acquisition of patient management, practice-based learning, communication, homeopathic orientation, and professionalism. The generic soft skills include sincerity, punctuality, and professional and personal integrity. The contexts of learning in hospital would include patient encounters at the screening stations, and in the OPDs & wards. Students can be trained and assessed for clinical skills on **Rating Scale – 6, for Assessment of Clinical Skills.** Further the skills of presentation can be trained and assessed as per Students can be trained and assessed for clinical / laboratory / community skills on **Rating Scale – 5, for Assessment of Clinical Presentations.**

The community related learning includes training and assessment for acquisition of communication, homeopathic orientation, team-building, leadership, health promotion & disease prevention, and professionalism, apart from the generic soft skills.

In the laboratory related learning, the training would focus on the training and assessment of observations, psychomotor refinement, critical thinking, analytical skills, apart from the generic soft skills.

Journal Club is the practicum for learning research methodology. This learning method is both an individual, and small group learning activity. The students develop the skills for literature search, selecting appropriate study for discussion, in-depth review of the published articles, identification of the study and sampling designs, ethical issues in the study, referencing styles, presentations skills, and use of audio-visual aides. The presentation, and discussion is assessed by peer and faculty on **Rating Scale – 1, for Assessment of Journal Review**.

Symposia are the team presentation activities that promote the acquisition of knowledge, developing scholastic mindset, professionalism, communication skills, team work, etc. Students can be trained and assessed for Symposia on **Rating Scale – 2, for Assessment of Symposium.**

Seminars are the defining feature in postgraduate studies as these facilitate a range of critical thinking and learning skills. There are two approaches to conducting seminar – classical, and traditional. The classical approach adapts the Socratic dialogic model of discussion where questions are posed and their answers explored in a series of discussions spread across a longitudinal span and anchored to a theme under the guidance of a faculty. The traditional model has a postgraduate making a didactic presentation on an allotted topic with end-of-the presentation Q & A Session, with the supervisor providing the concluding remarks. Students can be trained and assessed on **Rating Scale – 3, for Assessment of Seminar.**

Group discussions are the small group learning methods where topics of current interest or relevant to the cases in the wards are discussed under the supervision of a faculty. These reinforce knowledge acquisition, developing scholastic mindset, professionalism, communication skills, etc. Case presentation is a hallmark of postgraduate learning where the cases are discussed on a standard frame to explore the depth of communication, practice-based learning, professionalism, homoeopathic orientation, etc. Students can be trained and assessed on **Rating Scale – 4, for Assessment of Group Discussion.**

Teaching skills are introduced with a sensitisation on educational methodology, and the postgraduates are observed for communication, interpersonal relationship, depth of knowledge and professionalism on a specific checklist. Students can be trained and assessed on **Rating Scale – 7, for Assessment of Teaching Skill Practice.**

The postgraduates are also given individual and group assignments to reinforce knowledge acquisition, developing scholastic mindset, professionalism, communication skills, teamwork, etc.

Once the research study starts, the students will have to be monitored for the compilation of data as per the study design. While the privacy of data is inviolable, the relevant data has to be documentation and stored in an easily retrievable format, with restricted access to only the postgraduate student and the guide / supervisor. There has to be periodic review of the progress, and feedback shall be given to monitor the momentum in the right direction. Students can be trained and assessed on the **Rating Scale for Continuous Assessment of Dissertation Work by Guide**.

ILLUSTRATION OF STRUCTURED TRAINING:*

Activity	< 6 Months	6-12 Months	12-18 Months	18- 24 Months	24-30 Months	30-36 Months
Induction	7 Days					
Supervised Clinical Work						
Guided Independence						
Remote Independence						
Course Work						
Synopsis	9 Months					
Research & Dissertation						
Group Discussion / Clinical Presentation / JCM/ Seminar/Symposium						
UG Teaching Skill						

Daily schedule*	
9:00AM TO 1:00PM	OPD Duty
1:00PM TO 1:30PM	Lunch
1:30PM TO 2:30PM	Master Class/ Guest Lecture
2:30 PM TO 5:00PM	JCM, CP, Seminar, UG Teaching, etc.

The schedule is indicative of institutional time only. Apart from this the hospital based duties such as IPD, OPD , Night duty , Extension duties, etc ate to be performed as per institutional norms.

ASSESSMENT METHODS:

As the Course is based on the concept of demonstrating entrustable professional activities, the assessment would have a continuous component, and a certifying component. The overarching continuous assessment is suggested on a multi-source feedback framework **(Template – 4: Multi Source Feedback Rating Scale: MSF-RS)** that covers four areas – clinical soft skills, social and emotional responses, team work, and managerial roles. It is on forty-two units of performance rating scale. The continuous assessment of clinical skills shall be on the rating scale of Mini Clinical Evaluation Exercise **(Template – 3: Mini Clinical Evaluation Exercise Rating Scale: Mini CEX-RS)**; procedural skills on the rating scale of Direct Observation of Procedural Skills **(Template – 2: Direct Observation of Procedural Skills DOPS: Rating Scale)**, and reflective writing on a template that rates for External Seminar / Conference / CME **(Template – 1: Reflective Writing on External Seminar / Conference / CME: Rating Scale)**. These continuous assessment frameworks can also be used for formative assessment or assessment for learning.

The summative assessment shall follow the pattern of university examinations as indicated in the regulations of the MD (Hom) Course. There shall be periodic internal assessments for every term / semester, and also at the end of every clinical / community / laboratory posting.

The portfolio of every learner shall reflect the performance on continuous, formative, and summative assessments.

MODEL RATING SCALES

Rating Scale – 1: Model Rating Scale for Assessment of Journal Review.

Rating Scale – 2: Model Rating Scale for Assessment of Symposium.

Rating Scale – 3: Model Rating Scale for Assessment of Seminar.

Rating Scale – 4: Model Rating Scale for Assessment of Group Discussion.

Rating Scale - 5: Rating Scale Assessment of Clinical Presentations.

Rating Scale – 6: Model Rating Scale for Assessment of Clinical Work in I.P.D. / O.P.D

Rating Scale - 7: Model Rating Scale for Assessment of Teaching Skill Practice.

Rating Scale – 8: Continuous Assessment of Dissertation Work by Guide.

TEMPLATE FOR LOGBOOK / PORTFOLIO

TABLE OF ACADEMIC ACTIVITIES ATTENDED

RATING SCALE – 1: MODEL RATING SCALE FOR ASSESSMENT OF JOURNAL REVIEW.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Selection of article.					
2	Assessment of ethical dimension / conflict of interest in the study.					
3	Extent of understanding of scope and objectives of the paper by the PG Scholar.					
4	Critique on the methodology used.					
5	Correlation of objectives, hypothesis, results.					
6	Consulting the cross - references in the article					
7	Consulting other relevant publications.					
8	Ability to respond to questions on the paper / subject.					
9	Clarity of Presentation.					
10	Audio – Visual aids used					
Total Score						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 2: MODEL RATING SCALE FOR ASSESSMENT OF SYMPOSIUM.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during presentation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Selection of topic / sub-topic					
2	Articulation of objectives					
3	Relevance of content					
4	Sequencing of content.					
5	Clarity of Presentation					
6	Coordination with other presenters.					
7	Ability to answer questions					
8	Time Scheduling					
9	Appropriate use of Audio – Visual aids					
10	Overall performance					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 3: MODEL RATING SCALE FOR ASSESSMENT OF SEMINAR.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during discussion	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Relevance of theme to the Course.					
2	Continuity and alignment of discussion with the theme.					
3	All participants are well prepared with theme and current topic.					
4	All participants contribute for discussion.					
5	Questions are relevant to the theme and current discussion.					
6	Questions are follow-up or clarifying in nature.					
7	Group maintains eye contact with the person who is speaking.					
8	Each participant is allowed to participate in equal measure					
9	No mid-way interruption of the speakers.					
10	Next level of topic in the theme decided during the current discussion.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 4: MODEL RATING SCALE FOR ASSESSMENT OF GROUP DISCUSSION.

Name of the PG Scholar:

Name of the Faculty/ Observer:

Date:

Sl. No.	Items for observation during discussion	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Relevance of topic to the Course.					
2	Significance of topic for career advancement.					
3	All participants are well prepared with topic.					
4	All participants contribute for discussion.					
5	Questions are relevant to the discussion.					
6	Questions are follow-up or clarifying in nature.					
7	Group maintains eye contact with the person who is speaking.					
8	Each participant is allowed to participate in equal measure					
9	No mid-way interruption of the speakers.					
10	Summarisation of the discussion made by the group coordinator.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE - 5: ASSESSMENT OF CLINICAL PRESENTATIONS.

Name of the PG Scholar:
Name of the Faculty:
Date:

Sl. No.	**Observations**	**Poor 0**	Below Average **1**	**Average 2**	Above Average **3**	Very Good **4**
1	Completeness of history.					
2	Clarity of Presentation.					
3	Logical order of presentation.					
4	Mentions all positive and negative points of importance.					
5	Accuracy of General Physical Examination.					
6	All Physical signs elicited correctly.					
7	No omission of major signs or their miss-interpretation.					
8	Diagnosis is based on history and findings.					
9	Correct interpretation of all the investigations.					
10	Case analysed for –					
	Hahnemann's Classification of Diseases,					
	Prognostic trend,					
	School of Philosophy,					
	Staging of disease.					
11	Symptom management for their –					
	Classification.					
	Analysis.					
	Evaluation.					
12	Totality of Symptoms.					
13	Quality of repertorisation.					
14	Selection of medicine including potency and dose.					
15	Ability to defend clinical decisions.					
Grand Total						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 6: MODEL RATING SCALE FOR ASSESSMENT OF CLINICAL WORK

IN I.P.D. / O.P.D

(To be completed once in a month by respective unit heads)

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	Items for observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Regularity of attendance.					
2	Punctuality.					
3	Maintenance of Case Records.					
4	Presentation of cases during rounds.					
5	Investigations work up.					
6	Repertorisation of the cases.					
7	Interaction with colleagues and supportive staff.					
8	Bedside manners.					
9	Rapport with patients.					
10	Overall quality of clinical work.					
	Total Score					

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE - 7: MODEL RATING SCALE FOR ASSESSMENT OF TEACHING SKILL PRACTICE.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl.No.	Observation	Strong Area	Weak Area
1	Introduces topic in interesting manner.		
2	Builds rapport with the students.		
3	Articulates the purpose of presentation.		
4	Relevance of content to objectives		
5	Logical sequencing of content.		
6	Appropriate use of AV Aids.		
7	Relevance of content to objectives		
8	Engages students during presentation.		
9	Maintains eye contact with all students.		
10	Encourages students to ask questions.		
11	Answers the questions appropriately.		
12	Gives positive feedback when students answer.		
13	Clarity of communication.		
14	Body language relaxed and non-threatening.		
15	Summarises at the end of class.		

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

RATING SCALE – 8: CONTINUOUS ASSESSMENT OF DISSERTATION WORK BY GUIDE.

Name of the PG Scholar:

Name of the Faculty:

Date:

Sl. No.	**Items for observation during presentations**	**Poor** **0**	Below Average **1**	**Average** **2**	Above Average **3**	Very Good **4**
1	Periodic consultation with Guide / Co-guide.					
2	Relevance of literature review.					
3	Regular collection of case material.					
4	Adherence to ethical practices.					
5	Conformity to the study and statistical designs.					
6	Depth of Analysis / Discussion.					
7	Departmental presentation of findings.					
8	Publication of relevant articles in approved journals.					
9	Maintenance of time schedule.					
10	Quality of final output.					
Total Score						

FOLLOW-UP ACTIVITIES

Peer feedback	
Guide feedback	
Mitigation planned by the PG Scholar	
Guide Signature	

LOG BOOK

TABLE: ACADEMIC ACTIVITIES ATTENDED

Name of the PG Scholar:

Name of PG Guide:

Admission Year: University Registration Number:

College:

Date	Type of Activity	Remarks of Guide	Signature of Guide

TEMPLATE – 1:

REFLECTIVE WRITING ON EXTERNAL SEMINAR / CONFERENCE / CME: RATING SCALE

Name of the PG Scholar:

Name of the Faculty/ Observer:

EVENT METADATA

Name of the event	
Level of the event	
Theme of event	
Organisers	
Dates	

REFLECTIONS OF LEARNING

Speakers / Panelists	
Objectives of the Sessions	
List the key take aways	
State what could have been better	
Explain how you would adapt the take aways	
Signature of PG Scholar	
Signature of Guide	

TEMPLATE – 2:

DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS): RATING SCALE

Name of the PG Scholar:

Name of the Faculty/ Observer:

Procedure:

Clinical setting: OPD / IPD / Community / Laboratory / OT

Number of times same procedure was performed previously:

Observations by the supervisor / assessor.

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Fully aware of the name of procedure to be performed					
2	Obtains informed consent of the subject / patient					
3	Demonstrates appropriate pre-procedure preparation					
4	Demonstrates situation awareness					
5	Technical ability					
6	Seeks help when appropriate					
7	Post-procedure management					
8	Communication skills					
9	Consideration for patient					
10	Overall performance					
Strengths						
Areas for improvement						
Specific suggestions						

Signature of PG Scholar	
Signature of observer / assessor	

TEMPLATE – 3:

MINI CLINICAL EVALUATION EXERCISE (MINI CEX): RATING SCALE (MINI CEX-RS)

Name of the PG Scholar:

Name of the Faculty/ Observer:

Procedure:

Clinical setting: OPD / IPD

Number of times same procedure was performed previously:

Observations by the supervisor / assessor.

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
1	Clinical knowledge					
2	Patient assessment					
3	Planning					
4	Preparation					
5	Organisation / efficiency					
6	Clinical judgement					
7	Insight					
8	Patient interaction					
9	Risk mitigation					
10	Overall performance					

Strengths	
Areas for improvement	
Specific suggestions	

Signature of PG Scholar	
Signature of observer / assessor	

TEMPLATE – 4:
MULTI SOURCE FEEDBACK RATING SCALE (MSF-RS)

Name of the PG Scholar:

Name of the Faculty/ Observer:

Observations by the supervisor / assessor:

Sl. No.	Grading as per observation	Poor 0	Below Average 1	Average 2	Good 3	Very Good 4
Area 1: Clinical soft skills						
1	Develops positive relationships with patients					
3	Encourages patients and families to be a part of decision-making process					
4	Explains procedures to patients in a language that they can understand					
5	Informs patients of risks					
6	Encourages discussions and questions					
7	Provides written information to facilitate understanding					
8	Responds promptly to requests for assistance					
Area 2: Social and Emotional						
9	Displays empathy and compassion towards patients					
10	Treats patients as individuals recognising and respecting differences					
11	Honest and reliable in verbal and written communication					
12	Advocates for treatment and care that is in the best interest of the patient					
13	Respects patient’s privacy and dignity					
14	Actively promotes safety and risk reduction					
15	Uses opportunities to promote health and prevent disease					

16	Recognises psychological aspects of illness					
17	makes appropriate use of community resources for psychological aspects of care					
18	appropriate referral for psychological aspects of illness					
Area 3: Team Work						
19	Is trustworthy					
20	Synthesizes and communicates relevant information					
21	Conveys management plan to team members with clear instructions as to roles and responsibilities					
22	Demonstrates a respectful attitude to all team members					
23	Participates in team aspects of care					
24	Safely hands over responsibility of patient care to others					
25	Effectively allocates resources during crisis					
26	Works with others to prevent and resolve conflicts					
27	Shows consideration for professional perspectives					
28	Recognises and values contribution of others					
Area 4: Managerial roles						
29	Is actively engaged and skilled in teaching students and other staff, facilitates learning of others.					
30	Initiates discussion and voices opinion					
31	Willing to consider advice, feedback and / or instruction					
32	Attends in time to adequately prepare and uses time well through effective prioritisation					
33	Formulates and articulates appropriate plans, including					

	anticipation of potential problems					
34	Allocates and prioritises cases effectively					
35	Prioritises clinical tasks to match workload					
36	Ensures suitable resources and environment for patient care					
37	Recognises limits of his / her expertise and experiences, seeks advice from appropriate staff when required, takes on responsibility appropriately					
38	Shows respect for confidentiality and privacy of patients and colleagues					
39	Is punctual, works in a clam and considerate manner					
40	Accepts feedback, acts to improve, and adapts to change, is consistent with self-perception					
41	Involves with professional development					
42	Flexible within role					

CURRICULUM DOCUMENT
M.D. (Homoeopathy) Homoeopathic Materia Medica

I. TITLE OF THE SPECIALITY COURSE, AND ITS ABBREVIATION.

M.D. (Homoeopathy) Homoeopathic Materia Medica

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

(i) Fundamentals of Homoeopathic Materia Medica

(ii) Fundamentals of Clinical Medicine in Homoeopathic Materia Medica

(iii) Research Methodology and Biostatistics.

II (2). Part II

(i) Homoeopathic Materia Medica. Paper 1

(ii) Homoeopathic Materia Medica. Paper 2.

III. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE COURSE.

The purpose of Post Graduate Course in Homoeopathic Materia Medica is to enable attainment of professional competency to explore in-depth the potentials of homoeopathic medicines and their clinical applications. The Course intends to facilitate the post graduate students to be rational thinkers, committed research scholars and passionate teachers in homoeopathy, and be competent to provide professional services with empathy and humane approach.

This program ensure that the Post Graduate student is well acquainted with different types of Materia Medica on the basis of their philosophical background, and also the different approaches to study Homoeopathic Materia Medica. This would develop their competency to generalize the group characteristics and individualize the members of such groups. Comparative and Clinical Materia Medica enables competency for the differentiation of drugs to be a proficient clinician.

She/he is also trained to understand the principles of research methodology, biostatistics, self-directed learning for continuous professional development, and the methods of utilizing library resources. Thus, the program focuses on methods and techniques which provide to

the candidate with an entire experience of understanding Materia Medica by forming a portrait at the level of artificial disease and matching at the level of natural disease.

At the end of Post Graduate training in M.D. (Homoeopathy) Materia Medica, the Post Graduate scholar shall be able to –

(a) Recognize the importance of Homoeopathic Materia Medica in context with national priorities and health needs of the community.
(b) Practice Homoeopathy and application of HMM ethically and in step with the principles of the system.
(c) Display skills as a self-directed learner, recognize continuing education needs, and select and use appropriate learning resources for Homoeopathic Materia Medica.
(d) Demonstrate competence in basic concepts of research methodology and epidemiology and be able to critically analyze relevant published research literature in relation to HMM.
(e) Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and promotive measures /strategies and incorporate in application in HMM.
(f) Diagnose health problems and manage as per the scope of homoeopathy and HMM
(g) Demonstrate scientific acumen by undertaking dissertation/research project using proper research methodology in HMM.
(h) Play the assigned role in the implementation of national health programs with homoeopathy, effectively and responsibly with evolving utility of HMM.
(i) Organize and supervise the chosen/assigned health care services demonstrating adequate managerial skills in the AYUSH clinic/hospital or in the field.
(j) Develop skills in using educational methods and techniques as applicable to the teaching of homoeopathic Materia Medica to Homoeopathic medical students.

IV. COURSE OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

ENTRUSTABLE PROFESSIONAL ACTIVITIES: EPAS

1. Explain the philosophical background, plan and construction of different HMM including source books
2. Construct and demonstrate the utility of the group study of HMM in clinical practice
3. Apply clinical HMM in systemic clinical practice including homoeo-prophylaxis
4. Construct acute, chronic and drug portrait of HMM from different sources

including remedy relationship and miasm

5. Receive the Case for the purposes of clinical and person understanding of patients as needed for HMM
6. Document the Homoeopathic clinical encounter in the patient record for processing to remedial diagnosis
7. Collat**e** data for arriving at clinical problem definition and person diagnosis for conclusion of HMM
8. Recommend and interpret investigations for completing therapeutic problem definition and applying to HMM
9. Formulat**e** comprehensive management plans and stages at the general (e.g. Life-style change), Specific (illness related), and homoeopathic level and planning their implementation from the understanding of similimum
10. Choos**e** and applying appropriate approaches/tools for arriving at the similimum through differential HMM
11. List specific outcomes expected from intervention based on the comprehensive management plan through general and remedy relationship
12. Gather appropriate evidence to advance patient care and modifying management plans as considered appropriate
13. Identify the stage and time for getting second opinion / expert advice to improve quality of care as per the comprehensive management plan
14. Mak**e** an oral presentation of a clinical encounter (when indicated) with special reference to HMM
15. Giv**e** or receiv**e** a patient handover to transition care responsibility (when indicated)
16. Collaborat**e** as a member of an interprofessional team (when indicated)
17. Adher**e** to legal and ethical principles in professional practice.
18. Formulat**e** implement~~ing~~ and assess teaching plans based on clinical encounters special reference to study of HMM
19. Conduct research relevant for continuous quality improvement of homeopathic services with special reference to HMM
20. Identify areas for continuous growth in areas relevant to the self as well as mastery of the subject and relevant skills and implementing them
21. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

IV (1). MAPPING OF EPASAND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship
PC : Patient care
HO : Homoeopathic Orientation
CS : Communication skills
PBL : Practice based learning
Prf: Professionalism

Sl. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Explain the philosophical background, plan and construction of different HMM including source books	✓		✓			
2	Construct and demonstrate the utility of the group study of HMM in clinical practice	✓	✓	✓	✓	✓	
3	Apply clinical HMM in systemic clinical practice including homoeo-prophylaxis	✓	✓	✓	✓	✓	
4	Construct acute, chronic and drug portrait of HMM from different sources including remedy relationship and miasm	✓		✓			
5	Receive the Case for the purposes of clinical and person understanding of patients as needed for HMM	✓	✓	✓	✓	✓	✓
6	Document~~ing~~ the Homoeopathic clinical encounter in the patient record for processing to remedial diagnosis	✓	✓	✓		✓	✓
7	Collat**e** data for arriving at clinical problem definition and person diagnosis for conclusion of HMM	✓		✓		✓	✓
8	Recommend and interpret~~ing~~ investigations for completing therapeutic problem definition and applying to HMM	✓	✓	✓	✓	✓	✓
9	Formulat**e** comprehensive management plans and stages at the general (e.g. Life-style change), Specific (illness related),	✓	✓	✓		✓	

	and homoeopathic level and planning their implementation from the understanding of simlimum						
10	Choose and applying appropriate approaches/tools for arriving at the similimum through differential HMM	✓	✓	✓		✓	
11	List specific outcomes expected from intervention based on the comprehensive management plan through general and remedy relationship	✓	✓	✓		✓	
12	Gather appropriate evidence to advance patient care and modifying management plans as considered appropriate	✓	✓	✓		✓	
13	Identify the stage and time for getting second opinion / expert advice to improve quality of care as per the comprehensive management plan	✓	✓	✓	✓	✓	✓
14	Make an oral presentation of a clinical encounter (when indicated) with special reference to HMM	✓		✓	✓	✓	✓
15	Give or receive a patient handover to transition care responsibility (when indicated)		✓		✓		✓
16	Collaborate as a member of an interprofessional team (when indicated)				✓		✓
17	Adhere to legal and ethical principles in professional practice		✓		✓		✓
18	Formulate, implement and assess teaching plans based on clinical encounters special reference to study of HMM	✓		✓	✓		✓
19	Conduct research relevant for continuous quality improvement of homeopathic services with special reference to HMM	✓	✓	✓		✓	✓
20	Identify areas for continuous growth in areas relevant to the self as well as mastery of the subject and relevant skills and implementing them	✓		✓		✓	✓

21	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	✓			✓	✓	✓

IV (2). SEMESTER WISE TABLE EPA LEVELS AND COMPETENCIES APPLICABLE TO EACH EPA.

EPA LEVEL:

1 = No permission to act
2 = Permission to act with direct, proactive supervision present in the room
3 = Permission to act with indirect supervision, not present but quickly available if needed
4 = Permission to act under distant supervision not directly available (unsupervised)
5 = Permission to provide supervision to junior trainees

No.	EPAS	Part 1			Part 2		
		Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
1	Explain the philosophical background, plan and construction of different HMM including source books	2 Explain the plan, philosophy and construct from source book	3 Explain philosophy plan and construct include the clinical HMM	4 Explain plan, philosophy and construction Include the commentator	4 Include the key notes and differential HMM and remedy relationship	5 Able to demonstrate independently and guide juniors	5 Guides juniors
2	Construct and demonstrate the utility of the group study of HMM in clinical practice	2 Concept and philosophy of group study and process of building group indication	2 Able to organize the data based on the philosophical back ground	3 Built a conceptual image of group indication	3 Application of group indication to different cation and anion to build individual remedy indication	3 Apply this knowledge in clinical practice	4 . Application in clinical practice

3	Apply clinical HMM in systemic clinical practice including homoeoprophylaxis	2 Insight in to philosophy and construct of different clinical HMM	3 Evolve differential HMM based on clinical indication	3 Apply knowledge of clinical HMM in clinical practice.	3 Apply in clinical practice	4 Apply in clinical practice	5 Able to guide juniors in clinical practice with application of clinical HMM
4	Construct acute, chronic and drug portrait of HMM from different sources including remedy relationship and miasm	2 Do analysis of the symptoms and evaluation. Philosophy of drug image construction	2 Do analysis and evaluation and construct image of acute and chronic and constitutional drug images	3 Construct image and incorporate miasmatic evolution and apply in clinical practice	4 Construct the image and apply in practice	4 Add and refine the indication based on the clinical outcome	5 able to direct juniors for construction of drug image
5	Receive the Case for the purposes of clinical and person understanding of patients as needed for HMM	2 homoeopathic case receiving including clinical data	3 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	3 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	4 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	4 homoeopathic case receiving including clinical data and also incorporate evolutionary data for HMM	5 Can guide juniors
6	Documenting the Homoeopathic clinical encounter	2 Able to document the data as per the	3 able to arrange the data as per analysis	3 Demonstrate analysis and evaluatio	4 Demonstrate the analysis and evaluation	4 Demonstrate the exact documentation and	5 Orients juniors the various steps required

	in the patient record for processing to remedial diagnosis	direction of organon and case record of the institute	and evaluation for processing to person and remedy diagnosis	n of clinical and homoeopathic data in 50 percent of cases	in 50 percent of cases	analysis and evaluation in 70 percent of the cases	for accurate processing of case
7	Collating data for arriving at clinical problem definition and person diagnosis for conclusion of HMM	3 Analysis, evaluation, Integration and synthesis of the data	3 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	4 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	4 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	4 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM	5 Analysis, evaluation, Integration and synthesis of the data to come to clinical diagnosis and HMM
8	Recommending and interpreting investigations for completing therapeutic problem definition and applying to HMM	2 Connecting investigation and ordering for the clinical diagnosis	3 Connecting investigation and ordering for the clinical diagnosis and HMM	4 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM	4 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM	4 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM	5 Connecting investigation and ordering for the clinical diagnosis and HMM also differential HMM
9	Formulating comprehensive management plans and stages	2 Comprehensive defining the problem and	3 Comprehensive defining the problem and	4 Comprehensive defining the problem and	4 Comprehensive defining the problem and noting	4 Comprehensive defining the problem and noting	5 Comprehensive defining the problem and noting

	at the general (e.g. Life-style change), Specific (illness related), and homoeopathic level and planning their implementation from the understanding of simlimum	noting possible solution at the level of homoeopathy and counselling after understanding the similimum	noting possible solution at the level of homoeopathy and counselling after understanding the similimum	noting possible solution at the level of homoeopathy and counselling after understanding the similimum	possible solution at the level of homoeopathy and counselling after understanding the similimum	possible solution at the level of homoeopathy and counselling after understanding the similimum	possible solution at the level of homoeopathy and counselling after understanding the similimum
10	Choosing and applying appropriate approaches/tools for arriving at the similimum through differential HMM	2 Concept and philosophy for differential HMM	3 Concept and philosophy for differential HMM	4 Concept and philosophy for differential HMM and application to clinical practice	4 Concept and philosophy for differential HMM and application to clinical practice	4 Concept and philosophy for differential HMM and application to clinical practice	5 Concept and philosophy for differential HMM and application to clinical practice
11	Listing specific outcomes expected from intervention based on the comprehensive manageme	2 Able to relate to remedy response concept and philosophy and learn the concept	3 Able to relate to remedy response concept and philosophy and learn the concept	4 Able to relate to remedy response concept and philosophy and learn the concept	4 Able to relate to remedy response concept and philosophy and learn the concept of remedy	4 Able to relate to remedy response concept and philosophy and learn the concept of	5 Able to guide juniors

	nt plan through general and remedy relationship	of remedy relationship concept and philosophy	of remedy relationship concept and philosophy	of remedy relationship concept and philosophy	relationship concept and philosophy	remedy relationship concept and philosophy	

12	Gathering appropriate evidence to advance patient care and modifying management plans as considered appropriate And second prescription	2 Ability to gather follow up evidence for further action and second prescription and remedy relationship	3 Ability to gather follow up evidence for further action and second prescription and remedy relationship	4 Ability to gather follow up evidence for further action and second prescription and remedy relationship	4 Ability to gather follow up evidence for further action and second prescription and remedy relationship	4 Ability to gather follow up evidence for further action and second prescription and remedy relationship	5 Able to guide junior
13	Identifying the stage and time for getting second opinion / expert advice to improve quality of care as per the comprehensive management plan	2 Ability to develop insight about limitation of the self and pathy	3 Ability to define the limitation in further quality care and need for expert opinion	3 Ability to define the limitation in further quality care and need for expert opinion and choose the right one	4 Ability to define the limitation in further quality care and need for expert opinion and choose the right one and start communication and take guidance	4 Ability to define the limitation in further quality care and need for expert opinion and choose the right one and start communication and take guidance and alter	5 able to pass this to juniors

						management plan	
14	Making an oral presentation of a clinical encounter (when indicated) with special reference to HMM	2 Ability to gather evidence of the clinical encounter and able to organize it to get insight in to the experience	3 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	3 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	4 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	4 Ability to prepare the presentation on clinical experience on the logic and outcome and able to present and receive the feedback	5 Able to guide the juniors
15	Giving or receiving a patient handover to transition care responsibility (when indicated)	2 Gather evidence and able to define the reason for transition	2 Gather the evidence and able to create documents and communicate the reason for the transition	3 Gather the evidence and able to create documents and communicate the reason for the transition and advice on further therapeutic intervention and hmm	3 Gather the evidence and able to create documents and communicate the reason for the transition and advice on further therapeutic intervention and hmm	4 Gather the evidence and able to create documents and communicate the reason for the transition and advice on further therapeutic intervention and hmm	5 Able to guide juniors
16	Collaborating as a member of an inter-	2 Observe the process	2 Observe the process	3 Observe the process	3 Observe the process of being	4 participate	5 Guide juniors

	professional team (when indicated)	of being member of the inter professional team and note down the quality required for the same	of being member of the inter professional team and note down the quality required for the same and discuss with the facilitator	of being member of the inter professional team and note down the quality required for the same and discuss with the facilitator	member of the inter professional team and note down the quality required for the same and discuss with the facilitator		
17	Adhering to legal and ethical principles in professional practice.	2 Get aware about	3 Note down all the issue and experience during clinical and research session and discuss	3 Application of this in practice and getting feedback	3 Application of this in practice and getting feedback	4 Application of this in practice and getting feedback	5 Guides junior
18	Formulating, implementing and assessing teaching plans based on clinical encounters special reference to study of HMM	2 Participate and get feed back	2 Participate in advance teaching and learn modern teaching technology	3 Translating the clinical encounter in to the teaching material and deliverin g	3 Translating the clinical encounter in to the teaching material and delivering and working further on feedback	4 Evolving the teaching plan from clinic to classroom and classroom to clinic	5 Guiding juniors
19	Conductin g research	2 Learn	2 Applicati	3 Scientific	3 Scientific	3 Scientific	4 Presentati

	relevant for continuous quality improvement of homeopathic services with special reference to HMM	the basic of research and drug proving	on of the basic to formulate the project and synopsis	and evidence-based practice and data collection with review and undertaking reading	and evidence-based practice and data collection with review and undertaking reading and doing analysis and evaluation	and evidence-based practice and data collection with review and undertaking reading and doing analysis and evaluation with building up the discussion summary and conclusion with publication	on of the research outcome and learning
20	Identifying areas for continuous growth in areas relevant to the self as well as mastery of the subject and relevant skills and implementing them	2 Clinical/ homoeopathy Critical thinking Logic Analysis, evaluation, synthesis, abstraction, comprehension, application Problem	2 Orientation to the area needs improvement and discussing with faculty and map plan	2 Implementation and feedback	3 Ability to do without active supervision	3 Abilty to do without distant supervision supervisor	4 Ability to work on without supervision

		solving Observation, control, automation, receiving, responding and internalization					
21	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	Justify the need for educational methodology as a component of PG Course.	Identify the learning objectives for their domain in Bloom's taxonomy. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructional activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	Conduct evidence driven TL and Assessment of UG students.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

PART I PAPER 1:

V. TOPIC AND TOPIC OBJECTIVES

PART I PAPER 1:

The syllabus of MD-Part I in HMM deals with the understanding of the basic science and philosophy of Materia Medica. These contents help the students to understand the functional, structural, psychological, and causative aspects of Materia Medica. These contents also deal with the evolution of remedies at the level of mind and body. It will also give them insights into Clinical Materia Medica that would be useful for their resident postings.

TOPIC OBJECTIVES: FUNDAMENTALS OF HOMOEOPATHIC MATERIA MEDICA

1) HOM-PG-HMM-01:

   FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

2) HOM-PG-HMM-02:

   PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEM OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION

3) HOM-PG-HMM-03:

   FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING AND ITS APPLICATION

4) HOM-PG-HMM-04:

   CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, RELATION WITH REPERTORY- BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

5) HOM-PG-HMM-05:

   APPLICATION OF CLINICAL MATERIA MEDICA THROUGH THE STUDY OF THE CLINICOPATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS.

6) HOM-PG-HMM-06:

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH THE STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL, PHYSIOLOGICAL MM BY WILLIAM BURT AND APPLYING IT TO CLINICAL PRACTICE

7) HOM-PG-HMM-07:

STUDY OF THE MIASM AND RELATING INSIGHT INTO THE CLINICOPATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCEBOOK, COMMENTARY AND CLINICAL MATERIA MEDICA.

8) HOM-PG-HMM-08:

CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIOPATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH THE STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTATOR

9) HOM-PG-HMM-09:

THE STRUCTURE OF MIND THROUGH THE STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH THE CONCEPT OF MIND AS PROPAGATED BY HAHNEMANN, KENT AND THE STUDY OF MIND FROM SOURCE BOOKS, BY KENT, TYLER AND FARRINGTON.

10) HOM-PG-HMM-10:

DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.

11) HOM-PG-HMM-11:

STUDY OF DISPOSITION, CONSTITUTIONS, AND TEMPERAMENTS IN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA.

12) HOM-PG-HMM-12:

CRITICAL THINKING AND EVOLVING LOGIC IN THE STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING, DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSIONS BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

TOPIC CONTENT

- HOM-PG-HMM-01:

  FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

  - Concept of homoeopathic Materia medica
  - Science of homoeopathic Materia Medica
  - Philosophy of Homoeopathic Materia Medica
  - Nature and scope ofHomoeopathic Materia Medica
  - Application of Homoeopathic Materia Medica

- HOM-PG-HMM-02:

  PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEMS OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION.

  - Comparison of homoeopathic Materia medica with other systemsof medicine prevalent currently

- HOM-PG-HMM-03:

  FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING AND ITS APPLICATION

  - Concept of artificial disease and natural disease
  - Eliciting the symptomatology from patient
  - Eliciting the symptomatology from prover
  - Concept and application of drug proving as per direction of Hahnemann and CCRH
  - Creating image of the drug through symptom analysis and evaluation

- HOM-PG-HMM-04:

  CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, RELATION WITH - BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

  - Concept and philosophy of Clinical Materia Medica

- Exploring different clinical Materia medica and studying their structure, concept, philosophy and clinical application-as per listed in the course

- HOM-PG-HMM-05:

  APPLICATION OF CLINICAL MATERIA MEDICA THROUGH THE STUDY OF THE CLINICOPATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS.
  - Application of clinical Materia Medica In OPD and IPD by corelating clinicopathological characteristics
  - Sphere of action through clinical Materia Medica
  - Symptomatic classification and evaluation building drug image

- HOM-PG-HMM-06:

  PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH THE STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL, PHYSIOLOGICAL MM BY WILLIAM BURT AND APPLYING IT TO CLINICAL PRACTICE
  - Physiological action of remedies and image of drugs
  - Studying the concept and philosophy of Hempel and William Burt and its application to clinical practice

- HOM-PG-HMM-07:

  STUDY OF THE MIASM AND RELATING INSIGHT INTO THE CLINICOPATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCEBOOK, COMMENTARY AND CLINICAL MATERIA MEDICA.

  SALIENT FEATURES OF DIFFERENT MIASM
  - Utility of studying miasm in building image of the remedy
  - Utility of knowledge of miasm in choice, differentiation and application of HMM in practice

- HOM-PG-HMM-08:

  CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIOPATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH THE STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTATOR
  - Concept of causation as per organon of medicine
  - Bio-psycho-social concept of aetiopathogenesis

- Application and importance of concept of causation in building image of HMM
- Study of concept of causation through different HMM

- HOM-PG-HMM-09:

  THE STRUCTURE OF MIND THROUGH THE STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH THE CONCEPT OF MIND AS PROPAGATED BY HAHNEMANN, KENT AND THE STUDY OF MIND FROM SOURCE BOOKS, BY KENT, TYLER AND FARRINGTON.
  - Structure of mind, mental symptoms, mental state and mental disposition
  - Study of emotion, intellect and behaviour
  - Mind as comprehended by Drs Hahnemann and Dr kent
  - Study of mind of different remedies
  - Concept of psychodynamic and psychosomatic and application to HMM -study Whitmont, Catherine Coulter, Vithoulkas and Philip Bailey

- HOM-PG-HMM-10:

  DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.
  - Evolutionary study of the man
  - Studying the evolutionary study of different remedies

- HOM-PG-HMM-11:

  STUDY OF DISPOSITION, CONSTITUTIONS, AND TEMPERAMENTS IN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA.
  - Concept of disposition, constitution, temperament
  - Application of above in study of HMM

- HOM-PG-HMM-12:

  CRITICAL THINKING AND EVOLVING LOGIC IN THE STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING, DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSIONS BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

VI TOPIC DESCRIPTION

HOM-PG-HMM-01

FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

Topic overview	This topic will lay down the foundation for the study of the Materia Medica based on science and art of homoeopathic science
Learning outcomes	**COMPETENCY- HOM-PG-HMM-01-01:** **EXPLAIN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA** **KNOWLEDGE:** ▪ Describe the concept of HMM. ▪ Apply concepts in study of HMM ▪ List the source books of HMM **SKILL:** Demonstrate the concepts in the study of HMM at the bedside **REFLECTION:** ▪ Relate the concept and philosophy while studying the HMM. ▪ Recall the experience of application of these concepts and philosophy at the bedside. **COMPETENCY HOM-PG-HMM-01-02:** **EXPLAIN THE SCIENTIFIC ASPECT OF HMM** **KNOWLEDGE:** ▪ Discuss the scientific aspect of HMM. ▪ Explain the science and philosophy of HMM ▪ Establish clinico pathological correlation of HMM at the bedside **SKILL:** Demonstrate the application of scientific aspects of Homoeopathy at the bedside.

	REFLECTION: ▪ Recall your experience of applying the scientific aspect of HMM at the bedside. **COMPETENCY HOM-PG-HMM-01-03:** **EXPLAIN THE NATURE AND SCOPE OF THE HMM** **KNOWLEDGE:** ▪ Explain the scope and limitations of HMM while applying at bedside. **SKILL:** ▪ Demonstrate actual interpretation of clinical symptoms at bedside to correlate with symptoms in indicated remedy at bedside. Demonstrate the skill of communication of scope and limitations to the patient's relatives. **REFLECTION** ▪ Recall the experience of application of various Source books at bedside.
Learning Methods	Self-regulated learning, library based, bedside
Assessment:	Continuous / programmatic assessment including Assessment.SA, Assignment,Viva, OSCE
Prescribed books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-02

PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEMSOF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION

Topic overview	This topic will make the learner understand the conceptual difference between HMM and other medical branches and enable the learner to compare these concepts.
Learning outcomes	**COMPETENCYHOM-PG-HMM-02-01** **EXPLAIN THE PHILOSOPHICAL BACKGROUND OF HMM** **KNOWLEDGE:** ▪ Explain the construction of various HMMs ▪ Explain the science and philosophy of HMM ▪ Enumerate conceptual differences of HMM with other medical sciences. ▪ Recall the art of Trituration and succussion as processes of potentization. **REFLECTION:** ▪ Recall an experience of trituration and succussion in pharmacy lab **COMPETENCY HOM-PG-HMM-02-02:** **EXPLAIN THE DIFFERENCES BETWEEN HMM AND OTHER MEDICAL SCIENCES** **KNOWLEDGE:** ▪ Enumerate the sources of HMM ▪ Explain the process of drug proving. ▪ Explain the mode of preparation of medicines in Ayurveda and Modern medicine. **SKILL** ▪ Demonstrate the procedure of recording of subjective and objective symptoms during the process of drug proving **REFLECTION:** ▪ Recall an interaction with a colleague of modern medicine as to how HMM differs from other systems.
Learning methods	Self regulated learning, library based,deliberate practice.
Assessment:	Continuous / programmatic assessment SA, Assignment, Viva voce

Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE- HOMPG-HMM- 03

FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING AND ITS APPLICATION

Topic overview	This topic will lay down the foundation for eliciting the symptomatology of HMM from drug proving and understand the concept of drug proving.
Learning outcomes	**COMPETENCY HOM-PG-HMM-03-01:** **EXPLAIN THE CONCEPT AND PRINCIPLES OF DRUG PROVING** **KNOWLEDGE:** ▪ Explain the concept of Homoeopathic drug proving. **SKILL:** ▪ Demonstrate the steps involved in the process of drug proving. **REFLECTION:** ▪ Recall the first experience of drug proving on self. **COMPETENCY HOM-PG-HMM-03-02:** **EXPLAIN THE FUNDAMENTALS OF DRUG PROVING IN THE LIGHT OF IDEAL PROVER, DRUG SUBSTANCE AND PHYSICIAN.** **KNOWLEDGE:** ▪ Discuss the qualities of IDEAL prover. **SKILL** ▪ Demonstrate the process of selection of ideal prover and the drug substance. **REFLECTION:** ▪ Recall the first experience of selection of prover. **COMPETENCY HOM-PG-HMM-03-03:** **VERIFY THE EFFICACY OF OUTCOME OF DRUG PROVING IN CLINICAL PRACTICE** **KNOWLEDGE:** ▪ Differentiate the common and uncommon symptoms and elicit Determinative symptoms. **SKILL:** ▪ Demonstrate ability of receiving a case and differentiate common(Basic / absolute) and uncommon(determinative) symptoms from case received. **REFLECTION** ▪ Recall your first experience of case receiving and the difficulties faced in matching with that of artificial disease.

Learning methods	Self-regulated learning, deliberate practice
Assessment:	Continuous / programmatic assessment. SA, Assignment, viva voce
Prescribed Books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOM-PG-HMM-04:

CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

Topic overview	This topic will create a scope to understand clinical material medicas of various authors and their concept, construction and philosophy.
Learning outcomes	**COMPETENCY HOM-PG-HMM-04-01:** **EXPLAIN THE TYPES OF HMM AND DISCUSS THE PHILOSOPHY OF VARIOUS CLINICAL HMMS.** **KNOWLEDGE:** • Enumerate the types of HMMs • Discuss the sources of HMMs. **SKILL:** ▪ Demonstrate the application of various clinical HMMs in a case received by interpreting the clinical presentations of a given case. **REFLECTION:** ▪ Recall your experience in receiving a case and interpreting the symptoms in light of Drug pictures of HMM. **COMPETENCY HOM-PG-HMM-04-02:** **EXPLAIN THE CONCEPT AND CONSTRUCTION OF VARIOUS CLINICAL MATERIA MEDICAS** **KNOWLEDGE:** ▪ Discuss the utility of each clinical HMM in clinical practice ▪ Differentiate the role of general HMM with clinical HMM in respect their utility in clinical practice. **SKILL:** ▪ Demonstrate the interpretation of symptomatology of general and clinical HMM **REFLECTION:** ▪ Recall the incidence when you actually used a clinical HMM for selection of similimum for the first case

	COMPETENCY HOM-PG-HMM-04-03: **ESTABLISH A LOGICAL RELATION OF VARIOUS CLINICAL HMMS WITH VARIOUS REPERTORIES.** **KNOWLEDGE:** ▪ Correlate the construction, concept and philosophy of all the clinical HMMs with concept and philosophy of Repertories. **SKILL:** ▪ Demonstrate the skill of KEYNOTE prescription by using CLINICAL HMM in clinical practice and relate the same with reportorial approach. **REFLECTION:** ▪ Write down the various experiences of KEY NOTE prescriptions and aim to construct a clinical HMM of your experience.
Learning methods	Self regulated learning, library based, deliberate practice,
Assessment:	Continuous / programmatic assessment.LA, SA, Assignment, viva voce
Prescribed Books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

TOPIC CODE: HOM-PG-HMM-05

APPLICATION OF CLINICAL MATERIA MEDICA THROUGH STUDY OF CLINICO-PATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS

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Topic overview	This topic creates an opportunity for the PG scholar to actually explore clinico pathological aspects of symptomatology in Clinical HMM and also establish a clinicopathological correlation of a clinical presentation of a patient.
Learning outcomes	**COMPETENCYHOM-PG-HMM-05-1:** **EXPLAIN THE SPHERE OF ACTION OF A REMEDY AND ESTABLISH CLINICO PATHOLOGICAL RELATION WITH THE SYMPTOMATOLOGY OF THE REMEDY.** **KNOWLEDGE:** ▪ Discuss the sphere of action of a remedy. **SKILL:** ▪ Demonstrate the skill of snapshot prescriptionon the basis ofsphere of action in clinical practice. **REFLECTION:** ▪ Recall a peculiar key note symptom which was explained in a class and you had the same in a patient. **COMPETENCY HOM-PG-HMM-05- 2:** **ANALYSE, EVALUATE A CASE AND SELECT A SIMILIMUM APPLYING KNOWLEDGE OF SPHERE OF ACTION AND ITS CLINICO PATHOLOGICAL RELATION.** **KNOWLEDGE:** ▪ Discuss various methods of analysis and evaluation of a patient. **SKILL:** ▪ Demonstrate a clinical analysis and synthesis of a case to arrive at a proper similimum. **REFLECTION:** ▪ Recall a first success story of a patient treated on this basis.
Learning methods	Self regulated learning, case based learning, problem based learning
Assessment:	Continuous / programmatic assessment: SA, Checklist, Ratingscales
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOMPG-HMM-06

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL. PHYSIOLOGICAL MM BY WILLIAM BURT" AND APPLYING IT TO CLINICAL PRACTICE.

Topic overview	This topic creates an opportunity for the PG Scholar to explore various literatures available of these authors and understand physiological actions of drugs and enable him to apply the same in clinical practice.
Learning outcomes	**COMPETENCY HOMPG-HMM-06-1:** **DESCRIBE THE PHYSIOLOGICAL ACTION OF DRUGS AND CONNECT THE SAME WHILE INTERPRETATION OF SYMPTOMATOLOGY IN CLINICAL PRACTICE.** **KNOWLEDGE:** ▪ Discuss the physiological action of the remedies. · Make a correlation with physiological action of the remedy and the symptoms of the respective drugs in Materia Medica. · Prepare systematic therapeutics on sphere of action of the remedies. **SKILL:** ▪ To develop observational skills depending upon the presenting symptoms of the case. · To develop interpretative skill in clinical application of drugs. **REFLECTION:** ▪ Recall your experience of applying patho-physiological aspect of HMM at bedside
Learning methods	Self regulated learning,library based
Assessment:	Continuous / programmatic assessment: SA, Assignment, Viva voce
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOM-PG-HMM-07

STUDY OF THE MIASM AND RELATING INSIGHT INTO CLINICO-PATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCE BOOKS, COMMENTARY AND CLINICAL MATERIA MEDICA

Topic overview	This topic will create a scope for understanding the concept of miasms as fundamental causes of diseases. And correlation with the natural course of the disease and connect the same and apply in clinical practice.
Learning outcomes	**COMPETENCY HOM-PG-HMM-07-1:** **KNOWLEDGE:** ▪ Discuss the characteristics features (system-wise) of various miasms. · Make correlation of symptoms of various disease condition and corresponding miasmatic interpretation. · Prepare miasmatic analysis of symptoms of the leading polycrest drugs. **SKILL:** ▪ To develop observational skills to identify miasmatic diagnosis upon the presenting symptoms of the case. · To develop interpretative skill to find out similimum considering miasmatic background in the presenting case. **REFLECTION:** ▪ Recall your experience of applying miasmatic approach to HMM in clinical practice and at bedside.
Learning methods	Self regulated learning, library based, bedside
Assessment:	Continuous / programmatic assessment: LA, Assignment, Assignment, Viva voce,
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOMPG-HMM-08

CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIO-PATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTARIES.

Topic overview	This topic will allow the PG Scholar to understand the concept of cause and effect and also understand the aetio pathogenesis of clinical symptoms and apply the same in clinical practice.
Learning outcomes	**COMPETENCY HOMPG-HMM-08-1:** **KNOWLEDGE:** ▪ Discuss evolutionary concept of cause & effect relationship from homoeopathic point of view. · Make a correlation of cause & effect of symptoms of drugs in Materia Medica. **SKILL:** ▪ To develop interpretative skill between cause and effect and its reflection in drugs of homoeopathic Materia Medica. · To develop understanding of cause & effect relationship and its application at bed-side. **REFLECTION:** ▪ Recall your experience of applying cause & effect relationship in clinical practice.
Learning methods	Self-regulated learning, library based, bedside,out-patient based
Assessment:	Continuous / programmatic assessment: MCQ, SA, Viva voce, Assignment
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE: HOMPG-HMM-09:

THE STRUCTURE OF MIND THROUGH STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH CONCEPT OF MIND AS PROPAGATED BY DR HAHNEMANN, KENT AND STUDY OF MIND FROM SOURCE BOOKS, KENT, TYLER AND FARRINGTON

Topic overview	This course will enable the PG Scholar to understand the basics of psychology and integrate the same with concept of mind as propagated by the named pioneers of Homoeopathy.
Learning outcomes	**COMPETENCY HOMPG-HMM-09-1:** **EXPLAIN THE BASIC CONCEPTS OF PSYCHOLOGY AND INTEGRATE THE SAME WITH THE CONCEPTS OF MIND AS PROPAGATED BY VARIOUS PIONEERS AND APPLY THE SAME IN CLINICAL PRACTICE.** **KNOWLEDGE:** ▪ Discuss various psychological aspects present in homoeopathic materia medica. ▪ Discuss the importance of mental symptoms in selecting similimum in a case. **SKILL:** ▪ To develop the interpretative skill of various mental symptoms of the drugs concerning various psychological aspects. · To develop an understanding of mental symptoms to treat psychological cases at the bedside **REFLECTION:** ▪ Recall your experience of prescribing similimum depending on mental or psychological correlation.
Learning methods	Self regulated learning, library based, e learning
Assessment:	Continuous / programmatic assessment :LA, SA, Assignment, Viva voce
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning.

TOPIC CODE- HOMPG-HMM-10:

DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.

Understand the Significance of the study of Mental Symptoms in Homoeopathic Materia Medica by grasping the basic concepts of Modern Psychiatry as explained in Kaplan& Sadock's "Synopsis of Psychiatry"& Niraj Ahuja's "Short Textbook of Psychiatry"& Applying this knowledge of Psychiatry to comprehend the relevance of Mental Symptoms in HMM, through the study of"Textbook of Materia Medica"by JT Kent, "Pocketbook of Homoeopathic Materia Medica& Repertory" by William Boericke, "A Synoptic Key of the Materia Medica" by C.M. Boger,"A Study on Materia Medica" by N.M. Choudhuri.

Topic overview	This course will give an opportunity for PG Scholar to understand evolution of MIND and its development so as to enable him to understand personality. This will help him to erect a constitutional totality and interpret LIFE SITUATION in clinical practice.
Learning outcomes	**COMPETENCY HOMPG-HMM-10-1:** **ERECT A CONSTITUTIONAL TOTALITY WHILE RECEIVING A CASE AND RELATE TO THE MENTAL SYMPTOMS AS PER THE ABOVE AUTHORS LEADING TO ESTABLISH A MENTAL TOTALITY IN CLINICAL PRACTICE.** **KNOWLEDGE:** ▪ Explain the mile stones of mental development as per various authors mentioned above. ▪ Discuss the various types of Mental symptoms seen in above books of HMM ▪ Grasp the basic concepts of Modern Psychiatry ▪ Correlate these mental symptoms with Modern Psychiatry so as to realise their significance in understanding drug symptomatology, case taking and case analysis, to arrive at a similimum. **SKILL:** ▪ To develop observational skills to document the presentation of various mental symptoms during case taking. ▪ To develop interpretative skill of various mental symptoms of Homoeopathic drugs in relation to various psychiatric disorders.

	▪ Record and analyse a mental totality and relate to the suitable remedy through Materia Medica in clinical practice. **REFLECTION:** ▪ Recall your experience of applying the knowledge of mental symptoms and their diagnostic value in differentiating similar remedies at bedside.
Learning methods	Self regulated learning, library based, e learning, deliberate practice
Assessment:	Continuous / programmatic assessment :SA, Assignment, viva voce
Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

TOPIC CODE HOMPG-HMM-11:

STUDY OF DISPOSITION, CONSTITUTIONS, TEMPERAMENTS IN CONCEPT OF HOMOEOPATHIC MATERIA MEDICA:

Study of disposition, constitutions, temperaments, diathesis in concept of Homoeopathic Materia Medica understood through the writings of Von Grauvogl, J.H.Clarke's "Constitutional Medicine",J.T.Kent's "Lesser Writings"Leon Vannier's "Homoeopathy Human Medicine", "Constitutional Therapeutics" by A.W.Woodward, "The Principles & the Art of Cure" by H.A.Roberts, David Little's essay "Hahnemann on Constitution & Temperament", "Trait and Type theories of Personality"

Topic overview	This course will give an opportunity to the PG Scholar To understand concepts of constitution, temperament and dispositions as explained by various authors and apply the same in clinical practice.
Learning outcomes	**COMPETENCY HOMPG-HMM-11-1:** **EXPLAIN THE CONCEPT OF CONSTITUTION, DISPOSITION AND TEMPERAMENT AND RELATE TO HMM AND APPLY IN CLINICAL PRACTICE** **KNOWLEDGE:** ▪ Discuss the definitions and types of disposition, constitutions, temperaments & diathesis. ▪ Understand the relevance of these concepts from the above books in HMM ▪ Correlate the various types & manifestations of disposition, constitutions, temperaments& diathesis to the actual logical process involved in arriving at a similimum **SKILL:** ▪ To develop observational skills to identify various types of disposition, constitutions, temperaments & diathesis among the presenting symptoms of the case. ▪ To develop interpretative skill to find out similimum considering disposition, constitutions, temperaments& diathesis, in the presenting case. **REFLECTION:** ▪ Recall your experience of applying your understanding of disposition, constitutions, temperaments & diathesis to HMM in clinical practice and at the bedside.
Learning methods	Self directed learning, library based
Assessment:	Continuous/programmatic assessment :MCQ, SA, ASSIGNMENT, VIVA VOCE

Prescribed texts:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

TOPIC CODE HOMPG-HMM-12:

CRITICAL THINKING AND EVOLVING LOGIC IN STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSION BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

Critical thinking and evolving logic in study of HMM, learning the process of data receiving, documenting, analysing, coming to logical conclusion by synthesis and abstraction and getting feedback from its application, as seen in "The Genius of Homoeopathy-Lectures and Essays on Homoeopathic Philosophy "by Stuart Close.

Topic overview	This topic will give a scope for PG Scholar to critically Look at the data received in the process of case receiving and come to a logical conclusion by analysing the same and apply it in clinical practice.
Learning outcomes	**COMPETENCY HOMPG-HMM-12-1:** **RECEIVE THE DATA AND ANALYSE CRITICALLY AND COME TO A LOGICAL CONCLUSION OF A SIMILIMUM IN CLINICAL PRACTICE.** **KNOWLEDGE:** ▪ Discuss the definition & different types of logic involved in the development of HMM. ▪ Correlate the role of Inductive & Deductive logic in developing HMM through Drug Proving ▪ Correlate the role of Logic in the whole process starting from case taking, till prescription and follow up and drawing inferences. **SKILL:** ▪ To develop observational skills to identify various types of Logic applied in evolving Homoeopathic Materia Medica. ▪ To develop interpretative skill to understand the application of Logic in the process of Drug Proving. ▪ To develop an understanding of the utilization of different types of Logic in the application of Homoeopathy at the bed-side. **REFLECTION:** ▪ Recall your experience of applying Inductive & Deductive Logic in clinical practice.
Learning methods	Case based learning ,bedside
Assessment:	Continuous / programmatic assessment: Checklist, Rating scales

Prescribed Books:	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, Practice based learning

DRUG LISTED BELOW FOR DEMONSTRATION AND APPLICATION OF ALL ABOVE COURSE CONTENTS AND COMPETENCIES.

DRUGS FOR LONG ANSWER QUESTIONS			
Sr. No.	**Name of the Drugs**	**Sr. No.**	**Name of the Drugs**
1	Ambra grisea	24	Ignatia a
2	Amm Carb	25	Iodum
3	Anacardium orientale	26	Kali Bich
4	Arg Nitricum	27	Kali Carb
5	Ars Alb	28	Lac Can
6	Bacillinum	29	Lycopodium clavatum
7	Baryta Carb	30	Mag Carb
8	Belladona	31	Medorrhinum
9	Bryonia alba	32	Merc Sol
10	Calc Carb	33	Nat Carb
11	Calc Flour	34	Nat Mur
12	Calc Iod	35	Nat Phos
13	Calc Phos	36	Nat Sulp
14	Calc Silica	37	Nux vomica
15	Calc Sulp	38	Opium
16	Cocculus ind	39	Psorinum
17	Conium Mac	40	Silicea
18	Gelsemium	41	Stramonium
19	Graphites	42	Sulphur
20	Carcinosin	43	Syphilinum
21	Causticum	44	Tarentula his
22	HepharSulp	45	Thuja occidentalis
23	Hyoscyamus n	46	Tuberculinum

DRUGS FOR SHORT ANSWER QUESTIONS

Sr. No.	Name of the Drugs	Sr. No.	Name of the Drugs
1	Actea spicata	54	Feltauri
2	Adonis vernalis	55	Ferrum Phos
3	Aesculus hip	56	Ficus relig
4	Aethusacyn	57	Formicum Acid
5	Aethusacyn	58	Gambojia
6	Agaricus musc	59	Ginseng
7	Agaricus musc	60	Glonoine
8	Agraphis nutans	61	Gnaphalium
9	Allium cepa	62	Grindelia
10	Allium sativa	63	Guaiacum off
11	Aloe socotrina	64	Heloderma
12	Alumen	65	Helonias d
13	Aralia Racemosa	66	HydrocynaciumAcid
14	Artemesia vulgaris	67	Ipecac
15	Artemisia vulgaris	68	Iris ver
16	Arum triphyllum	69	Lac Defl
17	Asafoetida	70	Lactic Acid
18	Aspidospermium	71	Ledum pal
19	Badiaga	72	Lemna minor
20	Bellis perenis	73	Lithium Carb
21	Bellis perennis	74	Lobelia inflate
22	Benzoicum Acid	75	Magnesium phos
23	Berberis vulgaris	76	Melilotus alb
24	Boricum Acid	77	Menyathestrif
25	Bothrops l	78	Mephitis
26	Bovista	79	Mer Cor
27	Bromium	80	Myrica cerifera
28	Bufo rana	81	Niccolum Met
29	Butyricum Acid	82	Nux moschata
30	Cactus grandiflorus	83	Oleander
31	Cadmium Met	84	Oleum animale
32	Calendula officinalis	85	Oxalic Acid
33	Cannabis sativa	86	Paeonia officinalis
34	Cantharis	87	Palladium
35	Cardus marinus	88	Petroleum
36	Caulophyllum	89	Picric Acid
37	Cineraria maratima	90	Podophyllum
38	Citricum Acid	91	Ranunculus bulbosa

39	Clematis erecta	92	Sabal serrulata
40	Cobaltum Met	93	Sabina
41	Coccus cacti	94	Sambucus nigra
42	Collinsonia	95	Sanguinaria can
43	Colocynthis	96	SarasaparillaOffic
44	Corallium rubrum	97	Secale corn
45	Cup Aceticum	98	Solidago
46	Digitalis purp	99	Spigelia
47	Dioscorea villosa	100	StrophantusHispidus
48	Drosera r	101	Taraxacum
49	Dulcamara	102	Thalapsi bursa
50	Echinaceaa	103	Trillium pendulum
51	Elapsc	104	Valeriana office
52	Erigeron canadensis	105	Viburnum opulus
53	Eupatorium purpureum	106	Viburnum opulus

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	**1st Term Test:** During sixth month of training	During eighteenth month of training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Materia Medica	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of	100	50		

Clinical Medicine in Homoeopathic Materia Medica				
iii. Research Methodology and Biostatistics	100	50	-	-

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.

Types of Questions with Marks

Types of question	**No. of questions to be asked**	**Marks per question**	**Total**
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			**100**

Part 1 – Paper 1. Topic Numbers

1. **HOM-PG-HMM-01**:

   FOUNDATION OF HOMOEOPATHIC MATERIA MEDICA – CONCEPT, SCIENCE, PHILOSOPHY, APPLICATION, NATURE AND SCOPE WITH A SPECIAL FOCUS ON SOURCE BOOKS OF MATERIA MEDICA.

2. **HOM-PG-HMM-02**:

   PLACE OF HOMOEOPATHIC MATERIA MEDICA IN COMPARISON TO OTHER SYSTEM OF MEDICINE AND COMPARISON IN CONCEPT, PHILOSOPHY, SCIENCE AND APPLICATION

3. **HOM-PG-HMM-03**:
   FOUNDATION OF ELICITING THE SYMPTOMATOLOGY OF HOMOEOPATHIC MATERIA MEDICA AND CONCEPT OF DRUG PROVING

AND ITS APPLICATION

4. **HOM-PG-HMM-04:**

CLINICAL MATERIA MEDICA CONCEPT, PHILOSOPHY AND CONSTRUCTION, RELATION WITH REPERTORY- BOERICKE, CLARKE, FARRINGTON, POINTERS TO COMMON REMEDY BY TYLER, HOMOEOPATHIC THERAPEUTICS BY LILIENTHAL, HANDBOOK OF MATERIA MEDICA BY T F ALLEN

5. **HOM-PG-HMM-05**:

APPLICATION OF CLINICAL MATERIA MEDICA THROUGH THE STUDY OF THE CLINICOPATHOLOGICAL CORRELATION AND SPHERE OF ACTION AND ITS DERIVATION THROUGH ANALYSIS, EVALUATION AND SYNTHESIS.

6. **HOM-PG-HMM-06**:

PHYSIOLOGICAL ACTION OF THE REMEDY AND STUDY FUNCTIONAL ORGANISATION OF THE REMEDIES THROUGH THE STUDY OF MM AND THERAPEUTICS ARRANGED UPON A PHYSIOLOGICAL AND PATHOLOGICAL BASIS BY HEMPEL, PHYSIOLOGICAL MM BY WILLIAM BURT AND APPLYING IT TO CLINICAL PRACTICE

7. **HOM-PG-HMM-07**:

STUDY OF THE MIASM AND RELATING INSIGHT INTO THE CLINICOPATHOLOGICAL ACTION OF THE DRUG TO MIASM AND ITS EVOLUTION ALONG WITH THE DIFFERENT CAUSATION BY STUDYING THE SOURCEBOOK, COMMENTARY AND CLINICAL MATERIA MEDICA.

8. **HOM-PG-HMM-08**:

CONCEPT OF CAUSATION, BIO-PSYCHO-SOCIAL MODEL OF AETIOPATHOGENESIS AND ITS APPLICATION IN THE DIFFERENT EXPRESSION AND SYMPTOMATOLOGY OF HMM THROUGH THE STUDY OF CLINICAL MATERIA MEDICA, SOURCEBOOKS AND COMMENTATOR

9. **HOM-PG-HMM-09**:

THE STRUCTURE OF MIND THROUGH THE STUDY OF BASIC PSYCHOLOGY AND INTEGRATING WITH THE CONCEPT OF MIND AS PROPAGATED BY HAHNEMANN, KENT AND THE STUDY OF MIND FROM SOURCE BOOKS, BY KENT, TYLER AND FARRINGTON.

10. HOM-PG-HMM-10:

DEVELOPMENT AND MATURATION OF MIND FROM CHILDHOOD TO OLD AGE-NORMAL CHARACTERISTICS AND THE RELEVANCE AND APPLICATION TO HOMOEOPATHIC MATERIA MEDICA.

11. HOM-PG-HMM-11:

STUDY OF DISPOSITION, CONSTITUTIONS, AND TEMPERAMENTS IN THE CONCEPT OF HOMOEOPATHIC MATERIA MEDICA.

12. **HOM-PG-HMM-12**:

CRITICAL THINKING AND EVOLVING LOGIC IN THE STUDY OF HMM, LEARNING THE PROCESS OF DATA RECEIVING, DOCUMENTING, ANALYSING COMING TO LOGICAL CONCLUSIONS BY SYNTHESIS AND ABSTRACTION AND GETTING FEEDBACK BY ITS APPLICATION.

VII (2b). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content **General Topics ALONG WITH DEMONSTRATION THROUGH DRUG LISTED IN LONG ANSWER QUESTION**	Marks
1	Problem Based	HOM-PG-HMM 01 to 11	20
2	LAQ	HOM-PG-HMM 03 or 04	10
3	LAQ	HOM-PG-HMM 05or06	10
4	LAQ	HOM-PG-HMM 07or08	10
5	LAQ	HOM-PG-HMM 09or 10	10
6	SAQ	HOM-PG-HMM 03	5
7	SAQ	HOM-PG-HMM 04	5
8	SAQ	HOM-PG-HMM 05	5
9	SAQ	HOM-PG-HMM 06	5
10	SAQ	HOM-PG-HMM 07	5
11	SAQ	HOM-PG-HMM 08	5
12	SAQ	HOM-PG-HMM 09	5
13	SAQ	HOM-PG-HMM 11	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION.

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		**100 Marks**

VII (3B). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		**100 Marks**

LIST OF BOOKS

1. TEXT BOOKS:

1. Blackwood AL(2016)A manual of Materia medica, Therapeutics and Pharmacology with Clinical Index
2. Bhanja KC, (1972) Master Key to Materia Medica
3. BoerickeW(1993)Pocket Manual of The Homoeopathic. Materia Medica
4. Boger C. M.(2010)A Synoptic Key of the Materia Medica
5. Choudhuri N.M.(2003) A study on Materia Medica
6. Clarke J.H.(1990) Dictionary of Practical Materia Medica
7. Farrington EA(1992) A Clinical Materia Medica
8. HC Allen(2002) Key Notes
9. Kent JT(1992)Lectures on Homoeopathic Materia Medica
10. Lippe A(2002) Keynotes and Red Line symptoms of the Materia Medica
11. Lippe A.D. (2005) Textbook of Materia Medica
12. Mathur K. N.(2003) Systematic Materia Medica of Homoeopathic Remedies
13. Nash EB(2014) Leaders in homoeopathic Therapeutics
14. Phatak S. R.(2003) Materia Medica of Homeopathic Medicines
15. Pierce W.E. (2016)Plain Talks on Materia Medica

16. Pulford (2002) Homoeopathic Materia Medica of Graphic Drug Pictures.
17. Tyler M.L.(2008) Homoeopathic Drug Pictures

2. REFERENCE BOOKS:

1. Allen H.C.(2000) The Materia Medica of Some important Nosodes
2. Allen T.F.(2000) Encyclopedia of Pure Materia Medica
3. Allen T.F.(2001) Hand Book of Materia Medica and Homoeopathic Therapeutics
4. Anshutz E.P.(2002) New, Old & Forgotten Remedies
5. Bhanja KC (1978)The Homoeopathic Prescriber
6. BoerickeW.(2019) The Twelve Tissue Remedies of Schussler
7. Borland D (1939)Pneumonias
8. Bradford T.L. & Taffel, L.H.(1908)The Lesser Writings of C.M.F. von Boenninghausen
9. Burnett (2002) Best of Burnett
10. C.C.R.H.(2014) Homoeopathic Materia Medica of Indian Drugs
11. C.C.R.H.(2016) Keynotes of Homoeopathic Materia Medica, Vol I & II
12. C.C.R.H.(2018)Drugs of Animal Sources used in Homoeopathy
13. CandigabeEugene(1997) Comparative Materia Medica
14. Clarke J.H.(1972) The Prescriber
15. Clarke J.H.(1990) The Dictionary of Practical Materia Medica
16. Coulter C.(2002) Portrait of Homoeopathic Medicines
17. Cowperthwaite AC (2022) Text Book of Homoeopathic Materia Medica
18. Dewey W.(2009) Practical Homoeopathic Therapeutics
19. Dubey S.K.(1973) Text book of Materia Medica
20. Dunham C.(2021) Lectures on Materia Medica
21. Farrington E.A. (2005)The Comparative Materia Medica
22. Farrington E.A.(2010) Lesser Writings with Therapeutic Hints and Some Clinical Cases
23. FoubisterD.M.((1995)Carcinosin Drug Picture
24. Ghose S.C. , Drugs of Hindustan
25. Guernsey H.N(1887) Keynotes of the Materia Medica
26. H.P.L., Ghaziabad (1998) A Photographic Album on Medicinal plants used in Homoeopathy Vol I & II.
27. H.P.L., Ghaziabad, A Compendium of Active Principles/ Phytochemicals of Medicinal plants used in Homoeopathy Vol I & II.
28. Hahnemann S.(2022) Materia Medica Pura
29. Hahnemann S., Chronic Diseases
30. Hering C.(1900)Guiding Symptoms of our Materia Medica
31. Hering C.(2022) Condensed Materia Medica
32. Hoyne T.S.(2002) Clinical Therapeutics
33. Hughes R. &Dake J.P.(2022) A Cyclopaedia of Drug Pathogenesy
34. Hughes R.(2012) A Manual of Pharmacodynamics
35. Hughes, R.(2012) The Principles & Practice of Homoeopathy
36. Julian OA((2003) Dictionary of Homoeopathic Materia Medica

37. Julian OA(1984) Materia Medica of New Homeopathic Remedies
38. Julian OA,(2003) Materia Medica of Nosodes
39. Kent J.T.(1992) New Remedies, Clinical Cases, Lesser Writings, Aphorisms & Precepts.
40. LeesserO.(2000) Text book of Homoeopathic Materia Medica
41. Lilienthal S(1998) Homoeopathic Therapeutics
42. Nash E.B.(2001) Regional Leaders
43. Rajendran E.S.(2015) Nanodynamics
44. Roberts H.A. (2002)The Study of Remedies by Comparison
45. Tyler M.L.(2022) Pointers to Common Remedies
46. Vithoulkas G(2002) Talks on Classical Homoeopathy
47. Vithoulkas G(2008) Essence of Materia Medica
48. Vithoulkas G.(1989) Materia Medica Viva, Vol I to XIII

Note: Part I Paper 2 separately after Part II Paper 1 & 2.

PART 2 PAPER 1 & 2

I TO IV IS COMMON FOR BOTH PART ONE AND PART TWO

PG HMM PART-II

V. TOPICS AND TOPIC OBJECTIVES.

Part-2:

- HOM-PG-HMM-13:

  DIFFERENT & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCEON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-14:

  EVOLUTION OF HOMOEOPATHIC MATERIA MEDIC A WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS, THEIR CONSTRUCTION AND UTILITY.

- HOM-PG-HMM-15:

  SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

- HOM-PG-HMM-16:

  TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

- HOM-PG-HMM-17:

  DIFFERENTAPPROACHESOFSTUDYOFHOMOEOPATHICMATERIAMEDICAI.E.PSYCHO-CLINICO PATHOLOGICAL, SYNTHETIC, COMPARATIVE, ANALYTIC AND REMEDY RELATIONSHIP

- HOM-PG-HMM-18:

  STUDY OF HOMOEOPATHIC DRUGS / MEDICINES AS PER LIST.

- HOM-PG-HMM-19:

  STUDY AND CONSTRUCTION OF MATERIA MEDICA – BUILDING A PORTRAIT OF ARTIFICIAL DISEASE AND DRUG PICTURE INTEGRATING CONCEPT STUDIED IN THE PART

- HOM-PG-HMM-20:

  THEORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIOCHEMIC MEDICINES.

- HOM-PG-HMM-21:

  GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-22:

  COMPARATIVE MATERIA MEDICA: FROM SYMPTOMATIC, REGIONAL LOCATION, CLOSELY COMING DRUG PICTURES.

- HOM-PG-HMM-23:

  CLINICAL APPLICATION OF HMM IN MEDICINE,GYNAECOLOGY AND SURGERY

- HOM-PG-HMM-24:

  MOTHER TINCTURES, NOSODES (INCLUDING BOWEL NOSODES),SARCODES.

- HOM-PG-HMM-25:

  REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG PICTURES FROM SYMPTOMS.

- HOM-PG-HMM-26:

  HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES.

- HOM-PG-HMM-27:

  STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

CONTENT:

HOM-PG-HMM-13:

DIFFERENT & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

- Different concepts on which different Materia Medica were available before Hahnemann
- Their influence on Homoeopathic Materia Medica

HOM-PG-HMM-14:

EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS, THEIR CONSTRUCTION AND UTILITY.

- Evolution of the HMM from the time of Hahnemann
- Concepts on which different HMM were written
- Study different masters and the construction of their HMM
- Utility of different HMM in Practice

HOM-PG-HMM-15:

SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

- Different Sources of Homoeopathic Materia Medica
- Concept of drug proving
- Concept of documenting the proving symptoms and evolving drug picture

HOM-PG-HMM-16:

TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

- Types of Homoeopathic Materia Medica
- Concept and Philosophy on types of HMM evolved
- Scop and limitation of Homoeopathic Materia Medica

HOM-PG-HMM-17:

DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA I.E.PSYCHO-CLINICO-PATHOLOGICAL, SYNTHETIC, COMPARATIVE,ANALYTICANDREMEDYRELATIONSHIP

- Different approaches to study HMM
- Psycho-Clinico-pathological
- Synthetic
- Comparative
- Analytic
- Remedy relationship

HOM-PG-HMM-18:

STUDY OF HOMOEOPATHIC DRUGS/ MEDICINES AS PER LIST

- AS PER LIST AT THE END OF COURSE OVERVIEW.

HOM-PG-HMM-19:

STUDY AND CONSTRUCTION OF MATERIA MEDICA – BUILDING A PORTRAIT OF ARTIFICIAL DISEASE AND DRUG PICTURE INTEGRATING CONCEPT STUDIED IN THE PART ONE AND TWO

- Portrait of artificial diseases as per list

HOM-PG-HMM-20:

THEORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIOCHEMIC MEDICINES.

- Theory of biochemic system
- Differentiate biochemic and homoeopathic system
- Application of biochemic system in practice

HOM-PG-HMM-21:

GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

- Concept of generalisation and individualisation
- Process of formulating group symptoms from Materia medica and Repertory
- Group study and application to individual remedy
- Application of group approach practice

HOM-PG-HMM-22:

COMPARATIVE MATERIA MEDICA: FROM SYMPTOMATIC, REGIONAL LOCATION, CLOSELY COMING DRUG PICTURES.

- Concept of comparative Materia medica
- Comparison of remedies from symptomatic, regional location, evolution, concomitant
- Comparison of remedies based on systems and themes

HOM-PG-HMM-23:

CLINICAL APPLICATION OF HMM IN MEDICINE,GYNAECOLOGY AND SURGERY

- Application of HMM in Medicine
- Application of HMM in gynaecology
- Application of HMM in surgery

HOM-PG-HMM-24:

MOTHER TINCTURES, NOSODES (INCLUDING BOWEL NOSODES),SARCODES

- Study of different mother tincture as per list and its clinical application
- Study of nosodes and its application in different role
- Study of sarcodes.

HOM-PG-HMM-25:

REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG PICTURES FROM SYMPTOMS.

- Concept and utility of repertory
- Application of repertory in formulating drug picture

HOM-PG-HMM-26:

HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES

- Application of HMM in emergency
- Application of HMM in acute illnesses.

HOM-PG-HMM-27:

STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

- Study drug picture at acute, chronic, intercurrent and constitutional level

VI. TOPIC DESCRIPTION

TOPIC CODE: **HOMPG-HMM-13**

DIFFERENT ERAS & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

Topic overview	This topic enables the learners to understand the different eras of Materia Medica of Earlier times and understand their influence of the concepts while evolving homeopathic Materia Medica
Learning outcome	**COMPETENCY: HOM-PG-HMM-13-1** **LIST THE CONCEPTS OF MATERIA MEDICA OF EARLIER TIMES** **KNOWLEDGE:** ▪ Discuss the various era s of Materia medica of earlier times. ▪ Explain the various concepts of earlier Materia medica. ▪ Explain the different ways of constructions of earlier Materia medica. **SKILL:** ▪ Demonstratethevariousinfluencesofconceptsofv ariousMateriaMedicaontheconstructionofHomo eopathicMateriamedicaanditsclinicalapplicatio n **REFLECTION:** ▪ Relate the various concepts of earlier Materia medicas. ▪ Thewayinwhichaboveunderstandinginfluences theconceptualdifferenceswithHomoeopathicM ateriamedica.
Learning methods	Self regulated learning, library based, e learning
Assessments	Formative and summative assessment. LA, SA, Assignment, viva voce
Prescribed text	As per the list
Domain of competency	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: **HOM-PG-HMM-14**

EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS, THEIR CONSTRUCTION AND UTILITY.

Topic overview	This topic enables the learners to understand the evolution of Homoeopathic materia medica and its concepts put forth by various stalwarts focusing on their logic of application and construction of materia medica. The above learning will make the learner competent in utility of various materia medicas in live clinical situations.
Learning outcomes	**COMPETENCY: HOM-PG-HMM-14-01** **EXPLAIN THE EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA** **KNOWLEDGE:** ▪ Recall the evolution of Homoeopathic Materia Medica. ▪ Recall the various source books of Homoeopathic materia medica. ▪ Recall the logic of various stalwarts used in construction of their respective materia medicas **SKILL:** • Interpret the various evolutionary steps in development of Homoeopathic Materia Medica. • Interpretative skill in clinical application of Materia medica in live situations. **REFLECTION:** ▪ Recall your first experience when you read Hahnemann's materia medica pura.

Learning methods	Self regulated learning, library based, e learning
Assessment:	Formativeandsummativeassessments.LA, SA, Assignment, viva voce.
Prescribed texts	ASPERTHELIST
Domain of competencies	Knowledge and scholarship ,Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-15

SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

Topic overview	This topic enables the learners to understand the various sources of Materia Medica. It also enables to understand the methods of drug proving including collection of symptoms
Learning outcomes	**COMPETENCY: HOM-PG-HMM-15-01** **ENUMERATE THE VARIOUS SOURCES OF MATERIA MEDICAS.** **KNOWLEDGE:** ▪ Recall the various sources of Homoeopathic materia Medica. ▪ Recall the concept of correlating knowledge of toxicology, chemistry and other sources to the symptoms of Homoeopathic Materia Medica. **SKILL:** ▪ Interpretative skill in understating the symptoms of materia Medica in relation with findings of toxicology, chemistry etc. **REFLECTION:** ▪ Recall your first experience when you read a drug picture in materia Medica and correlated it with its findings of toxicology ▪ Enumerate the various sources of material Medicas.
Learning methods	Self regulated learning, library based,
Assessment:	Continuous/programmatic assessment: LA,SA, Assignment
Prescribed texts:	ASPERTHE LIST

Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOMPG-HMM-16

TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPEANDLIMITATION.

Topic overview	This topic enables the learners to understand the various concepts , philosophies and scope , limitations of Homoeopathic materia Medica in clinical; practice.
Learning outcomes	**COMPETENCY: HOM-PG-HMM-16-01** **EXPLAINTHECONCEPTANDPHILOSOPHYOFHOMOEOPATHIC MATERIAMEDICA** **KNOWLEDGE:** • Explain the various concepts of Homoeopathic material Medicas. ▪ Discussthevariousphilosophiesappliedinevolutiono fVariousHomoeopathic material Medicas. **SKILL:** ▪ Display the application of concept and philosophy of different material Medicas in clinical practice. **REFLECTION:** • Recallyourfirstexperiencewhenyouhadanopportunit ywhenyoucorrelatedtheconceptandphilosophywhile readingvarious material Medicas. **COMPETENCY: HOM-PG-HMM-16-02** **LIST THE VARIOUS SCOPE AND LIMITATIONS OF HOMOEOPATHIC MATERIA MEDICAS** **KNOWLEDGE:** ▪ Explain the classification of diseases put for the by Dr, Hahnemann ▪ Discuss the scope and limitations of Homoeopathic Materia Medica **SKILL:** ▪ DemonstratethescopeandlimitationofHomoeopathic MateriaMedicainclinicalpractice

	REFLECTION: ▪ Recall your first experience when you experienced the limitation of HMM ▪ Recall the first experience when you experienced ▪ The scope of Homoeopathic Materia Medica
Learning methods	Brain storming, reflective learning,
Assessment	SA,LA, assignments, Viva
Prescribed texts	As per the list
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-17

DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA I.E. PSYCHO-CLINICO-PATHOLOGICAL, SYNTHETIC, COMPARATIVE, ANALYTIC AND REMEDY RELATIONSHIP

Topic overview	This topic enables the learners to understand various approaches to study materia medica which will encompass a global approach in understanding the drug picture in relation to mental, physical, clinical, pathological symptoms which will be comparable with other drugs and establish a proper remedy relationship. This study will enable the student for proper selection of similimum in clinical practice.
Learning outcomes	**COMPETENCY: HOM-PG-HMM-17-01** **DEMONSTRATE PROPER METHOD OF STUDYINGMATERIA MEDICA** **KNOWLEDGE:** Illustrate the various drug pictures using Psycho- clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship approached individually ▪ Apply Psycho- clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship approaches in clinical practice **SKILL:** ▪ Construct drug picture using Psycho- clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship approach individually and collectively **REFLECTION:** ▪ Recall your first experience when you read a remedy in Psycho- clinico-Pathological, Synthetic, Comparative, Analytical way and established a proper related remedy in clinical practice
Learning methods	Self regulated learning, library based,
Assessment:	Continuous/programmatic assessment and summative assessments LA, SA, Assignment, Viva voce
Prescribed texts:	ASPERTHE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE:HOM-PG-HMM-18

STUDY OF HOMOEOPATHIC DRUGS /MEDICINES AS PER LIST.

Topic overview	Study of Homoeopathic drugs as per list
Learning outcomes	**COMPETENCY: HOM-PG-HMM-18-01** **TO UNDERSTAND A DRUG PICTURE AND BE ABLE TO INTERPRET VARIOUS INDICATIONS AND COMPARE WITH OTHER NEARING DRUGS AND APPLIES IN A CLINICAL SITUATION. BE ABLE TO UNDERSTAND VARIOUS CLINICAL RELATIONSHIPS OF HOMOEOPATHIC REMEDIES** **KNOWLEDGE:** ▪ summarize various drug pictures. ▪ summarize various group characters of group remedies. ▪ summarize the various clinical relationships of the drugs. **SKILL:** ▪ Construct totality of various drug as per the list ▪ Apply these totalities in clinical practice. **REFLECTION:** ▪ Recall your first experience while you received your first case and the way you erected a portrait of a patient and matched with the drug picture and arrived to a similimum.
Learning methods	Self regulated learning, library based, e learning
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, Assignment, viva voce
Prescribed texts :	ASPERTHE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-19

STUDY AND CONSTRUCTION OF MATERIA MEDICA-BUILDING A PORTRAITOF ARTIFICIAL DISEASE AND DRUG PICTUREI NTEGRATING CONCEPT STUDIED IN PARTI

Topic overview	This course will enable the learner to erect a portrait of artificial disease through study of drug proving and enable to match the artificial disease with drug picture of materia Medica and be able to apply in clinical practice.
Learning outcomes	**COMPETENCY1: HOM-PG-HMM-19-01** **TO UNDERSTAND A DRUG PICTURE AND BE ABLE TO INTERPRET VARIOUS INDICATIONS AND COMPARE WITH OTHER NEARING DRUGS AND APPLIES IN A CLINICAL LIVE SITUATION. BE ABLE TO UNDERSTAND VARIOUS CLINICAL RELATIONSHIPS OF HOMOEOPATHIC REMEDIES** **KNOWLEDGE:** ▪ Discuss the various drug pictures. ▪ Explain the various group characters of group remedies. ▪ Explain the physiological action of drugs. ▪ Discuss the various clinical relationships of the drugs. ▪ Apply functional, structural ,psychological, clinico-pathological and miasmatic concept in building portrait **SKILL:** ▪ Display Communication and observational skills in receiving a case history. ▪ Apply portrait to clinical practice ▪ Perform thorough clinical examination and be able to diagnose a disease condition. **REFLECTION:** ▪ Recall your first experience when you read the materia medica by any of the stalwarts and interpret the logic of construction of materia medica by the author
Learning methods	Case based, problem based, bedside
Assessment:	Continuous/programmatic assessment and summative assessment Checklist, Rating scales
Prescribed texts :	ASPERTHE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-20-01

THE ORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIO CHEMIC MEDICINES.

Topic overview	This topic enables the learner to understand theory of Twelve Tissue remedies as put forth by Schuessler and be able to understand and interpret the clinical presentations of the patient and apply in clinical practice
Learning outcomes	**COMPETENCY: HOM-PG-HMM-20-01** **RECALLTHETHEORYOFTWELVETISSUEREMEDIESANDLISTTHESAME.** **KNOWLEDGE:** ▪ Discuss the theory and application of biochemic system of medicine ▪ Discuss the various drug pictures of Twelve Biochemic medicines. ▪ Explain the specific clinical indication of twelve tissue remedies **SKILL:** ▪ Demonstrate clinical application of drugs. **REFLECTION:** ▪ Recall your first experience when you Readthetheoryoftwelvetissueremediesandappliedby Prescribingtheindicatedbiochemicremedyinacasereceivedbyyou.
Learning methods	Self regulated learning, library based, spaced repetition
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, MCQ, VIVA VOCE,ASSIGNMENT .
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship ,Homoeopathic orientation, patientcare, Practice based learning

TOPIC CODE: HOM-PG-HMM-21

GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

Topic overview	This topic enables the learner to understand the classification of Homoeopathic remedies into various groups and enable to compare and contrast remedies amongst the groups and the remedies of others group also. And apply this knowledge in choosing a corrects milimumin clinical practice.
Learning outcomes	**COMPETENCY: HOMPG-HMM-21-01** **RECALLTHEVARIOUSGROUPSUNDERWHICHALLHOMOEOPATHICREMEDIESHAVEBEENCLASSIFIED**. **KNOWLEDGE:** ▪ Explain the concept of group studies. ▪ Discuss the historical evolution of group studies ▪ Discuss the various group characters of group remedies. As per list **SKILL:** ▪ Demonstrate the process of deriving group symptom ▪ Demonstrate the utility of repertory in deriving group symptoms ▪ Apply group symptom approach to arriving at similimum. ▪ Demonstrate the differential approach through group symptoms **REFLECTION:** ▪ Recall your first experience when you read the clinical material medica written by E.A. Farrignton and what you felt about the grouping of Homoeopathic Remedies for better understanding and application.
Learning methods	Self regulated learning, library based
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, Assignment , viva voce
Prescribed texts :	AS PER THE LIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-22

COMPARATIVE MATERIA MEDICA:FROM SYMPTOMATIC, REGIONAL, LOCATION, CLOSELY COMING DRUG PICTURES.

Topic overview	This course enables the learner to understand the importance of comparison of drugs with other similar drugs belonging to the same group or other wise and make the learner a competent prescriber.
Learning outcomes	**COMPETENCY: HOM-PG-HMM-22-01** **RECALL THE LOGIC OF COMPARATIVE MATERIA MEDICA AND APPLY IN SELECTION OF SIMILIMUM** **KNOWLEDGE:** ▪ Discuss the logic of comparative material medica ▪ Differentiate various closely coming drugs at level of symptoms, region, location and drug pictures ▪ Differentiate the various kingdoms and groups. **SKILL:** ▪ Apply concept of remedy differentiation in clinical practice **REFLECTION:** ▪ Recall your first experience when you read the comparative material medica and compare two similar drugs belonging to same group and the way in which you arrived to a similimum in clinical practice.
Learning methods	Self regulated learning, deliberate practice
Assessment:	Continuous/programmatic assessment and summative assessment MCQ, VIVA VOCE, ASSIGNMENT
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

CODE: HOM-PG-HMM-23

APPLICATION OF HMM IN THE PRACTICE OF MEDICINE, SURGERY AND GYNECOLOGY-OBSTETRICS.

Topic overview	Thiscourseenablesthelearnertounderstandtheimportanceofcomparisonofgroupsymptomshavingsimilarfocusofactioninrelationtomedicine, surgery and gynecology-obstetric.
Learning outcomes	Competency: **Hom-PG-HMM-23-01** Select a similimum for a given case of medicine, surgery and gynecology-obstetrics. **KNOWLEDGE:** ▪ DiscussdifferentialHMMbasedonvariousclinicalconditionsandsymptoms ▪ ApplyHMMinclinicalbrancheslikemedicine,surgeryandgynecology-obstetrics. **SKILL:** ▪ Perform history taking and examination. ▪ Construct clinical prescribing ▪ Selectappropriateclinicalsymptomorclinicaldiagnosistobuiltdifferential HMM ▪ Apply clinical HMM in practice . **REFLECTION:** ▪ Recallyourfirstexperiencewhenyouselectthesimilarremedyinalltheclinicalbrancheslikemedicine,surgeryandgynecology-obstetrics.
Learning methods	Bedside, case based, problem based
Assessment:	Continuous/programmatic assessment and summative assessment MCQ, Assignment , viva voce
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledgeandscholarship,Homoeopathicorientation,patientcare,Practicebasedlearning

TOPIC CODE: HOM-PG-HMM-24

MOTHERTINCTURES, NO SODES (INCLUDING BOWEL NOSODES), SARCODES.

Topicoverview	ThistopicenablesthelearnertounderstandtheimportanceofMotherTinctures, Nosodes (including Bowel Nosodes), Sarcode s and its clinical application
Learningoutcomes	**COMPETENCY1: HOMPG-HMM-24-01** **KNOWLEDGE:** ▪ Discuss the general concepts of mother tincture and their utility ▪ Discuss the various mother tincture sused in clinical practice. ▪ Explain the physiological action of mother tinctures. ▪ Apply various mother tinctures in various clinical conditions. **SKILL:** ▪ Apply mother tincture in clinical practice **REFLECTION:** ▪ Recall your first experience when you read the material medicaofmothertincturesandappliedthesamefo rgivingsymptomaticreliefinareceivedcase.
	COMPETENCY 2: **RECALLTHETHEORYOFNOSODESANDSARCODESANDTHEIRUTILITYASUNDERCURRENTREMEDY** **KNOWLEDGE:** ▪ Discuss theory of Nosodes and Sarcodes ▪ Discuss application of nosodes and sarcodes in Homoeopathic practice **SKILL:** ▪ Display the utility of nosodes as intercurrent in clinical practice

	▪ Display utility of nosodes and sarcodes in clinical practice **REFLECTION:** ▪ RecallyourexperiencewhenyouprescribedaNosodeorSarcodeassecondprescription
Learning methods	Self regulated learning, library based
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, Viva voce, assignment
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patientcare, Practice based learning

TOPIC CODE: HOMPG-HMM-25

REPERTORIALTECHNIQUESFORTHEEVOLUTIONOFTHED RUGPICTURESFROMSYMPTOMS.

Topic overview	Thistopicenablesthelearnertounderstandtheimportanceofapplicationofknowledgeof Repertoryinevolvingadrugpicturefromthesymptomsreceivedinacase.
Learning outcomes	**COMPETENCY: HOMPG-HMM-25-01** **TOEVOLVEADRUGPICTURECONSIDERINGATOTALITYOFSYMPTOMSSELECTEDFORAPARTICULARMETHODOFREPERTORIZATION.** **KNOWLEDGE:** • Discuss the concept and philosophy of Kent, BBCR and BSK repertory • Explain the concept of symptom classification, analysis and evaluation • Explain the concept of portrait building from symptoms **SKILL:** • Construct the portrait of the remedy through reportorial rubrics • Construct the regional portrait of the remedy from rubrics • Apply the portrait erected from repertory in clinical practice **REFLECTION:** • Recallyourfirstexperiencewhenyouerectedaportraitofaremedyusing ReportorialTechniques
Learning methods	Self regulated learning, library based
Assessment:	Continuous/programmatic assessment and summative assessment LA, SA, assignment
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

TOPIC CODE: HOM-PG-HMM-26

HOMOEOPATHICMATERIAMEDICAINACUTEILLNESSESAND EMERGENCIES.

Topic overview	ThistopicenablesthelearnertounderstandtheimportanceofHomoeopathicDrugsintreatingacuteillnessandEmergencies.
Learning outcomes	**COMPETENCY: HOM-PG-HMM-26-01** **LISTTHEREMEDIESUSEDINACUTEILLNESSESANDEMERGENCIES.** **KNOWLEDGE:** ▪ Discuss the various drugs used in acute illnesses. ▪ Discuss the differential HMM of acute illness and Emergency. ▪ ConstructregionaltotalityfrompatientandHMMinacuteillnessandemergency **SKILL:** ▪ Apply the HMM in emergency and acute illnesses. **REFLECTION:** ▪ RecallyourfirstexperiencewhenyoutreatedafirstemergencyandacuteillnessbyusingHomoeopathicRemedies
Learning methods	• Self regulated learning, bedside
Assessment: .	• Continuous/programmatic assessment and summative assessment SA, MCQ, VIVA VOCE, ASSIGNMENT
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patient care, Practice based learning

Topic **CODE: HOM-PG-HMM-27**

STUDYOFHOMOEOPATHICDRUGS/MEDICINESASPERLIST.

Topic overview	ThistopicenablesthelearnerstoStudyandunderstandHomoeopathic drugsasperunit1tounit5andotherssuchasChemicals,Vegetables,Nosodes,Sarcodesetc.
Learning outcomes	**COMPETENCY: HOMPG-HMM-27-01** Tounderstandadrugpictureandbeabletointerpretvariousindicationsandcomparewithothernearingdrugsandappliesinaclinicallivesituation. Beabletounderstandvariousclinicalrelationshipsofhomoeopathicremedies **KNOWLEDGE:** ▪ Summarize the various drug pictures. ▪ Summarize the various group characters of group remedies. ▪ Summarize the various clinical relationships of the drugs. **SKILL** ▪ Construct totality of various drug as per the list ▪ Apply these totalities in clinical practice **REFLECTION:** ▪ Recall your first experience when you read the material medica by any of the stalwarts and interpret the logic of construction of material medica by the author
Learning methods	▪ Self-regulated learning, library based, problem based, case based, spaced repitition
Assessment:	SA,LA, VIVA, OSCE
Prescribed texts :	ASPERTHELIST
Domain of competencies	Knowledge and scholarship, Homoeopathic orientation, patientcare ,Practice based learning

List of Medicines

Polychrest		Regional		Rare	
1	Ambra grisea	1	Abies can	1	Abies nigra
2	Amm Carb	2	Acalypha indica	2	Amyl Nitrosum
3	Anacardium orientale	3	Aesculus hip	3	Ant Ars
4	Ant Crud	4	Aethusacyn	4	Aranea diad
5	Apis Mel	5	Agaricus musc	5	Ars Sulp
6	Arg Nitricum	6	Alfa alfa	6	Asparagus officinalis
7	Ars Alb	7	Aloe socotrina	7	Asteria rubens
8	Bacillinum	8	Amm Mur	8	Avena sativa
9	Baryta Carb	9	Ant Tart	9	Blattaorientalis
10	Belladona	10	Apocyanum	10	Canchalagua
11	Bryonia alba	11	Arnica Mont	11	Castaneavesca
12	Calc Carb	12	Ars Iod	12	Chenopodium anthelm
13	Calc Flour	13	Artemisia vulgaris	13	Chimaphiliaumbelleta
14	Calc Iod	14	Arum triphyllum	14	Chininum Ars
15	Calc Phos	15	Asafoetida	15	ChininumSulp
16	Calc Silica	16	Baptisia tinc	16	Chloroform
17	Calc Sulp	17	Baryta Mur	17	Chrysarobium
18	Cannabis indica	18	Bellis perenis	18	Cinnamonum
19	Carbo veg	19	Berberis vulgaris	19	Cistus canadensis
20	Carcinosin	20	Bovista	20	Cornuscircinata
21	Causticum	21	Bromium	21	Cubeba officinalis
22	Chamomilla	22	Bufo rana	22	Curare
23	China off	23	Cactus grandiflorus	23	Diptherinum
24	Cocculus ind	24	Caladium	24	Elaterium
25	Conium Mac	25	Calc Ars	25	Equisetum hyemale
26	Gelsemium	26	Calc Mur	26	Eucalyptus
27	Graphites	27	Calendula officinalis	27	Filix mass
28	HepharSulp	28	Camphora off	28	Formalin
29	Hyoscyamus n	29	Cannabis sativa	29	Formica rufa
30	Ignatia a	30	Cantharis	30	Guaninum
31	Iodum	31	Capsicum	31	Hekla Lava
32	Kali Bich	32	Carbo Anim	32	Hura
33	Kali Carb	33	Caulophyllum	33	Hydrangea arbo
34	Kali Mur	34	Chelidonium m	34	Iberis ambra
35	Kali Phos	35	Cicuta v	35	Jalapa
36	Kali Sulp	36	Coca	36	Jatrophia
37	Lac Can	37	Coffea cruda	37	Justicia adhatoda
38	Lycopodium clavatum	38	Colchicum autum	38	Latrodec mac
39	Mag Carb	39	Collinsonia	39	Lycopus v

40	Medorrhinum	40	Colocynthis	40	Mygalelasiod
41	Merc Sol	41	Condurango	41	Ocimum C
42	Nat Carb	42	Digitalis purp	42	Passiflora incarnata
43	Nat Mur	43	Dioscorea villosa	43	Pertussin
44	Nat Phos	44	Drosera r	44	Physostigma v
45	Nat Sulp	45	Dulcamara	45	Piper nigricum
46	Nux vomica	46	Euphrasia off	46	Pothosfoetidus
47	Opium	47	Gambojia	47	Raphanus
48	Psorinum	48	Glonoine	48	Strontia carb
49	Pyrogenum	49	Hamamelis verginica	49	Syzygiumjambolinum
50	Silicea	50	Hydrophobinum	50	Teucrium m v
51	Stramonium	51	Hypericum perf	51	Thiosinaminum
52	Sulphur	52	Ipecac	52	Vaccinium
53	Syphilinum	53	Kalmia latifolia	53	Variolinum
54	Tarentula his	54	Kreosetum	54	Verbascum
55	Thuja occidentalis	55	Lac Defl		
56	Tuberculinum	56	Ledum pal		
		57	Lithium Carb		
		58	Lobelia inflate		
		59	Mag Mur		
		60	Melilotus alb		
		61	Mer Cor		
		62	Merc Cyan		
		63	Merc Iod Flavus		
		64	Merc IodRuber		
		65	Nux moschata		
		66	Onosmodium		
		67	Petroleum		
		68	Podophyllum		
		69	Radium Brom		
		70	Ratanhia per		
		71	Rheum office		
		72	Rhododenron		
		73	Rumex crispus		
		74	Sabina		
		75	Sambucus nigra		
		76	Sanguinaria can		
		77	SarasaparillaOffic		
		78	Secale corn		
		79	Senega offic		
		80	Spigelia		
		81	Spongiatosta		
		82	SquillaMaritima		
		83	Stictapulm		

		84	Symphytum officinale		
		85	Tabaccum		
		86	Tarentula c		
		87	Terebinthina		
		88	Thalapsi bursa		
		89	Theridion		
		90	Trillium pendulum		
		91	Uranium Nit		
		92	Ustilago		
		93	Viburnum opulus		
		94	Viscum album		
		95	X-ray		

GROUP CHARACTERISTICS

	Group Study				
Plant Family		**Mineral Group**		**Animal Groups**	
1	Group characteristics of Compositae	1	Group characteristics of Acid Group	1	Group characteristics of Ophidia
2	Group characteristics of Solanaceae	2	Group characteristics of Alkali Group	2	Group characteristics of Spider
3	Group characteristics of Loganiaceae	3	Group characteristics of Alkaline Earths Group	3	Group characteristics of Mollusk
4	Group characteristics of Anacardiaceae	4	Group characteristics of Arsenic and Arsenates Group	4	Group characteristics of Insects
5	Group characteristics of Liliaceae	5	Group characteristics of Baryta Group	5	Group characteristics of Fish
6	Group characteristics of Cucurbitaceae	6	Group characteristics of Calcarea Group		
7	Group characteristics of Ranunculaceae	7	Group characteristics of Carbon Group		
8	Group characteristics of Rubiaceae	8	Group characteristics of Ferrum Group		
9	Group characteristics of Umbelliferae	9	Group characteristics of Halogen Group		
		10	Group characteristics of Magnesia Group		
		11	Group characteristics of Mercury Group		
		12	Group characteristics of Metal Group		
		13	Group characteristics of Natrum Group		
		14	Group characteristics of		

			Phosphorus and Phosphates Group		
		15	Group characteristics of Silicea and Silicate Group		
		16	Group characteristics of Sulphur, Sulphides, Sulphates Groups		

History and Theory, Indications & Contraindications of Bowel Nosodes		History and Theory, Indications & Contraindications of Sarcodes		History and Theory , Indications & Contraindications of Nosodes	
	Individual Bowel nosodes		**Individual sarcodes**		**Individual nosodes-**
1	Bach Morgan	1	Adrenaline	1	Anthracinum
2	Dysentery co.	2	Cholesterinum	2	Botulinum
3	Bach gaertner	3	Cortisone	3	Diphtherinum
4	Bacillus no 7	4	Feltauri	4	Enterococcinum
5	Sycotic co	5	Folliculinum	5	Hippozeninum
6	Bacilli of morgan	6	Insulinum	6	Hydrophobinum
7	Bacillus no 10	7	OleumJecorisaselli	7	Influenzinum
		8	Oophorinum	8	Malandrinum
		9	Orchitinum	9	Malaria
		10	Pancreatinum	10	Morbillinum
		11	Parathyroidinum	11	Pertussinum
		12	Pepsinum	12	Pyrogenium
		13	Pitutrinum	13	Scarlatinum
		14	Thyroidinum	14	Tetenotoxinum
				15	Vaccininum
				16	Variolinum

Indications of Mother tinctures in terminal cases		History and Theory of Bio- chemic remedies	
	Mother Tinctures		**Biochemic**
1	Adonis vernalis:	1	Calc fl
2	Alfalfa	2	Calc phos
3	Arnica	3	Calc sul
4	Aspidosperma	4	Ferrumphos
5	Avena sativa	5	Kali mur
6	Brahmi (Bacopa m)	6	Kali phos
7	Calendula	7	Kali sul
8	Chelidonium	8	Mag phos
9	Condurango	9	Natrum mur
10	Convellariamajalis	10	Natrum Phos
11	Crategeus ox:	11	Natrum sul

12	Echinacea	12	Silicea
13	Fraxinus americanus:		
14	Ginkgo biloba		
15	Ginseng		
16	Gymnemasyl		
17	Hypericum		
18	Passiflora		
19	Plantago		
20	Sabal serrulata		
21	Syzygium jamb		
22	Thiosinaminum		

THERAPEUTIC STUDY OF DRUGS:

1. Drugs for Urinary disorders.
2. Drugs for GIT disorders.
3. Drugs for Respiratory disorders.
4. Drugs for Heart disorders.
5. Drugs for Liver disorders.
6. Drugs for Uterine disorders.
7. Drugs for Mouth disorders.
8. Drugs for Rectal disorders.
9. Drugs for Thyroid disorders.
10. Drugs for Glandular disorders.
11. Drugs for affections of Locomotor system
12. Drugs for Paralysis
13. Drugs for Diabetes
14. Drugs for Hypertension
15. Drugs for Affection of eye
16. Drugs for Affections of ear
17. Drugs for Vertigo
18. Drugs for Collapse
19. Drugs for Debility
20. Drugs for Neuralgia
21. Drugs for Fever
22. Drugs for Schizophrenia
23. Drugs for Anxiety disorder
24. Hysterical remedies
25. Drugs for behavioural disorder

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-II	**1st Term Test:** During twenty fourth month of training	During thirty sixth month of training
	2nd Term Test: During thirtieth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Homoeopathic Materia Medica Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Homoeopathic Materia Medica Paper 2	100	50		

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *Eighty per cent weightage shall be for summative assessment).

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF COURSES FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
ProblemBased Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			**100**

PART 2 – PAPER 1.
TOPIC NUMBERS

- HOM-PG-HMM-13:

  DIFFERENT & CONCEPTS OF THE EARLIER TIMES & THEIR INFLUENCE ON THE CONSTRUCTION OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-14:

  EVOLUTION OF HOMOEOPATHIC MATERIA MEDICA WITH FOCUS ON THE EVOLVING CONCEPTS, MASTERS AND THE BOOKS,THEIR CONSTRUCTION AND UTILITY.

- HOM-PG-HMM-15:

  SOURCES OF HOMOEOPATHIC MATERIA MEDICA, DRUG PROVING AND COLLECTION OF SYMPTOMS.

- HOM-PG-HMM-16:

  TYPES OF HOMOEOPATHIC MATERIA MEDICA-CONCEPT, PHILOSOPHY, SCOPE AND LIMITATION.

- HOM-PG-HMM-17:

  DIFFERENT APPROACHES OF STUDY OF HOMOEOPATHIC MATERIA MEDICA I.E.PSYCHO-CLINICO-PATHOLOGICAL,

SYNTHETIC, COMPARATIVE, ANALYTIC AND REMEDY RELATIONSHIP

- HOM-PG-HMM-18:

  STUDY OF HOMOEOPATHIC DRUGS /MEDICINES AS PER LIST.

- HOM-PG-HMM-19:

  STUDY AND CONSTRUCTION OF MATERIA MEDICA – BUILDING A PORTRAIT OF ARTIFICIAL DISEASE AND DRUG PICTURE INTEGRATING CONCEPT STUDIED IN THE PART

PART 2 – PAPER 2.
TOPIC NUMBERS

- HOM-PG-HMM-20:

  THEORY OF BIOCHEMIC SYSTEM OF MEDICINE AND BIOCHEMIC MEDICINES.

- HOM-PG-HMM-21:

  GROUP STUDY OF HOMOEOPATHIC MATERIA MEDICA.

- HOM-PG-HMM-22:

  COMPARATIVE MATERIA MEDICA: FROM SYMPTOMATIC, REGIONAL LOCATION, CLOSELY COMING DRUG PICTURES.

- HOM-PG-HMM-23:

  CLINICAL APPLICATION OF HMM IN MEDICINE,GYNAECOLOGY AND SURGERY

- HOM-PG-HMM-24:

  MOTHER TINCTURES, NOSODES (INCLUDING BOWEL NOSODES),SARCODES.

- HOM-PG-HMM-25:

  REPERTORIAL TECHNIQUES FOR THE EVOLUTION OF THE DRUG

PICTURES FROM SYMPTOMS.

- HOM-PG-HMM-26:

  HOMOEOPATHIC MATERIA MEDICA IN ACUTE ILLNESSES AND EMERGENCIES.

- HOM-PG-HMM-27:

  STUDY OF HOMOEOPATHIC DRUGS/MEDICINES AS PER LIST.

VII (2B). QUESTION PAPER LAYOUT

PART-2-PAPER 1

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-16	20
2	LAQ	HOM-PG-17	10
3	LAQ	HOM-PG-15	10
4	LAQ	HOM-PG-16	10
5	LAQ	HOM-PG-19	10
6	SAQ	HOM-PG-13	5
7	SAQ	HOM-PG-14	5
8	SAQ	HOM-PG-15	5
9	SAQ	HOM-PG-16	5
10	SAQ	HOM-PG-17	5
11	SAQ	HOM-PG-18	5
12	SAQ	HOM-PG-19	5
13	SAQ	HOM-PG-19	5

PART -2-PAPER 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-23	20
2	LAQ	HOM-PG-20	10
3	LAQ	HOM-PG-21	10
4	LAQ	HOM-PG-22	10
5	LAQ	HOM-PG-22	10
6	SAQ	HOM-PG-21	5
7	SAQ	HOM-PG-24	5
8	SAQ	HOM-PG-24	5
9	SAQ	HOM-PG-26	5
10	SAQ	HOM-PG-27	5
11	SAQ	HOM-PG-25	5
12	SAQ	HOM-PG-22	5
13	SAQ	HOM-PG-22	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION.

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05Marks
5	Micro Teaching	05Marks
Total		**100 Marks**

VII (3b). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Dissertation defence	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		**100 Marks**

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3. Allen H.C.(2000) The Materia Medica of Some important Nosodes
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31. Hahnemann S., Chronic Diseases
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35. Hughes, R.(2012) The Principles & Practice of Homoeopathy
36. Hering C.(2022) Condensed Materia Medica
37. Julian OA(1984) Materia Medica of New Homeopathic Remedies
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43. Nash E.B.(2001) Regional Leaders
44. Roberts H.A. (2002)The Study of Remedies by Comparison
45. Rajendran E.S.(2015) Nano dynamics
46. Tyler M.L.(2022) Pointers to Common Remedies
47. Vithoulkas G.(1989) Materia Medica Viva, Vol I to XIII
48. Vithoulkas G(2002) Talks on Classical Homoeopathy
49. Vithoulkas G(2008) Essence of Materia Medica

FUNDAMENTALS OF CLINICAL MEDICINE TO HOMOEOPATHIC MATERIA MEDICA

PART 1 PAPER 2

(HOM-PG-FCMHMM) PAPER-2

I. TITLE OF THE FUNDAMENTAL COURSE, AND ITS ABBREVIATION.

Fundamentals of Clinical Medicine to Homoeopathic Materia Medica

HOM-PG-FCMHMM

II. Same as paper one

III. BRIEF DESCRIPTION OF THE COURSE AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE COURSE.

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Materia Medica. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles in general and homoeopathic Materia Medica in particular.

IV. SAME AS PROGRAM

V. TOPIC AND TOPIC OBJECTIVES:

TOPIC OBJECTIVES:

1. Perform evidence-based clinical practice in Homoeopathic Materia Medica
2. Display ethical standards in clinical practice in HMM.
3. Evaluate differential diagnosis by symptom-based approach in clinical practice
4. Relate symptomatology and clinical examination to homoeopathic Materia Medica
5. Interpret investigation in the light of clinical diagnosis and Homoeopathic Materia Medica.
6. Perform homoeopathic case-taking based on homoeopathic principles.
7. Relate the different cause and effect relationships in case taking.
8. Assemble data from the case taking and correlate to suitable clinical Materia Medica.
9. Apply the direction of clinical management from a homoeopathic perspective.
10. Relate the miasm and susceptibility of the patient to the symptoms of drugs in Homoeopathic Materia Medica.

TOPIC

Part -one paper-two:Fundamentals of Clinical Medicine to Homoeopathic Materia Medica (FCMHMM)

(I) Hom-PG-FCMHMM–01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE

(II) Hom-PG-FCMHMM–02:

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

(III) Hom-PG-FCMHMM–03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND CLINICAL HMM THROUGH CLINICAL CASES AND BEDSIDE

(IV) Hom-PG-FCMHMM–04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

(V) Hom-PG-FCMHMM–05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATION

TOPIC CONTENT:

(I) Hom-PG-FCMHMM–01:

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE

a. Concept of evidence-based practice and its importance in Homoeopathy in relation to HMM.
b. Importance of developing an ethical base while adhering to the above with relation to HMM

(II) Hom-PG-FCMHMM–02:

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases
b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic
d. Concept of predisposition and disposition and its influence on development of diseases and application to HMM
e. Bio-psycho-social and environmental model of Aetiology and correlating with the Hahnemannian concept of causation and evolution of disease and HMM
f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression and application to HMM
g. Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution and HMM
h. Bed side- General and Systematic examination and understanding their basis
i. Role of physical examination and clinical investigation in the study of disease and miasm.
j. Understanding the process of clinical diagnosis
k. Importance of differential diagnosis-probable diagnosis and final diagnosis

FOLLOWING STUDY SHALL HELP IN BUILDING CLINICAL MATERIA MEDICA

a. Predisposition:
b. Causation and modifying factors:
c. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological result
d. Classification and evolution of disease according to varying expressions of susceptibility:
e. Case taking, examination, investigation and approach to clinical diagnosis:
f. Differential diagnosis:
g. Management-General and Homoeopathic:
    i. General Management
    ii. Standard management: Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient. And indicated HMM drugs for the state
    This may include the following:
    iii. Principles of Homoeopathic management:
        1.Scope and limitations:
        2.Role of different forces:
        3.Potency and repetition:
        4.Follow up management:
h. Prognosis
i. Future advances

(III) Hom-PG-FCMHMM–03:

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND CLINICAL HMM THROUGH CLINICAL CASES AND BEDSIDE

a. Pain
    i. Pain: Pathophysiology
    ii. Chest Pain
    iii. Abdominal pain
    iv. Headache
    v. Back and Neck pain
b. Fever-types
c. Alteration in Nervous system functions
    i. Faintness, syncope, dizziness, vertigo
    ii. Weakness, myalgias, imbalance
    iii. Numbness, tingling and sensory loss

iv. Acute confusional states
v. Aphasias
vi. Memory loss and dementia
vii. Sleep disorder

d. Alteration in Respiratory and Circulation
i. Dyspnoea
ii. Cough and haemoptysis
iii. Cyanosis
iv. Oedema
v. Shock

e. Alteration in Gastrointestinal functions
i. Dysphagia
ii. Nausea, vomiting, indigestion
iii. Diarrhoea and Constipation
iv. Weight loss
v. Gastrointestinal bleeding
vi. Jaundice
vii. Abdominal swelling and ascites

f. Alteration in Urinary functions and electrolytes
i. Incontinence and lower urinary symptoms
ii. Urinary abnormalities

g. Alteration in Reproductive and Sexual functions
i. Erectile dysfunction
ii. Disturbances of Menstruation
iii. Leucorrhoea
iv. Hirsutism
v. Infertility

h. Alteration in Skin functions
i. Itching
ii. Eruptions
iii. Disorders of pigmentation

i. Haematological alterations
i. Anaemia
ii. Bleeding
iii. Enlargement of Lymph nodes and spleen

(IV) Hom-PG-FCMHMM–04:

BASIC CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

a. Nutritional and Dietary assessment
b. Malnutrition
c. Vitamin and Mineral deficiency
d. Obesity

e. Eating disorders

(V) Hom-PG-FCMHMM–05:

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATIONS

a. Haematology - All basic tests
b. Serology
c. Biochemistry
d. Microbiology
e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
f. Basis Concepts of Radio Imagining like X-rays, CT, MRI
g. USG
h. ECG (Basic applications)

VI. TOPIC OVERVIEW:

NOTE:

Some topic and content templets are displayed here for guidelines as example rest of the institute shall prepare themselves for their implementation and documentation

Hom-PG-FCMHMM–01:

Table-1

Topic Overview:	This course will provide students of MD Hom (HMM) with an overview of the significance of displaying ethical based clinical practice in HMM.
Learning Outcomes:	**COMPETENCY : HOM-PG-FCMHMM–01-01** **IDENTIFIES ETHICAL-BASED CLINICAL PRACTICES IN REPERTORY.** **KNOWLEDGE** ▪ Describes the process of eliciting symptoms from the experience of the patient. ▪ Discuss the importance of converting the symptoms into prescribing totality. ▪ Identify the relevant HMM references amongst the cross references. ▪ Discuss the importance of authentic data publication in journals and dissertations. ▪ Comply with issues related to plagiarism. **SKILL** ▪ Demonstrates fidelity in converting the experience shared by patient using all senses. ▪ Demonstrates truthfulness in writing the right symptoms choosing right words. ▪ Construct the totality used have the intended meaning desired by the author. ▪ Delivers a publication ready document which ensure free of plagiarism and no manipulation of data. **REFLECTION** ▪ Appreciates the process involved ensuring ethical based clinical practice in HMM.
Learning methods	• Bedside, case based
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment • SA, VIVA VOCE, ASSIGNMENT
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Hom PG-FMHMM–03:

Table-2

Topic Overview:	This course will provide students of MD Hom (HMM) with an overview of the significance of utilisation of clinical Materia Medica as credible database for shortlisting prescription possibilities for pain in general and various locations in particular.
Learning Outcomes:	**COMPETENCY : HOM-PG-FCMHMM–03-02-01:** **EXPLAIN THE PATHOGENESIS OF PAIN IN GENERAL AND LOCATIONS IN PARTICULAR.** **KNOWLEDGE** ▪ Describes the various Patho – physiological processes involved in genesis of pain. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of pain. ▪ Discuss the representation of pain in different remedies in clinical Materia Medica with differentiation. **SKILL** ▪ Demonstrates bedside case taking skills. ▪ Identifies the symptom based on subjective and objective expressions. ▪ Search the relevant symptomatology with differential symptoms from different clinical Materia Medica. ▪ Demonstrate the logic behind the choice of clinical Materia Medica. **REFLECTION** ▪ Recall the experience with referencing the clinical Materia Medica result with cause of pain. **COMPETENCY 2: HOM-PG-FCMHMM–03-02-02:** **DIFFERENTIATES THE TYPES OF PAIN BASED ON LOCATION ASSOCIATION.** **KNOWLEDGE** ▪ Identifies the different types of pains in relation to location. ▪ Relate with the pathogenesis. ▪ Identifies the pain and enquires appropriately. ▪ Identifies the characteristics in the pain sensation. ▪ Aware of the role of homoeopathy ▪ Identifies the investigations to be indented.

	▪ Concludes the clinical diagnosis. ▪ Aware of representation of pain and location in clinical Materia Medica books **SKILL** ▪ To logically demonstrate the need of clinical Materia Medica **REFLECTION** ▪ Identify the critical incidents that supported your prescription decision to be unbiased.
Learning methods	• Case based,problem based
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment • MCQ, VIVA CHECKLIST
Prescribed Texts:	
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

TABLE-3

Topic Overview:	This topic will provide students of MD Hom (Hom. Materia Medica) with an overview of the significance of utilisation of HMM as credible source for management and treatment possibilities for Gastro-intestinal bleeding.
Learning Outcomes:	**COMPETENCY 1: HOM-PG-FCMHMM–03-03-01** **EXPLAIN THE PATHOGENESIS OF GASTRO-INTESTINAL BLEEDING.** **KNOWLEDGE** ▪ Describes the various pathological conditions leading toGastro-intestinal bleeding. ▪ Describe the predisposition and dispositions prone for gastrointestinal bleeding ▪ Interpret the data collected from the case taking ▪ Assemble the clinical and homoeopathic data Relate the gastrointestinal bleedings with examination findings ▪ Discuss differential diagnosis of the gastro intestinal bleedings ▪ Relate gastrointestinal bleeding with investigation findings ▪ Identifies the symptom based on subjective and objective expressions ▪ Describe the various pathogenesis, clinicopathological corelation and miasmatic correlation ▪ Explain the different causation at the level of bio-psycho-social-cultural-economical -political-religious responsible for the gastrointestinal bleeding ▪ Classify the different evolution of gastrointestinal bleeding from reversible to irreversible pathologies ▪ Classify the diseases with gastrointestinal bleeding from Hahnemannian classification ▪ Define the scope and limitation of homoeopathic management for the same ▪ Relate gastrointestinal bleedings with range of susceptibility ▪ Define the follow up criteria and remedy response for the gastrointestinal bleedings ▪ Apply all the clinical and homoeopathic knowledge to construct homoeopathic Materia medica for gastrointestinal bleeding ▪ Comparative study of various homoeopathic remedies for Gastro-intestinal bleeding based on nature and site and

	pathogenesis. ▪ Discuss differential HMM for gastrointestinal bleeding at the level of acute, chronic and intercurrent ▪ Describe range of susceptibility and miasm of gastrointestinal bleeding remedies ▪ Relate the different remedies of gastrointestinal bleeding to various clinical Materia medica (Farrington, Boericke, Clarke **SKILL** ▪ Demonstrates bedside case taking skills in cases of Gastro-intestinal bleeding. ▪ Perform homoeopathic clinical case taking of the gastrointestinal bleeding ▪ Demonstrate the physical examination skill. ▪ Construct different reportorial totalities and reportorial references of gastrointestinal bleeding ▪ Construct acute, intercurrent and chronic totalities of gastrointestinal bleedings **REFLECTION** ▪ Recall the experience with homoeopathic remedies used in cases of Gastro-intestinal bleeding. ▪ Recall the experience of differentiating various homoeopathic remedies used in cases of Gastro-intestinal bleeding based on nature and location.
Learning methods	• Self regulated learning, library based
Assessment:	• Continuous / Programmatic assessment (including Problem Based Learning assessment).MCQ, VIVA VOCE ASSIGNMENT
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

TABLE-4

Topic Overview:	This course will provide overview of dyspnoea, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	**COMPETENCY 1: HOM-PG-FCMHMM–03-04-01** **EXPLORING DYSPNOEA AS A SYMPTOM AND ITS HOLISTIC UNDERSTANDING IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE** **KNOWLEDGE** ▪ Discuss the etiopathogenesis of dyspnoea ▪ Conclude etiopathogenesis of dyspnoea from homoeopathic perspective ▪ Discuss the other clinical features associated with dyspnoea ▪ Explain the pathogenesis of Dyspnoea ▪ Plan investigation for confirmation of diagnosis ▪ Formulate provisional clinical diagnosis and differential diagnosis ▪ Explain Clinical differentiation of symptoms for assessment of nosological diagnosis ▪ Discuss investigation for confirmation of diagnosis ▪ Classify dyspnoea from Hahnemannian classification of disease ▪ Apply clinical insight in classifying miasm (Psoric, Syphilitic and Sycotic) ▪ Correlate Hahnemann's concept and modern medicine for the understanding of dyspnoea ▪ Classify the symptoms with analysis and evaluation ▪ Ascertain prognosis from clinical medicine and homoeopathic perspective ▪ Plan Diet as regimen as per the nosological diagnosis and Hahnemann's directions. ▪ Plan the line of management (Medicinal and/or auxiliary management) ▪ Plan Strategy for homoeopathic management **SKILL:** ▪ Perform Homoeopathic Case taking including anamnesis ▪ Perform Clinical examination of chest and other relevant systems. ▪ Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis ▪ Construct prescribing Totality ▪ Refer appropriate clinical Materia Medica for dyspnoea for indicated and differential Materia Medica

	REFLECTION: ▪ Integrated approach in understanding dyspnoea ▪ Identify social, economic, environmental, biological and emotional determinants of dyspnoea ▪ Common remedies used in OPD and IPD for dyspnoea
Learning methods	Self regulated learning, library based,case based
Assessment:	Continuous / Programmatic assessment (including Problem Based Learning assessment). SA, MCQ, VIVA , ASSIGNMENT
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

Hom PG-FMHMM–04

Table-5

Topic Overview:	This Topic will provide students of MD Hom (HMM) with an overview of the significance of utilisation of clinical Materia Medica as credible database for malnutrition, vitamin and mineral deficiency, obesity, eating disorder.
Learning Outcomes:	**Competency : Hom-PG-FCMHMM–03-05-01:** **Identifies subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity, eating disorder.** **KNOWLEDGE** ▪ Describes the various Patho – physiological processes involved in genesis malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of psycho – neuro endocrine axis in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the role of predisposition and susceptibility in genesis of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Aware of subjective and objective signs and symptoms of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Defines the level of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Discuss the role of diet and nutritional supplements in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the scope of homoeopathy alone in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Awareness of representation in Repertory of signs and symptoms related to malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Apply clinical symptoms and characteristics for referring clinical Materia Medica **SKILL** ▪ Demonstrates case taking skills in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Demonstrates the clinical examination skills of signs and symptom of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Demonstrates the assessment skills of level and intensity of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.

	▪ Refers appropriate repertory and relevant rubrics that represent the malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Refer appropriate clinical Materia Medica for management of nutritional disorders **REFLECTION** ▪ Appreciates the process involved in assessment of malnutrition, vitamin and mineral deficiency, obesity and eating disorders and scope of homoeopathy. **COMPETENCY : HOM-PG-FCMHMM–03-05-02:** **REFERS APPROPRIATE CLINICAL MATERIA MEDICA TO MANAGE MALNUTRITION, VITAMIN AND MINERAL DEFICIENCY, OBESITY AND EATING DISORDERS. TYPES OF PAIN BASED ON LOCATION ASSOCIATION.** **KNOWLEDGE** ▪ Identifies the different clinical Materia Medica useful for management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. ▪ Identifies the appropriateness of clinical Materia Medica in differentiation of remedies in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. **SKILL** ▪ To logically demonstrate the utility of clinical Materia Medica in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders. **REFLECTION** ▪ Identifies the scope of use of clinical Materia Medica in management of malnutrition, vitamin and mineral deficiency, obesity and eating disorders.
Learning methods	• Self regulated learning, library based, case based
Assessment:	• Continuous / Programmatic assessment /Practical assessment/Written assessment MCQ, viva, assignment
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Hom PG-FMHMM–05:

Table-6

Topic Overview:	This Topic will provide overview of dyspnoea, its understanding in clinical practise and its homoeopathic perspective.
Learning Outcomes:	**COMPETENCY : HOM-PG-FCMHMM–05-06-01** **INTERPRETATION OF LIVER FUNCTION TEST IN LIGHT OF HOMOEOPATHIC PERSPECTIVE AND CLINICAL MEDICINE.** **KNOWLEDGE** ▪ Explain the liver functions ▪ Discuss Etiopathogenesis of liver disorders ▪ Interpret investigation for liver function. ▪ Classify the liver function in to functional and structural representation ▪ Classify the liver function as representation of different Miasm (Psoric, Syphilitic and Sycotic) ▪ Explain the march of susceptibility as per the liver function test ▪ Correlate Hahnemann's concept and modern medicine for the understanding liver function test ▪ Justify prognosis from clinical and homoeopathic medicine based on liver functions test. ▪ Plan the line of management based on Liver Function test ▪ Identify Striking, singular, uncommon, and peculiar symptoms based on laboratory findings. ▪ Relate liver function test to clinical Materia Medica ▪ Apply laboratory findings in selection of medicine, potency, repetition of doses. ▪ Apply laboratory findings in prescribing diet and regimen from modern and homoeopathic point of view. ▪ Discuss prognosis from clinical medicine and homoeopathic perspective. **SKILL:** ▪ Perform clinical and homoeopathic history based on laboratory findings. ▪ Corelation of clinical history with laboratory finding. **REFLECTION:** ▪ Relate use of laboratory test in judicious management of clinical cases ▪ Relate the utility of laboratory finding in differential Materia Medica

Learning methods	Self regulated learning, Case based,
Assessment:	Continuous / Programmatic assessment /Practical assessment/Written assessment SA, VIVA VOCE ASSIGNMENT
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

VII. ASSESSMENT

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	**1st Term Test:** During sixth month of training	During eighteenth month of training
	2nd Term Test: During twelfth month of training	

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Materia Medica	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Materia Medica	100	50		
iii. Research Methodology and Biostatistics	100	50	-	-

(*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. *eighty per cent. weightage shall be for summative assessment).

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2a). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

Part 1 – Paper 2. Topic Numbers

i. **Hom-PG-FCMHMM–01:**

INTRODUCTION TO THE PRACTICE OF EVIDENCE-BASED MEDICINE

ii. **Hom-PG-FCMHMM–02:**

DEVELOPING A BASIC CLINICAL APPROACH. ALL THE FOLLOWING CONTENT HAS TO BE DELIVERED THROUGH CLINICAL CASES AND BEDSIDE CLINIC

iii. **Hom-PG-FCMHMM–03:**

STUDYING THE CARDINAL MANIFESTATIONS OF DISEASE THROUGH THEIR PATHO-PHYSIOLOGY WITH HAHNEMANNIAN CLASSIFICATION OF SYMPTOMS AND MIASMATIC CLASSIFICATION AND CLINICAL HMM THROUGH CLINICAL CASES AND BEDSIDE

iv. Hom-PG-FCMHMM–04:Basic

CONCEPTS OF NUTRITION, NUTRITIONAL DISEASES AND MIASMATIC ASSESSMENT

v. **Hom-PG-FCMHMM–05:**

INTERPRETATIONS OF LABORATORY AND RADIOLOGICAL INVESTIGATION

VII (2b). QUESTION PAPER LAYOUT

Sr no	Course content	Problembased questions	Weightage
Q 01	**HomPG-FMHMM–01 or 03 or 04**	**20 x1**	**20 marks**
Q 02	**HomPG-FMHMM–01**	**10 marks**	**40 marks**
Q 03	**HomPG-FMHMM–03: a or c**	**10 marks**	
Q 04	**HomPG-FMHMM–03: d**	**10 marks**	
Q 05	**HomPG-FMHMM–03: e**	**10 marks**	
Q 06	**HomPG-FMHMM–04**	**5 marks**	**40 marks**
Q 07	**HomPG-FMHMM–03: b or i**	**5 marks**	
Q 08	**HomPG-FMHMM–03: f**	**5 marks**	
Q 09	**HomPG-FMHMM–03: g**	**5 marks**	
Q 10	**HomPG-FMHMM–03: h**	**5 marks**	
Q 11	**HomPG-FMHMM–05: a or b or c**	**5 marks**	
Q 12	**HomPG-FMHMM–05: d or e**	**5 marks**	
Q 13	**HomPG-FMHMM–05: f or g or h**	**5 marks**	

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION: A COMMON PRACTICAL/VIVA FOR PART I PAPER 1 AND

6. **LIST OF BOOKS**

1. Adam Feather; David Randall; Mona Waterhouse . (2020). *Kumar and Clark's Clinical Medicine (10/E).* Elsevier.
2. Allen, H. C. (2002). *Keynotes and Characteristics with Comparisons.*
3. Andrew R Houghton, David Gray. (2010). *Chamberlain's Symptoms and Signs in Clinical Medicine, An Introduction to Medical Diagnosis (13/E).* Hodder Arnold.
4. Barbara Bates, Lynn S. Bickley. (2004). *Bates' Guide to Physical Examination and History Taking (8/E).* Lippincott Williams and Wilkins.
5. Bhanja, K. C. (1972). *Masterkey to Homeopathic Materia Medica.*
6. Blackwood, A. L. (2016). *A manual of materia medica, therapeutics and pharmacology, with clinical index.*

7. Boericke, W. (1993). *Pocket Manual of Homoeopathic Materia Medica & Repertory.*
8. Boger, C. M. (2010). *A Synoptic Key of the Materia Medica.*
9. Choudhuri, N. M. (2003). *A Study on Materia Medica.*
10. Clarke, J. H. (1990). *A Dictionary Of Practical Materia Medica.*
11. Cyril M. Macbryde, R.S. Blacklow. (1983). *Signs and Symptoms: Applied Pathologic Physiology and Clinical Interpretation (6/E).* HarperCollins,Australia.
12. Davis, M. A. (1999). *Signs and Symptoms in Emergency Medicine: Literature-Based Guide to Emergent Conditions.* Mosby.
13. Farrington, E. A. (1992). *Lectures on Clinical Materia Medica.*
14. Gupta. (2005). *Differential Diagnosis (Medicine, Surgery, Obs/Gynae, Ophth, Paed, Dental) (7/E).* Jaypee Brothers Medical Publishers Private Limited.
15. Kamath, S. A. (2022). *API Textbook of Medicine (12/E).* Jaypee Brothers Medical Publishers.
16. Kent, J. T. (1992). *Lectures on Homoeopathic Materia Medica.*
17. Lippe, A. (2005). *Text Book of Materia Medica.*
18. Lippe, A. V. (2002). *Keynotes and Red Line Symptoms of Materia Medica.*
19. Loscalzo. (2022). *Harrison's Principles of Internal Medicine (21/E).* New Delhi: McGraw Hill / Medical.
20. Mathur, K. N. (2003). *Systematic Materia Medica of Homoeopathic Remedies.*
21. Mehta, P. J. (2023). *Practical Medicne (22/E).* The National Book Depot.
22. Nash, E. B. (2014). *Leaders in homoeopathic Therapeutics.*
23. Penman, I. (2022). *Davidson's Principles and Practice of Medicine (24/E).* ELSEVIER.
24. Phatak, S. R. (2003). *Materia Medica of Homoeopathic Medicines.*
25. Pierce , W. I. (2016). *Plain Talks On Materia Medica.*
26. Pulford, A. (2002). *Homoeopathic Materia Medica of Graphical Drug Pictures.*
27. Tyler, M. L. (2008). *Homoeopathic Drug Pictures.*

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