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Syllabus for BHMS(Direct Degree) Course in accordance with CCH Notification No.F.12-13/87-CCH(Pt.II) dated 14th September, 2003 effective from academic sessioin 2003-2004

Subjects

Subjects for study and examination for the BHMS (Degree Course) shall be as under:-

1. Anatomy.
2. Physiology including Biochemistry.
3. Organon of Medicine, Principles of Homoeopathic Philosophy & Psychology.
4. Homoeopathic Pharmacy
5. Homoeopathic Materia Medica & Therapeutics
6. Pathology & Microbiology
7. Forensic Medicine & Toxicology
8. Practice of Medicine
9. Surgery
10. Obstetrics and Gynaecology
11. Community Medicine
12. Case taking and Repertory

Introduction

Basic objectives of education and training in a Homoeopathic institution is to prepare a competent Homoeopathic Physician who is capable of functioning independently and effectively under Rural and Urban set ups.
In order to achieve this, the following syllabus and curriculum has been designed:-

A. Sound Foundation

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

A student shall have to pass through a Training procedure which encompasses the above well, right from 1st BHMS to IV BHMS and also during the internship period.

He shall undergo an education process wherein learning of Facts and Concepts right from 1st year are in a continuity, in an evolutionary and progressive pattern. In 1st year BHMS, student shall study the fundamental principles of Homoeopathy and will also learn more of applied anatomy than a multitude of minor anatomical details.

In IInd year BHMS, a student shall be exposed to very vital concepts of susceptibility and symptomatology with Analysis-Evaluation and details of the Homoeopathic concepts, old logic of Homoeopathy. These will attain much deeper significance (if care is taken by teachers of pathology and Organon-Philosophy) when the current knowledge of INFLAMMATION, IMMUNITY, is correlated well with concepts of susceptibility.

In IIIrd year BHMS, there is opportunity to fortify the foundation at the best by correlating between Theory of Chronic diseases and the Patho Physiological facts on the Gynecology, Surgery and Medicine. A student shall have to be taught the spectrums of various diseases in correlation with the spectrum of miasmatic manifestations. He will then be able to use a well concluded EVALUATION ORDER OF Characteristics to derive and Operationally valid reportorial Totality.

The knowledge gathered in this pattern will keep him constantly aware of his objectives and his role as a Homoeopathic Physician. The Integration will eliminate the state of confusion. The Therapeutics Actions then will be right and Complete, utilizing the full repertories of the Medicinal and Non-Medicinal measures, keeping him up-to-date about all fresh scientific developments and inculcating values of Continuous Medical Education.

B. Execution

Maximum emphases shall be placed on the applied aspects of all the subjects. Thus teaching of Anatomy, Physiology and Biochemistry will demand grater emphasis on applied aspects of these sciences. Teaching of Pathology will demand greater emphasis on applied aspects of these sciences. Teaching of Pathology will demand sharp focus on general Pathology, while Regional Pathology will come up as an application. It shall require correlation with Medicine, Surgery and Gynaecology. All these need to be studied from Homoeopathic perspectives, hence emphasis on applied aspect of Organon, Philosophy and Homoeopathic Terapeutics representing application to all other subjects.

C. Inter-Departmental Co-ordination

Essentially, the entire approach becomes an integrated approach. All departments shall develop a cohesive well defined programme which demand marked interdepartmental co-ordination.

It is therefore desirable to have teaching programmes wherein, by rotation each department participates in the teaching coordinating well with the other faculties with constant updating and evaluation. The coordination has to be in the way as given in the text under each subject inside these Regulations. This will ensure fundamental and exceptional clarity.

D. Deductive-Inductive Teachings

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

E. Patient Oriented Teachings

In order to impart the integrated medical education Patient has to be in the centre right from day one of the IInd year BHMS.

Importance of social factors in relation to the problem of health and disease shall receive proper emphasis throughout the course and to achieve this objective, the educational process shall be community as well as hospital based.

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

Organon of Medicine and Principles of Homoeopathic Philosophy + Psychology

First year B.H.M.S.

Introduction to Science of Homoeopathy

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

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

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

I. Fundamental of Homoeopathic Science

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

1. Short history of Hahnemann's life and contributions
2. Brief life and contributions of early pioneers after Hahnemann
3. Brief study of the early history of spread of Homoeopathy and position of Homoeopathy in various countries
4. Hahnemann's Organon of Medicine from aphorism 1 to 70
5. Fundamental Principles of Homoeopathy
6. Health: Hahnemann's and modern concept
7. Introductory lectures on diseases, their classification, drug diseases, case taking and drug proving.

II. Logic

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

As discussed earlier, to comprehend Organon-Philosophy, it is essential to acquaint with understanding of Logic in order to grasp inductive-deductive reasoning.

III. Introduction to Psychology

1. Definition of Psychology- as a Science and its differences from other Sciences. concept of Mind- Contemporary schools of psychology with special reference to behaviouristic and psychoanalytic approaches.

2. Scientific study of behaviour, intelligence, cause- effect relation- behaviouristic (Pavlov, Watson, Skinner) and dynamics of behaviour (Freud and Neo Freudians).

3. Basic concepts of sensation, perception, illusion, Hallucination, Delusion, image, intelligence, aptitude, attention, thinking and memory.

4. Emotion, motivation, personality, anxiety, conflict, frustration, psychomatic manifestations and dreams.

5. Developmental psychology- normal developments since birth to maturity (both physical and psychological) and deviations- its effects on later behaviour.

- The attempts should be made to make a student receptive to various terms in teachings of Material Medica and Homoeopathic Philosophy.

Second year B.H.M.S.
in Three Sections

Section : 1

Hahnemann's Organon of Medicine Aphorism: 1 to 145

The purpose of Homoeopathic case taking is not merely collection of symptoms but comprehending the person in wider dimensions with the correct appreciation of the factors responsible for the genesis and maintenance of illness i.e. Fundamental Cause, Predisposing Cause, Maintaining Cause and One Sided Diseases.

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

(i) Evolutionary study of the patient comprising of well defined characteristics.
(ii) Studying individual in his life span and in relation to his family environment and work.
(iii) Processing of the interview and the entire case so as to grasp the principles of Management of these patients.

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

Physician, Teaching Staff, RMO and House Staff shall spend enough time with the students and interns and scrutiny of their written cases, discussing mode of interview and processing of the case.

There should be standardization in imparting training in Analysis and Evaluation. Each institute shall keep the standard guide-lines of case-taking.

Guidelines Analysis- Evaluation of Objectives of Analysis Evaluation of Symptoms:-

(i) To individualize the case so as to prepare an effective totality which allows us to arrive at the Similimum, prognosis the case, and advise management and impose necessary restrictions on mode of life and diet.

(ii) To infer about state susceptibility by appreciating the quality of characteristics state of susceptibility and diagnosis about miasmatic state would allow physician to formulate comprehensive plan of treatment.

(iii) Order of evaluation of the characteristics, of the case would become stepping stone for the reportorial totality.

Classification of Symptoms

Their scopes and limitations in arriving as a totality.

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

(i) Through grasp over the underlying dynamics:
(Psychological, Physiological, Pathological aspects)

(ii) This would demand thorough comprehension over the evolution of Disease, taking into account Fundamental, Exciting and Maintaining causes.

(iii) Knowledge of socio-cultural background is quite imperative for correct analysis and evaluation. Details regarding Symptomatology cand be comprehended by referring to the classical books in philosophy.

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

Evaluation Examination

1. Student's performance shall be evaluated periodically. There shall be periodical card tests and internal (theory and practical) examinations in each academic year. The concerned teaching staff shall file his general report on the conduct of internal examinations and also on student's performance, which shall be discussed in departmental and interdepartmental meetings.

2. Each student appearing for IInd and IIIrd year BHMS shall maintain one journal comprising of 20 cases (10 short and 10 long cases) with completed by the head of the department.

3. There shall be provisions for the internal assessment of all these examinations and journal work in the Final IInd and IIIrd year BHMS examinations respectively.

Third year B.H.M.S.

When student enters third year, he has already grasped basic sciences of Anatomy, Physiology, Pathology and has been introduced to Clinical Medicine, Surgery, Gynaecology and Obstetrics.

Organon including Philosophy is the subject which builds up the conceptual base for the physician. It illustrates those principles which when applied in practice enable physician to obtain results which he can explain rationally and repeats them in practice with greater competence. Focus of the Education and Training should be to build up this conceptual base. this can be delivered effectively if there is proper integration of various disciplines, various knowledge throughout the subject of Organon-Philosophy.

I. Hahnemann's Theory of Chronic Disease

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

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

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

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

II. Hahnemann's Organon of Medicine Vth and VIth Editions

(Including Aphorism 1 to 294)

(a) Kent's lecturers, Robert and Stuart close works in Philosophy.
(b) Posology
(c) Diet, Ancillary, Mode of Treatment
(d) Introduction of Repertory

Student should maintain journal of 20 cases wherein thoroughly worked out cases from their clinic attendance would be there.
Cases should demonstrate student's work on: Case Analysis-Evaluation-disease, Diagnosis-Miasm-Posology-Remedy Selection

Fourth year BHMS

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

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

Case analysis, evaluation and synthesis taken into account the application of entire Organon from Aphorism 1 to 294 and all principles of Philosophy as illustrated in Ist, IInd and IIIrd year BHMS.

More emphasis to be given on case taking, case analysis, evolution, posology miasmatic diagnosi, potency selection and repetition of doses, second prescription, diet, regimen and other pressure with principle of management during OPD and IPD visits, so that the students can have the practical knowledge of the treatment and management of the patient.

The following topics shall be taught during IVth year BHMS course in depth:

1. History of Medicine
2. History of Homoeopathy, its spread to different countries
3. Life and living environment
4. Concepts of health and factors modifying it.
5. Concept of susceptibility and vital reaction
6. Concept of disease and totality of symptoms
7. Concepts of Drugs, Medicine and Remedy
8. Concept of Cure and Disease and Drug relationship
9. Scope and limitation of difference modes of employing medicines in disease Antipathy, Allopathy and Homoeopathy
10. Various methods of classification and evaluations of symptoms common and characteristic. General and particular.
11. Concepts of incurable disease, suppression and palliation
12. Prophylactics
13. Scope and limitations of Homoeopathy
14. Remedy response, prognosis after administration of a remedy
15. Principles and criteria for repetition and selection of potency

Paper I - topics from 1 to 15

Paper II - topics from Kent's lecturers

Stuart close and Roberts Philosophy, case taking bedside

Appendix

Purpose of the Homoeopathic Case Taking is not merely collecting the symptoms but comprehending the person in wider dimensions, with correct appreciation of the causes for the illness.

The adequacy in case taking and physical examination should be judged from the following angle:-

(i) To carry out successful individualization of the case and to conclude about state of the susceptibility.
(ii) Finding out a simillimum with correct with correct potency and doses
(iii) Prescribing proper diet to the patient
(iv) Advising the management of the case
(v) The pathology and homoeopathic prognosis

Anatomy and Physiology

Study of Normal Man in Pre-clinical period

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

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

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

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

(i) to provide for the understanding of the morphological physiological and psychological principles which determine and influence the organism of the living body as a functioning unit;

(ii) to co-relate and interpret the structural organism and normal physiology of the human body and thus to provide the data on which to anticipate disturbance of functions;

(iii) to enable the student to recognize the anatomical and physiological basis of the clinical signs and symptoms of disorders due to injury, disease and mal development.

(iv) similarly, to give the student to understand the factors involved in the development of pathological processes and the possible complications which may arise there from;

(v) to give the student such knowledge on pre-clinical subjects as will enable him ultimately to employ competently and rationally all the ordinary methods of examination and treatment (including surgery) that may involve such knowledge; and

(vi) for enabling the student to pick out strange, rare and uncommon symptoms from pathognomonic symptoms for individualization of patients and drugs for the purpose of applying the law of similar in Homoeopathic practice.

Anatomy

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

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

1. Only such details as have professional of general educational value for the medical student should be presented.

2. The purpose of dissection is not to create technically expert prosecutors but to give the student an understanding of the body in relation to its function, and the dissection shuld be designed to achieve this end, for example, ignoring of small and clinically unimportant blood vessels results in such clearer dissection and a much clearer picture of the main structures and their natural relationships.

3. Much that is at present taught by dissection could be demonstrated as usefully through prepared dissected specimens.

4. Normal radiological anatomy may also form part of practical training. The structure of the body should be presented linking functional aspect.

5. Actual dissection should be preceded by a course of lecturers on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to students in an integrated form and the instruction of the whole course of anatomy an physiology made more interesting, lively and practical.

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

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

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

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

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

There should be joint seminars with the departments of physiology and biochemistry and should be organized once a month. There shall be a close correlation in the teaching of gross anatomy, histology, embryology and genetics. The teaching of areas and systems in anatomy, physiology including biochemistry shall be integrated as far as possible.

Theoretical

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

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

Emphasis will not be laid on minute details except in so far as is necessary to the understanding or in their application to medicine and surgery. Candidates are expected to know the attachments of muscles sufficiently to understand their action, but not be precise-details of the origin and insertion of every

muscle. A knowledge of the minor details of the bones of the hand, foot, their articulations and details of the small bones of the small bones of the skull will not be required.

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

I. Gross Anatomy- to be dealt under the following categories:-

(a) Introductory lectures with demonstrations
(b) systematic series

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

(i) Superior extremity, inferior extremity, head, neck, thorax, abdomen and pelvis to be studied regionally and system by system (special reference to be made to development and its anomalies, regional, innervation, functional groups of muscles in relation to joints of otherwise and applied anatomy).

(ii) Endocrine organs with special reference to development and applied anatomy.

II. Development anatomy- General principles of development and growth and the effect of hereditary and environment factors to be given by lectures, charts, models and slides.

III. Neuro-anatomy, Gross anatomy of brain and spinal cord and the main nerve tracts. The peripheral nerves. Cranial nerves their relations course and distributions.

Autonomic nervous system- Development and anomalies, applied anatomy.

The Study to be covered by lectures, lecture-demonstrations of brain and cord, and clinical correlation.

N.B.: The practical study should proceed the study physiology nervous system, early correlation with the clinical course desirable.

IV. Micro anatomy (histology)- modern concepts of cell, epithelial tissue, connective tissue, muscular tissue, nervous tissue and systemic structure.

(A) Introductory Lectures

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

(b) Genetic individuality:

(i) Elementary genetics definition, health and diseases, result of interaction between organism and its environments, utility of knowledge from homoeopathic point of view.
(ii) Mandel's laws and their significances.
(iii) Applied genetics

(B) Embryology

(C) General Anatomy & Micro-anatomy

(D) Regional anatomy- Regional anatomy shall be taught with emphasis on developmental anatomy, broad relationship, surface marking, Radiological anatomy and applied anatomy.

(a) Extremities

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

(b) Throax

(i) Skeleton of joints, of muscles of chest wall-diaphragm, innervation of abdominal and thoracic respiration, different with age. The mammary gland, lymphatic drainage.
(ii) The Pleura and lungs
(iii) Arrangements structures in the mediastinum, heart, coronary artery great vessels, trachea, oesophagus, lymph nodes, thymus.

(iv) Radiology of heart, aorta, lungs, bronchogram
(v) Surface marking-pleura, lungs, heart-valves of heart, border, arch of aorta, superior venacava, bifurcation of trachea.

(c) Abdomen and pelvis

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

(d) Head and neck

(i) Sclap-Innervation, vascular supply middle meningeal artery
(ii) Face-main muscles groups, muscles of facial expression muscles of mastication, innervation of skin and repair muscles, vascular supply, principles of repair scalp and face wrinkles.
(iii) The eyelids, eyeball, lackrymal apparatus, the muscles that move the eyeball.
(iv) The nasal cavity and nasopharynx, septum, conchae, paranasalsinus, Eustachian tube, lymphoid masses.
(v) Oral cavity and pharynx
(vi) Larynx and laryngeal part of pharynx structure (no details) functions, nerve supply, larynage-scopic appearances
(vii) Cervical vertebrae, joints of head and neck
(viii) Structures of neck, sternomastoid, branchial plexus, main arteries and veins, disposition of lymph nodes, areas of drainage, phrenic nerve, thyroid gland

and its blood supply, Para-thyroid, the trachea, oesophagus. The position of the submandibular and sbublingual salivary glands.

(ix) Teeth and dentition
(x) The external, middle and internal ear
(xi) Applied anatomy
(xii) Surface marking: Parotid gland, middle meningeal artery, thyroid glan, common internal and external carotid arteries.

(e) Neuro anatomy

Meninges

(i) ~~Meaning~~ functions of
(ii) Cerebrum-areas of localization, vascular supply basal ganglion, internal capsule
(iii) Cerebellum functions
(iv) Pens, medullar midbrain, cranial nerves, palsies
(v) Cerebro-spinal fluid formation, circulation function, absorption
(vi) Cranial nerves, origin, courses (with minimum anatomical details) areas of distribution;
(vii) The sympathetic and parasympathetic nervous system location, distribution, function
(viii) Applied anatomy of lumbar puncture, referred pain, spinal anaesthesia, increased intra cranial pressure.

E. Histological study systemic

Practical

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

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

The written paper in Anatomy shall be distributed as follows:

Paper -I	-	Upper extremity, head, face, neck, brain and embryology
Paper - II	-	Thorax, abdomen, pelvis, lower extremity and histology

Physiology including Biochemistry

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

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

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

Theoretical

Introduction

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

Biochemical Principles

Elementary constituents of protoplasm, chemistry of proteins, carbohydrates and lipids, enzymes.

Biophysical Principles

Units of concentration of ablutions, ions, electrolytes and non-electrolytes filtration, diffusion, ultrafiltration, dialysis, surface, tension, absorption, hydrotrophy, domain equilibrium colloid, acid-base concentration.

Environmental Physiology

(i) Skin- structure and functions
(ii) Regulations of body temperature hypothermia

Skelato- Muscular System

(i) General introduction and classification of muscle fibres
(ii) Eecitation-construction coupling and molecular basis of construction
(iii) Properties of skeletal muscels and factors affecting development of tension
(iv) Energy metabolism of muscles

Nerve

(i) Structure and function of nerve cell
(ii) Biolectric phenomena in the nerve and muscle, RMP, action and its propagation, neuromuscular transmission.
(iii) Classification and properties of nerve fibres
(iv) Wellerian degeneration, regeneration and reaction of degeneration

Blood

(i) composition and functions in general
(ii) Physiology of plasma proteins, normal values, ESR and other blood indices
(iii) Physiology of RBC, WBC and platelets formation, fate and physiological and functions of formed elements of blood.
(iv) Body fluid compartments, their measurements, blood volume and its regulation.
(v) ABO and RH Blood group systems
(vi) Lymphatics and RE system
(vii) Coagulation and haemostasis.

Cardio Vascular System: (C.V.S.)

(i) Structure and properties of cardiac muscle.
(ii) Generation and conduction of cardiac impulse, ECG (Normal)
(iii) Cardiac cycle with reference to pressure, volume changes, heart sounds etc.
(iv) Heart rate and its regulations
(v) Haemodynamics, BP and its regulation
(vi) Nervous and chemical control of blood vessel
(vii) Physiological basis of shock

Respiratory System

(i) Introduction, general organization
(ii) Mechanics of respiration, compliance
(iii) Pulmonary volumes and capacities
(iv) Pulmonary and alveolar ventilation
(v) Physical principles of gaseous exchange a transport of respiratory gases
(vi) Nervous and chemical control of respiration
(vii) Hypoxia, acclimatization, cyanosis, dyspnoea, asphyxia, abnormal respiration
(viii) Pulmonary function tests
(ix) Effect of high and low atmospheric pressure effect of respiration on circulation, artificial respiration

Digestive System

(i) General introduction, Organisation plan and evolutionary significance
(ii) Composition, function and regulation of salivary, gastric pancreatic intestinal and bliary's secretions
(iii) Movements of G.I. tract
(iv) Absorption of G.I. tract
(v) Physiology of liver and gall bladder structure and functions

Excretory System

(i) General Introduction, structure and functions of kidney
(ii) Mechanism of formation of urine
(iii) Mechanism of concentration and dilution of urine
(iv) Physiology of micturation

Endocrine

(i) Physiology of pituitary, thyroid, parathyroid, pancreas adrenal cortex and adrenal medulla.
(ii) Regulation of secretion of endocrine glands.

Reproduction

(i) Introduction in general and types of reproduction
(ii) Physiology of testes and ovaries
(iii) Physiology of menstruation, pregnancy and lactation
(iv) Placenta and its function, foetal circulation and respiration

Central Nervous System

(i) General Organization, structure and function of nerve cell and neuralgia
(ii) Cerebrospinal fluid
(iii) Physiology of synapse and receptor organs
(iv) Physiology of reflex action-classification properties etc. of reflexes
(v) Sensory and motor tracts and effects of sections transaction and hemisection of the spinal cord

(vi) Spinal, decereberate and decorticate preparations and regulations of posture and equilibrium
(vii) Reticular formation
(viii) Cerebellum and basal ganglia
(ix) Sensory and motor cortex
(x) Physiology of voluntary movements
(xi) Higher functions of cortex: sleep and wakefulness, EEG, memory, speech, learning
(xii) Physiology of thalamus and hypothalamus and limbic system
(xiii) Physiology of autonomic nervous system, peripheral and central mechanism

Special Senses

(i) Physiology of taste and smell sensation
(ii) Ear-General anatomy, conduction of sound waves through external, middle and internal ear
(iii) Peripheral and central mechanism of hearing and auditory pathways
(iv) General anatomy refractory media and protective mechanisms in eye
(v) Formation, circulation and functions of aquous humor
(vi) Physiology of optics, formation of image, accommodation errors of refraction, acuity of vision.
(vii) Physiology of retina photographer functions, dark and light adoption, photochemistry of vision, colour vision.
(viii) Visual pathway and effects of various levels.

Nutrition

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

Biochemistry

Biochemical principles and elementary constituents of protoplasm
Chemistry of proteins
Chemistry of Carbohydrates
Chemistry of lipids
Enzymes and vitamins
Metabolism of proteins, fats carbohydrates, minerals. Biophysical process and their principles in relation to human body.

List of Practicals in Physiology

(i) Method of Collection of Blood
(ii) Haemoglobinometry
(iii) The Microscope-Construction; Use and Care
(iv) Total White Blood Cell count
(v) Differential WBC count
(vi) Packed Cell Volume
(vii) Calculation of Blood Indices
(viii) E.S.R.
(ix) Bleeding Time

(x) Clotting Time
(xi) Blood Groups
(xii) History taking and General Examination
(xiii) Examination of Alimentary System
(xiv) Examination of the Cardiovascular system
(xv) Pulse
(xvi) Determination of Arterial Blood Pressure in Humans and effect of posture, exercise and Cold stress
(xvii) Clinical Examination of the Respiratory system, E.C.G
(xviii) Stethography
(xix) Spirometry
(xx) Examination of Higher Functions
(xxi) Cranial Nerves
(xxii) Motor Functions
(xxiii) Reflexes
(xxiv) Sensory System
(xxv) Recording of Body Temperature

List of Demonstration

(i) Varieties of Stimuli: Faradic or Induced and Galuanic or Constant Current: Apparatus Used in the Laboratory
(ii) Excitability of Muscle
(iii) Effect of Graded Stinuli
(iv) Simple Muscle Twitch, Effect of temperature on the muscle
(v) Effect of two successive stimuli on the Skeletal Muscle of Frog
(vi) Genesis of Tetanus
(vii) Fatigue
(viii) Effects of Fee and after Loading on Frog's Gastrocnemius Muscle
(ix) Heart Block
(x) Properties of Cardiac Muscle
(xi) Perfusion of Mammalian Heart and effect of various ions on it
(xii) Effect of stimulation of Vagosympathetic Trnk and Crescent on Frog's Heart
(xiii) Effect of Acetylcholone on Heart
(xiv) Effect of Adrenaline on Frog's Heart
(xv) Actionof Nicotine on Frog's Heart
(xvi) Photokinetic stimulation, Ophthalmoscopy and Tonometry
(xvii) Recording Mammalian blood pressure and respiration and study of factors influencing them
(xviii) Specific Gravity of Blood
(xix) Gastric Analysis

Practical in Biochemistry

(i) Introduction to Biochemistry and familiarization with laboratory instruments
(ii) Study of Disaccharides- Lactose, Maltose and Sucrose
(iii) Study of Polysaccharides- Starch, Dextrin & Glycogen
(iv) Introduction of Protins
(v) Normal Urine report (inorganic and Organic Constituents)
(vi) Unknown solutions -Study
(vii) Quantitative & Estimation of Glucose in Urine

Paper - I

Elements of Biophysics, Biochemistry, Blood and lymph, Cardiovascular system, Reticuloendothelial system, spleen, Respiratory system Excretory System, Skin, Regulation of Body temperature, sense organs

Paper - II

Endocrine organs, nervous system, nerve muscles physiology, Digestive system and metabolism, Biochemistry of protein, carbohydrate and lipoid, enzymes, Nutrition

Practical Examination

(i) Examination of Physical and Chemical constituents of normal and abnormal urine (qualitative)
(ii) Enumeration of total cell count of Blood (RBC or WBC) or differential count of peripheral blood or estimation of percentage of HB
(iii) Viva-voce on instruments and apparatus
(iv) Biochemistry examination of proteins/ carbohydrate/ lipoid
(v) Experimental physiology
(vi) Laboratory Note-Book
(vii) Viva-voce on experiments

Homoeopathic Pharmacy

Theory

Instruction in Homoeopathic Pharmacy should be planned as to present general working knowledge of an industry and dispensing various preparation. Major emphasis should be laid on evolution and relationship of Homoeopathic Pharmacy to Organon and Material Medica, the concept of drug Proving and Dynamisation.

The curriculum of Homoeopathic Pharmacy should be divided under following headings:-

Part - I

Orientation to subject- elementary history of Botany, Zoology and Chemistry with rules of their nomenclature and their respective ~~terminology's~~ terminologies

1. (A) Explanation of terms like a common names, synonyms, Hyponyms, Typonyms, invalid names.
   (B) Advantages and disadvantages of Commercial names and Botanical names,
   (C) Anomalies in the nomenclature of Homoeopathic Drugs.
2. Schools of Medicine: their discovery, principles pharmacology and Materia Medica, scope and limitations
3. History of the art and science of pharmaceutics
4. Literature on Homoeopathic Pharmaceutics
5. Sources of Homoeopathic Pharmacy
6. Homoeopathic Pharmacy: its speciality and originality
7. Importance of the knowledge of Pharmacy
8. Sources of knowledge about curative powers of the technique of Drug proving in Homoepathy
9. Aspects of Pharmacy
10. Relation of Pharmaceutics ~~without~~ with other sciences
11. Inter-relationship of different schools of Pharmacy with emphasis on relationship of Allopathic and Homeopathic Pharmacy.
12. Properties of Drugs
13. (a) Routes of Administration of Drugs in general
    (b) Routes of Administration of Homoeopathic remedies
        (i) Action of Drugs
        (ii) Uses of Drugs

Part - II

Explanation and definitions of:

(a) Foods, Poisons, cosmetics
(b) Drug substance, Drug, Medicine, Remedy
(c) Pharmacy, Pharmacology and Pharmacopoeia, Pharmacodynamics and other related terms used in relation to the subject. Homoeopathic Pharmacopoeia,

Homoeopathic Pharmacy in relation to

(a) Organon on Medicine Aphorism 264 to 285
(b) Materia Medica
(c) National Economy

Pharmacy and Pharmacopoeia; its sources and relation with other sciences. Classification of Homoeopathic Medicines according to their

(a) Botanical and
(b) Zoological natural orders

English name of each medicine
Common names in Indian Languages like Assamese, Bengali, Hindi, Gujrati, Kannad, Konkani, Maithili, Malayalam, Sanskrit, Tamil, Telgu, Urdu, Oriya etc. with emphasis on the students learning the common names of their region.

Posology
Homoeopathic Posology: Its logic, advantages and dis-advantages
Potentisation: Its logic, scientificity and evolution and scales

Vehicles
Scales for preparation of drugs
Pharmacological Action of Polychrest medicines (50 medicine list attached)
Abbreviations used in prescription writing
Legal Part: Legislation in respect of Homoeopathic Pharmacy, Drugs and Cosmetic Act, Poison Act, Pharmacy Act

Practical

1. Identification and uses of Homoeopathic Pharmaceutical instruments and appliances and their cleaning
2. Identification of important Homoeopathic Drugs vide list attached
   (i) Macroscopic study of 30 drugs substances and listed in Appendix I,
   (ii) Collection of 30 drugs subjstances for herbarium
   (iii) Microscopic study of two triturations of up to 3X potency.
3. Estimation of moisture content of one drug substance with water bath

4. Purity test of ethyl alcohol, distilled water, sugar of milk, including determination of specific gravity of distilled water and alcohol
5. Estimation of size of globule, its medication of milk sugar and distilled water-making of doses
6. Preparation and dispensing and dilute alcohol solutions and dilutions
7. Preparations of mother tinctures of 3 polycrests
8. Preparations of trituration of 3 cud drugs upto 3X
9. Preparation of mother tinctures and solutions other than 10 percent Drug strength.
10. Potentisation of 3 mother tinctures upto 6 decimal scale and 3 centesimal scale
11. Trituration of 3 drugs upto 6X and their conversion into liquid potencies
12. Preparation of external applications- one of each
13. Writing of prescription and dispensing of the same
14. Laboratory methods:
    (i) Sublimtion
    (ii) Distillation
    (iii) Decentation
    (iv) Filtration
    (v) Crystallization
    (vi) Percolation
15. Visit to a Homoeopathic Laboratory to study the manufacturing of drugs on a large scale.

Appendix

Pharmacological Action

List of Drugs included theSyllbus of Pharmacy for study of Phrmacological action (30)

(1) Aconite nap
(2) Adonis Vernalis
(3) Allium Cepa
(4) Argentum nit
(5) Arsenic alb
(6) Belladonna
(7) Cactus G
(8) Cantharis
(9) Cannabis Ind
(10) Cannabis sat
(11) Cinchonna of
(12) Coffea crud
(13) Crataegus
(14) Crotalus hor
(15) Gelsemium

(16) Glonoine
(17) Hydrastis can
(18) Hyoscynamus n
(19) Kali bich
(20) Lachesis
(21) Lithium carb
(22) Mercurius cor
(23) naja t
(24) Nitric acid
(25) Nux vomica
(26) Passiflora incarnata
(27) Stannum met
(28) Stranonium
(29) Symphytum
(30) Tabacum

List of Drugs for Identification

Vegetable Kingdom

(1) Aegle Folia
(2) Anacardium orintale
(3) Andrographis penniculata
(4) Calendula office
(5) Cassia sophera
(6) Cinchonna off
(7) Cocculus indicus
(8) Coffeea cruda
(9) Colocynth ciottrallus
(10) Crocus sativa
(11) Croton tig
(12) Cynodon
(13) Ficus religiosa
(14) Holerrhena antidysentrica
(15) Hydrocotyle
(16) Justisia adhatoda
(17) Lobelia inflata
(18) Nux vomica
(19) Ocimum
(20) Opium
(21) Rauwolfia serpentine
(22) Rheum
(23) Saraca indica
(24) Senna (cassia acutifolia)
(25) stramonium met
(26) Vinca minor

Chemicals

(1) Acetic acid
(2) Alumina

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

Animal Kingdom

(1) Apis malefic
(2) Blatta orientalis
(3) Formica ruba
(4) Sepia
(5) Tarentula cubensis

Homoeopathic Materia Medica

1. Homoeopathic Materia Medica is differently constructed as compared to other Materia Medica. Homoeopathy considered that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal agent; the drug agent as a whole is lost sight of.

2. Essential and complete knowledge of the drug action as a whole can be supplied only by qualitative synoptic drug experiments on healthy persons and this alone can make it possible to view all the scattered data in relation to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.

3. The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter-relationship. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.

4. Polychrests and the most commonly indicated drugs for everyday ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with

their applications. They should be thoroughly dealt with explaining all comparisons and relationship. Students should be conversant with their sphere or action and family reltionship.

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

5. tutorials must be introduced so that students in small numbers can be in close tough with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.

6. While teaching therapeutics an attemp should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly folw out from the proving of the drugs concerned. The student should be encouraged to apply the resources of the vast Materia medica in any sickness and not limit himself to memorize a few drugs for a particular disease. This Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examination are concerned. Otherwise the present trend produces the allopathic approach to treatment of diseases and it contradictory to the teaching of Organon.

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

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

7. For the teaching of drugs the college should keep herbarium sheets and other specimens for demonstrations to the students. Lectures should be made interesting and slides of plants and materials may be projected.

8. A. Introductory lectures: Teaching of the Homoeopathic Materia medica should include:

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

B. The drugs are to be taught under the following heads:

(a) Common name, natural, order, habitat, part used, preparation
(b) Sources of drug proving
(c) Symptomatology of the drug emphasizing the characteristic symptoms and modalities
(d) Comparative study of drugs
(e) Complimentary, inimical, antidotal and concomitant remedies
(f) Therapeutic applications (applied Materia Medica)

C. A study of 12 tissue remedies according to Schuster's biochemic system of medicine.

Appendix-I

1. Acontite nap
2. Aethusa cyan
3. Allium cepa
4. Aloe socotrina
5. Antimonium crud
6. Antimonium tart
7. Apis malefic
8. Argentum nit
9. Arnica Montana
10. Bryonia alb
11. Chamomilla
12. Cina
13. Colchium autumn
14. Colocynthis
15. Dulcamera
16. Euphrasis
17. Ipecac
18. Ledum pal
19. Nux vomica
20. Rhus tox
21. Calcarea flour
22. Calcarea phos
23. Calcarea sulph
24. Ferrum phos
25. Silicea

Appendix - II

Syllabus of Materia Medica for the II year BHMS examination

In addition to the list of drugs for the first BHMS examination (Appendix I), the following additional drugs are included in the syllabus of Materia Medica for the II BHMS examination.

Examination

1. Acetic acid
2. Actea recomosa
3. Agaricus muscarius
4. Agnus castus
5. Alumina
6. Ambra grisea
7. Ammonium carb
8. Ammonium mur
9. Anacardium ori
10. Apocynum can
11. Arsenic album
12. Arsenic iod
13. Aurum met
14. Arum triph
15. Baptisia tinctor
16. Berberris vulg
17. Bismuth
18. Borax
19. Bromium
20. Bovista
21. Cactus g
22. Calcarea ars
23. Calendula
24. Capphora
25. Cantharis
26. Chelidonium maj
27. Conium mac
28. Digitalis per
29. Drosera
30. Ferrum met
31. Gelsemium
32. Helliborus
33. Hepar sulph
34. Ignatia
35. Kali brom
36. Kreosatum
37. Natrum carb
38. Nuxmoschata
39. Opium
40. Petroleum.

41. Phosphorus
42. Phytolocca
43. Platina met
44. Sepia
45. Spongia tost
46. Veratrum alb
47. Kali mur
48. Kali phos
49. Magnesia ph
50. Natrum sulph.

Appendix III

In addition to the drugs mentioned in Appendix I & II, the following additional drugs are included in the syllabus of Materia Medica for the 3rd BHMS examinations:

1. Actea spicata
2. Adonis vernalis
3. Antimonium ars
4. Argentum metallicum
5. Asafoetida
6. Asterins rubens
7. Baryta carb
8. Belladonna
9. Benzoic acid
10. Bufo rana
11. Caladium
12. Calcarea carb
13. Cannabis indica
14. Cannabis sativa
15. Carbo vegitablilis
16. Causticum
17. Crotalus hor
18. Croton tig
19. Cuprum met
20. Cyclamen
21. Diaoscorea villosa
22. Equisetum
23. Grphitis
24. Hyoscymus n
25. Hypericum
26. Iodum
27. Kali carb
28. Kali sulph
29. Kalmia latfolia
30. Lachesis
31. Lycopodium
32. Mercurius sol
33. Mercurius cor

34. Mercurius sulph
35. Moschus
36. Murex
37. Muriatic acid
38. Naja t
39. Natrum mur
40. Natrum phos
41. Nitic acid
42. Onosmodium
43. Oxalic acid
44. Petroleum
45. Phosphoric acid
46. Physostigma
47. Picric acid
48. Plumbum met
49. Podophyllum
50. Pulsatilla
51. Secale cor
52. Selenium
53. Staphisagria
54. Stramonium
55. Sticta p
56. Sulphur
57. Sulphuric acid
58. Symphytum
59. Syphylinum
60. Tabacum
61. Taraxacum
62. Tarentula c
63. Teribinthina
64. thalapsi bursa p
65. Theridion
66. Thuja
67. Thyriodinum
68. Vaccium
69. Zincum met.

Appendix IV

List of drugs included in the syllabus of IV BHMS examination:

1. Abies can
2. Abis nig
3. Abroma Augusta
4. Abrotanum
5. Acalypha indica
6. Anthracinum
7. Bacillinum
8. Baryta mur
9. Bessis per

10. Calotropis indica
11. Capsicum
12. Carbo animalis
13. Carbolic acid
14. Carrica papaya
15. Cassia saphora
16. Caulophyllum
17. Cedron
18. Cicuta virosa
19. Clematis
20. Cocculus indica
21. Coffea cruda
22. Collinsonia
23. Condurango
24. Corallium
25. Crataegus
26. Crocus sativa
27. Eupatorium per
28. Ficus religiosa
29. Flouric acid
30. Glonoine
31. Hellonius
32. Hydrastis can
33. Hydrocotyle as
34. Jonosia asoka
35. Justicia adhatoda
36. Lac can
37. Lac def
38. Lilium tig
39. Lithium carb
40. Lobelia inf
41. Lyssin
42. Magnesia carb
43. Magnesia mur
44. Medorrhinum
45. Melilotus a
46. Mephitis
47. Mercurius cynatus
48. mercurius dull
49. Mezerium
50. Millifolium
51. Occimum sanct
52. Psorinum
53. Pyrogenum
54. radium bromide
55. Ranaculus bulb
56. Raphanus
57. rathania
58. Rauwolfia serpentine
59. Rheum

60. Rhododondron
61. Rumex
62. Ruta G
63. Sabadilla
64. Sabal serulatta
65. Sabina
66. Sambucus
67. Sangunaria can
68. Sanicula
69. Sarasparilla
70. Spigelia
71. Squilla
72. Stannum met
73. Syzygium jambolanum
74. Trillium pendulum
75. Urtica urens
76. Vaccinum
77. Variolinum
78. Veratrum viride
79. Vibrinum opulus
80. Vinca minor
81. Vipera

Second BHMS

General Pathology and Microbiology (included Parasitology, Bacteriology & Virology)

Study of Pathology must be in relation with concept of Miasm as evolved by Dr Hahnemann and further developed by Kent, Boger, Robert and Allen.

Concept of Miasm in view of Pathology. Reference to Koch's Postulate

Importance of susceptibility and immunity thereby homoeopathic concept of Disease and Cure

- Characteristic expression of each miasm
- Classification of symptoms/disease according to pathology
- Correlation of Miasm and Pathology for e.g. Psora-inlammation etc
- Natural evolution in Pathology Resolution- Inflammatory exudative
- Degeneration. Suppurative
- Interpretation of Pathological report of all diseases and correlate the utility of it in Homoeopathic System of Medicine.

Similarly all the topics in General Pathology and Systemic Pathology must be co-related, at each juncture, so that the importance of Pathology is understood by a Under Graduate student in Homoeopathy.

Topics of General pathology in Relation with Miasms

- Inflammation Repair Healing Injury
- Immunity

Degeneration
Neoplasm
Thrombosis
Embolism
Oedema

Disturbances of Pigment Metabolism
Calcium Metabolism
Uric Acid Metabolism
Amino Acid Metabolism
Carbohydrate metabolism
Fat Metabolism

- Hypertrophy Healing
- Hyperplasia
- Anaplasia
- Metaplasia
- Ischaemia
- Haemorrhage
- Shock
- Atrophy
- Relaxation
- Hyperemia
- Infection
- Pyrexia
- necrosis
- Gangrene
- Infraction

Systemic Pathology

In each system the important common disease should be done. By keeping in view its evolution, mode of presentation, progress and outcome of the disease. For e.g.

In Alimentary System

- Tongue	-	Ulcer, Tumour
- Oral Cavity	-	Thrush, Tumour
- Oesophagus	-	Inflammatory Disease, Tumour
- Stomach	-	Inflammatory Disease
	-	Auto Immune Disease
	-	Tumor
- Duodenum	-	Inflammatory Disease, Acid Pepsin Digestion
- Intenstine Small & large		Ulcers, Infection
	-	Tumor, Malabsorption
- Appendix	-	Inflammatory Disease

-	Liver	-	Inflammatory Disease Tumours Cirrhosis Jaundice
-	Gall Bladder	-	Inflammatory Disease Tumour
-	Pancreas	-	Inclammatory Disease Tunour
-	Cardio Vascular Disease	-	Common Disorder
-	Central Nervours Disease	-	Common Disorder
-	Respiratory disorders	-	Common Disease
-	Kidneys	-	Common Disorders
		-	Tumours
		-	Urodynamics
-	Genitals male & female		Commone Disorder
		-	Tumours
-	Skeletal and Muscular Disease		Common Disease
-	Skin	-	Common Disorder, Melanoma etc.
-	Clinical Pathology	-	Complete Haematology

Practical

Clinical and Chemical Pathology:-

Estimation of haemoglobin (by ~~acidemeter~~ acidometer Count of RBCs and WBCs staining of thin and thick films, differential counts and parasites).

Erythrocyte sedimentation rate, urine, physical, chemical microscopical, quantity of albumin and sugar, ~~faces~~-physical chemical (occult blood) and micoscopical for ova and protozoa. ~~Faces~~ Faeces

Methods of sterilization, preparation of a media, use of microscope. Gram and acid fast stains. Motality preparation. Gram positive and negative cocci and bacilli. Special stains for coryhnebacterium-gram and acid fast stains of pus and sputum.

Homconkeys plate-sugar reactions-gram stain and motility of gram negative intestine bacteria, Widal and demonstration of Pasteur and of spirochetes by dark field illumination Fountain's strain-lovaditt's stain. Demonstration of Methods of nacrobiosis

Histopathology

Common teaching slide from each systems. Demonstration of gross Pathological specimen. Practical demonstration of histopathlogical techniques i.e. fixation, embedding.

Sectioning staining by common dyes and strain.

Frozen section. Its importance.

Electron Microspcopy

Phase contrast microscopy.

1. Bacteriology

Morphology, biology, sterilization, chemotherapy, principles of artificial media, infection, defence reaction, immunity, hypersensitiveness, skin tests, systematic study of bacteria habits, importance morphological, cultural biochemical, serological and toxic behaviour of the common pathogenic and non-pathogenic species. Pathologic changes produced by diseases bacteria and their laboratory diagnosis. Pathologic changes produced by disease bacteria and their laboratory diagnosis. Staphylococci, streptococci, displococcei, Neisseria, Mycobacterium tuberculosos (Types) mycobacterium leprae, names and differentiation of spirochetes from pathogenic mycobacterium corynobacterium diphtherae. Aerobic spore bearing bacteria-bacillus anthreis, anaerobes, general and special features of the pathogens. names of some important non-pathogens. Gram negative, intestinal bacteria classification, identification of the pathogen salmonella, vibric, bacterium, pasterurella, general idea about haemophiles, pseudomonas, brucella, ricktsia, proteus, spirochaetes general idea details of treponema palladium and leptospiraictero haemorrhagica.

Viruses-general characters, classification of disease, e.g. varecella, rabies, bacteriophage. Koch's postulates.

2. Parasitology

Protozoa-classification names of important rhizopoda, ent. Histolytica, morphology, pathogenesis and pathogenecity, diagnosis, difference from ent. Coli, sporozen species of plasmodia life history and pathogenesis differentiation of species.

Mastigophora-general broad morphological features classification, pathogenesis, vectors, pathology of Kala-Azar, important featurers source disease due to balantidium coli.

Helimnth-definition of certain terms, simple classification, differences between nematodes cestodoes and treamatodes Broad differentiating morphological features and broad life history and pathogenesis of important species, cestodes and nematodes-infecting liver, lungs, intestines and blood general differences between schislosomes and other trematodes.

3. Virology

Diagnosis of infectious diseases

Host Parasite Relationship

Disinfectants. Mode of action.

Practical aspects of immunology i.e. application in diagnosis, passive immunization, immunopathies in brief including AIDS
Bacteria Genetics (briefly)

Kidney Bladder Ureter urethra

- Glemerulo Nephritis
- ~~Pyolonephritis~~ Pyelonephritis
- Tuberecular Pyelonephritis
- Nephrotic syndrom
- Metabolic diseases and kidney
- Systemic diseases and kidney
- Acute and Chronic Renal Failure
- Kidney Tumours
- Calculi
- Cystitis
- Ureteric Stricture
- Urethritis, Specific and Non specific
- Renal Function Test in Relation to Homoeopathy

Cardiovascular Diseases

- Ischaemic Heart Disease
- Rheumatic heart disease
- Valvular Heart Disease
- Hypertension
- Cardiomyopathy
- Infective Endocarditis
- Congestive Cardiac Failure
- Diseases of Pericardium
- Cardiogenic Shock

Male and Female Genital Diseases

- Testicular Tumors
- Acute and Chronic Prostatitis
- Prostatic Tumours
- Sterlity
- CA Penis
- Ovarian tumours
- Fibroids
- CA Cervix
- infertility
- Endometriosis and Endometrium
- Breast Inflammation and Tumours

Respiratory Diseases

- Pulmonary function test
- Bronchial Asthma
- Bronchitis
- Bronochiactesis
- Emphysema
- Empyema
- Cor. Pulmonari
- Pneumonia
- Bronchogenic Carcinoma
- Intestitial Lung Diseases

Gastro Intestinal Diseases

- Tongue, Stomatitis, ulcers, Tumours
- Oesophagus, Reflex Oesophagitis
- Tumour of Oesophagus
- Stomach, Gastritis, CA Stomach, Gastric Ulcers
- Liver Cirrhosis, Heptitis, CA Liver
- Liver Abscess
- Liver Function Test
- Gall Stones
- Pancreas Acute and Chronic Pancreatitis, CA Pancreas
- intestines Ulcers, Duodenal colics, CA Colon and Rectum

- Tumours
- Mal absorption syndrome
- Infections
- Appendix, Acute appendicitis

Skin Diseases

- Infection and Tunours

Bone Diseases

- Sarcoma, Osteoma, paget's Diseases
- Osteomyelitis, Tubercular Osteomyelitis
- Rheumatoid Arthritis, Osteo Arthritis

General Nervous System

- Meningitis Pyogenic/Tubercular

Cerebro Spinal Fluids

- Picture of various diseases

Endocrinal System

- Thyroid, Diabetes Mellitus

Ist paper - General Systemic Pathology and Miasms
IInd paper - Bacteriology, Parasitology and clinical pathology

(each divided into two sections)

Pathology Practical

Experimental/ Microbiological spots, reading and interpretation of pathological reports.

II[nd] BHMS

Forensic Medicine and Toxicology

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

The course consist of a series of lectures and demonstrations including

1. Legal Procedure:

Definition of medical Jurisprudence. Courts, and their jurisdiction.

2. Medical ethics:

Law relating to medical registration and Medical relation between practitioners and the State. The Homoeopathy Central Council Act, 1973 and the Code of Ethics under it, the practitioners and the patients, ~~Malpractice's~~ malpractices covering professional secrecy, the practitioner and the various ~~legislation's~~ legislations (Acts) Provincial and Union such as Workman's compensation Act, Public Health Act, Injuries Act, Child marriage Registration Act, Borstal Schools Act, Medical Termination of Pregnancy Act. Lunacy Act, India Evidence Act etc.

3. Forensic Medicine:

Examination and identification of person living and dead: parts, bones, stains, etc. health, Medicolegal: putrefaction, ~~mummification's~~ mummification, saponification, forms of death, causes, agencies, onset etc. Assaults, wounds, injuries and death by violence. Asphyxial death, blood examination, blood stains, seminal stains. burns, scalds, lighting stroke etc. Starvation, pregnancy, delivery, abortion, Infanticide, sexual Crimes, Insanity in relation to the State life and accident insurance.

Toxicology

A separate course of lectures dealing poisoning in general, the symptoms and treatments of various poisons, post-mortem appearance and test should be given, study of the following poisons.-

Mineral Acid, corrosive, sublimate, arsenic and its compound alcohol, opium and its alkaloids, carbolic acid, carbon monoxide, carbon dioxide, kerosene oil, cannabis indica, cocaine, Belladonna, strychnine and nux vomica, aconite, oleander, snake poisoning, prussic acid, lead.

4. Medico legal post-mortem:

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

5. Demonstration:

(1) Weapons
(2) Organic & Inorganic poisons
(3) Poisonous plants

(4) Charts, diagram, models, x-ray films etc. of medico-legal interest.

PRACTICE OF MEDICINE

Homoeopathy has a distinct approach to the concept of Disease. It recognizes an ailing individual by studying him as a whole rather than in terms of sick parts. It emphasizes the study of the Man **from** his State of Health, **till** it **travels** to state of presenting illness, incorporating all major events and contributing factors in the process.

The individualization study as above needs following background so that the striking aspects which are characteristic to the individual become clear, **in contrast** to the common picture of the respective Health disturbances.

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

The study obviously emphasizes more on:

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

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

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

Course of Study : 3 years
in II (Second) BHMS
i.e. in III (Third) BHMS and
in IV (Fourth) BHMS

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

II^ND BHMS

1.	Clinical Methods of Examination of patients as whole.	
2.	Respiratory diseases	-Respective portion in surgery.
3.	Alimentary Tract and Pancreas Diseases	-Respective portion in surgery.

III^ND BHMS

1.	Genetic Factors	-Chronic Diseases and Miasms Dept. of Organon & Philosophy.
2.	Nutritional diseases	-Nutrition, Hygiene in Dept. in Community Medicine.
3.	Immunological Factors in Diseases	-Epidemiology in Dept. in Community Medicine.
4	Climatric Factors in Diseases	
5.	Metabolic Disease	
6.	Endocrinal Diseases	-Menstrual Disorder in Dept. of Gynaeclogy.

The above all need follow up with respective Therapeutics Topics also.

1. Liver and Biliary Tract Diseases
2. Hematological Diseases.
3. Cardiovascular system Diseases.
4. Kidneys & Urinary Tracts - Diseases.
5. Water and Electrolytes balance - Diseases.
6. Connective Tissue Disorders.
   Bones and Joints Disorders.
7. Skin Diseases.
8. CNS & peripheral nervous system - Mental Diseases
9. Acute Emergencies including poisonings.
10. Paediatrics.

The above in these terms will require a follow up of strong and emhatic training on Homoeopathic Therapeutics for the same.

It will be conducted in IV (fourth) BHMS at the end of 3 years of course of study in Theoretical and Practical aspects of Medicine.

Eligibility for examination shall include submission of 10 complete case histories, 5 each being prepared in III and IV BHMS.

PRACTICAL & CLINICAL EXAMINATION

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

1. Comprehensive case Taking.
2. Bedside procedure Investigations for diagnosis.
3. Principles of management.

GENERAL GUIDANCE: THERAPEUTICS

Homoeopathy has distinct approach to disease. Concept of individualization and concept of chronic miasm makes it distinct.

It recognizes an ailing individual by studying him as a whole rather than in terms of sick parts. It emphasizes that study of man from the state of Health i.e. DISPOSITION DIATHESIS DISEASE, taking into account all predisposing and precipitating factors i.e. FUNDAMENTAL CAUSE, MAINTAINING CAUSE & EXCITING CAUSE.

Hahnemann's theory of chronic miasm provides us an evolutionary understating of the chronic disease: PSORA-SYCOSIS-SYPHILIS & acute manifestations of Chronic Diseases. Evolution of the natural disease shall be comprehended in the light of theory or chronic miams. How our current knowledge of Pathology and clinical medicine assist in defining the must be demonstrated.

Study of therapeutics does not mean simply list of specifics. For the Clinical Condition but teaching of applied Materia Medica. Here we demonstrate how various drugs would come up in psoric, sycotic, tubercular or syphilitic state of the clinical conditions. Thus emphasis would be in correlating pace of evolution of disease, peculiar, respectively and cluster of characteristics.

Thus teaching of therapeutics of Hypertension would demand delineation of various phases of hypertension taking into account what is happening to the STRUCURE and what kind of forms are thrown off. Psoric phase would be characterized by LABILE hypertension which shoots up under stress, especially with rise in systolic and manifesting flushes and emotional disturbances.

This would draw our attention to drugs like GELSEMIUM, GLONINE, FERRUM MET etc. This is the functional phase. Tubercular hypertension would be characterized by fairly high systolic and diastolic B.P. oscillating wildly at higher range, manifesting bleeding like epistaxis etc., with erratic mental state. This will draw attention to ~~PHOSPHIRUS~~ Phosphorus, LACHESIS etc.

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

Thus teachings of ~~THERAPETUCIS~~ THERAPEUTICS would essentially demand an effective correlation of:

i) Knowledge of clinical/Medicine/Surgery.
ii) Appreciation of Natural disease its evolution in the light of Theory of chronic miasm. Thus correlation with Organon Philosophy.
iii) Applied Materia medica and Repertory.

Comprehending drug picture from the evolutionary angle - Boger's approach towards material Medica and its application for the study of various clinical patterns of natural disease.

Correlation with MATERIA MEDICA and with REPERTORY.

PAPER I: As per syllabus of II & III BHMS.
PAPER II: As per the syllabus of IV BHMS.
PAPER III: Homoeopathic Therapeutics.

SURGERY

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

Knowledge about surgical Disorders is required to be grasped will so that the Homoeopathic Physician is able to:-

1. Diagnose common surgical cases.
2. Institute homoeopathic medical treatment wherever possible.
3. Organize pre and Post-operative Homoeopathic medicinal care as total/partial responsibility.

And

4. Organize a complete Homoeopathic care for restoring the susceptibility of the patient of the patient to normally.

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

The study shall include training on:

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

The above can assist a Homoeopathic Physician who will be Rational Physician not one locked up in whirlpools of rare conditions but one who can apply all the basics for an ailing individual.

It will also facilitate him for Individualization of the patient, necessary for final Homoeopathic management.

The study will start in II (Second) BHMS and complete in III (Third) BHMS.

Examination will be conducted in III (Third) BHMS.

Following is a plan to achieve the above. It takes into account above the II (Second) and III (Third) year BHMS syllabus and respective stage of development.

That the SURGERY as a subject will include:-

1. Principles of Surgery

2. Fundamentals of Examination of a patient with surgical problems.
3. Use of common Instruments for Examination of a patient, asepsis, antisepsis, Dressings, plaster, operative surgery etc.
4. Practical Instruments, Training in Minor surgical Methods.
5. Physiotherapy measures.
6. Include also applied study in Radiology, etc. Diagnostics.
7. Includes Orthopaedics, Ophthalmology, Dental Diseases, Otorhinolaryngiology and Neonatal Surgery.

IV BHMS

1. What are surgical cases? Orientation towards case Taking and Examination of Surgical patients. (Details to be done as part of Practical Training.)
2. Applied anatomy and physiology - its importance demonstration with good examples.
3. Basic of general surgical procedures.
4. Inflammation, Infections (Specific and Non-specific) Suppuration, Bacteriology, Immunity.
5. Injuries of various kinds - wound healing and management including Ulcers, Sinuses, Gangrene, etc.
6. Hemorrhage, Shock, their management.
7. Resuscitation and support in emergencies.
8. Accidents and Warfare injuries management.
9. Burns Management.
10. Fractures and Dislocation: general principles.
11. Disease of the bones: general principles including growing skeleton.
12. Disease of the joints: general principles including Rheumatology.
13. Disease of the muscles, tendons, Fascia, etc.: General principle.
14. Disease of the Arteries: general principles.
15. Disease of the veins: general principles.
16. Disease of the Lymphatic system: general principles.
17. Disease of the nerves: general principles.
18. Immunology: general Organ rejection, Transplants, etc.
19. Oncology: Tumors, Cysts, etc. general principles of management.
20. Congenital disorders: orientation and correction procedures.
21. Lecturers cum Demonstration on bandages, surgical appliances, etc.
22. Lecture Demonstrations on x-rays.
23. Surgical Diseases of the Infancy and Childhood.

The above has to be followed up with relevant systemic Surgery Topics so as to cover:

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

ORTHOPAEDICS: Study as above about Injuries, inflammation, ulcer, sinus, tumors, cysts, etc. (related to common condition of all bones and joints including spine) with relevant management, correlating with Physiotherapy etc.

OPHTHALMOLOGY

~~**OPHTHAMOLOGY**~~: Knowledge of common diseases, accidents, Injuries, etc. of various parts of Eyes.

Clinical Examination of Eyes (various parts) using various instruments including Ophthamoscopy.

Common Eye operations and relevant care of the patients.

OTHORHINOLARYNGOLOGY (ENT): Study as above of Ears, Nose, Throat, Tracheobronchial Tree, Oesophagus.

Management of Common SURGICAL PROCEDURES AND EMERGENCY PROCEDURES: To be taught in Theory as practice.

1. Wounds, Abscesses, etc. Incision and Drainage.
2. Venesections.
3. Dressings and plasters.
4. Suturing of various types.
5. Preoperative and post-operative care.
6. Management of post operative complications.
7. Management of shock.
8. Management of Acute ~~Hemorrhage~~: Haemorrage
9. Management of a acute injury cases.
10. Management of a Head Injury case.

The above is utmost necessary for any physician.

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

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EXAMIATION

It will be conducted in III (Third) BHMS at end of 2 years of Course of study in Theory and Practical Training of Surgery.

Eligibility for examination will include submission of 10 complete case histories, 5 (five) each from the study in II and III BHMS.

Paper-I: Inflammation, infection, ~~hemorrhage~~ Haemorrage, shock, burns ulcers and gangrene, tumor, cysts, injuries and diseases of nerves, muscles, tendon burase, lymphatic system, vascular system, spleen, general diseases, Ophthalmology.

Paper-II: Head, Neck, Thyroid, Breast, Congenital anomalies, Abdominal ~~Surgical~~ Surgeries, Gastrointestinal system Bones Joints, Spine, Thoracic Surgery, Otolaryngology, Dental Surgery.

Paper-III: Exclusively on Homoeopathic Therapeutics.

PRACTICAL AND CLINCIAL EXAMINATIONS

The examination will include one case to be prepared and presented by the examinees. The assessing examiners shall stress on: 1) Comprehensive Case taking, 2) Bedside Training, 3) Adequate grasp over the process of Diagnosis, 4) Adequate grasp over principles of management.

GYNAECOLOGY AND OBSTETRICS INCLUDING INFANT CARE

The attitude towards study of this subject remains same as far Surgery. It will have to be emphasized that the Training in special clinical methods or investigation and treatment of local conditions will go a long way in managing Gynae. & Obst. cases.

There is a quite large part of the clinical territory of this subject which is amenable to Homoeopathic Treatment. Pregnancy and Developmental Phase of the foetus are very useful phases to treat a lot of familial dyscrasias.

The problems studies herein constitute delicate phases of Female patients and leave strong will be held in III (Third) BHMS.

Following is the plan to achieve the above.

II BHMS

OBSTETRICS

1. A Review of the Applied Anatomy.
2. A Review of the Applied Physiology
3. Development of the Intra Uterine Pregnancy.
4. Diagnosis of pregnancy.
5. Ante-natal care.
6. Abnormal Pregnancy: Introduction.
7. Normal labour.
8. Abnormal labour: Introduction.
9. Post natal care Puerperal.
10. Abnormal Puerperal.
11. Care of the New born.

GYNAECOLOGY

1. Applied Anatomy and Physiology.
2. Gynaecological Examination.
3. Development abnormalities.
4. Endocrinal Axis: abnormalities.
5. Uterine displacements.

III BHMS

OBSTETRICS

1. **Abnormal Pregnancies**: Abortions, Molar pregnancy, Extra Uterine, Diseases of placenta and membrane, Toxaemia of Pregnancy, Antepartum Hemorrhage, Disorders of Genital tract Retroversion, prolapse, Tumours, etc. Multiple Pregnancy, Protracted gestation.
2. Common disorders and systemic diseases associated with Pregnancy.
3. Labour Abnormal Position and presentation, Twins, Prolapse of Cord and limbs, abnormalities in the action of the Uterus Abnormal condition of soft parts contracted Pelvis, obstructed labour, Complications of third stage of labour, injuries of birth canals.
4. Common Obstetrical operations.
5. Abnormal Puerperal: infections etc.

GYNAECOLOGY

Inflammation, ulceration and traumatic lesions of the female genital organs, Malignant/Non-malignant Growths, Common Gynecological operations and radiotherapy.

Infant Care
Neonatal hygiene
Breast feeding
Artificial feeding
Management of premature child
Asphyxia
Birth injuries
Common disorders of new born

EXAMINATION

It will be conducted in III (Third) BHMS at the end of 2 years of Course of studying Theoretical and Practical aspects of Gynaecology and Obstetrics.

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

Paper I: Obstetrics and Infant Care
Paper II: Gynaecology
Paper III: Exclusively for Homoeopathic Therapeutes

PRACTICAL & CLINICAL EXAMINATON

The examinee will take and present one Case. The examiner shall stress on:—

1. Comprehensive Case Taking.
2. Bedside training.
3. Adequate grasp over Diagnostics.
4. Adequate grasp over Management Principles.

COMMUNITY MEDICINE

(including Health Education and Family Medicine)

Instruction in this course should be given in the Fourth year of medical studies by lectures, demonstrations and field studies. This is of utmost importance, and throughout the period of medical studies the attention of the student should be directed to the importance of preventive medicine and the measures for the promotion of positive health.

His function is not limited merely to prescribing homoeopathic medicines for curative purposes but he has a wider role to play, in the community. He has to be well conversant with the national health problems both or rural as well as urban areas so that he can be assigned responsibilities to play an effective role not only in the filed of curative but also of preventive and social medicine including family planning.

1. Introduction to preventive and social medicine concept, man and society: aim and scope of preventive and social medicine, social causes of disease and social problems or the sick, relation of economic factors and environment in health and disease.

2. Physiological hygiene:-

   (a) Food and nutrition-food in relation to health and disease. Balanced diets. Nutritional deficiencies and nutritional survey. Food processing, pasteurization of milk. Adulteration of food and food inspection, Food poisoning.
   (b) Air, light and sunshine
   (c) Effect of climate-humidity temperature, pressure and other meteorological conditions-comfort zone, effect of overcrowding.
   (d) Personal hygiene:- (Cleanliness, rest, sleep, work) Physical exercise and training care of health in tropics.

3. Environmental sanitation:

   (a) Definition and importance.
   (b) Atmospheric pollution-purification or air, air sterilization, air borne diseases.
   (c) Water supplies-sources and uses, impurities and purification. Public water supplies in urban and rural areas. Standards of drinking water, water borne diseases.
   (d) Conservancy-Methods in villages, towns and cities, septic tanks, dry earth latrines-water closets. Disposal of sewage, disposal of the deceased, disposal of refuge incineration.
   (e) Sanitation of fairs and festivals.
   (f) Disinfection:- disinfectants, deodorants, antiseptics, germicides. Methods of disinfection and sterilization.
   (g) Insects-insecticides and disinfection-insects in relation to disease. Insect control.

(h) Protozoa and helminthic diseases Life cycle of protozoan and helminthes, their prevention.

4. **Medical Statistics.**

Principles and elements of viral statistics

Preventive Medicine

(a) General principles of prevention and control of communicable ~~diseased~~ Diseases Plague, Cholera, Small Pox Diphtheria, Leprosy, Tuberculosis, Malaria, Kala-Azar, Filariasis, Common viral disease e.g. Common Cold Measles, Chicken Pox, Poliomyelitis, Infective Hepatitis, Helminthic infecti9ons, Enteric fever, dysenteries and also animal diseases transmissible to man. Their description and methods of preventive spread by contact, by droplet infection by environmental vehicles, (water, soil, food insects, animals, foundries, prophylaxis and vaccination.

(b) General principles of prevention and control of non-communicable diseases e.g. obesity, hypertension etc.

Natural history of diseases.

5 Maternal and Child Health school health services, health education, mental hygiene-elementary principles: school medicine its aim and methods.

6 Family Planning:- Demography, channels of communication, national Family planning programme, knowledge, attitudes regarding contraceptive practices Population and growth control.

7. Public health administration and international health relation.

8. Homoeopathic concept of prophylaxis, vaccination, Immunology and personal hygiene.

N.B.: Field demonstration-water purification plant, infectious diseases hospitals etc.

REPERTORY

IV BHMS

Repertorization is not the end but means to arrive to the simillimum together with Materia Medica based on sound principles of philosophy. Homoeopathic Materia Medica is an encyclopedia of Symptoms. No mind can menorize all the symptoms or all the drugs with their characteristic gradation. The repertory is an index and catalogue of the symptoms of the Materia Medica, nearly arranged in a practical form and also indicating the relative gradation of drugs, and it greatly facilitates quick selection of indicated remedy. It is impossible to practice Homoeopathy without the aid of repertories.

Each repertory has been compiled on district philosophical base, which determines its structure. In order to exploit full advantage of each repertory it is important to grasp thoroughly its conceptual base and construction. This will help student to learn scope, limitations and adaptability of the repertory.

Case taking:

Difficulties of taking a chronic case. Recording of cases and usefulness of record keeping.

Totality of symptoms, prescribing symptoms: uncommon peculiar and characteristic symptoms. Analysis of the case uncommon and common symptoms. Gradation and evaluation of Symptoms. Importance of Mental symptoms. Kinds and sources of general symptoms. Concomitant symptoms.

Teaching of repertorisation should not merely be reduced to rubric hunting exercises. Parent is not a bundle of rubrics.

Logic of Repertory, is delivered from Organon of Medicine as such Repertory should not be taught in isolation. Due emphasis should be made to:-

a. Learning the language of repertory i.e. meaning of rubrics is correlation with Materia Medica and clinical experiences.
b. Correlation of Repertory with Therapeutics and Materia Medica.

1) History and development of repertories till date.
2) Types of repertories.
3) Explanation of ~~terminology~~ terminologies's used in various repertories.
4) Boenninghausen's therapeutic pocket book and Boger Boenninghausen's repertory.
5) Kent's repertory.
6) Introduction to card repertory.
7) Specific regional repertories ALLFN'S FEVER, BELL'S DIARHOEA with their comparison.
8) Brief introduction to puritan group of repertory as Knerr, Gentry, Roberson respect of their Clinic use.
9) Introduction to Computer Repertorization.

PRACTICAL

Students shall repertories:-

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

7. The existing entries in Regulation 7 shall be substituted as under namely:

Admission to examination, scheme of examination etc.:
FIRST BHMS EXAMINATION

(i) The student shall be admitted to the First BHMS Examination provided he/she has required attendance as per regulation 13 (iii) to the satisfaction of the head of the Homoeopathic Medical College.

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

	Subject Demonstration	Theoretical Lecture	Practical/ Tutorial/Seminar
1	Organon of Medicine, Principles of Homoeopathic, Philosophy and Psychology	150 hrs. (including 40 hrs. for Psychology.)	35 hrs. (including 10 hrs. for Psychology)
2	Anatomy, Histology and Embryology	250 hrs.	325 hrs.
3	Physiology including Biochemistry	250 hrs.	325 hrs.
4	Homoeopathic Pharmacy	100 hrs.	100 hrs.
5	Homoeopathic Materia Medica	50 hrs.	25 hrs.

(iii) Examination in Organon of Medicine, Principles of Homoeopathic, Philosophy and Psychology shall consist of one theory paper and one oral examination.

(iv) Examination in Anatomy including Histology and Embryology shall consist of two theory papers. practical includes oral, identification of specimen and histology slides.

(vi) Examination in Physiology including biochemistry shall consist of two theory papers and one practical including oral.

(vii) The examination in Homoeopathic Pharmacy shall consist of one theory and one practical including Oral.

(viii) The examination in Homoeopathic Materia Medica shall consist of one theory and one oral examination.

8. **SECOND BHMS EXAMINATION**

(i) No candidate shall be admitted to the Second BHMS Examination unless he has passed the First BHMS examination and he/she has required attendance as per regulation 7(iii) to the satisfaction of the need of the Homoeopathic Medical College.

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

	Subject	Theoretical Lecture	Practical/Tutorial clinical/Seminar
1.	Pathology and Microbiology including Parasitology Bacteriology and Virology	200	70
2.	Forensic Medicine & Toxicology	50	20
3.	Organon of Medicine and Principles of Homoeopathic Philosophy	125	
4.	Homoeopathic Materia Medica	75	75
5.	Surgery including ENT, Eye, Dental and Homoeo therapeutics.	50} 25} 75	75

		One term of three months surgical ward and OPD.	
6.	Obstetrics & Gynaecology Infant care and Homoeo therapeutics.	75 One term of three months in Gynaecology & Obstetrics ward and OPD.	75
7.	Practice of Medicine and Homoeo therapeutics.	50} 25} 75 One term of three months in OPD of different Medical wards.	75

(iv) Examinations in Patholgoy and Microbiology shall consist of one theory paper and one practical including oral. Identification of microscopic slides and specimens shall be a part of practical examination.

(v) Examination in Forensic Medicine and Toxicology shall consist of one theory paper and one oral examination including identification and sporting of specimens.

(vi) Examination in Organon of Medicine, Principles of Homeopathic Philosophy and Psychology shall consist of one theory paper and one oral examination.

(vii) Examination in Materia Medica Shall consist of one theory paper and one practical including oral examination.

9. **THIRD BHMS EXAMINATION**

(i) No candidate shall be admitted to the Third BHMS examination unless he has passed the Second BHMS examination and he/she has required attendance as per regulation 7(iii) to the satisfaction of the head of the Homoeopathic Medical College.

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

	Subject	Theoretical Lecture	Practical/Tutorial clinical/Seminar
1.	Practice of Medicine & Homoeo therapeutics	50} 75 25}	75 One term of 3 months each in OPD in different wards/Dept.
2.	Surgery including ENT} Ophthalmology & dental}	100}150	75 One term of three months

	& Homoeo therapeutics	50}	each in Surgical ward and OPD.
3.	Obstetrics & Gynaecology Infant care & Homoeo Therapeutics	100}150 50}	75 One term of 3 month Gynae ward and OPD.
4.	Homoeopathic Materia Medica	100	75
5.	Organon of Medicine	100	75

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

(iv) Examination in Obstetrics & Gynaecology including infant care shall consist of three theory papers and one practical examination. One theory paper shall be exclusively on Homoeo therapeutics. The Practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the specimens, models, instruments, and general appliances related to obstetrics, scope of Homoeopathic therapeutics and examination and diagnosis of Gynaecological disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.

(v) Examination in Homoeopathic Materia Medica shall consist of one theory paper and one bedside practical examination. The bedside examination shall be on two acute cases with special reference to their nosological diagnosis and therapeutics diagnosis from Homoeopathic point of view.

(vi) Examination in Organon of medicine shall consist of one theory paper and one oral examination.

10. **FOURHT BHMS EXAMINATION**

(i) No candidates shall be admitted to the Fourth BHMS examination unless he has passed the third BHMS examination and he/she has required attendance as per regulation 7(iii) to the satisfaction of the head of the Homoeopathic Medical College.

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

	Subject	Theoretical Lecture	Practical/Tutorial clinical/Seminar
1.	Practice of Medicine & Homoeo. Therapeutics	100} 150 200 50}	One term of 4 months in OPD & IPD in different Medical wards/ Deptt.
2.	Homoeopathic Materia Medica	100 75	
3.	Organon of Medicine	100 75	
4.	Repertory	125 150	
5.	Community Medicine	100 100	

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

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

(v) Examination in Homoeopathic Materia Medica shall consist of two theory papers and one bedside practical examination. The bedside examination shall be one long case and one short case with special reference to their nosological diagnosis and therapeutics diagnosis from Homoeopathic point of view. The case reports of the students carried out during the course shall be considered for the oral examination.

(vi) Examination in Organon of Medicine and Principles of Homoeopathic Philosophy shall consist of two theory papers and one practical examination. The Practical examination shall be on the Homoeopathic orientation of case in relation to miasmatic diagnosis, general management, posology, second prescription etc.

(vii) The examination in Community Medicine including Health Education and Family Welfare shall consist of one theory paper and one oral examination. The oral examination shall be on sporting and identification of specimens and matters related to the community oriented problems.

11. Internship Training

11.1 Each candidate shall be required to undergo compulsory rotating internship of one year, after passing the Fourth BHMS examination, to the satisfaction of the Principal of the Homoeopathic college. Thereafter, the candidate shall be eligible for the award of Degree of Bachelor of Homoeopathic Medicine and surgery (B.H.M.S.) by the University.

i) All parts of the internship training shall be undertaken at the hospital attached to a Homoeopathic College.

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

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

iii) Full registration shall only be given by the State Boards if the BHMS degree awarded by the University concerned is a recognized medical qualification as per Section 13(1) of the Act, and Board shall ward registration to such candidates who produce certificate of completion or compulsory rotating internship of not less than one year duration from the Principal of college where one has been a bonafide student which shall also declare that the candidate is eligible for it.

iv) The internee students shall not prescribe the treatment including medicine, and, each of them shall work under the direct supervision of Head of the Department concerned and/or a Resident Medical Officer. No intern student shall issue any medico-legal document under his/her signature.

v) Each candidate shall complete the Internship training at the maximum within a period of 24 months after passing the final year examination.

11.2 The Internship training shall be regulated by the Principal in consultation with the concerned Heads of the Departments and R.M.O. as under:-

i) Each internee student shall be asked to maintain a record of work which is to be constantly monitored by the Head of concerned department an/or Resident Medical Officer under whom the internee is posed. The scrutiny of record shall be done in an objective way to update the knowledge, skill and aptitude of internee.

ii) The stress during the internship training shall be on case taking, evaluation of symptoms, nosological and miasmatic diagnostic analysis, repertorisation and management of sick people based on principles of Homoeopathy. Weekly seminars shall be conducted wherein interns in rotation be given a chance to present their cases for discussion, and, concerned teachers/RMO shall assess performance of each of interns

11.3 Rotation of internee students shall be as under:-

i) Practice of Medicine - 8 months wherein internee will be rotated in each Psychology, Respiratory, Gastro-intestinal, Endocrinology, Skin and V.D., Locomotor, Cardiology, Paediatrics sections.

ii) Surgery - 1 month

iii) Obstetrics & Gynaecology - 2 months (one month each (including Reproductive & child health care))

iv) Community medicine (including PHC/CHC) - 1 MONTH

11.4 Each internee shall be exposed to clinico-pathology work to acquire skill in taking samples and doing routine blood examination, blood smear for parasites, sputum examination, urine and stool examination. Student shall be trained to correlate laboratory findings with diagnosis and management of sick people.

11.5 Each internee student shall be given opportunities to learn the diagnostic techniques like x-ray, Ultrasonography, E.C.G., spirometer and other forthcoming techniques and co-relate their findings and diagnosis and management of cases.

11.6 Each internee student shall be given adequate knowledge about issuing of medico-legal certificates including medical and fitness certificates, death certificates, birth certificates, court producers and all of such legislation's be discussed which were taught in curriculum of Forensic Medicine.

11.7 Each internee shall maintain records of 40 acute and 25 chronic cases complete in all manner including follow up in Practice of Medicine, record of 5 antenatal check-up and 3 delivery cases attended by him/her in the Department of Obstetrics and 3 cases of gynaecology; records of 5 surgical cases assisted by him (and demonstrational knowledge of dressings) in Surgery department, and records of

knowledge gained in Primary Health Centres, Community Health Centres, various Health Programmes.

11.8 It shall be compulsory for each intern-student to prove at least one drug during the Period of Internship.

11.9 Each internee shall be given a liberty to choose an elective assignment on any subject, and complete out-put shall be furnished in writing by the internee in respect of elective assignment to the Principal of the college within internship duration.

11.10 Each intern shall be posted on duty in such a manner that each of them attend at least 15 days in OPD and 15 days in IPD at least in each month (except for duty in Community Medicine) and attend the other parts of duty including self-preparation in Library.

11.11 Each inter student shall be made to learn importance of maintaining statistics and records, intern-student shall also be familiarized with research-methodology.

11.12 Each internee shall have not less than 80% of attendance during the internship training.

11.13 Each internee shall be on duty of at least 6 hrs. per day during the Compulsory internship training.

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