

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

Direction No. 11 of 1998

Subject :- EXAMINATIONS LEADING TO THE DEGREE OF BACHELOR OF HOMOEOPATHIC MEDICINE & SURGERY. (B.H.M.S.)

Whereas the Hon'ble Governor of the Maharashtra has promulgated Maharashtra Ordinance No. XI of 1998 namely "The Maharashtra University of Health Sciences (Continuance) Ordinance, 1998" (hereinafter referred to as an Ordinance,) for establishment of Maharashtra University of Health Sciences at Nashik;

AND WHEREAS it is duty of the University to hold the Examinations of the courses conducted by the University as provided under sub-section (ii) of section 5 of an Ordinance,

AND WHEREAS THE UNIVERSITY has decided to conduct the first year B.H.M.S. Examination;

AND WHEREAS conduct of Examination is a subject matter of Ordinance as provided under sub-section (VI) of section 50 of an Ordinance.

AND WHEREAS Ordinance for conducting of an Examination leading to the Degree of Bachelor of Homoeopathy and Medicine Surgery. (First year of B.H.M.S. Examination) is not in existence;

AND WHEREAS making of an Ordinance is a time taking process; Now, therefore, I, Dr. D. G. Dongaonkar, Vice-Chancellor of the University in exercise of the powers conferred upon me under sub-section (8) of section 16 of an Ordinance issue following Direction.

1. This Direction shall be called "Examination leading to the Degree of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) direction.1998"
2. This Direction shall come into force with effect from the date of its issuance.
3. In this Direction, unless the context otherwise required B.H.M.S. means the Degree of Bachelor of Homoeopathic Medicine and Surgery.
4. There shall be the following four examinations leading to the Degree of B.H.M.S.
 - (i) First B.H.M.S. Examination after one and half years.
 - (ii) Second B.H.M.S. Examination after Two and half years.
 - (iii) Third B.H.M.S. Examination after Three and half years.
 - (iv) Final B.H.M.S. Examination after Four and half years.
5. The Examinations referred to in paragraph 4 above shall held twice a year in Winter and Summer at such places and on such dates as may be decided by the University.
6. The course for B.H.M.S. Degree shall be of 5 ½ years duration including One year compulsory rotatory internship after passing the Final B.H.M.S. Examination. The Degree of B.H.M.S. shall not be conferred unless the candidate has worked as internee for the prescribed duration upto the

satisfaction of the Head of the Institution in a Hospital approved by the University.

7. **ADMISSION TO COURSE.**

(A) Minimum Qualifications: - No candidate shall be admitted to the to the

First Year B.H.M.S. (Degree) Course unless he has :-

- (a) Attained the age of 17 years on or before 31st December of the year of his admission to the first year of the Course.
- (b) Passed the 12th standard Examination of the Maharashtra State Board of Secondary and Higher Secondary Education, with English, Physics, Chemistry, Biology and Mathematics or any other subject instead of Mathematics or any other subject instead of Mathematics as his/her subject at the 11th and 12th standard or any other examination recognised as equivalent there to in such subjects and with standard of attainment as may be prescribed.
- (B) An applicant for admission to Second B.H.M.S. Examination, shall have passed first B.H.M.S. Examination.
- (C) An applicant for admission to the Third B.H.M.S. Examination. Shall have passed the Second B.H.M.S. Examination.
- (D) An applicant for admission to the Final B.H.M.S. Examination, shall have passed the Third B.H.M.S. Examination.

8. Every candidate for B.H.M.S. Degree shall have attended a regular course of study for a period of not less than one and half academic years for the first B.H.M.S. Examination and not less than one academic year for each of the three examination viz-Second, Third & Final B.H.M.S. Degree Course in affiliated College in the Following Subjects.

(i) FOR THE FIRST B.H.M.S. EXAMINATION.

- a) Anatomy.
- b) Physiology including Biochemistry.
- c) Homeopathic Pharmacy
- d) Homeopathic Materia Medica & Organon Homeopathic Philosophy and Physiology.

(ii) FOR THE SECOND B.H.M.S. EXAMINATION

- a) Pathology, Microbiology and Parasitology.

Examination
First B.H.M.S. Examination

9. Admission to examination, scheme of examination etc.

- (i) Any undergraduate may be admitted to the First B.H.M.S. examination provided that he has regularly attended the following courses of instruction in the subjects of the examination, theoretical and practical for not less than one and half years at a Homoeopathic College to the satisfaction of the head of such College

The Courses of minimum number of lectures, demonstrations/practical clinical classes/seminars etc. in the subjects shall be as shown below :-

Subject		Theoretical		Number of lectures / Demonstration /practical /tutorial classes
*Introduction				
Including	(150)		250 Hrs.	50 Hrs.
Materia Medica &	(*100)			
Homoeopathic				
Philosophy				
Anatomy			200 Hrs.	450 Hrs.
Physiology inclu-			250 Hrs.	400 Hrs.
Ding Biochemistry				
Homoeopathic			50 Hrs.	100 Hrs.
Pharmacy				

*Students should be given introductory lectures on history of medicine in general with special reference to the emergence of Homoeopathy, contribution made by Hahnemann to medicine in general, life of Hahnemann, the history of the development of Homoeopathy in India, various schools of thought in Homoeopathy and their critical evaluation, comparative study of fundamentals of various systems of medicine, introduction of basic medical science like Anatomy, Physiology Pathology etc. their inter-relationship and relevance to the clinical subjects, importance of biochemistry and pathology in homoeopathic practice (as an illustration, a little exposure to the clinical materials) the outlines of homoeopathic philosophy, study of man as a whole both in health and disease, introduction to the philosophy of materia medica and its study with illustration by a few drug-picture of importance commonly used drugs, integrated approach towards the medical, surgical and gynaecological diseases, acquaintance with pharmacological action of some of the commonly used modern drugs so as to give them idea about the iatrogenic disease caused by those modern drugs, an introduction to biostatistics, a brief study of logic, psychology and psychiatry, the role of a physician in the changing society, national health and family welfare needs and programmes of the country.

Greater emphasis should be laid on teaching of Homoeopathic Materia Medica will the help of drug pictures of important drugs and on the Homoeopathic Philosophy.

The First B.H.M.S. examination shall be held at the end of 18 months of First B.H.M.S. Course.

- (ii) The examination shall be written, oral and practical.

- (a) The examination in Homoeopathic pharmacy shall consist of one theoretical paper, one practical examination and one oral examination.
- (b) The examination in anatomy shall consist of two theoretical papers, one practical examination and one oral examination.
- (c) The examination in physiology shall consist of two theoretical papers, one practical examination and one oral examination.
- (d) The examination in Materia Medica and Homoeopathic Philosophy shall consist of one theoretical paper and one oral examination.

Three hours shall be allowed for each theoretical paper in each subject.

(iii) A candidate securing 75 % or above marks in any of the subjects shall be declared to receive honours in that subject provided he has passed the examination in the first attempt.

(iv) In order to pass the first B.H.M.S. Examination a candidate must pass in all subjects of the examination.

(v) Pass marks in all subjects both homoeopathic and allied medical subjects shall be 50% in each part (Written, oral and practical)-

(vi) Full marks for each subject and the minimum number of marks required for passing are as follows :-

Subject	Written		Oral		Practical		Total	
	Full	Pass	Full	Pass	Full	Pass	Full	Pass
Pharmacy	100	50	50	25	50	25	200	100
Anatomy	200	100	100	50	100	50	400	200
Physiology & Biochemistry	200	100	100	50	100	50	400	200
Materia Medica	100	50	50	25	50	25	200	100
& Homoeopathic Philosophy (20 Polychrest drugs Will be expected From Syllabus of Ist BHMS In Organon Aphorism 1-145)								

SECOND B.H.M.S EXAMINATION

10. (i) No candidate shall be admitted to the II B.H.M.S. examination unless:-
- a) He has passed the first B.H.M.S examination at least one year previously; and
 - b) Has regularly attended the following courses of instructions, theoretical and practical in the subjects of the examination over a period of at least one year in a recognized Homoeopathic College subsequent to his passing the First B.H.M.S. examination to the satisfaction of the head of the college.
- ii) courses of the minimum number of lectures, demonstrations and practical/clinical classes in the subjects shall be shown below:-

Subjects	Theoretical	Practical/Clinical / Tutorial classes
Pathology, bacteriology and parasitology	150	50
Forensic Medicine & Toxicology	50	20
Social and Preventive Medicine (including health education and family medicine)	150	100
Materia Medica	50	70
Organon and Homoeopathic Philosophy	125	100

iii) The Second B.H.M.S. examination shall be held at the end of 2 ½ years of B.H.M.S Course.

iv) The examination shall be written, oral, practical and/or clinical as provided hereinafter, three hours being allowed for each paper.

v) The examination in pathology, bacteriology and parasitology shall consist of one theoretical paper, one practical examination and one oral examination including questions of microscope and microscopic specimens.

vi) The examination in social and preventive medicine including health education and family medicine shall consist of one theoretical paper, one oral examination and one spotting and identification of specimens.

vii) The examination in forensic medicine and toxicology shall consist of one theoretical paper, one oral examination and one identification and spotting of specimens.

viii) The examination in Homoeopathic Materia Medica shall consist of one theoretical paper, one practical and one oral examination.

ix) The examination in organon shall consist of one theoretical paper, one oral and practical examination.

x) The candidate securing 75 per cent or above marks in any of the subjects shall be declared to receive honours in that subject provided he has passed the examination in first attempt.

- i) In order to pass the second B.H.M.S. examination, a candidate shall have passed in all subjects of the examination.
- ii) Full marks for such subjects and the minimum number of marks required for passing are as follows:

Subject	Written		Oral		Practical		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Pathology	100	50	50	25	50	25	200	100
Forensic Medicine & Toxicology	100	50	50	25	50	25	200	100
Social & preventive Medicine (including Health Education & family Medicine)	100	50	50	25	50	25	200	100
Materia Medica	100	50	50	25	50	25	200	100
Organan & Homoeopathic Philosophy	100	50	50	25	50	25	200	100

THIRD B.H.M.S. EXAMINATION

11. (i) No candidate shall be admitted to the Third B.H.M.S. examination unless:
- a) he has passed the second B.H.M.S. examination at least one year previously; and
 - b) has regularly attended the following courses of instructions, theoretical and practical, in the subjects of examination over a period of at least two years in a Homoeopathic College subsequent to his passing the first B.H.M.S. examination to the satisfaction of the head of the College.
- ii) The Courses of minimum number of lectures, demonstrations and practical/clinical classes in the subjects shall be as shown below :-

Subjects	Theoretical	Practical/Clinical / Tutorial classes
Surgery including E.N.T.m eye, Dental and Homoeopathic therapeutics	200 (in two years)	150- Two terms of 3 months each in surgical ward & O.P.D.
Obstetrics and Gynaecology, infant hygiene and Homoeo, therapeutics	200 (in two years)	150- two terms of 3 months homoeopathic therapeutics each in Obs. and Gyn. ward and O.P.D.
Materia Medica	200 (in two years)	75
Organon of Philosophy	250 (in two years)	100

- iii) The third B.H.M.S. examination shall be held at the end of 3 ½ years of B.H.M.S. course.
- iv) The examination shall be written, oral, practical and/or clinical as provided hereinafter, three hours being allowed for each paper.
- V) The examination in surgery shall consist of two theoretical papers, one oral examination and one clinical examination not less than one hour being allowed to each candidate for the examination of and report on his cases with special references to the scope of Homoeopathic therapeutics vis-à-vis the necessity of surgical treatment in the particular case.
- vi) A practical examination in which question on the use of surgical instruments and other appliances shall form special part.
- (Vii) The examination in obstetrics, gynaecology and infant hygiene including diseases of new-born shall consist of two theoretical papers, one oral examination including questions on pathological specimens, models and X-ray films including question on instruments and appliances and one clinical examination of not less than one hour being allowed to the candidate for the examination and report on his cases (one obstetric and gynaecological case) with special reference to both nosological and therapeutic diagnosis from Homoeopathic point of view.
- (viii) The examination in Materia Medica shall consist of one theoretical paper, one oral examination and one bedside practical examination of 2 short cases not less than half an hour being allowed for examinations of and report on each cases.

(ix) The examination in organon shall consist of two theoretical papers, one oral examination and one bed-side practical examination of one long case in the application of the tenets of the organon in case taking evaluation of symptoms and guidelines of treatment not less than 2 hours being allowed for examinations of an report of each case.

(x) A candidate securing 75 percent or above marks in any of the subjects shall be declared to receive honours in that subject provided he has passed the examination in first attempt.

(xi) In order to pass Third B.H.M.S. examination a candidate shall have passed in all subjects of examination.

(xii) Pass marks in all subjects both homoeopathic and allied medical subjects shall be 50 % in each part (written, oral and practical)

(xiii) Full marks for each subject and minimum number of marks required for passing are as follows :-

Subject	Written		Oral		Practical		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Surgery	200	100	100	50	100	50	400	200
Obstetric & Gynecology	200	100	100	50	100	50	400	200
Organon and Homoeopathic Philosophy	200	100	100	50	100	50	100	200
Materia Medica	100	50	100	50	100	50	300	150

FOURTH B.H.M.S EXAMINATION

12. (i) No candidate shall be admitted to the fourth B.H.M.S examination unless:-

- (a) he has passed the third B.H.M.S examination at least one year pre-viously; and
 - (b) has regularly attended the following courses of instructions, theoretical and practical in the subjects of the examination over a period of at least three years in a recognized Homoeopathic College subsequent to his passing the first B.H.M.S examination to the satisfaction of the head of the College.
- iii) Course of the minimum number of lectures, demonstrations and practical/ clinical classes in the subjects shall be as shown below:-

Sr.No	Subjects	Theoretical	Practical /clinical / tutorial classes
1.	Practice of medicine Children diseases Mental diseases and Skin disease including homoeopathic therapeutions	250 (in 3 yrs.) 40 40 20	400 (3 terms of 3 months each in homoeopathic ward & OPD including children, mental and skin disease deptts.)
2.	Homoeopathic Materia Medica	200 (in one yr.)	125
3.	Repertory	100 (in 3 yrs.)	150

- iv) The Fourth B.H.M.S. examination shall be held at the end of 4 ½ years of B.H.M.S. course.
- v) The examination shall be written, oral, practical or clinical as provided hereinafter, three hours being allowed for each paper.
- vi) The examination in medicine, (including children, mental and skin) shall consist of two papers, one oral examination and one bed-side practical examination in case taking of two short cases with view to determine both nosological and therapeutic diagnosis from the Homoeopathic point of view. Time allotted shall be half an hour for each case.
- vii) The examination in Materia Medica shall consist of two theoretical papers, one oral examination and one bed-side practical examination, not less than two hours being allowed for examination and report on his case.
- viii) The examination in Repertory shall consist of one theoretical paper, one oral examination and one practical examination in two cases of reportorial work. Time allotted shall be half an hour for each cases.

- ix) A candidate securing 75 percent or above marks in any of the subjects shall be declared to receive honours in that subjects provided he has passed the examination in first attempt.
- x) In order to pass Third B.H.M.S. examination a candidate shall have passed in all subjects of the examination.
- xi) Pass marks in all subjects, both homoeopathic and allied medical subjects shall be 50% in each subject.
- xii) Full marks for each subjects and minimum number of marks required for passing are as follows:-

Subject	Written		Oral		Practical		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Medicine	200	100	100	50	100	50	400	200
Homoeopathic Materia medica	200	100	100	50	100	50	400	200
Repertory	100	50	50	25	50	25	200	100

- b) Forensic Medicine and Toxicology and Study of Homeopathy Central Council Act 1973 and Homeopathic Practitioners (Professional conduct, Etiquette and Code of Ethics) Regulations 1982.
 - c) Social and Preventive Medicine & including Health Education, Family Medicine and Knowledge about AIDS.
 - d) Homeopathic Material Medica
 - e) Organon & Homeopathic Philosophy
- (iii) FOR THE THIRD B.H.M.S. EXAMINATION
- a) Surgery including E.N.T. and Ophthalmology, Dental, Orthopaedic & Homeopathic therapeutics
 - b) Obstetrics & Gynaecology, Infant hygiene and Homeopathic therapeutics.
 - c) Homeopathic materia medica.
 - d) Organon & Homeopathic Philosophy.
- (iv) FOR THE FINAL B.H.M.S. EXAMINATION
- a. Medicine
 - b. Homeopathic Materia Medica
 - c. Homeopathic Repertory and Case Taking

13. The Scope of the Subjects shall be as indicated in the syllabus as in Appendix-A appended herewith.

14. The fees for the Examination shall be as decided by the Maharashtra University of Health Sciences, Nashik, from time to time.

15. Criteria For Eligibility for University Examination.

Attendance of 75 % in Lectures and 80 % in Non-Lecture teaching programme i.e. Tutorials, Practicals, Clinics, Seminars etc.

16. (i) The Examination shall consist of written papers, Practical and Oral.

- (ii) The medium of instruction for the course of studies and of the Examination shall be English.
 - (iii) In order to pass the examination, the examinee must obtain in each subject, paper, practical and oral not less than the minimum marks prescribed in Appendices B, C, D and E, Guidelines for calculation of Internal Assessment marks for B.H.M.S. Examinations shall be as per Appendix – F.
 - (iv) Every student will be required to undergo compulsory rotatory internship after passing the final B.H.M.S. Examination. As per Appendix – G.
17. There shall be no classification of examinees successful at an examination under this Direction.
18. There shall be no A.T.K.T. (Allowed to keep term) in any case in any class for B.H.M.S. course examination.
19. (i) As soon as possible after the regular examination the examining body shall publish. A List of Successful Candidates as per their roll numbers serially.
- (ii) Every candidate on passing shall receive a certificate in the form prescribed by the MUHS.
 - (iii) A candidate who appears at the examination but fails to pass in a Subject or Subjects may be admitted to a supplementary examination in the Subject or Subjects of that part of the examination in which he has failed after the publication of result of the first examination on payment of the prescribed fee along with an application in the prescribed form.
 - (iv) If a candidate obtains pass marks in the subject or subjects at the supplementary examination he shall be declared to have passed the examination as a whole.
 - (v) If such a candidate fails to pass in the subject or subjects, at the supplementary examination he may appear in that subject or subjects again at the next annual examination on production of a certificate to the effect that he had attended, to the satisfaction of the Principal, a further course of study during the next academic year in the subject or subjects in which he had failed, provided that all the parts of the examination shall be completed within four chances. (including the supplementary one) from the date when the complete examination came into force for the first time.
 - (vi) If a candidate fails to pass in all the subjects within the prescribed four chances, he shall be required to prosecute a further Courses of study in all the subjects and in all parts for one year to the satisfaction of the Head of the College and appear for Examination in all the Subjects.

Provided that if a student appearing for the Final B.H.M.S. Examination has only one subject to pass at the end of prescribed chances, he shall be

allowed to appear at the next examination in that particular Subject and shall complete the examination with this special chance.

20. A successful examinee passing the examination within the prescribed period for the examination and obtaining not less than 75% of the total marks prescribed in a subject shall be declared to have passed the examination with Distinction in that subject.

21. An examinee who passes the First, Second, Third and Final B.H.M.S. Examinations within the minimum prescribed period and obtains distinction in not less than 8 subjects in the Second, Third and Final B.H.M.S. Examinations taken together shall be declared to have passed the B.H.M.S. Examination with Honours. The names of examinees passing the examinations as a whole in the minimum prescribed period and obtaining the prescribed number of places with Honours shall be arranged in Order of Merit.

22. Notwithstanding anything to the contrary in this Direction no person shall be admitted to the examination under this Direction if he has already passed the same examination or an equivalent examination of any other Statutory University.

23. Examinees successful at the First, Second and Third year B.H.M.S. Examination shall be entitled to receive a certificate signed by the Controller of Examinations, and those successful at the Final B.H.M.S. Examination shall, on payment of prescribed fees will be awarded a degree, in the prescribed form, signed by the Vice-Chancellor only after submission of internship completion certificate as per C.C.H. guidelines.

APPENDIX – B

SCHEME OF EXAMINATION FOR FIRST BACHELOR OF HOMOEOPATHIC

MEDICINE AND SURGERY (B.H.M.S.)

(FIRST B.H.M.S.)

Sr.No	Subject	Subhead	Maximum Marks	Minimum Marks for passing the subhead	Minimum Marks for passing subject	Minimum Marks for awarding Distinction
1	Anatomy	Theory Paper I	100	100	230	345
		Paper II	100			
		Practical	100	50		
		Oral	100	50		
2	Physiology including Biochemistry	Theory Paper I	100	100	230	345
		Paper II	100			
		Practical	100	50		
		Oral	100	50		
3	Homeopathic Pharmacy	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment	20	15		
4	Materia Medica and Homeopathic Philosophy	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment	20	15		
		Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment	20	15		

APPENDIX – C
SCHEME OF EXAMINATION FOR SECOND BATCHELOR OF
HOMEOPATHIC MEDICINE AND SURGERY (B.H.M.S.)
(SECOND B.H.M.S.)

Sr.No	Subject	Subhead	Maximum Marks	Minimum Marks for passing the subhead	Minimum Marks for passing subject	Minimum Marks for awarding Distinction
1	Pathology, Bacteriology And Parasitology	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment Theory Practical	20 10	15		
2	Forensic Medicine and Toxicology	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment Theory Practical	20 10	15		
3	Social and Preventive Medicine (including education and family medicine.)	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment Theory Practical	20 10	15		
4	Materia Medica	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment Theory Practical	20 10	15		
5	Organon and Homeopathic philosophy	Theory	100	50	115	173
		Practical	50	25		
		Oral	50	25		
		Internal Assessment Theory Practical	20 10	15		

APPENDIX – D**SCHEME OF EXAMINATION FOR THIRD BACHELOR OF
HOMEOPATHIC MEDICINE AND SURGERY (B.H.M.S.)
(THIRD B.H.M.S.)**

Sr.No	Subject	Subhead	Maximum Marks	Minimum Marks for passing the subhead	Minimum Marks for passing subject	Minimum Marks for awarding Distinction
1	Surgery	Theory Part I	100	100	230	345
		Part II	100			
		Practical Oral	100	50		
		Internal Assessment Theory Practical	40 20	30		
2	Obstetrics and Gynaecology	Theory Part I	100	100	230	345
		Part II				
		Practical Oral	100	50		
		Internal Assessment Theory Practical	40 20	30		
3	Materia Medica	Theory	100	50	170	255
		Practical Oral	100	50		
		Internal Assessment Theory Practical	20 20	20		
4	Organon and Homeopathic Philosophy	Theory Part I	100	100	230	345
		Part II				
		Practical Oral	100	50		
		Internal Assessment Theory Practical	40 20	30		

APPENDIX – E
SCHEME OF EXAMINATION FOR FIRST BACHELOR OF
HOMOEOPATHIC
MEDICINE AND SURGERY (B.H.M.S.)
(FINAL B.H.M.S.)

Sr.No	Subject	Subhead	Maximum Marks	Minimum Marks for passing the subhead	Minimum Marks for passing subject	Minimum Marks for awarding Distinction
1	Medicine and Homeopathic Therapeutics	Theory Paper I Paper II	100 100	100	230	345
		Practical Oral	100 100	50 50		
		Internal Assessment Theory Practical	40 20	30		
2	Homeopathic Materia Medica	Theory Paper I Paper II	100 100	100	230	345
		Practical Oral	100 100	50 50		
		Internal Assessment Theory Practical	40 20	30		
3	Homeopathic Repertory and Case taking	Theory	100	50	115	173
		Practical Oral	50 50	25 25		
		Internal Assessment Theory Practical	20 10	15		

Appendix F

Scheme for calculation of Internal Assessment

The following is the scheme laid down for calculation of internal Assessment marks for Bachelor of Homeopathic medicine and Surgery Examination

1. The Internal Assessment for theory and practical in all subjects shall be calculated on the basis of two terminal examinations and one Prelim examination and Three periodical examinations (one in each term) for first B.H.M.S.
2. The Terminal examination will include one theory paper of hundred marks for first and second term and prelim exam will include two theory papers in Anatomy and Physiology carrying two hundred marks and practical examinations carrying two hundred marks and Pharmacy, HMM and Homeopathy Philosophy carrying one hundred marks in theory and one hundred marks in practical/oral.
1. The periodical short test one in each term carrying twenty marks for each test. The assessment of the marks shall be calculated on the basis of the average mean of marks obtained.
2. Marks secured by students in respective Term ending examination must be displayed on the notice board within 15 days after the examination
3. In case of failures internal assessment will be calculated on the basis of term examination held by the college before commencement of University Examination.
4. Marks of Internal Assessment in respect of attendance will be carried towards for failure students.
5. Attendance in each subject for Theory and Practical Separately must be displaced at the end of term. Total attendance for the year must be displaced in each subject separately for Theory and Practical before University Examination.

50% marks must be secured by student in respect of Internal Assessment. Every student must have 75% attendance, in lectures and 80% in non-lecture teaching programmes i.e. practicals, tutorials, clinics, seminars etc.

ASSESSMENT MARKS

To assess the overall progress of the students by evaluating the professional skills he has got it is necessary to assess the students periodically. The marks to be allowed should be real estimate of the students achievement of skills and subject knowledge without any prejudice.

- 1) Maximum marks allotted for internal assessment for each subject head will be 20% of the total marks for theory & as well as 20 % of the total marks for practical.
- 2) In all for First year of B.H.M.S. there will be 3 periodical test, 2 term test & 1 preliminary test examination.
- 3) From 2nd 3rd & 4th Year of B.H.M.S. Examination there will be 2 periodical & 2 test for the following subject.
 - 1) Social & Preventive Medicine 2) Forensic Medicine 3) Pathology 4) Homoeopathic Materia Medica 5) Organon & Homoeopathic Philosophy 6) Repertory 7) Medicine 8) Obstetrics & Gynaecology 9) Surgery. The calculation of internal assessment in the subject 1) Obstetrics & Gynaecology 2) Surgery shall be accounted in the IIIrd Year examination & Internal assessment for the subject Medicine Repertory shall be accounted in the IVth Year examination.

FOR Ist B.H.M.S.

- a) The First Internal assessment test should be conducted for the syllabus completed during term.
- b) Second Internal Assessment test should include the entire syllabus completed in First/Second term.
- c) Third Internal assessment test should include the topics covered in the First/Second/Third term.
- 4) The 3 periodical test should be completed in between the term.

FOR IInd B.H.M.S.

- d) The First Internal assessment test should be conducted for the syllabus completed during term.
- e) Second Internal Assessment test should include the entire syllabus completed in First/Second term.

FOR IIIrd B.H.M.S.

- a) The First Internal assessment test should be conducted for the syllabus completed during term.
- b) Second Internal Assessment test should include the entire syllabus completed in First/Second term.

Note :- Add Internal assessment of the subjects 1) Surgery 2) Gynob training offered and periodical / terms Internal assessment during IInd Year.

For IVth B.H.M.S.

- a) The First Internal assessment test should be conducted for the syllabus completed during term.
- b) Second Internal Assessment test should include the entire syllabus completed in First/Second term.

Note :-Add Internal assessment of the subjects 1) Repertory 2) Medicine training offered and periodical/terms internal assessment during IInd. Year & IIIrd year.

The pattern of Internal Assessment Examination should be as under.

Theory	Written	Practical & Oral
--------	---------	------------------

All the records of this examination will have to produce to the University authority if required for verification

The records of this examination shall be preserved upto the commencement of next university examination of that batch by Head of the Department in consultation with the Principal.

The marks obtained by the students for First, Second Internal assessment tests should be submitted in the prescribed proforma to the controller of examination immediately after 15 days of completion of second Internal assessment examination.

The marks of all internal assessment tests shall be submitted to the controller of examination in the proforma through the Principal of the college before 20 days of the commencement of the University Theory Examination by Hand delivery or Register post.

In case the candidate fails in University Examination he should be assessed afresh for internal assessment marks. The internal assessment marks of this examination to be submitted to University Authority.

For repeater students, only one periodical & one test examination

In case candidate remains absent only on valid ground where his presence elsewhere is justified or when he is unable to attend such examination before or during the examination schedule. The Principal in consultation with heads of Department of concerned subject shall conduct re-examination for the student within 20 days or before commencement of next internal assessment test of University examination. The marks should be submitted for these students separately required.

The marks obtained by candidate as internal assessment will not be taken into account for passing the subject head but will be added to the aggregate of that subject Head.

SCHEME FOR CALCULATION OF INTERNAL ASSESSMENT (For All Subjects with Total Marks 460)				
1	Periodical Test	Theory Marks		Practical Marks
	1 st term	20	1 st term	10
	2 nd term	20	2 nd term	10
	3 rd term	20	3 rd term	10
	Total	60	Total	30
	To Calculate Internal Assessment, divide total Marks obtained by 3 to get marks out of 20	= A	To calculate Internal Assessment, divide total Marks obtained by 3 to get marks out of 10	= C
2	Terminal Exam	Theory	Terminal Exam	Practical
	1 st term	100	1 st term	50
	2 nd term	100	2 nd term	50
	3 rd term	100	3 rd term	100
	Total	400	Total	200
	To Calculate Internal Assessment, take 5% of the total Marks obtained to get marks out of 20	= B	To Calculate Internal Assessment, take 5% of the total Marks obtained by to get marks out of 10	= D
Internal Assessment marks obtained by students to be sent to M.U.H.S. For Theory out of total 40 (A+B) Practical out of total 20 (C+D)				
* For all subjects with total marks 230 the above mentioned marks should be accordingly reduced by 50% so that Internal Assessment Marks obtained by for- Theory out of total 20 and Practical out of 10 can be calculated.				

APPENDIX – G

SCHEME OF DISTRIBUTION OF INTERNSHIP OF ONE YEAR. AFTER PASSING FINAL B.H.M.S. EXAMINATION

In a Hospital or Dispensary run by the Central Government or State Government or Local Bodies approved by the MUHS under this direction shall be as follows.

1. Every student will be required after passing the final B.H.M.S. examination, to undergo the compulsory, internship to the satisfaction of the head of the institute. The period of internship shall be for a period of six months in case of B.H.M.S. (Graded degree course) students, so as to be eligible for the award of the degree and full registration.

Provided that the internship of six months (in case of B.H.M.S. Graded Degree Course) will be completed at the maximum within a period of one year immediately after passing the final examination, and, the internship of 12 months in the case of B.H.M.S. Direct Degree Course will be completed at the maximum within a period of two years after passing the final examination.

2. All parts of the Internship shall be undertaken at the hospital attached to the College and in cases where such hospital cannot accommodate all of its students for internship, such students may undertake their internship in a hospital or dispensary run by the Central Government or State Government or local bodies.

3. The university shall issue a provisional pass certificate on passing the final examination to all successful candidates.

4. The State Boards of Homoeopathy shall grant provisional registration to the candidates on production of provisional pass certificates. The provisional registration to a successful candidate of degree course will be valid for a period of one year.

Provided that in the event of shortage or unsatisfactory work the period of compulsory internship and the provisional certificate and registration may be suitably extended by the appropriate authorities.

5. Full registration shall only be given by the state board on the award of the degree by the University after completion of compulsory internship and declaration that the candidate is eligible for it.

Guidelines for Training

1. Training of the interneers during the internship shall be regulated by the Principal/ Superintendent of the hospital where an internee undertake his internship-in the hospital attached to the College but where an internee is posted to a recognised dispensary the training will be regulated by a committee consisting of representatives of the college/University and the in charge of the dispensary.

Provided that after satisfactory completion of training certificate obtained from the head of the dispensary shall be countersigned by the head of the Institution.

2. The internee shall be entrusted with the clinical responsibilities and this work shall be supervised by the senior medical officer.

3. The internee shall maintain a record of work which is to be periodically verified by the Medical Officer under whom the internee is posted. The scrutiny of the record of work may be objectively viewed as regard to knowledge, skill and aptitude towards the patient shown by the intern's work.

4. The internship training shall include training in case-taking, Evaluation of symptoms, repertorisation and management of common ailments through Homoeopathic treatment. Intern should be exposed to training in medicine, surgery including ophthalmology and E.N.T. departments, obstetrics Gynecology departments, paediatrics,

5. In the department of Medicine, training in minor ward procedures should be given to interneers.

6. Internee should be exposed to clinical-pathology work to acquire skill to do independently some common procedures like routine blood-examination, E.S.R.; blood smear for parasites; sputum Examination; urine and stool examination etc. He should be given opportunities for active participation in interpretation of Laboratory data in context with the clinical findings and arriving at a diagnosis and planning out of the homoeopathic treatment.

7. In the department of surgery he should be acquainted with the management of minor surgical emergencies. Practical implementation of aseptic techniques and procedures including preparation of operation theatre and sterilisation etc. He should be involved in participation in preoperative care and post-operative care and practical use of anaesthetic techniques. He should also work in the casualty deptts. All this training should strictly be under expert supervision only.

8. In the department of obstetrics and gynaecology the internee should be involved in ante-natal care with particular reference to the nutritional status of mother, management of normal and abnormal labours; care of the new-born, postnatal care of mother and child.

9. Training in paediatric department to understand paediatric problems and their management through Homoeopathy.

10. In the department of skin he should be exposed to various skin lesions and the diagnosis including allergy, leprosy, laucoderma etc. and their management through Homoeopathy.

11. He should be exposed to various community based health activities, health programmes, their implementations and organisational set up. He should also he

involved in motivational programmes; health education nutrition, M.C.H., Family Welfare and other activities, control of communicable diseases like tuberculosis, leprosy and sexually transmitted diseases.

12. Medico – Legal

Acquaintance with issue of various medical certificates like leave certificates on the ground of sickness; fitness certificate, death certificate, birth certificate, medical examination, court procedures in police cases like deaths by unnatural cause, accident etc. preservation of viscera in poisoning cases, postmortem, various Drugs Acts. Homoeopathic Pharmacopoeias, Homoeopathy Central Council Act, various State Homoeopathic Acts, professional conduct.

13. Drug Proving

In case of degree level interneer, it shall be compulsory to take part in Drug Proving Programme and the Internee shall prove at least one drug during the period of internship.

Rotation of batches of interneers

In case of diploma level interneers, there shall not be more than 15 interneer attached to one physician in the Homeopathic hospital or dispensary run by the Central Government or the State Government or the Local bodies shall not exceed 10 interneers. Each batch of diploma level interneers shall be rotated under each physician at an interval of not less than 2 months. Rotation of degree level interneers shall be as under

- (a) 5 months in the Medical and surgical depts. Of the Homoeopathic Hospital.
- (ii) 3 months in the Gynaecology, obstetrics and Paediatrics Depts.
- (iii) 3 months in the E.N.T. ophthalmology and skin departments.
- (iv) 1 month for training on community medicine.

Sd/-

Place : Nashik

(Dr. D. G. Dongaonkar)

Date : 23/11/1998

Vice-Chancellor

APPENDIX - A

SYLLABUS : FIRST B.H.M.S. EXAMINATION (DIRECT COURSE)

II) Homoeopathic Pharmacy

1. Introduction : Homoeopathic Pharmacy, its speciality and originality, Homoeopathic Pharmacopoeia.
2. Scope of Homoeopathic Pharmacy in relation to -
 - a) Organon of Medicine (Aph 264 to 285 organon of medicine)
 - b) Materia Medica
 - c) National Economy
3. Weights and measures including homoeopathic scales (Deci, Centi, Milli)
4. Homoeopathic Pharmaceutical instruments and appliances.
5. Sources of Homoeopathic drugs, process of collection of drug substances, identification, purification, preservation and also preservation of potentised drugs.
6. Vehicles :
 - a) Their preparation and uses
 - b) Purification
 - c) Determination of proof strength alcohol
7. Methods of preparation of drugs from organic and inorganic chemicals, vegetables, animal and animal products, disease products (No sodes) etc.(Hahnemann's classical and modern methods including merits and demerits)
8.
 - a) Methods of preparation of mother tinctures, solutions, potencies and triturations.
 - b) Potentisations of drugs on :-
 - i) Decimal scale
 - ii) Centesimal scale
9. Fluxion potency, methods of conversion of trituration into liquid from – straight potency.
10. External application - its scope – modes of preparation and use of lotion , liniment , glycerol, ointment.
11. Prescription – its study including abbreviations, principles and mode of prescription writing and its validity.
12. Pharmacology–drug strength– Hom. Pharmacodynamics, Dynamic Power, Medicine, Posology, Remedy.
13. Brief study of study standardisation of drugs & vehicles.
14. General knowledge of legislation in relation to Homoeopathic Pharmacy.

15. General laboratory methods solutions, dilution, decantation-precipitation, filtration, distillation, crystallisation, sublimation, percolation etc.
16. Study of biological / mechanical and / or chemical characteristics of some important drug substances.
17. The technique of Homeopathic drug proving.

PRACTICAL

- (1) Identification, and uses of Homoeopathic pharmaceutical Instruments and appliances and their cleaning.
- (2) Identification, and uses of Homoeopathic drugs vide list attached
Microscopic
 - (i) At least 30 drug substances – 20 from vegetable kingdom and 10 from minerals and chemicals
 - (ii) Collection of 30 drug substances for herbarium.
 - (iii) Microscopic study of two triturations of up to 3 x potency.
- (3) Estimation of moisture constant of one drug substance with water bath.
- (4) Purity test of ethyl alcohol, distilled water, sugar of milk, including determination of sp. 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) Preparation of mother tinctures of 3 polycrates.
- (8) Preparation of triturations of 3 crude drugs up to 3X.
- (9) Preparation of mother tinctures of drugs which do not conform to the D.S.I.
- (10) Potentisation of 3 mother tinctures up to 6 decimal scale and 3 centesimal scale.
- (11) Trituration of 3 drugs 6x and their conversion into liquid potencies.
- (12) Preparation of external application – one of each.
- (13) Writing of prescriptions and dispensing of the same.
- (14) Laboratory methods :-
 - a) Sublimation
 - b) Distillation
 - c) Decantation
 - d) Filtration
 - e) Crystallisation
 - f) Percolation
- (15) Visit to a Homoeopathic Laboratory to study the manufacture of drugs on a large scale.

LIST OF DRUGS FOR IDENTIFICATION

1.	Aconitum Nap	26	Colchicum A	51	Phosphoric Acid
2.	Agaricus M.	27	Colocynthis	52	Platina M
3.	Antimonium Tart	28	Conium M	53	Plumbum M
4.	Apis Mellifica	29	Cuprum Met	54	Punsapilla
5.	Argentum Nitric	30	Digitalis P	55	Rhus Tox.
6.	Arnica Montana	31	Drosera	56	Ruta G
7.	Arsenicum Alb	32	Duclamara	57	Sambucus N
8.	Aurum Met	33	Glonoine	58	Sanguinaria C
9.	Baptisia T	34	Graphitis	59	Secale Cor
10	Baryta Carb	35	Hepar Sulph	60	Sepia
11	Belladonna	36	Hyscyamus N	61	Silicea
12	Bryonia A.	37	Hypericum	62	Spigelia
13	Cacuts G.	38	Ignatia	63	Spongia T
14	Calcarea Carb	39	Ipecacunha	64	Stannum Met
15	Calcarea Phos.	40	Kali Carb	65	Stramonium
16	Calendula	41	Lachesis	66	Sulphur
17	Camphora	42	Lycopodium	67	Tarentuala cu
18	Canpharis	43	Mercurius Cor	68	Thuja O
19	Carbo vegetablies	44	Mercurius Sol.	69	Vertarum Album
20	Causticum	45	Mezereum	70	Veratrum Viride
21	Chamomilla	46	Natrum Mur	71	Zincum Met
22	Chelidonium M	47	Nitric Acid		
23	China	48	Nux Vomica		
24	Cina-	49	Opium		
25	Coculus Ind	50	Phosphorus		

HOMOEOPATHIC PHARMACY

Examination :-

Pattern of Question Paper for Ist. B.H.M.S.

Total 100 Marks

SECTION - A : MCQs. (Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

SECTION - B :- SAQs.

35 Marks

Q. 2. Solve any 3 5 x 3 = 15 Marks
A) - 5 Marks
B) - 5 Marks
C) - 5 Marks
D) - 5 Marks

Q. 3. Answer any 2 out of 3 5 x 2 = 10 Marks
A) - 5 Marks
B) - 5 Marks
C) - 5 Marks

Q. 4. Write Short Notes 5 x 2 = 10 Marks
A) - 5 Marks
B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5. Long Answer Question 15 Marks
Q. 6. Long Answer Question 10 Marks
Q. 7. Long Answer Question 10 Marks
OR
Q. 8. Long Answer Question

Anatomy

Study of Normal Man in Preclinical Period

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

Consciousness, life and its phenomena cannot be explained in terms of cell physiology or of quantum mechanics or by physiological concepts which in turn are based on chemical-physical concepts.

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

So Anatomy and Physiology should 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 date on which to anticipate disturbance of functions.
- (iii) To enable the student to recognise the anatomical, physiological and psychological basis of the clinical signs and symptoms of disorders due to injury, disease and maldevelopment;
- (iv) Similarly, to give the student to understand the factors involved in the development of pathological processes and the possible complications which may arise therefrom.
- (v) To give the student such knowledge of preclinical subjects as will enable him ultimately 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 individualisation of patients and drugs for the purpose of applying the law of similars in homoeopathic practice.

II) ANATOMY

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

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

1. Only such details as have professional or general educational value for the medical student should be presented to him.
2. The purpose of dissection is not to create technically expert prosectors but to give the student an understanding of the body in relation to its function, and the dissection should be designed to achieve this end, for example, ignoring of small and clinically unimportant blood vessels results in such cleaner dissection and a much clearer picture of the main 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 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 lectures on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to students in an integrated from and the instruction of the whole course of anatomy and 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 preferably be given by a clinical and should aim at demonstrating the anatomical basis of physical signs and the value of anatomical knowledge to the clinician.

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

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

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

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

Theory

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

Candidates will be required to recognise 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 ossification of the long bones.

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

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

1. 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 dissected specimen. Knowledge thus obtain together with correlation of facts should be integrated into living anatomy. Details of toportances 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.
- (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.
- (iv) **N.B.** – The practical study should proceed the study of physiology nervous system. Early correlation-with the clinical course is desirable.
- (v) Micro-anatomy (histology) – Modern conceptions of cell, epithelial tissue, connective tissue, muscular tissue, nervous tissue.

(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) Mandels' Laws and their significance's iii) Applied genetic.

(B) Developmental Anatomy ----- 15 lectures

(C) General anatomy & Micro-anatomy -----15 lectures

(D) Regional anatomy

(a) Upper Extremity ----- 15 lectures

- (i) Skeleton, position and functions of joints,
- (ii) Muscle groups, brachial plexus,
- (iii) Arterial supply, venous drainage, neuro vascular bundles, lymphatics and lymph nodes, relation of nerves to bones.
- (iv) Joints with special emphasis on shoulder, elbow and wrist joints, muscles, producing movement, results of nerve
- (v) Radiology of bones and joints, ossification, determination of age.
- (vi) Applied anatomy.
- (vii) Surface marking of main arteries, nerves

(b) Lower extremity ----- 15 lectures.

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

(c) Thorax ----- 15 lectures.

- (i) Skeleton of joints of muscles of chest wall-diaphragm, innervation of abdominal and thoracic respiration difference with age. The mammary gland lymphatic drainage.
- (ii) The pleura and lungs.
- (iii) Arrangements structures in the mediastinum, heart, coronary arteries, great vessels, trachea, esophagus, lymph nodes, thymus.
- (iv) Radiology of heart, aorta, lungs, bronchogram.
- (v) Applied Anatomy
- (vi) Surface marking-pleura, lungs, heart-valves of heart, border, arch of aorta, sup, venacava, bifurcation of trachea.

(d) Abdomen and pelvis ----- 25 lectures.

- (i) The abdominal wall – skin and muscles, innervation of fascia, peritoneum, blood vessels, lymphatics, autonomic, ganglia and plexuses.
- (ii) Stomach, small intestine, caecum, appendix, large intestine.
- (iii) Duodenum, pancreas, kidneys, ureters, suprarenals.
- (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, catheterisation of the urinary bladder to the male and female.
- (Viii) Surface marking of organs and blood vessels.
- (e) Head and neck ----- 25 lectures
 - (i) Scalp – Innervation, vascular supply middle meningeal artery.
 - (ii) Face – main muscles groups-muscles of facial expression muscles of mastication, innervation of skin and repair muscles, vascular supply, principles of repair scalp and face wrinkles.
 - (iii) The eyelids eyeball, lacrimal apparatus, the muscles that move the eyeball.
 - (iv) The nasal cavity nasopharynx, septum, conchae, paranasal sinuses, eustachian tube lymphoid masses.
 - (v) Oral cavity and pharynx.
 - (vi) Larynx and laryngeal part of Pharynx structure (No details) functions, nerves supply, laryngealoscopic appearances.
 - (vii) Cervical vertebrae joints of head and neck.
 - (viii) Structures of neck, sternomastoid, brachial plexus main arteries and veins, disposition of lymph nodes, areas of drainage, phrenic nerve, thyroid gland and its blood supply, para-thyroid the trachea, oesophagus. The position of the Sub-mandibular and sublingual salivary glands.
 - (ix) Teeth and dentition.
 - (x) The external middle and internal ear.
 - (xi) Applied anatomy.
 - (xii) Surface marking : Parotid gland, middle meningeal artery, thyroid gland, common internal and external carotid arteries.
- (f) Neuro anatomy : 10 lectures.
 - (i) Meninges – functions of
 - (ii) Cerebrum – areas of localisation, vascular supply basal ganglion, internal capsule.
 - (iii) Cerebellum – functions
 - (iv) Pons, medulla midbrain, cranial nerves, palsies.
 - (v) Cerebro-spinal fluid-formation, circulation function, absorption.
 - (vi) Cranial nerves, origin, course (with minimum anatomical detail areas of distribution-
 - (vii) Spinal Cord-coverings, segments, relation of segments to vertebral column. Spinal nerves, distribution.
 - (viii) The sympathetic and parasympathetic nervous system location, distribution, function.
 - (ix) Applied anatomy of lumbar puncture, referred pain, spinal anaesthesia increased intracranial pressure.

PRACTICAL

Dissection of the whole human body in the course of Ist month, academic months shall be 160 hrs.

1. Each dissection when completed must be shown to the demonstrator and permission must be obtained before proceeding to the next item.
2. Before allotment of a part, each student must pass the oral test of the bones on the part taken by the demonstrator.
3. There should be printed form of the class of practical anatomy as per guidelines to be followed by every recognised college.

University Examination Pattern for Ist. B.H.M.S.

Department of Anatomy

Examination :-

Pattern of Question Paper for Ist. B.H.M.S.

Total 100 Marks

SECTION - A : MCQs.
(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

SECTION - B :- SAQs.

35 Marks

Q. 2. Solve any 3

5 x 3 = 15 Marks

- A) - 5 Marks
- B) - 5 Marks
- C) - 5 Marks
- D) - 5 Marks

Q. 3. Answer any 2 out of 3

5 x 2 = 10 Marks

- A) - 5 Marks
- B) - 5 Marks
- C) - 5 Marks

Q. 4. Write Short Notes

5 x 2 = 10 Marks

- A) - 5 Marks
- B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5. Long Answer Question

15 Marks

Q. 6. Long Answer Question

10 Marks

Q. 7. Long Answer Question
OR

10 Marks

Q. 8. Long Answer Question

....E.N.D....

III) PHYSIOLOGY INCLUDING BIO-CHEMISTRY AND PSYCHOLOGY

The purpose of a course in physiology is to teach the functions, processes and inter-relationship of the different organs and systems of the normal human organism as a necessary introduction to their disturbance in disease and to equip the student with normal standards or reference for use while diagnosing and treating deviations from the normal. To a homoeopath the human organism is an integrated whole of body, life and mind; and though life includes all the chemico-physical processes 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 should be taught from the standpoint of description of vital phenomena and the chemico-physical processes underlying them in health.

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

Seminars should be arranged periodically and lecturers of anatomy, physiology and bio-chemistry should bring home the point to the students that the integrated approach is more meaningful. For example, gross and minute structure will be dealt with by the anatomist while the role of sub-cellular particles in metabolic processes and the method to assess them may be explained by the bio-chemist and towards the end the physiologist may deal in an integrated manner with behaviour of the cell as a unit, co-ordinating the characteristic bio-chemical and structural components subserving specific functions. Students should be encouraged to participate in the seminars and present the practical subjects in an integrated manner.

THEORY

1. Introduction

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

2. Bio-chemical principles

Elementary constituents of protoplasm. Chemistry of proteins, carbohydrates and lipids, Enzymes.

3. Bio-physical principles

Units of concentration of solutions, ions, electrolytes and non-electrolytes filtration, diffusion, ultrafiltration, dialysis, surface tension, absorption, hydrotrophy, osmotic pressure, equilibrium, colloid, acid, base concentration H.

4. Nerve Muscle Physiology

Excitation process in a nerve and its propagation changes undergone by a nerve on stimulation. Polarisation phenomena in nerve. Electrolytic Reaction of degeneration, Neuro-muscular transmission, Different types of muscles in the body. Change on excitation and nature of the contractile process. Physiology of exercise. Rigor mortis.

5. Blood Composition

Regulations of blood volume and its determination, specific gravity of blood, reaction of blood and its regulation. Composition and function of blood plasma, plasma protection and their function. Bone-marrow, origin, composition, fat, function of the formed element of blood, Chemistry of haemoglobin and its compounds and derivatives, coagulation of blood. Haemolysis, blood group.

6. Cardio-vascular system

Structure and properties of cardiac muscle, cardiac cycle, action of views, heart sounds, apex beat, nutrition of heart and coronary circulation, Electrocardiogram, cardiac output. Origin and propagation of cardiac impulse. Nervous regulation of heart, cardiac reflexes, course and circulation of blood, structure of arteries, capillaries and veins, peculiarities of cerebral, pulmonary, hepatic, portal and renal circulation. Time of complete circulation, velocity of blood flow, pulse, arterial and venous, innervation of blood vessels and control of circulation. Blood pressure and its regulation, Control of capillary circulation.

7. Reticulo-Endothelial System and lymph

Reticulo endothelial system (R.E.system), spleen lymphatic glands, Tissue fluids and lymph, odema.

8. Respiratory system

Anatomy and minute structure of respiratory organs. Mechanism of respiratory movement, spirometry of respiration. Composition of inspired, expired and alveolar air. Respiratory quotient. Basal metabolism. Gases in blood and their tension. Transport of O_2 and CO_2 in blood. Mechanism of external and internal respiration, control of respiration. Cheynes-stokes respiration. Apnoea, dyspnoea, anoxia, cyanosis, asphyxia, effect of high and low atmosphere pressure, acclimatisation, Mountain sickness, caisson disease, artificial respiration, effect of respiration of circulation.

9. Digestive system

Metabolism, nutrition and dietetics, normal diet, vitamins. Milk its properties. The digestive organs and their structure and function, various digestive juices, mechanism and functions. Liver, movement of alimentary canal. Defecation, digestion and absorption of the food stuff, and their metabolism. Biological value of protein. Blood sugar and its regulation. Mineral Metabolism and metabolism during starvation. Nutrition of an individual.

10. The sense organs

General features, classification, sensation, Sensory Organs and sensory pathways:

- (a) **Vision** – Anatomy of the eye. Errors of refraction and their correction. Mechanism of accommodation, structure and functions of coats of eye ball. Ocular reflexes. Visual field, visual pathway. Colour vision. Colour blindness. Binocular vision.
- (b) **Hearing** – Structures of auditory apparatus, conduction of sound waves. Helmholtz theory, Cochlear response. Vestibular apparatus.
- (c) **Taste and Smell** – Structure and function of the receptor organs.

(d) **Cutaneous and deep sensation** – structure and function and receptors.

11. Voice and speech

Anatomy of larynx, mechanism of production of voice and speech.

12. Endocrine Organs

13. Reproduction

Primarily and secondary sex organs and secondary sex character. Mammary gland and prostrate. Placenta and its function. Foetal respiration and circulation.

14. Excretory system

Kidney-formation and chemical composition of urine, structure and functions of kidney. Constituents of urine, normal and abnormal. Volume of urine, physiology of micturition. Renal efficiency tests.

15. Inegumentary system

Structure and functions of skin, formation, secretion, composition of sweat and sebum. Body temperature and its regulation.

16. Nervous system

Evolution and history of nervous system. Spinal cord and reflexes and its properties. Cerebrospinal fluid. Synaptic transmission. Control of excitatory and inhibitory states. Somatic sensory receptors and pathways. Thalamus. Cerebral cortex. Motor and associated areas. Pyramidal and extrapyramidal pathways, basal ganglia. Posture and locomotion. Sensory and motor. Motor point in man, reticular formation. EEG sleep, autonomic nervous system. Hypothalamus and limbic system. Conditional reflexes cerebellum.

PHYSIOLOGY (Practical)

1. Urine-examination of normal and abnormal constituents of urinary sediments. Quantitative examination for sugar, urea, albumin, acetone and bile.
2. R.B.C. & W.B.C. total count making and staining blood film and differential count of W.B.C. coagulation and bleeding time, Hb estimation, fragility and sedimentation rate of R.B.Cs.
3. Identification and use of common physiological instruments and appliances.
4. Identification of histological specimen of tissues and organs viz. liver, kidney, lungs, thyroid, pancreas, spleen, trachea, oesophagus, stomach, tongue, intestine, large intestine, testis, ovary, bone adipose tissue, spinal cord, suprarenal gland, parotid gland, anterior pituitary, salivary glands, skin, parathyroid gland, cerebellum, cerebral cortex, cardiac muscle.

The written papers in physiology shall be distributed as follows :-

Paper – I

Elements of Bio-physics, Histology, Blood and lymph, Cardiovascular system, Reticulo-endothelial system, spleen. Respiration Excretion of urine, skin, regulation of body temperature, sense organs.

Paper – II

Endocrine organs, nervous system, nerve muscles physiology. Digestive system and metabolism. Bio-chemistry of proteins, carbohydrates and lipids.

PSYCHOLOGY

Introduction to Normal Psychology

- (a) Definition of psychology as a science and its different from other science.
- (b) Conception of the mind.
- (c) Mesmar and his theory, Hypnotism structure of consciousness.
- (d) Freud and his theory-Dynamics of the unconscious. Development of the Libido.
- (e) Other contemporary schools of psychology.
- (f) Relation between mind and body in health and disease.
- (g) Perception, Imagination, Ideation, Intelligence, Memory,
- (h) Cognition, Conation, Affect, Instinct, Sentiment, Behaviour.

Practical Examination

Full Marks – 100 Marks

1. Examination of physical and chemical constituents of normal and abnormal urine (qualitative)
2. Enumeration of total cell count of Blood (R.B.C. or W.B.C.) or differential count of peripheral blood or estimation of percentage of Hb.
3. Viva-voce on instruments and apparatus
4. Identification of two Histological slides
5. Experimental physiology
6. Laboratory Note-Book
7. Viva-voce on experiments

PHYSIOLOGY

Examination :-

Pattern of Question Paper for Ist. B.H.M.S.

Total 100 Marks

SECTION - A : MCQs.
(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

SECTION - B :- SAQs.

35 Marks

Q. 2. Solve any 3

5 x 3 = 15 Marks

A) - 5 Marks

B) - 5 Marks

C) - 5 Marks

D) - 5 Marks

Q. 3. Answer any 2 out of 3

5 x 2 = 10 Marks

A) - 5 Marks

B) - 5 Marks

C) - 5 Marks

Q. 4. Write Short Notes

5 x 2 = 10 Marks

A) - 5 Marks

B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5. Long Answer Question

15 Marks

Q. 6. Long Answer Question

10 Marks

Q. 7. Long Answer Question

10 Marks

OR

Q. 8. Long Answer Question

IV - 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 of individual parts of systems of the body or on animals 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 Homeopathic materia medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories or explanations about their interpretation or inter-relationship. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
4. Polychrests and the most commonly indicated drugs for every day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications. They should be thoroughly dealt with explaining all comparisons and relationship. Students should be conversant with their sphere of action and family relationship. The less common and rare drugs should be taught in outline, emphasizing only their most salient features and symptoms. Rare drugs should be dealt with later.
5. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand materia medica in relation to its application in the treatment of the sick.
6. While teaching therapeutics an attempt should be made to recall the materia medica so that indications for drugs in a clinical condition can directly flow out from the provings 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 memorise 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 examinations are concerned. Otherwise the present trend produces the appopathic approach to treatment of diseases and is contradictory to the teaching of Organon.

Application of materia medica should be demonstrated from cases in the out-door 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 Lecture Teaching of the homoeopathic materia medica should include :
- (a) Nature and scope of homoeopathic materia medica
 - (b) Sources of homoeopathic materia medica and
 - (c) Different ways of studying the materia medica
- B. The drugs are to be taught under the following details :
- 1. Common name, natural order, habitat, part used, preparation
 - 2. Sources of drug proving.
 - 3. Symptomatology of the drug emphasising the characteristic symptoms and modalities.
 - 4. Comparative study of drugs.
 - 5. Complimentary, inimical, antidotal and concordant remedies.
 - 6. Therapeutic applications (applied materia medica)
 - 7. A study of 12 tissue remedies according to Schussler's biochemic system of medicine.

List of Drugs included in the Syllabus of Materia Medica for the First
B.H.M.S., Examination.

1	Abrotanum	36	Graphites
2	Aconitum Nap	37	Hepar Sulphy
3	Aesculus Hip	38	Helleborus
4	Aethusa Cyn	39	Hyoscyamus N
5	Allium Cepa	40	Ignatia
6	Aloes Socotrina	41	Ipecac
7	Ammonium Carb	42	Kali Bich
8	Antimonium Curd	43	Kali Karb
9	Antimonium Crud	44	Lachesis
10	Apis Mellifica	45	Lodum Pal
11	Argentum Met	46	Lycopodium
12	Argentum Nit	47	Mercurius Cor.
13	Arnica Montana	48	Mercurius Sol.
14	Arsenicum Alb.	49	Nitric Acid
15	Arum Triph	50	Nux Vomica
16	Aurum Met.	51	Podophyllum
17	Baptisia Tin.	52	Pulsatilla
18	Baryta Carb	53	Rhus Tox
19	Belladonna	54	Secal Cor
20	Berberis Vul.	55	Spongia Tosta
21	Borax	56	Sulphur
22	Bryonia Alb	57	Thuja Occ.
23	Calcarea Carb	58	Veratrum Alb.
24	Calendula	59	Calcarea Fluor
25	Carbo Veg	60	Calcarea Phos.
26	Causticum	61	Calcarea Sulph.
27	Chamomilla	62	Ferrum Phos.
28	Cina	63	Kali Mur.
29	Cinachona Off	64	Kali Phos.
30	Colchicum Autm	65	Kali Sulph.
31	Cococynthis	66	Magnesia Phos.
32	Drosera	67	Natrum Mur.
33	Dulcamara	68	Natrum Phos.
34	Euphrasia	69	Natrum Sulph.
35	Gelsemium	70	Silicea

HOMOEOPATHIC MATERIA MEDICA
& ORGANON OF HOMOEOPATHIC PHILOSOPHY

Examination :-

Pattern of Question Paper for Ist. B.H.M.S.

Total 100 Marks

SECTION - A : MCQs.
(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each. Each MCQ must have 4 distractors.

15 MCQs of Hom. Materia Medica

15 Marks

15 MCQs of Hom. Philosophy

15 Marks

SECTION - B
HOMOEOPATHIC MATERIA MEDICA

Q. 2. SAQ 5 x 2 = 10 Marks

Q. 3. SAQ Solve any 3 5 x 2 = 10 Marks
A) - 5 Marks
B) - 5 Marks
C) - 5 Marks

Q. 4. LAQ 15 Marks

SECTION - C
HOMOEOPATHIC PHILOSOPHY

Q. 5. SAQ 5 x 2 = 10 Marks

Q. 6. SAQ Solve any 3 5 x 2 = 10 Marks
A) - 5 Marks
B) - 5 Marks
C) - 5 Marks

Q. 7. LAQ 15 Marks

V) ORGANON AND PRINCIPLES OF HOMOEOPATHIC PHILOSOPHY

I, II & III B.H.M.S. EXAMINATIONS

Hahnemann's Organon of medicine is the high watermark of medical philosophy. It is an original contribution in the field of medicine in a codified form. A study of organon as well as of the history of homoeopathy and its founder's life story will show that homoeopathy is a product of application of the history of inductive logical method of reasoning to the solution of one of the greatest problems of humanity namely the treatment and cure of the sick. A thorough acquaintance with the fundamental principles of logic, both deductive and inductive is therefore, essential. The Organon should accordingly be taught in such a manner as to make clear to the students the implications of the logical principles by which homoeopathy was worked out and build up and with which a homoeopathy physician has to conduct his daily work with ease and facility in treating every concrete individual case.

The practical portions should be thoroughly understood and remembered for guidance in practical work as a physician.

SYLLABUS FOR 1ST B.H.M.S. EXAMINATION

I. Introductory lectures – 100 lectures.

Subject :

1. What is homoeopathy ?

It is not merely a special; form of therapeutics but a complete system of medicine with the distinct approach to life, health, diseases, remedy and cure.

Its holistic individualistic and dynamistic approach to life, health, disease, remedy and cure.

- Its out and out logical and objective basis and approach
- Homoeopathy is nothing but an objective and rational system of medicine
- Homoeopathy is thoroughly scientific in the approach and methods.
- Based on observed facts and data and on inductive and deductive logic inseparably related with observed facts and data.
- Distinct approach of Homoeopathy to all the preclinical, paraclinical, and clinical subjects.
- Preliminary idea about all the para-clinical and pre-clinical subjects. Their mutual relations, and relation with whole living organism.
- Importance of learning the essential of those subjects for efficient applications of the principles of homoeopathy for the purpose of cure and health.
- Distinctive essential features of the dynamic pharmacology (proving) and pharmacy of Homoeopathy.

2. Hahnemann's life and pioneers of Homoeopathy and their contributions.

3. Hahnemann's organon of Medicine – aphorism 1 to 70

**MAHARASHTRA UNIVERSITY OF HEALTH
SCIENCES, NASHIK**

FACULTY OF HOMOEOPATHY

PROSPECTUS

OF

**SECOND YEAR BACHELOR OF HOMOEOPATHIC
MEDICINE & SURGERY**

SYLLABUS

IInd YEAR B.H.M.S.

ORGANON

OF

MEDICINE

AND

HOMEOPATHIC PHILOSOPHY

Syllabus for B.H.M.S. IInd Year
VI) Organon Medicine and Homoeopathic Philosophy

1. Hahnemann's Organon of medicine should be completed during the II B.H.M.S. course though the examination may be limited to Aphorism 1 to 145.
2. Introduction to Organon of Medicine (5th and 6th Editions),
3. Homoeopathic Philosophy (a) Kent's lectures in homoeopathic philosophy, (b) Stuart Close – lectures and essay on homoeopathic philosophy (The Genius of homoeopathy) , (c) Art of cure by homoeopathy – H.Hoberts (d) Science of therapeutics (Dunham). During the lectures on Homoeopathic philosophy, the following items should be elucidated :-
 - i) The scope of Homoeopathy.
 - ii) The logic of homoeopathy.
 - iii) Life, health, diseases and indisposition.
 - iv) Susceptibility, reaction and immunity.
 - v) General pathology of homoeopathic theory of acute and chronic miasms.
 - vi) Homoeopathic philosophy.
 - vii) Potentisation and the infinitesimal dose and the drug and the drug potential.
 - viii) Examination of the patient from the homoeopathic point of view.
 - ix) Significance and implications of totality of symptoms.
 - x) The value of symptoms.
 - xi) The homoeopathic aggravation.
 - xii) Prognosis after observing the action of the remedy.
 - xiii) The second prescription.
 - xiv) Difficult and incurable cases – Palliation.
4. Introductory chapters of Huges's Principles and practice of homoeopathy. In their introductory lectures to organon the professors are requested to impress upon the mind of the students the implications of the logical principles of which homoeopathy was built and worked out; and the history of the development of medicine in the west and Hahnemann's contribution to it in order to arrive at a right assessment of the place of Homoeopathy in all its aspects in the field of medicine and life of Hahnemann.

DEPARTMENT OF ORGANON & HOMOEOPATHIC PHILOSOPHY

B.H.M.S. IIND YEAR

SYLLABUS ORGANON THEROTICAL

Hahnemann's Organon Aphorism 1 to 145

Aphorism 1 – 70 as per the syllabus of B.H.M.S. Ist year

Aphorism 71 :- Three points Necessary for curing

Theory should include following

Classification of Disease

- ❖ Aphorism 72 Aphorism 83
- ❖ Sectionwise discussion
- ❖ General survey of disease acute & chronic Hahnemann's attitude towards nosology – his conception of misam, self contradiction. Why Hahnemann failed to cure certain types of disease & then how Hahnemann classified acute & chronic disease.
- ❖ Acute disease that attack single individual sporadic, epidemic acute misam
- ❖ Chronic disease which are most incurable.
- ❖ Disease inappropriately named chronic disease.
- ❖ Chronic disease proper – they arise from chronic misam ,psora – it is the mother of all chronic disease except – syphilitic and sycotic.

Case Taking

Aphorism 84 – 104

Section wise discussion

Requisites for apprehending the picture of the disease

Introduction to the physicians for investigating and tracing the picture of the disease with what the physician should do & what he should not do during noting down the case.

Evolutionary study of the patient, comprising of well defined characteristics.

Studying individual in his life span and in relation to his family environment and work.

Processing of the interview and the entire case so as to grasp the principles of management of these patients.

Investigation of Acute individual, sporadic & epidemic & miasmatic case.

Investigation of fundamental case of (Non syphilitic) chronic disease and the great entire picture of psora to be displayed.

Utility of noting down in writing the pictures of disease for the purpose of a curing and in the progress of the treatment.

They should be taught to classify various symptoms which he has elicited in the case taking. How to put the evaluation of the characteristic

symptom, to analysis & synthesis should be evolved in the case taking. Institution should keep a standard guide line of the case taking.

Classification of symptoms their scope and arriving as a Totality.

Symptoms should not be considered superficially of the face value if should be analysis and evaluated at taking into account following factors.

1. Through grasp over the understying dynamics (Psychological, Physiological, Pathological Aspects)
2. This would demand through comprehension over the evolution of disease taking into account, fundamental , Exciting and maintains causes.
3. Knowledge of socio cultural background its quit imperative for correct analysis and evaluation, details regarding symptomatology can be comprehended in relating to the classical books from philosophy.

C) Drug Proving

Aphorism 105 – 145

Section wise discussion

Preliminaries to be attended to in investigating the pure effects of medicine on healthy individual

- Primary – Secondary , alternating action of Medicines
- Idiosyncrasis
- Knowledge of the instruments adapted for cure.
- Doses of medicine, preparation of medicine, Precautionary measures to be taken during drug providing & how & when can a medicine thoroughly & completely proved.
- Method of conducting Drug providing on who are said to be provers & its advantages.

D) Introduction to Organon of Medicine (5th & 6th edition)

Dr. Boericke translation

By. Dr. Hahnemann

Old school medicine claimed that they follow RATIONAL MEDICINE Metod of Method employed to remove the cause TOLLE CAUSAM.

Prima causa morbi What is the resultof Materia pecans, Modo essent,

Counter Irritants, Minister Nature, Duce Natura, Unquenta Nervina.

E) Introductory chapters of Hughes Principles & Practice of Homoeopathy

In their introductory lectures to organon the professorsare requested to impress upon the mind of the students the implications of the logical principles of which homoeopathy was built and worked out : and the history of the development of medicine in the west and Hahnemann's contribution to it in order to arrive at a right assessment of the place of Homoeopathy in all aspects in the field of medicine and life of Hahnemann.

Homoeopathic Philosophy

What is Organon & Homoeopathic Philosophy its difference

What is Philosophy & Science?

During the lectures on homoeopathic philosophy the following items should be elucidated

- I A. Scope of Homoeopathy & its limitation with its merits. Advantages & disadvantages of Homoeopathy
- II Logic of Homoeopathy – Inductive & deductive logic the logic & philosophy.
- III Life Health disease & Indisposition with their correlation of term with each other.
- IV Susceptibility, reaction and immunity. These should be explained with their difference.
- V General pathology of Homoeopathic theory of acute & chronic (10) disease misams.

- These is to be taught by taking in to consideration of relation of Homoeopathy with bacteriology & micro – organism.
- Doctrines of potency, Idiosyncrasy, Metastasis
- Hahnemannian concept of misam & pathology
- Theory of chronic disease – Psora & Tubcular misam
- Toxicological theory of disease

- VI Homoeopathic Philosophy on section of Organon.

a) SICK

- What is meant by sick
- Homoeopathy affirms that there are principles & at this points Homoeopathy leaves Allopathy.
- Explanation should be given that the man is sick & is to be restored to health not his body , not tissue. The organs are not man. Real sick man is prior to sick body, not tissue. The organs are not man. Real sick man is prior to sick body. Hahnemann understood the disease & cleared that there is no disease but sick people. Who is responsible for the life activity of the person.
- Our idea of pathology must be adjusted to such a materia medica as we possess and it must be discovered wherein this are similar in order to heal the sick.

b) Ideal of cure :

Three distance points are to be explained

- Restoring health & this is to be done promptly mildly and permanently and upon principles.
- How does the cure must proceed.
- A perfect cure is accomplished by means that are mild, that are orderly that flows gently like the life force itself burning the internal man into order with fixed principles as his guide & by homoeopathic remedy.

c) Unprejudice observe

- Law will deceive if man is of prejudice mind
- Every man is inverted in prejudice mind.
- We must try to get rid of prejudice That we have been born with and educate into so that we can examine the principles and doctrine of Homeopathy & seek to verify them.
- Unprejudice observe perceives in each individual affection nothing but change of state.

Examine symptoms which are prior to morbid anatomy.

d) Indisposition

What is indisposition. It's removal of their causes should be defined & explained with examples. What is science of Homoeopathy and the art of homoeopathy.

e) Vital force

a. Life is recognized in three parts, the body mind & spirit.

No organ no tissues, no cells no molecules is independent of the activities of the others but the life of each one of these elements is merged into the life of the whole.

- Different manifestation of energy are essentially different in their working.
- Any disturbance of this vital energy or force results in a disfigured or disturbed development of whole human economy.
- Disorders first in vital force
- Why are remedies potentized in Homoeopathy.
- Effect of suppressive treatment in disease.
- Vital Force functions expressed in health disease recovery and cure.
- Sickness and cure on Dynamic plane.
- Why Vital energy is universally applicable & mathematics viewed vital energy. How the view of Astronomy & mathematics viewed in the light of the whole vision of vital energy.
- Forms of action of Vital force & influence of Vital energy & growth & development, its prevalence on planets, human life on spiritual, mental & physical planes, on substances derived from mineral, vegetable and animal.
- Kent view on Simple substances
- Why Vital Force was changed & introduced as Vital principles
- Fourth state of matter which is immaterial substances
- What is influx & the qualities predicated by simple Simple substances.

f) Homoeopathic Posology:

- what is a drug medicine & remedy
- How do we ascertain curative power of drug, selection of medicine & dose its guidelines in selection. Its evolution of Homoeopathy therapeutics
- Materialism in medicine & how it is perceived its difference between material and immaterial entity.
- Therapeutic agent on dynamic plane concept of dynamic influence upon matter. Potentisation & infinitesimal dose & drug potential.

g) Susceptibility

Susceptibility its types its relation to contagion, Acute & chronic disease. Medicine, cure, Vital force & life. Susceptibility its modifying factors.

h) Examination of patient

- What its medical terminology, Dos & Dents of case taking. Why Record maintenance is essential. Processing of the interview and the entire case as to grasp the principles of management of these patient & Evaluation of those characteristic for analysis & synthesis.

i) Value of symptom

- What is evaluation of symptom with the view of Hahnemann & other authors & how the evaluation differ among their view.

j) Individualization

- Disease determination. Disease individualization. Individual sick person resolves into Disease diagnosis & constitutional diagnosis.
- Individualizing feature posses the higher place in the evaluatory gradation. Concrete individual pictures of disease through logical or rather a logical combination of peculiar individualizing symptom and particular symptom in general both mental & physical.

k) Prognosis after observing the action of remedy

- Demonstration of every observation i.e. kents 12 observation with its management & interference drawn

l) Aggravation

- Homoeopathic aggravation, Disease aggravation & medicinal aggravation & their interferences.

m) Second prescription

- Illustration is to be done on. When is to be prescribed & what are its types & their relation to the first prescription.

n) Palliation & suppression

- Terms to be explain. They stands as the most incurable & difficult
- One & difference between them
- Difference between them

APPLIED ORGANON SYLLABUS

The principles of the homoeopathy should be taught with the help of demonstration.

Case should accordingly be demonstration by classify the disease acute classification chronic classification.

- Case taking & steps of case taking should be illustrated with its importance & how the general evaluation of symptom of the case should be done with their gradation & their importance.
- Identification & joint analysis of acute of chronic cases for differentiating with the acute classification [Individual, Epidemic, Sporadic & Acute Miasms (five cases each)]. The following topics should be applied during the demonstration of cases for the purpose of proper selection.
 1. Individualisation
 2. Disease Classification
 3. Cause of Disease
 4. Nature & types of Symptom
 5. Vital force in Health
 6. Vital force in Disease
 7. Vital force in Cure
 8. Anamnesis
 9. Miasmatic expression
 10. Susceptibility
 11. Dissimilar disease condition
 12. Primary & secondary action
 13. Principle of Chronic Disease
 14. Selection of Medicine
 15. Potency Selection
 16. Mode of Employment of Medicine(Acute Chronic disease)
 17. Management of Acute & Chronic Cases
 18. Sure signs of improvement of the case
 19. Follow up of case in hand (12 kents observation)
 20. Herings movements law.
 21. Homoeopathic Aggravation
 22. Second prscriptions
 23. Palliation
 24. Suppression

PRACTICAL – SYLLABUS

IInd Year

Practical properly has potential to improve analytical faculty of the students. Practical part should be demonstrated with the identification & joint analysis & synthesizes of the following topics.

1) Classification of Disease (Aphorism 71 to 84)

Acute disease classification - & chronic disease classification should be imparted accordingly. Sign & symptom, cause, character Types Management & treatment – justifying each types with examples & cases(Five acute & Five Chronic)

2) Case taking

It identification and joint analysis with the principles to be taught.

Layout of case taking should be made known according to the types of case- acute, chronic, Emergency.

Each – Acute, Chronic should be illustrated with 2 cases on each classification by investigating them.

How the arrangement of case paper & interview of the patient / pattern of questioning to make the symptom complete should be made acquainted to the students.

There should be standardization in imparting training in Analysis and evolution. Institute shall keep the standard guide line of case taking.

Guidelines Analysis Evolution of Objects Analysis –Evolution of symptoms.

- 1) To individualize the case so as to prepare an effective totality which allows use to drive at the similar prognostic case and advise management and impose necessary restrictions. Mode of life and diet.
- 2) To infer about state of susceptibility by appreciating the quality characteristic state of susceptibility and diagnostic about miasmatic state would allow physician to formulate comprehensive plan of treatment.
- 3) Order of evolution of the characteristic of the case would become stepping stone for the reportorial totality.
 - During the case taking – Each symptom according to class of symptoms should be explained so that the students are well acquainted with peculiar, striking common, symptom etc.
 - How to evaluate the symptom from the grand totality with its gradation should be taught.
 - Each cases should be demonstrated & explained with the prognosis after observing the action of remedy with their management.
 - The treatment plan (Acute intercurrent Constitutional Remedy) It's second prescription and follow ups should be practically imparted. Difficult incurable case taking and emergency case taking should be explained with their management & treatment.

ORGANON & HOMOEOPATHIC PHILOSOPHY

BHMS IInd Year

List of Textbooks / Reference books Recommended for IInd year BHMS

List of Books

- | | | |
|------------------------|---|---|
| Text | - | Organon of Medicine 6 th B edition translated by William Boericke. |
| Reference Books | - | Essays on Homoeopathy by B.K. Sarkar. |
| | - | Organon of Medicine by Hahnemann 5 & 6 edition. |
| | - | Lectures on Homoeopathic Philosophy by Dr. J. T. kent |
| | - | Lesser Writing, Kent |
| | - | Essential of Homoeopathy by B. K. Sarkar |
| | - | Genius of Homoeopathy by Stuart close. |
| | - | Principles & art of cure by Homoeopathy by H. A. Roberts |
| | - | Principles & Practice of Homoeopathy by Dhawale |
| | - | Principles&Practice of Homoeopathy by Hughes R. |
| | - | Chronic Miasms, I & II, I allen J. H. |
| | - | Science of Homeopathy by George Vithoulkous |
| | - | Spirit of Organon Vol I & II by Dr. T. C. Mondal |
| | - | Organon of Medicine (simplified) by Dr. Sanjay Modi |
| | - | Struggle for Homoeopathy in India by Dr. K. G. Saxena |

Portion for Examination
Organon & Homeopathic Philosophy IIInd Year
Theory (Total 100 Marks)

	Mark
Section A.	
- Organon Aphorism (1-70)	(50)
- Introductory chapter Ist Year syllabus	
- Introductory chapters of Hunghes Principles & Practice of Homoeopathy.	
Section B.	
- Organon Aphorism (71-145)	(50)
- Homoeopathic Philosophy	
- Introductory to Organon of Medicine 5 th & 6 th edition.	

Practical Portion (Total Marks 50)

- | | |
|---|------|
| - Organon Aphorism (71 – 145) | |
| - Case Taking – Acute & Chronic Case Taking according to the formate guidelines, its diagnosis treatment management | (20) |
| - Classification of disease | (10) |
| - Miasmatic diagnosis | (10) |
| - Anamnesis | (10) |

Examination Paper
BHMS IInd Year
Organon & Homoeopathic Philosophy
Section A (MCQ)

Marks – 100

Note – Q.1 - MCQ – 30 Marks

Q.2 & Q. 6 is compulsory

Out of remaining 3 questions of each section solve any 2

- Use separate answer sheet for section A & section B

Q.1. - MCQ

- Theoretical Aphorism - 1 – 70 OR

Practical part Aphorism 71 – 145 OR

Homoeopathic Philosophy OR

- Introduction to 5th 6th edition.

SECTION – B (SAQ)

Mark – 35

Q.2. Compulsory question

Aphorism – (1 to 70) OR

Foot notes.

15 Mark -

Q.3. Write in brief

- Introductory part Ist Year Syllabus OR

- Aphorism (1- 70)

10 Mark

Q.4. Write in short (Any 2)

- Introductory part Ist Year Syllabus OR

- Introductory chapter of Hughes principle
& practice of Homoeopathy OR

- Aphorism (1-70)

10 Mark

10 Mark

Q.5. Question

Introductory part Ist Year Syllabus OR

- Aphorism (1-70)

10 Mark

SECTION – B

Mark – 35

Q.6. Compulsory Long Question

Aphorism (71 – 145) OR

Homoeopathic Philosophy

15 Mark

Q.7. Write in brief

Aphorism (71 – 145) OR

Homoeopathic Philosophy OR

Introduction to Organon of Medicine 5th & 6th edition 10 Mark

Q.8. Write in Brief

Aphorism (71 – 145) OR

Homoeopathic Philosophy OR

Introduction to Organon of Medicine 5th & 6th edition 10 Mark

Q.9. Long Question

Homoeopathic Philosophy OR

Aphorism (71 – 145)

10 Mark

SYLLABUS

IIInd Year B.H.M.S.

**HOMOEOPATHIC
MATERIA MEDICA**

VII) Department of Homoeopathic Materia Medica
BHMS IIInd Year
Syllabus

- 1) Homoeopathic Materia Medica is very fascinating & yet exasperating subject. Its simplicity & its vastness and its apparent similarity of symptoms in different drugs throws a tremendous challenge to student.

Homoeopathic Material Medica is schematic record of actual occurrence of events that really took place on healthy human beings and so we get the complete & essential knowledge about the drug.

- 2) During studying Materia Medica

Drug Picture

- The knowledge of action of the drugs
 - Its mental generals
 - Its constitutions
 - Its remedy relations
 - We study the drugs synthetically & analytically
- The drug pathogenesis / clinical
- The therapeutic utility of drug
- The comparative study of drug
- The applied aspects of drugs during the time of actual prescriptions. Its differentiation/ & synthesis.

- 3) Polychrest and the most commonly indicated drugs for every day ailment 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 & relationship. Students should be conversant with their sphere of action and family relationship. The less common and rare drugs should be taught in outline, emphasizing only their most salient features and symptoms. Rare drugs should be dealt with later.

THERAPEUTIC MATERIA MEDICA

- 4) While teaching therapeutics an attempt should be made to recall the material medica so that indications for drugs in a clinical condition can directly flow out from the drug concerned. The student should be encouraged to apply the resource in the clinical conditions with the peculiarities of the drug such as.
- Clinical features
 - Target organs
 - Peculiar modalities of the drug
 - During the actual time of prescription for
 - Management / treatment / cure
 - Mode of employment in the clinical condition.

COMPARATIVE MATERIA MEDICA

- 5) The comparative study of the IInd Materia Medica comprises of
- i) Comparison of entire drug picture
 - ii) Comparison on sphere of action of drug.
 - iii) Comparison of clinical condition
 - iv) Comparison of constitution
 - v) Comparison of Mentals of drugs
 - vi) Comparison of different group of medicine
 - vii) Comparison of Therapeutic of the drugs

The instruction in comparative study of drug should be so planned as present the general knowledge of the drugs, the amount of detail which is required to memorise should be reduced to minimum. Major emphasis should be laid to the functional action of the drug for enabling the student to pick strange rare & uncommon symptoms from pathogenesis of individualization of patient & drug for the purpose of applying law of similimum in Homoeopathic practice.

Only such detail as have a professional or general educational value for the student should be presented to him.

The purpose of comparison is not to create technically expert but to give the student recognition of anatomical, physiological, clinical principles of drugs & enabling to determine & correlate the comparison in understanding of value at the time of prescription.

The clinical, applied comparative study of the drug should be arranged in the lectures or demonstration & preferable be given by clinical demonstrating basis.

Seminar or group discussion be arranged periodically with a view of presenting clinical cases in an integrated manner lectures.

A formal classroom lectures should be reduced but the demonstration & bedside comparative analysis of material medica be emphasised from IInd year onwards during the medical posting's of students.

There should be joint teaching com demonstration & applied sessions with the material illustrating aspects of subjects.

The application of comp. Material Medica should be demonstrated from the cases in the outdoor & hospital ward.

There should be joint seminar in the department of material medica & organon which should be organized with the clinical presentation of cases on the following by a senior teacher.

- 1)
 - a) Two cases on acute spasmodic disease
 - b) Two acute epidemic cases
 - c) Two cases on acute sporadic disease
 - d) Two cases on eruptive fevers
- 2)
 - a) Two chronic metabolic diseases
 - b) Two cases on deficiency diseases
 - c) Two chronic etrogenic diseases

APPLIED MATERIA MEDICA

The aspect of applied material medica comprises of

- mode of employment
- administration of doses
- management of acute diseases
- Management of chronic diseases
- Application of drug's on totality of symp.
- Differentiation of drugs by way of comparison its therapeutic utility in the treatment of acute / chronic disease.
- The utility of drug pathogenesis, pathognomic selection of potency for the drug to be prescribed.

The follow up of analysis for the said drug be taught with the demonstration & clinical case presentation by senior teacher in OPD, IPD in bed side clinics.

The special emphysis should be given to those drugs & day to day clinical prevailing diseases so that student should be aquamted with there applications.

The following attention is needed.

- 1) Clinical features
- 2) Diff. Diagnosis
- 3) Therapeutics
- 4) Comparative study of drug
- 5) Miasmatic study of drug
- 6) Miasmatic study of disease
- 7) Mode of employment – management / treatment / cure.

During the study of applied Materia Medica there should a joint seminar in the department of Meteria Medica & Organon on the clinical presentation of following cases.

CHRONIC CONDITION

- 2 chronic cases cardiovascular affections.
- 2 chronic cases of Central Nervous System
- 2 chronic cases of respiratory ailments
- 2 chronic cases of gastro intestinine system
- 2 chronic cases of urinary tract affections
- 2 chronic cases of endocrime affections
- 2 chronic cases of reproductive system
- 2 chronic cases from pediatrics sections

ACUTE CONDITIONS

- | | |
|----|--------------------------------------|
| a) | Two cases on acute spasmodic disease |
| b) | Two acute epidemic cases |
| c) | Two cases on acute sporadic disease |
| d) | Two cases on erruptative fevers. |

DEPARTMENT OF HOMOEOPATHIC
MATERIA MEDICA

**BHMS IInd Year
Syllabus**

MATERIA MEDICA IInd Year COURSE SHALL COMPRISE OF :-

1. Introduction of Materia Medica
2. Ist Year Drugs
3. IInd Year Drugs

The revision of Ist year Drugs & Introduction of Materia Medica Lecture should be taken.

a) Introduction of Materia Medica (20 Marks)

- What is Materia Medica
- Sources of Materia Medica
- Relationship of Materia Medica
- Relationship of Materia Medica with Organon
- Relationship of Materia Medica with Pharmacy
- Relationship of Materia Medica with Repertory
- Relationship of Materia Medica with Therapeutics
- What is Biochemic system of Medicine
- Remedy relationship acute / chronic

HOMOEOPATHIC DRUG PICTURE

a) Teaching of Homoeopathic drug should include (20 Marks)

- Name of drugs
- Common name
- Nature of order
- Habitat
- History of drug if any
- Symbolism
- Parts used
- Preparation
- Prover
- Miasm
- Pharmacal data
- Sphere of action
- Clinical condition
- Pathogenesis of drugs
- Relation with heat & cold
- General plain
- Constitution / adaptability
- Temperament
- Key notes Marked features
- Causative factors
- Short summary
- Mentals
- Particular and modalities

List of Drugs included in the Syllabus of Materia Medica for the First
B.H.M.S., Examination.

1	Abrotanum	36	Graphites
2	Aconitum Nap	37	Hepar Sulphy
3	Aesculus Hip	38	Helleborus
4	Aethusa Cyn	39	Hyoscyamus N
5	Allium Cepa	40	Ignatia
6	Aloes Socotrina	41	Ipecac
7	Ammonium Carb	42	Kali Bich
8	Antimonium Curd	43	Kali Karb
9	Antimonium Crud	44	Lachesis
10	Apis Mellifica	45	Lodum Pal
11	Argentum Met	46	Lycopodium
12	Argentum Nit	47	Mercurius Cor.
13	Arnica Montana	48	Mercurius Sol.
14	Arsenicum Alb.	49	Nitric Acid
15	Arum Triph	50	Nux Vomica
16	Aurum Met.	51	Podophyllum
17	Baptisia Tin.	52	Pulsatilla
18	Baryta Carb	53	Rhus Tox
19	Belladonna	54	Secal Cor
20	Berberis Vul.	55	Spongia Tosta
21	Borax	56	Sulphur
22	Bryonia Alb	57	Thuja Occ.
23	Calcarea Carb	58	Veratrum Alb.
24	Calendula	59	Calcarea Fluor
25	Carbo Veg	60	Calcarea Phos.
26	Causticum	61	Calcarea Sulph.
27	Chamomilla	62	Ferrum Phos.
28	Cina	63	Kali Mur.
29	Cinachona Off	64	Kali Phos.
30	Colchicum Autm	65	Kali Sulph.
31	Cococynthis	66	Magnesia Phos.
32	Drosera	67	Natrum Mur.
33	Dulcamara	68	Natrum Phos.
34	Euphrasia	69	Natrum Sulph.
35	Gelsemium	70	Silicea

List of Biochemic Medicines

1. Calcares flour.
2. Clacarea Phos.
3. Calcarea Sulph.
4. Ferum Phos.
5. Kali phos.
6. Kali Sulph.
7. Mag. Phos.
8. Nitrum Mur.
9. Niturm Phos.
10. Nitrum Sulph.
11. Silicea.
12. Kali Mur.

Biochemic system of Medicine

(Dr. Schuller Twelve Tissue Remedies)

1. Five Phosphates
 - a) Calcaria Phos.
 - b) Ferum Phos.
 - c) Kali Phos.
 - d) Mag. Phos.
 - e) Nit Phos.
2. Three Sulphates
 - a) Calcaria Sulph.
 - b) Kali Sulph.
 - c) Nit. Sulph.
3. Two Muretes
 - a) kali Mur.
 - b) Nit. Mur.
4. One Floride
 - a) Calcaria Fluid.
5. One Silica
 - a) Silica

LIST OF DRUGS

BHMS IIInd Year

1. Acetic Acid
2. Acteca Racemosa
3. Agaricus muscarius
4. Agnus Castus
5. Alumina
6. Ambra Grisea
7. Ammonium Mur.
8. Anacardium ori.
9. Apocynum lod.
10. Arsenicum lod.
11. Bismuth
12. Bronmium
13. Bovista
14. Cactus G.
15. Calcarea Ars.
16. Camphor.
17. Cantheris
18. Chelidonium Maj.
19. Conium Mac.
20. Digitallis P.
21. Kali Brom.
22. Kreosotam
23. Natrum Carb.
24. Natrum Carb.
25. Nux. Moschata
26. Opium
27. Petroleum
28. Phosphorus
29. Phytolacca
30. Platina Met.
31. Sepia

On Biochemic System

(20 Marks)

1. Complete drug picture
2. Comparative study of the tissue remedy
 - a) Comparative study of the tissue remedy.
 - b) Group comparison
 - c) Comparison on clinical condition
3. Applied Materia Medica of tissue Medicine

Comparative study of Drugs

(20 Marks)

1. Comparison of entire drug picture
2. Comparison on sphere of action of drug
3. Comparison of clinical condition
4. Comparison on constitution of drug
5. Comparison of mental of drug
6. Comparison of different group of medicine
7. Comparison of therapeutics of the drugs.

Therapeutics

(20 Marks)

1. Therapeutics utility of the drug
2. Diseases in general
3. Therapeutics utility of the drug in surgical condition
4. Therapeutics utility of the drug in Gynaecology / Obstetrics
5. Therapeutics utility of the drug in disease of various system of human body.

Clinical Materia Medica

(20 Marks)

1. Sphere of action of drugs
2. Clinical conditions of the drugs
3. Physiological action of the drugs.

Applied Materia Medica

1. Syllabus

- a) Importance of applied Homoeopathic Materia Medica
- b) Relation of Materia Medica to Medicine
- c) Relation of Materia Medica to Surgery
- d) Relation of Materia Medica to Gynaecology & Obstetrics
- e) Relation of Materia Medica to Organon & Philosophy
- f) Relation of Materia Medical to Pharmacy
- g) Mode of application of drugs choise.

- 1. When we should think of Chilly remedy in the prescription of acute diseases.
- 2. When we should think of Chilly remedy in the prescription of Chronic diseases.
- 3. When we should think of Bot remedy in the prescription of acute diseases.
- 4. When we should think of Hot remedy in the prescription of Chronic diseases.
- 5. When we should think of antimiasmatic remedies in the prescription of acute / Chronic diseases.
- 6. When we should of antieyphilit remedies in the prescription of acute/ chronic diseases.
- 7. When we should of antisichotic remedies in the prescription of acute/ chronic diseases.
- 8. When we should of antipsoric remedies in the prescription of acute/ chronic diseases.

Homoeopathic Materia Medica

IInd Year Syllabus

Sample Question Set
Institution's –

Total Marks – 100

Section – A (MCQ)

- 1) Question 1st is MCQ
- 2) Question 2nd & 6th is compulsory
- 3) Use separate answer-sheet for sec. B & C

Q.1.- M.C.Q. objective question's

Mark (30)

- 1) Introduction to Metria Medica
- 2) 1st syllabus drug
- 3) 2nd syllabus drug

Section – B (SAQ)

Mark – 35

From 1st year syllabus including the twelve issue

- 1) Write down drug picture of in Brief (15)
- 2) Write the shorts notes on the following (Any 2) (10)
 - a. Applied Materia Medica
 - b. Clinical Materia Medica
 - c. Therapeutic Materia Medica
 - d. Physiological Materia Medica
- 3) Write down the guiding symptoms of (Any 2) (10)
Drugs of Ist year syllabus
- 4) Write the biochemic indication's of (Any 2) (10)
 - a. Therapeutic utility
 - b. Clinical condition
 - c. Applied Materia Medica

Section – C (LAQ)

Mark 35

From IInd year syllabus

- 1) Write down the drug picture of (15)
- 2) Write the guiding symptoms (Any 2) (10)
IInd drug syllabus
- 3) Write down the short Notes of (Any 2)
 - a. Therapeutic Materia Medica
 - b. Clinical Materia Medica
 - c. Applied Materia Medica
 - d. Physiological Materia Medica
- 4) **Compair & contrast (Any 2) (10)**
 - a. Clinical
 - b. Drug picture
 - c. Therapeutic

SYLLABUS

IIInd Year B.H.M.S.

**PREVENTIVE AND SOCIAL
MEDICINE**

VIII) DEPARTMENT OF PREVENTIVE AND SOCIAL MEICINE

B.H.M.S. II Year Syllabus

(Including Health Education & Family Welfare)

Instruction in this course should be given in IInd year of Medical studies by lectures, demonstration and field studies. This subject is atmost importance and through out the period of medical studies the attention of student should be directed to the importance of preventive medicine and the measures of promotion of Positive health.

This function is not limited mevely to prescribing homoeopathic medicines for curative purpose but has a wider role to play in the community. He has to be well conversant with national health problem both of rural as well as urban areas, so that he can be assigned responsibilities to play on effective role not only in the field of curative but also of Preventive and social medicine including family welfare.

SCHEDULE OF LECTURES

THEORY

TOPIC

MARKS

1] INTRODUCTION OF SUBJECT

20

Importance of Preventive Medicine and measures for promotion of Positive health.

Introduction to preventive and social medicine concept, man & society.

Aims and scope of preventive & social medicine, social causes of disease and social problems of sick.

Relation of economic environmental factors in health and disease.

2] PHYSIOLOGICAL HYGIENE

20

[a] Food and Nutrition – Food in relation to health and disease. Balanced diet
Nutritional deficiencies and nutritional survey. Food processing,
Pasteurisation of milk Adulteration of food and food intoxication.

[b] Air, light and sunshine.

[c] Effect of climate – humidity, temperature atmospheric pressure and
comfort zone. Effect of over crowding.

[d] Personal Hygiene (Cleanliness, rest, sleep, work) physical exercise & training
tropical death cure.

3] ENVIRONMENTAL SANITATION

20

[a] Definition and importance

[b] Atmospheric pollution – Purification of air, air borne diseases.

[c] Water supplies – source and uses, impurities and purification. Public water
supplies in urban and rural areas. Standards of drinking water, water –
borne diseases.

[d] Sanitation of fairs & festivals.

[e] Disinfection – disinfectants, deodorants antiseptics, germicides, methods of
disinfection and sterilization.

[f] Insecticides, control of insect and disease spread by insect.

[g] Conservancy – Methods in villages, towns and cities, septic tanks dry earth latrines – water dosets. Disposal of sewage, disposal of diseased, disposal of refuse, incineration.

[h] Protozoal & helminthic diseases – Life cycle of protozoan & helminths, their prevention.

4] MEDICAL STATISTICS

20

Principle and elements of vital statistics of health, information system of biostatistics, Tabulation, Charts & Diagrams, Statistical averages, Sampling test of significance & correlation.

5] PREVENTIVE MEDICINE

20

[a] General principles of prevention control of communicable disease eg. Malaria, Diphtheria Plague cholera, Leprosy, common viral disease :- Chickenpox, pertussis, measles, Viral hepatitis, Diarrhea AIDS abnormal diseases transmissible to man. Their description and method of prevention of spread by different environmental vehicles (water, soil, food, fomites) Homeopathic point of view regarding prophylaxis & Vaccination.

[b] Natural and child health, school health service & health education school medicine and its aim.

[c] Natural history of disease concept of control of prevention, elimination & reactivation role of homeopathic principles in prevention of disease and promotion of health.

6] HEALTH – AWARENESS – EDUCATION

20

(An addendum to syllabus of P.S.M.)

A NON-INVASIVE APPROACH TO DISEASE-PREVENTION.

[A] Concept of Health :- Concept of Holistic Health (W-H-O)

- * Dimensions of Health – Promotion Preservation and maintenance of health.

- * Prevention of sickness.

- * Objectives of Health – norms of physical mental and social health.

[B] Objectives of Positive :- Norms of Physical Mental and Social

Health

Health – prevention of sickness.

[C] Stress

:- Definition, Genesis of stress.

Pharmaco

-Dynamic of stress (Neurohormonal pathway). Effects of stress. Psychosomatic disorders. Can it be prevented ?. Principles of T/T Enquiry of its cause and removal.

[D] Role of Spiritual dimension of health

(W.H.O.)

:- Consciousness Training – in management of stress.
Interplay of physical and Metaphysical Energy – its form and Functions.

[E] Concept of

:- Soul – Spirit – Metaphysical Energy its **Consciousness**
structure and functions – cyclical

* Cyclical Nature of FEED – BACK –
Mechanism of ACTION.

[F] Spiritual Health

:- As basis of Positive Health.

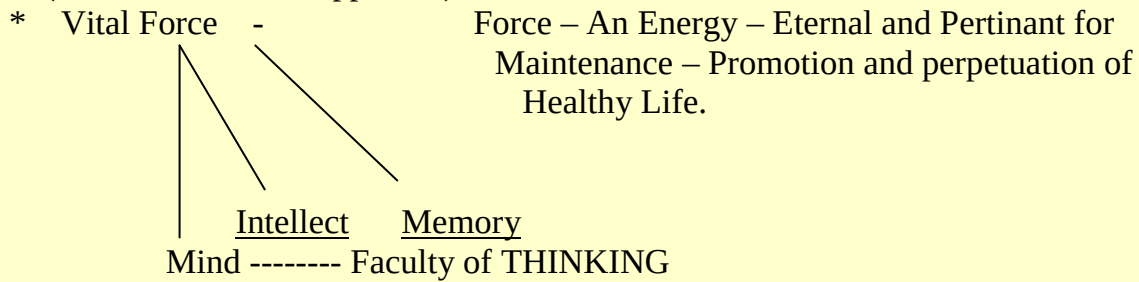
[G] What is SPIRITUALITY ?

- :-**
 - * Scientific approach and study of SPIRIT.
 - * Role of spirituality in Promoting.
- Preserving – preventing – palliating and Treating disease to or disorders.
 - Treating disease
- * Scientific Evidences about Spiritual Truths.
(Ref. – Janki Foundation with Royal college of Physicians – LONDON)

7] CAUSE OF AND INHERENT – DISEASE

20

(An Homoeostatic Approach)



THOUGHT

As is my THOUGHT – SO is my LIFE

- * Essential
 - * Positive (benevolent) ---- builds up the - Resistance
 - * Megatove
 - * Waste
- 80 % → Drains Vital Energy → Exhaustion
Neg. Attitudes

ATTITUDES

- * Philanthropic
 - * Social
 - * Selfish (Self-Centred)
- help build up POSITIVEVITY IN LIFE
- Vicious Tendencies – Initiates –
- Creates – and maintains

A STATE OF TENSION

(Patho – Physiological disturbance)

ACTION

- * Positive (benerolent)
- * Negative (Injurious to others) – FEED-BACK-Vicious Tendencious

CHARACTER

- * Positive – divine - Philanthropic

* Balanced - Human

* Negative – devilish – Injurious → TENSION

- * DESTINY → PERSONALITY ----- Decides the quality of Life
In built – Trails – Latencies are Transferred – along the sool – at death – in
Next birth (Tendencies are born with birth)

7] INTROSPECTION OBT. & Disease

20

* Why do one gets a diseases ?

- * Is disease – on essential feature of Life ?
- Can prevent if ?

* What do I desire in life

* LOVE * Peace *Happiness

(Essential prerequisites for a Healthy–Happy & prosperous life)

* Do I deserve to be so ?

If NOT – WHY ?

* Basic ignorance of my own identify (Who am I ?)

————→ Vital force – Force that keep my alive --

* Wrong Attitudes and attitudes – I developed over years of
my Existence.

* My belief systems – Contrary to my original nature -

These and many others – are the likely – NEGATIVE –

- FORCE ---- disturbing my homoeostasis -----

Leading me to a state of DISEASE

(Disturbed – ease) Or a so Called sickness or Illness.

—————
* Addictions -

* Psychotropic Remedies – Tobacco - Alcohol

- Tranquillisers – Drugs – Like heroine.

Morphine and its deravatiures

- Effect of drugs on health.

Are drugs or psychotropic agents antidote to STRESS ?

OR – Is it self – Immolation ?

8] SPIRITUAL HEALTH – Basis of Positive Health.

* Medilation – self analysis – Examination of SELF – Critical analysis –
iniliation of heating the self (Consciousness Training)

* Method of simple Madition.

- * Stages of meditation.
- * Psychophysiological basis of Meditation.
- * Role of Spiritual knowledge in Meditation.

9. SECRETS OF HEALTHY LIVING

- TEN COMMANDMENTS.

- * Principles of Hygiene
- * Daily Moderate Exercise
- * High fibre- balanced and satiwic different
- * Regular sound sleep
- * Freedom from Drug – addictions.
- * Relaxation practice –Meditation.
- * Positive Thinking and (Positive Attitudes)
- * Planned Family and Stress Free Life
- * Integrated personality
- * Faith in ALMIGHTY

and

Doctor's Consultation.

10] FAMILY WELFARE

- [a] Material and child health, school health service & health education. School medicine and its aim.
- [b] Family planning :- Demography, channels of communication, Nation family welfare programme knowledge, attitudes regarding contraceptive, practice population and growth control.

11] Public Health administration & international health regulation.

PRACTICALS

- [1] To calculates daily energy intake and the nutritional requirment recommended.
- [2] Health information and Basic medical statistics.

- [3] To disinfect the wall water
- [4] Immunity, Immunizing agents and National immunization programme.
- [5] Preventive Medicine obstetrics Paediatrics and Geriatrics.
- [6] Demography and family planning.
- [7] Expected problems of the coming years.

PREVENTIVE SOCIAL MEDICINE

Examination :-

Pattern of Question Paper for Second B.H.M.S.

Total 100 Marks

SECTION - A : MCQs.
(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

SECTION - B :- SAQs.

35 Marks

Q. 2. Solve any 3

5 x 3 = 15 Marks

- A) - 5 Marks
- B) - 5 Marks
- C) - 5 Marks
- D) - 5 Marks

Q. 3. Answer any 2 out of 3

5 x 2 = 10 Marks

- A) - 5 Marks
- B) - 5 Marks
- C) - 5 Marks

Q. 4. Write Short Notes

5 x 2 = 10 Marks

- A) - 5 Marks
- B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5.

15 Marks

Q. 6.

10 Marks

Q. 7.

10 Marks

SYLLABUS

B.H.M.S IIInd YEAR

**FORENSIC MEDICINE &
TOXICOLOGY**

IX) DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

Syllabus for B. H. M. S. IInd Year

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

1) Legal Procedure :-

Definition of medical jurisprudence, courts and their jurisdiction.

2) Medical Ethics :-

Law relating to medical registration and medical relation between practitioner and the state. The Council of Homoeopathy Act, 1973 and the code of Ethics under it, the practitioners and the patients; malpractices covering professional secrecy, the practitioner and the various legislations (Act) provincial and Union such as workmen's compensation Act, Medical Termination of pregnancy Act. Lunacy Act. Indian Evidence Act. Maharashtra Homoeopathic Act (Bombay Homoeopathic Act (Bombay Homoeopathic practitioner Act) Consumer protection Act.)

3) Forensic Medicine :-

Examination and identification person living and dead parts, bones, stains etc. Health Medicolegal purification, mummification, saponification of person living and dead parts, bones, stains etc. Health Medicolegal purification, mummification forms of Death; Causes, agencies, onset etc. Assaults, wounds, injuries and death by violence. Asphyxial death, blood examination, blood stains, seminal stains, Burns, scalds, lightning stroke etc. Starvation, pregnancy, delivery, abortion, infanticide. Sexual crimes, Insanity in relation to the state life and accident insurance.

4) Toxicology:-

A separate course of lectures dealing poisoning in general, the symptoms and treatment of various poisons post mortum appearance and tests should be given.

Study of following poisons :- Mineral Acid, corrosive sublimate, arsenic and compound alcohol, opium and its alkaloids. carbolic Acid, carbon monoxide, carbon dioxide, kerosene oil, cannabis indica, cocaine, belladonna, and nuxvomica, aconite, oleander snake poison, prussic acid, red lead poisoning, organophosphorus, sedative and anti depressant.

5) **Medico, Legal post mortum :-**

Recording post mortum appearance forwarding materials to chemical exam iner. Interpretation of laboratory and chemical examination findings.

Students who are attending a course of lecture in Forensic Medicine should abate themselves of all possible opportunities of attending medeico-legal post-mortems conducted by the professors of forensic medicine. It is expected that each student at least 10 post mortums.

DEMONSTRATION (PRACTICAL)

B. H. M. S. IInd Year

- 1) Weapons :
- 2) Organic and Inorganic Poisons;
- 3) Poisonous plants;
- 4) Chart, diagram models, X-ray films etc. of medico-legal interest.

Various certificate like sickness certificate physical fitness certificate, Blrth certificate, Death certificate, Inquiry certificate, Rape certificate, Chemical Analyser (Regional forensic laboratory) certificate for alcohol consumption.

Examination :-

Pattern of Question Paper for Second B.H.M.S.

Total 100 Marks

Forensic Medicine and Toxicology

SECTION - A : MCQs.

(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

SECTION - B :- SAQs.

35 Marks

Q. 2. Solve any 3

5 x 3 = 15 Marks

A) - 5 Marks

B) - 5 Marks

C) - 5 Marks

D) - 5 Marks

Q. 3. Answer any 2 out of 3

5 x 2 = 10 Marks

A) - 5 Marks

B) - 5 Marks

C) - 5 Marks

Q. 4. Write Short Notes

5 x 2 = 10 Marks

A) - 5 Marks

B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5.

15 Marks

Q. 6.

10 Marks

Q. 7.

10 Marks

OR

Q. 8.

....E.N.D....

SYLLABUS

B.H.M.S IInd YEAR

PATHOLOGY

Syllabus for IInd B.H.M.S.

X) PATHOLOGY BATERIOLOGY AND PARASITOLOGY

1. The teaching of pathology and bacteriology has to be done very cautiously and judiciously, while allopathy associates the pathology of tissues and micro-organisms with disease conditions and considers bacteria as conditions causes of diseases, homoeopathy regards disease as purely a dynamic disturbance of the vital force expressed as altered sensations and functions which may or may not ultimate in gross tissue charges. The tissue changes are not there fore an essential part of the disease per-se and are not accordingly in homoeopathy the object of treatment by medication.

2. Since the discoveries of Louis Pasteur and Robert Koch the medical world has come to believe in the simple dogma “kill the germs and cure the disease”. But subsequent experience has revealed that there is an elusive factor called ‘susceptibility’ of the patient which is behind infection and actual outbreak of disease. As homoeopathy is mainly concerned with reactions of the human organism to different morbid factors, microbial or otherwise, the role of bacteria or viruses in the production of disease is therefore homoeopathy quite secondary.

3. Knowledge of bacteriology is nevertheless necessary for a complete homoeopathic physician; but it is for purposes other than therapeutics such for diagnosis, prognosis, prevention of disease and general management. Similarly knowledge of pathology is necessary for disease determination, prognosis, for discrimination between symptoms of the patient and symptoms the disease and for adjusting the does and potency of indicated homoeopathic remedy.

4. Only broad basic training in pathology, free from specialist bias should however be imparted to students. Teachers of pathology should never loose sight of the fact that they are training medical practitioners, especially homoeopathic practitioners, and not technicians and specialists in pathology. The living patient, and not the corps, should be the student to corelate subjective symptoms with the objective ones to interpret clinical symptoms and their inter-relationship of the basis of underlying pathology.

Introduction : Scope of Pathology-old school-new school (Homoeopathic)

How to study pathology.the central theme in the teaching of this subject.

5. The purpose of the instruction in pathology is to enable the student to correlate subjective symptoms with objective ones to interpret clinical symptoms and their inter relation ship of the basis of understanding pathology

THEORETICAL

(A) Bacteriology

- 1) Morphology, Biology, Sterilization, Chemotherapy,
- 2) Principles of Artificial Media
- 3) Function, Reference mechanisms, Reactions, immunity Hypersensitiveness, Skin Tests.
- 4) Systematic study of Bacterial habits, Importance morphological, Cultural, Biochemical, serological and toxic behavior of common pathogenic and nonpathogenic species.
- 5) Pathological changes produced by disease bacteria and their laboratory diagnosis.
- 6) Study of morphological cultural, Bio-Chemical structure of staphylococci, streptococci, Diplococci, Neisseria, Mycobacterium tuberculosis (types) mycobacterium lepra, names and differentiation of spirochaetes from pathogenic mycobacteria corynebacterium diphtheriae Aerobic spore bearing bacteria-bacillus anthracis, anaerobes general and special features of the pathogens.
- 7) Names of some important non-pathogens. Gram negative intestinal bacteria, classification, identification of the pathogen salmonella Vibrio bacterium, Pasteurella, general idea about homophiles, pseudomonas, brucella rickettsia, proteus spirochaetes, general idea.
- 8) Details of treponema pallidum & leptospiraictero haemorrhagics.

(B) Viruses

Viruses general characters, classification of viral disease immunological measures against some important viruses disease e.g. Varicella, Rabies, Bacteriophage, small pox, chicken pox measles, Herpes zoster, polio influenza.

(C) Parasitology

- 1) Protozoa classification names of important rhizopoda ent. Histolytica; morphology, pathogenesis & pathogenicity, diagnosis, difference from ciliates species of plasmodia life history and Pathogenesis differentiation of species.
- 2) Mastigophora general broad morphological features, Classification, pathogenesis, vectors, pathology of Kala-azar, important features, source disease due to Leishmania coli.
- 3) Helminths definition of certain terms. Simple classification differences between nematodes, cestodes and trematodes., Broad differentiating morphological features and broad life history and pathogenesis of important species of cestodes and Nematodes, intestinal liver, Lungs, intestines, and blood general life differences between schistosomes and other Nematodes.

(D) Pathology

A) Principals of general Pathology :-

- 1) Injury, inflammation and repair.
- 2) Degenerations, cloudy swelling and postmortem degeneration. The principles of fixation. Fatty changes, Lipoid degeneration, tumours. Hyaline mucoid and myxoid degenerations.
- 3) Necrosis & gangrene.
- 4) Disturbances of pigment, calcium and uric acid metabolism.
- 5) Avitaminosis.
- 6) Anemias.
- 7) Disorders of growth metaplasia, dysplasia, hypertrophy, erysipelas., Neoplasm classification benign and malignant, spread, cytological factors, experimental carcinogenesis theories. Circulatory disturbances, clotting, ischaemia, thrombosis embolism, infarction, hyperaemia, oedema, shock.
- 8) Immunity in General Pathology :- Natural immunity acquired immunity active immunity, passive immunity, phagocytosis chemotaxis Bacteriolysis antitoxia, agglutination- albinocytolysis cacteriotropins the theories of immunity antigen anaphylaxis shock.

(E) Systemic Pathology

Related to systems and Organs morbid anatomy (Micro-scopic) in common disorders related to each systems.

(F) Clinical Pathology and Clinical Bio-Chemistry

- 1) Blood Collections for different purposes :- Estimation of haemoglobin, total count R. B. C., Platelets, M.C. H., M. C. V., M.C. H.C., Significance differential leucocyte count. Malaria parasites; Leishmania, Trypanosomes in peripheral blood.
- 2) Bone marrow or spleen puncture material.
- 3) Development of R.B.C. and W. B.C.

G) Morbid Histology :

Practical training in methods of fixation, embedding, cutting and staining of paraffin and frozen sections. Grey hepatization, acute appendicitis, chronic appendicitis septic liver abscess. Granulation tissue, tuberculosis of lung, portal cirrhosis, fatty liver, malariae liver atheroma, papilloma, fibro-adenoma fibromyoma, squamous cell and basal cell carcinomas, adenocracinoma, scirrhou carcinoma, encephaloid carcinoma, secondary careisnoma in lymph gland, round and spindle-celled sar-coma.

- 4) Leukaemia, Erythrocyte sedimenation (E.S.R.) rate blood culture test Bleeding coagutation time.

H) Blood groups and Rh. typing. HIV test for AIDS

- 1) Estimation of blood sugar, sugar tolerance test. Liver function tests specially birubin vanderbergti's seaction, icteric index, rational meal test.
- 2) Urine estimation of urea, urea clearance test water disease urinary deposits,
- 3) Faces for different ova differentiation, baciallary dysentery. Amoebic dysentery.
- 4) Examination of throat swab; sputum C.S.F. ascitic and pleural fluids short study about the various bio-chemical bio-physical instruments and appliances and its mechanism with its practical utility.

Introduction to Pathology

- Scope of Pathology old school- New school
- How to study Pathology
- Approach to Homoeopathy towards Pathology
- What is susceptibilite of patient which is behind infection.
- Importance of Pathology for Homoeopathic Physicians for discrimination between symptomos of patient and symptoms of disease.

GENERAL PATHOLOGY

1. Introduction
2. injury
3. Acute and chronic inflammation
4. Repair
5. Degeneration
6. Cloudy swelling
7. Fatty changes
8. Necrosis & Gangrene

9. Disorder of pigment (Calcium and uric acid)

10. Avitaminosis

11. Neoplasm- benign and malignant

12. Disorder of growth

13. Metaplasia aplasia atrophy hypertrophy.

14. Disorder of circulation

- Clotting Ischemia
- Infarction
- Embolism
- Hypermia
- Oedema
- Shock

A) Systemic Pathology

- Respiratory system
- Pneumonia
- Tuberculosis
- Asthma

B) Cardio vascular system

- Arteriosclerosis
- Atherosclerosis
- Aneurysm
- Myocardial diseases.

C) Kidney and its collecting system

- Glomerular diseases
- Tumors

D) Gastro intestinal system

- Oral cavity
- Oesophagus
- Stomach
- Intestine
- Appendix

E) Liver and Biliary System

- Viral Hepatitis
- Cirrhosis
- Tumors

F) Pancreas

- Exocrine
- Endocrine
- Ca. of Pancreas

G) Female Genital System

Ca Cervix

- Breast Tumors

H) Nervous System

Menigitis

- Encephalitis
- Tumors

LECTURER

3. CLINICAL PATHOLOGY

- Red cell disorders
- White cell disorders
- Bleeding disorders
- Blood Group

4. MICROBIOLOGY (BACTERIOLOGY)

- Introduction
 - Marphology & Physiology of Bacteria
 - Sterlization and disinfection
 - Culture media
 - Identification
- 1) Staphy lococous
 - 2) Streptococous
 - 3) Pneumococous
 - 4) Niseria
 - 5) Cornybacterium
 - 6) Clostridium
 - 7) Enterobacterace Shilgella
 - 8) Vibrio
 - 9) Mycobacteium Leperae
 - 10) Spirochaeles
 - 12) Brucella
 - 13) Ricketsia
 - 14) Treponema Pallidum

IMMUNITY

Hypersensitivity

Skin test

K) Viruses

- 1) General properties
- 2) Classification of disease
- 3) Herpes Virus
- 4) Paramixo virus
- 5) Hepatitis virus
- 6) HIV AIDS
- 7) Varicella
- 8) Rabies

5. PARACITOLOGY

- Classification
- Pathogenesis
- Morphology
- 1) E. Histolytica
- 2) Round worms
- 3) Malaria
- 4) Filaria
- 6) Helminth.

PRACTICAL

- 1) 20 demonstrations of histopathological studies of tissues & organs.
- 2) 20 demonstrations of microscopic specimens of pathogenic organisms.
- 3) 20 demonstrations of technique of collection preparation examinations of morbid materials such as blood, urine, pus sputum., exudates.
- 4) Estimation of haemoglobin R.B.C. & W. B. C. count.
- 5) staining thin and thick films differential count.
- 6) Estimation of erythrocyte sedimentation rate E.S.R. Bleeding and clotting time, blood group and Rh. typing.
- 7) Urine analysis, physical, chemical, microscopic specifically for albumin sugar.
- 8) Faecal analysis, physical, chemical (occult blood) microscopic exam and protozoa.
- 9) Methods of sterilisation preparation of media. Use of Microscope. Gram and acid fast stains, motility preparation Gram positive and negative cocci and bacilli Demonstration of special stains for corynebacterium gram and acid fast stains of pus and sputum. Monkeys plate sugar reactions gram stain and motility of gram negative intestinal bacteria, widal and demonstration of pasteurilla and of spirochaetes by dark field illumination fenton's stain lovaditt's stain demonstration of methods of macro-biosis.
- 10) Morbid Histology
 Practical training in Method of fixation embedding.
 Cutting and staining of paraffin and frozen section.
 Grey hepatization acute appendicitis, chronic appendicitis, septic liver abscess,
 Granulation tissue Tuberculosis of lung, portal cirrhosis fatty liver, malaria liver atheroma, papilloma, fibro adenoma, fibromyoma adenocarcinoma, Scirrhus carcinoma. encephaloid carcinoma secondary carcinoma of lymph gland, Rokitansky spindle celled sarcoma.

Demonstrator

Practical

- 1) Microscopic Introduction

- 2) Hematology
 - hb %
 - ESR
 - TLC, DLC
 - RBC COUNT
 - BT & CT
- 3) Biochemistry
 - Normal and Abnormal constituents of Urine (Chem, Phy. and Microscopic)
- 4) Microbiology + Paracitology
 - Acid fast Gra, stain motility Widal
- 5) Histopathology
 - Slide preparation
 - (Histo-path Specimen)
- 6) Revision of practicals.

Demonstrator

CLINICAL AND CHEMICAL PATHOLOGY

- Blood collection for different purpose.
- Estimation of Hb%
- Different Leucocytes count.
- Total RBC Count
- Platelets
- M.C.H.
- M.C. H.C.
- Malarial Parasites, leishmania trypanosomes in ps.
- Marrow or spleen puncture material
- Development of RBC and WBC
- Leukemia
- E.S.R.
- Blood Culture
- Aldehyde and chopras test
- B.T. and CT
- Prothrombin time
- Blood groups Estimation of blood sugar
- Sugar tolerance test
- Liver function test
- Vand, van bergh's reaction.
- Icterus index
- Fractional meal test-
- Urine estimation of urea
- Urea clearance test
- Water disease
- Urinary deposits, faeces
- Define differentiation bacillary dysentery, amoebicides
- Examination of throat sputum
- CSF ascitic & thick hick films
- Gram and acid fast stains

- Spec, stains for corynebacterium gram and acid test stains of pus & sputum
- Haeckel's plate reaction gram stain & motility of gram-negative intestinal bacteria
- Widal and demonstration of pasteurization and of spirochetes by dark field illumination
- Festen's stain hydatid stain

Demonstration

Reporting

Slide Preparation

Lesser writing

Relation of disease and bacteria

DEPARTMENT OF PATHOLOGY

Examination :-

Pattern of Question Paper for Second B.H.M.S.

Total 100 Marks

SECTION - A : MCQs.
(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

SECTION - B :- SAQs.

35 Marks

Q. 2. Solve any 3

5 x 3 = 15 Marks

A) - 5 Marks

B) - 5 Marks

C) - 5 Marks

D) - 5 Marks

Q. 3. Answer any 2 out of 3

5 x 2 = 10 Marks

A) - 5 Marks

B) - 5 Marks

C) - 5 Marks

Q. 4. Write Short Notes

5 x 2 = 10 Marks

A) - 5 Marks

B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5.

15 Marks

Q. 6.

10 Marks

Q. 7.

10 Marks

OR

Q. 8.

....E.N.D....

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY

Examination :-

Pattern of Question Paper for Second B.H.M.S.

Total 100 Marks

SECTION - A : MCQs.
(Total 30 MCQs) 30 x 1

30 Marks

Q. 1. MCQ is carrying 1 mark each.

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- B) - 5 Marks

SECTION - C :- LAQs

35 Marks

Q. 5.

15 Marks

Q. 6.

10 Marks

**MAHARASHTRA UNIVERSITY OF HEALTH
SCIENCES, NASHIK**

FACULTY OF HOMOEOPATHY

PROSPECTUS

OF

**THIRD BACHELOR OF HOMOEOPATHIC
MEDICINE & SURGERY**

SYLLABUS OF

B.H.M.S. IIIrd. Year

SURGERY

4. [Where medicine fails surgery begins. Affection of external parts requiring, mechanical skill properly belong to surgery; but frequently when the injury is so extensive or violent as to evoke dynamic reaction in the organism, dynamic treatment with remedies is necessary.

Surgery removes the end products of disease; but pre and post operative treatment is essential to correct the basic dyscrasia and prevent sequelae or complications.

A large number of conditions being amenable to internal medication in homoeopathy, the scope of the latter is much wider and that of surgery is to that extent limited. But as a supplement to medicine, surgery has definite place in homoeopathy and should be taught accordingly.]

Syllabus for IIIrd B.H.M.S.

SURGERY ENT OPHTHALMOLOGY DENTISTRY AND HOMOEOPATHIC THERAPEUTICS –

(x)

Homoeopathy adopts the same attitude towards these subjects as it does towards medicine and surgery, But while dealing with Surgery cases, a Homoeopathic physician must be trained in special clinical methods of investigation for diagnosing local condition and discriminating cases; there surgical intervention either as a life saving measure for removing mechanical obstacles is necessary.

- A) A course of systematic instructions in the principles and practice, of Surgery including. the applied anatomy and physiology
- B) Instructions in Homoeopathic Therapeutics and prescribing.
- C) As a matter of convenience, it is suggested that instructions may be given in the following manner during two years of clinical course, with in 200 hrs. in two years for therotical and 150 hrs. in two terms of three months each in surgical ward., O.P.D.. for Practical/Clinical/Tutorial Classes.

Affection of external parts requiring mechanical skill properly belong to Surgery. But frequently when injury is so extensive or violent to evoke dynamic reaction in the organism, dynamic treatment with remedies is necessary.

Surgery removes the end products of disease but pre and post operative treatment is essential to correct the basic dyscrasia and prevent sequelae or complications.

A large number of conditions being amenable to internal medication in Homoeopathy the scope of latter is much wider that of surgery is to that extent limited. But as a suppliment medicine, surgery has, deffinite place in Homoeopathy and should be thought accordingly.

- A) A course of systematic instructions in the principals of surgery and Homoeopathic therapeutics.
- B) During the first three months of the Clinical period when the students will not be in charge of bed. They will be given instructions of fundamentals of clinical examination including physical sign, uses of common instruments, a sepsis and antisepsis, dressing of wounds etc.
- C) Practical instructions in surgical method .including physiotherapy.
- D) Practical instructions in minor operative surgery on the living being.
- E) Instructions in the following subjects
 - i). Radiology and electro-therapeutics and their application to surgery
 - ii) Venereal diseases

- iii) Orthopaedics,
- iv) Dental diseases.
- v) Surgical diseases of infancy and childhood
- vi) E.N.T.
- vii) Ophthalmology

(During the II. B.H.M.S. Years)

1. **General Surgery**

Applied Anatomy and Applied Physiology General Surgical procedure
 Inflammation, Infection specific and non-specific.
 Suppurations, bacteriology of surgical diseases.
 Immunity
 Injuries, contusions, wounds, Haemorrhage, shock, Burns & Scalds
 Tumours and Cysts.
 Injuries and diseases of skin, subcutaneous tissues, ulceration gangrene.
 Diseases of Blood vessels and lymphatic system.
 Injuries of the pelvis, diseases and tumours of bone and cartilages diseases of joints
 clinical manifestations of diseases of individual joints deformities of limbs.
 Amputation artificial limbs.

2. General diseases.

3. Dental Surgery :-

4. Lecture demonstrations on bandages and other surgical appliance

During IIIrd B.H.M.S. Course

1. General Surgery -

Injuries diseases of the scalp and skull, brain and its membranes, face, lips, mouth, jaws tongue salivary glands, neck, thyroid, parathyroid, breast, chest and thoracic viscera spine and abdominal parietes and peritonium, stomach, duodenum, liver gall bladder and bile ducts pancreas and spleen rectum and anal canal Intestinal obstruction, Hernia, Injuries and diseases of Kindly, Ureter bladder and urethra and genitalia diseases of supra-renal. and autonomic nervous system.

2. (Otorhinolaryngology) E.N. T.

Knowledge of common diseases and accidents of ear, nose and throat including tracheobronchial tree and oesophagus with a knowledge of Anatomy , Physiology, Pathology, treatment and simple operative measures.

3. Ophthalmology ;

Subjective and objective elementary anatomy of eye clinical. examination of eye. Common diseases of, lid lacrimal apparatus conjunctive, cornea, Sclera, iris, ciliary body and lens glaucoma orbital cellulitis, exophthalmos, enophthalmos.. Panophthalmitis, common , diseases of retina and the optic nerve , associated with

general conditions. Injuries of eye lids and eye ball. Elementary refraction of the eye squint, ophthalmoscope, common. Operations of eye and its appendages.

4. Lectures demonstrations on X-Ray (Radiology)
5. Surgical disease of infant and childhood.

Note :-

1. Through out the whole period of the study, the attention of the student be directed by the teachers of this subject to the importance of its preventive aspects.
2. Instructions in these branches of medicine should be directed to the attachment of sufficient knowledge to ensures familiarity with the common conditions, their recognition and homoeopathic treatment.
3. Every student shall prepare and submit 20 complete case histories ten each in II and III B.H.MS. Classes respectively.

The examination in surgery shall consist of two theoretical papers, one oral examination not less than one hour being allowed to each candidate for the examination of and report on his case with special reference to the scope of Homoeopathic therapeutics vis-a-vis the necessity of surgical treatment particular cases.

A written paper in surgery shall be distributed as follows.

PAPER I.

General surgery: - Inflammation specific & non-specific infections. Haemorrhage, shocks, Burns, ulcers – gangrene, Tumours, system, bursae, Disease of lymph, vascular system including spleen. Head Neck Surgery including gastro intestinal system, bones & Joints. Injuries & Diseases of spine, Deformities of limb. Thoracic surgery and Genitourinary surgery and Homoeopathic therapeutic.

PAPER II.

Ophtholaryngology (E. N. T.) :- General diseases ophthalmology, Dental diseases and Homoeopathic therapeutics and scope of surgery in Homoeopathy.

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DEPARTMENT OF SURGERY

B.H.M.S IInd Year

1. General Surgery
Applied Anatomy and Applied Physiology
General Surgical procedure
Inflammation, Infection specific and non-specific.
Suppurations, bacteriology of surgical diseases.
Immunity
Injuries, contusions, wounds, Haemorrhage, shock, Burns & Scald
Tumours and Cysts.
Injuries and diseases of skin, subcutaneous tissues, ulceration gangraeae. Diseases of Blood vessels and lymphatic system
Injuries of the pelvic, diseases and tumours of bone and cartilages diseases of joint clinical manifestations of diseases of individual joints deformities of limbs.
Amputation artificial limbs.
2. General diseases
3. Dental Surgery
4. Lecture demonstrations on bandages and other surgical appliance.
 - Introduction to surgery - History of surgery
 - Wounds - Classification & T/t
 - Infections including its microbiology; Pathology
 - Sterilization techniques
 - Shock
 - Burns
 - Cyst ←-- - Seboliams
Dermatology
Others
 - Tumors ← Benign
Malignant
 - Skin ← Ulcer; Wounds
 - Blood Vesscls
 - Burgers diseases
 - Atherosclerosis
 - Gangrene
 - Varicose veins
 - Ancurisms
 - Lymphomas
 - T.B. Lymphadenitis
 - **Orthopedics**
 - i. Introduction
 - ii. Fractures in General
 - iii. Important Fractures region wise
 - iv. Fractures of
 - Superior introduction

- Interiv introduction
 - Spine -
 - Ceruical
 - Thorasic
 - Lumbar
 - Pelvis
- v. Affection of bones
- i. Infective
 - ii. Pathological
 - iii. Destructive -.Age bount procereses
 - vi. Tumbus of bones
 - vii. Affection of joints --- Infection -->
 - * Tubercallar arthritis
 - Suppurative
 - Diabetic neuropaathics
- astco arthritis
- Superiur Gutrcmity
- i. Regional anatomy -
 - Shoulder
 - Humerus
 - Radins ulna
 - Wrist (carpal bones) - Scarphrid
- Shoulder - Diseases arround shoulder
- i. Periarthritis shoulder
 - ii. Frogen shoulder
 - iii. Pariful are syndrome
 - iv. Rotator cuff lesivns
 - v. Supra spinatous tears
- Elbow -tennis elbow, stiff elbow, flail elbow
- Humrus -
 - Surgical anatomy
 - Fractures head and neck
 - Shaft
 - Supra andylar fractures
 - Medical and leteral condyles
- Radius + ulara +upper end
- i. Fracture both bones -
 - Manteggia
 - Side swipe injury
 - ii. Shaft of Radius and ulna
 - iii. Lower and at wrist
- Culles fracture
- Smitus fracture (Ruerse colles)
- Tumours of Bones -
 - Benign
 - Malignant
- i. Benign -
 - Cysts Anuresmal, bone cyst
 - Exostosis
 - ii. Malignant -
 - Eurings sarcoma
- Inferior Extromily
- i Fractures of Femur -
 - Fracture neck femur
 - Intertrochanteric fractures
 - Shaft
 - Condylar
 - ii. Fracture Tibia Febula
 - i Upper end fractures
 - ii. Bumper fracture (Fv. Medial/ Lat cvudyle
 - iii. Shaft fractures

Malleolan fractures
At. Ankle -Potts fracture
Cutton fracture
Spine fractures in general.
Spine Defarmicties -Scoliosis

v. Affection of Bones

- i. Infective
 - Ac & ch. Ostcomylitis
 - Suppurative
- ii. Iathological- Diabetic ostomalasiya, Rickets
- iii. Destructive - Age bound -
 - Ortooporosis
 - Ostco arturitis

- Dental disease -caries tooth
- Demonstrations & Lecture
- Tracheostomy
- Cathitcrisation
- Sterilisation
- Venescetion
- Rylis tube
- Bandages
- Dressing.

-Clinical

- History taking
- General examination
- Systemic examination

DEPARTMENT OF SURGERY
B.H.M.S. IIIrd. YEAR

1. General Surgery :- Injuries diseases of the scalp and skull, brain and its membranes, face, lips, mouth, jaws tongue salivary glands, neck, thyroid, parathyroid, breast, chest and thoracic visera spine and abdominal parieties and peritonium, stomach, duodenum, liver gall bladder and bile ducts pancrcas and spleen rectum and anal canal Intestinal obstruction, Hernia, Injuries and diseases of Kindly, Ureter bladder and urethra and genitalia diseases of supra-renal and autonomic nervous system.

1. Scalp :-

- Tumors -Cysts
- Benign tumors
- Malighant tumors
- Haematomas

2. Skull Fractures :-

- Vault
- anterior, Middle, Posterior , Cranial Forsa

3. Head injury

- Concyssion .Contusion, Laceration of Cerebrum, Cerebellum
- Exfradural, subdural, Haematomas
- Clinical. presentation
- Role of special investigation
- Life CAT- Scan, M.R.I

4. Oral Cavity

- Inflammatory disoreders
- Ulcers
- Carcinoma of oral carity
which includes Ca. Tongue, Ca. Alvesiur Ca. floor or oral lanty & others.
- Jaw tumors including cysts.

5. Salivary ;-

- Surgical Anatomy of Parotid submandibnlar & sublingnal glands.
- Inflammatory disorders
- Tumors -Adenomas & Adeno careihone

6. Neck :-

- Surgical anatomy
- Lymphadenopathy
- Carotid tumors
- Cystic Hygroma
- Ludwigs angina

7. Thyroid:-

- Anatomy & physiology of thyroid secretion.
- Physiology goitre
- All other Goitre
- Hypothyroidism
- Hypothyroidism,,
- ,Invertigations & Management
- Thyroid cancers.

8. Breast :-

- Surgical anatomy including Br. Supper, Lyhrphatic drainace;
- Inflamainatory breast diseases
- (the –mastitis / Breast abees.)
- Benigh breast disease
 - Fibrodenosis
 - Cysts
 - Duct erctasia
- Carcinoma of Breast
- Gyhaecomastia
- Roal of maruonography

IV) Thorax :-

- Fracture ribs
- Haemo-pneuhrothorx
- Pyothorax
- Carcinohs of Desophyus
- Achalalia cardio

10. Stomach & Doudenum:-

- Surgical Anatomy
- Gastric ulcers & Duodeeum ulcers
- Role of Barium meal Vs. endoscopy
- Complication of ulcers
 - Pyloric stenosis
 - Duodenal perforation peritohitiis.
 - Haematemesis
 - Carcinoma of stomach.

11. Liver

- Surgical Anatomy of liver a portal vein
- Liver abeesses - Pyogenic
 - Amoebic
- Hydatid cyst
- Hepatic trauma
- Liver tumors
 - Primary
 - Secondary
- Diagnostic methods of liver disorders
- Portal Hypertension

12. Gall bladder & Bile ducts :-

- Surgical Anatomy
- Gall stones with its complication
- Obstructive jaundice

13. Pancreas :-

- Pancreatitis
- Ca. head of pancreas
- Pseudopancreatic cyst.

14. Spleen :-

- Trauma

15. Intestinal obstruction :-

- Dynamic
- Adynamic
- Small gut
- Large gut

16. Appendix :-

- Anatomy
- Appendicitis & its complications

17. Rectum & Anal Canal :-

- Surgical anatomy
- Rectal Polyps
- Haemorrhoids / fissure / fistulas
- Causes of Bleeding PR:
- Investigating methods
- Ca. rectum & anal canal.

18. Hernias:-

- Anatomy of surgical canal
- Inguinal Hernias
- Incisional Hernia

19. Kidney:-

- Anatomy
- Investigations of Urinary tract.
- Haematuria
- Stones
 - Kidney –
 - Ureter
 - Bladder
- Infections
- Renal trauma
- Renal tumors - Wilms' tu.
 - Hypernephroma

20. Prostate :-

- Surgical Anatomy prostate
- Prostatitis
- Benign Hyperplasia
- Carcinoma of prostate
- T/t of Retention of urine

21. Genitals:-

- Balgonoposthitis
- Phimosis
- Urethral stricture
- Urethritis
- Ca. Penis
- Hydrocele
- Epididymorchitis
- Testicular tumors
 - Seminoma
 - Teratoma

2. (Otorhinolaryngology) E.N.T.

Knowledge of common diseases and accidents of ear, nose and throat including tracheobronchial tree and oesophagus with a knowledge of Anatomy, Physiology, Pathology treatment and simple operative measures.

- **Ear**
 - Surgical Anatomy
 - Otitis externa
 - Otitis media & its complications
 - Mastoiditis
- **Nose**
 - Anatomy
 - Epistaxis
 - D.N.S.
 - Rhinitis
 - Nasal Polyps
 - Sinusitis
- **Throat**
 - Tonsillitis
 - Pharyngitis
 - Laryngitis
 - Hoarseness of voice
 - Tracheostomy

3. Ophthalmology :-

Subjective and objective elementary anatomy of eye clinical examination of eye. Common diseases of lid, lacrimal apparatus conjunctive, cornea, sclera, iris, ciliary body and lens glaucoma orbital cellulitis, exophthalmos, enophthalmos. Panophthalmitis, common diseases of retina and The optic nerve, associated with general conditions. Injuries of eye lids and eye ball. Elementary refraction of the eye squint, ophthalmoscope, common operations of eye and its appendages.

- Surgical Anatomy
- Disease on lid – Styes : chalazion : Blepharitis
- Dacryocystitis
- Conjunctivitis
- Corneal ulcers : Opacity
- Iridocyclitis
- Glaucoma
- Cataract
- Orbital cellulitis
- Refractive errors & Optometry.
- Paediatric surgery
 - Congenital Pyetoic Stenosis

- Tracheoesophageal fistula
- Imperforate anus
- Congenital megacolon
- Congenital hydrocoele & hernia
- Hydrocoele

A. Demonstration

- Instruments
- X-rays
- Specimens & Bones

Clinical Case Taking

- Long Case
- Short Case

LIST OF DEMONSTRATION

- 1 History of Taking
- 2 General examination of patient
- 3 Examination of swelling
- 4 Examination ulcer
- 5 Examination of peripheral vascular diseases 1
- 6 Examination of lymphatic system
- 7 Examination of Head injury
- 8 Examination of Head & face
- 9 Examination of Salivary glands
- 10 Examination of tongue
- 11 Examinations of Cheek, Oral Cavity
- 12 Examination of Neck
- 13 Examination of Thyroid gland
- 14 Examination of Breast
- 15 Examination of Acute abd.
- 16 Examination of Chronic abd
- 17 Examination of abd. lump
- 18 Examination of rectal Case
- 19 Inguinal hernia
Scrotal hernia
- 20 Penis
- 21 Surgical specimen
- 22 Surgical X-Ray
- 23 Instruments
- 24 Investigation in surgery
- 25 Pre- Post operative management of patient
- 26 Demonstration of surgical procedure
 - Abscess draining, swelling examination, hernias, Hydrocele, Appendicectomy, Inter costal draining, peritoneal tapping, urethral Catheterization.

Orthopaedics

1. Examination of individual joints
2. Examination of Head
3. Examination of face

4. Examination of spleen
5. Examination of bones & joints injuries
6. Examination of peripheral
7. Importance attachment of muscles & relation of structure to bone.
8. Orthopaedics X-Ray.

E.N.T.

1. Examination of Ear.
2. Examination of nose & paranasal sinuses
3. Examination of neck
4. Examination of Throat, Pharynx & Larynx
5. Clinical approach to case dysphagia.

Diseases :- Tonsillitis, Pharyngitis,

Deviated nasal septum (D.N.S.)

Otitis externa & Otitis media

Operation :- D.M.C. Tympanoplasty,

Operation of Ear.

Dental :-

1. Oral cavity examination .
- Tongue, Palate, Cheek, Floor of the mouth, Examination of jaws & Temporomandibular joint,
- Ophthalmic Examination :- Disease of Eye & Lacrimal Apparatus,
- Diseases Conjunctiva, Cornea, Lenses, Glaucoma, Cataract,
- Operation of Eye :- Cataract extract.

List of Demonstration

B.H.M S IIIrd. Year

1. X-rays
2. Instruments
3. Specimens
4. Bones
5. Journal writing
6. E.N.T. Examination
7. Ophthalmic Examination.
8. Pre-operative & Post Operative management of patient.
9. Demonstration of minor surgical procedure.

The written papers in obstetrics and gynaecology

Paper I

General surgery – Inflammation specific & non-specific infections. Haemorrhage shock, Burns ulcers – gangrene, Tumours, cysts, bursae, Disease of lymph, vascular system including spleen. Head Neck Surgery including gastro intestinal system, bones & Joints. Injuries & Diseases of spine, Deformities of limb. Thoracic surgery and Genitourinary surgery and Homoeopathic therapeutic.

Paper II

Otorhinolaryngology (ENT) – General disease ophthalmology, Dental diseases and Homoeopathic therapeutics and scope of surgery in Homoeopathy.

**Pattern of Question Paper
B.H.M.S. IIIrd Year
In the Subject Surgery**

Paper I

Inflammation specific & non-specific infections. Haemorrhage, shock, Burns, ulcers – gangrene, Tumours, cyst, bursae, Disease of lymph, vascular system including spleen. Head Neck Surgery including gastro intestinal system, bones & joints. Injuries & Diseases of spine, Deformities of limb. Thoracic surgery and Genitourinary surgery and Homoeopathic therapeutics)

Paper I	Consist of Section A	-	M.C.Q.	-	30 Marks
	Section B	-	S.A.Q.	-	35 Marks
	Section C	-	L.A.Q.	-	35 Marks

Section A

Total Mark – 30

M.C.Q.

TOPICS

- | | | | |
|----|---|----|--|
| 1. | - | a) | Topic form IInd Year Syllabus – 5 MCQ |
| | | b) | Topic form IIIrd Year Syllabus – 5 MCQ |
| 2. | - | c) | Topic form IInd Year Syllabus – 5 MCQ |
| | | d) | Topic form IIIrd Year Syllabus – 5 MCQ |
| 3. | - | e) | Topic form IInd Year Syllabus – 5 MCQ |
| | | f) | Topic form IIIrd Year Syllabus – 5 MCQ |

Section B

Total Mark – 35

S.A.Q.

Q. 2. Solve any 3

5 X 3 = 15 Marks

A)	-	5	Marks	Topic	-----
B)	-	5	Marks	Topic	-----
C)	-	5	Marks	Topic	-----
D)	-	5	Marks	Topic	-----

Q. 3. Answer any 2 out of 3

5 X 2 = 10 Marks

A)	-	5	Marks	Topic	-----
B)	-	5	Marks	Topic	-----
C)	-	5	Marks	Topic	-----

Q. 4. Write short notes on

5 X 2 = 10 Marks

A)	-	5	Marks	Topic	-----
B)	-	5	Marks	Topic	-----

Section C

Total Mark – 35

L.A.Q.

TOPICS (Surgery II / III years Syllabus)

Q. 5. Describe etiology clinical features (sign / symptoms) Investigation & management of
15 Marks

Q. 6. Describe the detail working knowledge -----
(Name of Dorg) in the administration / keyprescribing / pre operative management /post
operative management of --- (Name of Disease)
10 Marks

Q. 7. Describe etiology clinical features (sign / symptoms) investigation management of ----
(Topic II / III Syllabus) 10 Marks

OR

Describe etiology clinical features (sign / symptoms) investigation management,
operative procedure of ----- (Topic II /III years) 10 Marks

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

CHART OF THE PRACTICAL TO BE SUBMITTED BY THE EXAMINER IN SEALED COVER THROUGH

PRINCIPAL TO -----

NAME OF THE EXAM :- THIRD B.H.M.S. SUMMER / WINTER - YEAR -----

SUBJECT :- OBSTRETICS AND GYNAECOLOGY

CENTRE :- -----

MAX. MARKS :- 200

NOTE:- SCRATCHING OR OVERWRITING IN MARKS ARE NOT ALLOWED

			PRACTICAL				ORAL							
ROLL NO.	LONG CASE Bedside		SHORT CASE Bedside		JOURNAL	TOTAL	INSTRUMENTS	NEONATOLOGY OF METHODS OF CONTRACEPTION	X-RAY MODEL SPECIMEN	VIVA I Obst. Infant Hygiene	VIVA II Gyna. clinical	VIVA III Obst. Therp.	VIVA IV Gyn. Therp.	
	Clin. 30	Therapy 30	Clin. 15	Therapy 15	10	100	5	10	5	20	20	20	20	

NOTE :- SCRATCHING OR OVERWRITING IN MARKS ARE NOT ALLOWED

NAME AND SIGNATURE OF THE EXAMINERS

- 1) EXTERNAL EXAMINER :-DR. -----
- 2) EXTERNAL EXAMINER :-DR. -----
- 3) EXTERNAL EXAMINER :-DR. -----
- 4) INTERNAL EXAMINER :- DR.-----

Guide Line for Bedside

- Long / Short Case
1. History taking
 2. Clinical examination
 3. Investigation
 4. Management

SYLLABUS

of

B.H.M.S. IIIrd. Year

OBST. GYNAECOLOGY

Syllabus for III B.H.M.S.

XII) OBSTETRICS GYNAECOLOGY (INCLUDING INFANT HYGIENE) AND HOMOEOPATHIC THERAPEUTICS

Homoeopathic adopts the same attitude towards these subjects as it does towards medicine and surgery, But while dealing with obstetrical and gynaecological cases, a Homoeopathic physician must be trained in special clinical methods of investigation for diagnosing local conditions and discriminating cases, there surgical intervention either as a life saving measure for removing mechanical obstacles is necessary.

The best time to eradicate familial dyscrasias in a woman or to purify the foetus of such dyscrasia; which it may inherit, during pregnancy and this should be specially stressed.

Students should also be instructed in the case of the newborn. The fact that the mother and child form a single biological unit and that this peculiar close psychological relationship persists for at least the first two years of the child's life should be particularly emphasised.

- A) A course of systematic instructions in the principles and practice, of obstetrics and gynaecology and infant hygiene including the applied anatomy and physiology of pregnancy and labour.
- B) Instructions in Homoeopathic Therapeutics and prescribing.
- C) As a matter of convenience, it is suggested that instruction may be given in the following manner during clinical course in Obstetrics and Gynaecology. A course of system of instruction in obstetric, gynaecology and infant hygiene including Homoeopathic Therapeutics of at least 200 hrs. in 2 years, for theoretical and 150 hrs. for 2 terms of 3 months, homoeopathic therapeutics each in obstetrics and gynaecology ward and OPD for practical / Clinical / Tutorial Classes.

During II BHMS Course –

Obstetrics :- Applied anatomy, development of ovum. The foetus and appendages. Pregnancy normal pregnancy prenatal care, introduction to abnormal pregnancy.

Labour :- Normal introduction to abnormal labour.

Puerperium :- Normal puerperium, post natal care.

Gynaecology :- Applied anatomy and physiology, gynaecological examination. Development anomalies of the female generative organs, sex hormones, sex hormones and disorder of functions, menstrual anomalies displacement.

Infant Hygiene :- care of New-Born.

During III BHMS Course -

Obstetrics – Pregnancy abnormal pregnancy, abortions, molar pregnancy, extrauterine pregnancy. Diseases of placenta and membranes, toxæmia of pregnancy. Antepartum hæmorrhage. Disorders of genital tract retroversion, prolapse tumours etc, multiple pregnancies. Protracted gestation common disorders associated with pregnancy, labour abnormal presentation and position twins, prolapse tumours etc, multiple pregnancies. Protracted gestation common disorders associated with pregnancy, labour abnormal presentation and position twins, prolapse of cord and limbs. Abnormalities in the action of the uterus. Abnormal conditions of the soft parts. Contracted pelvis obstructed labour complications of the third stage of labour. Injuries of birth canal. Common obstructed operation Puerperium. Infection, other common disorders.

Gynaecology -

Inflammation, ulcerations, and traumatic lesions of female genital organs. New growths common gynaecological operations and radiotherapy. Subject their mutual relations and relation with the whole living organism.

Importance of learning the essentials of these subjects for efficient application of the principles of Homoeopathy for the purpose of cure and Health.

Infant Hygiene –

Breast feeding artificial feeding, management of pre-maturity, asphyxia, birth injuries & common disorders of the new born.

Note –

1. Through out the whole period of the study the attention of student should be directed by the teachers of this subject of the importance of its preventive aspects.
2. Instructions in this branch of medicine should be directed to the attainment of sufficient knowledge to ensure familiarity with common conditions their recognition and treatment.
3. Every student shall prepare and submit 20 complete case histories, ten each in the II and III BHMS classes respectively.

The examination in obstetrics, gynaecology and infant hygiene including disease of new born shall consist of two theoretical papers one oral examination including questions on pathological specimen, model and X-ray film, including questions on instruments and one clinical examination and report on his cases (One obstetrics and one gynaecology case preferably) with special reference to both nosological and therapeutic diagnosis from Homoeopathic point of view.

DEPARTMENT OF OBST. GYNAECOLOGY
B.H.M.S. IInd. YEAR

A sick person carries signs in his approach to his illness and each individual is the possessor of a totality of psychic relation, physical and biologic reaction's that belongs to him alone & constitutes his temperament,

Homoeopathy individualizes and its application should be: - First specific to the individual & second, by individualizing the remedy we best define the morbid possess & remove them.

To supply the practitioner of Homoeopathic medicine with reliable, practical & condensed indication's for the more important remedies in disease. It deffer's from the various works on the practise of medicine in that it is exclusively devoted to Homoeopathy and from works on materia medica as it treats only at therapeutics,

The object has been to restrict rather than to elaborate to give the practice indication's for a few of the most prominent remedies rather than to dwell on the elaborated possibilities of may.

- Gynaecology & obstetrics is a clinical subject that deals with female's physiology Pregnancy & infant health is major factor in Women's. The psychological relationship between mother and infant. The fact that mother & child form single biological, unit should be particularly emphasised to the student's

The Gyneac. & Obst. is a course of systemic instruction's in the principle & practise includes applied Anatomy & physiology of pregnancy & labour, menstruation infant hygiene.

Homoeopathy deals with this subject & is so related with it while studying Gynaecology & Obstetrics. A Homoeopathic student must be trained in a special clinical method of investigation for diagnosing local condition whether it is surgical intervention either as a life saving measure for removing the mechanical obstacles or whether to be treated simply with remedies. It also play's a important role in a application of the remedy for the purpose of cure & management for this purpose, clinical classes in the OPD as well as IPD Should be regularly taken so that he should be able to select group of remedies at the bed side with this the mode of application of remedy the mode of employment of remedy' Should be taken in consideration.

During teaching the therapeutics following points should be stressed.

- a) Therapeutics utility of the drug's in acute clinical condition in the Gyna. / Obst.
- b) Therapeutics utility of the drug's in chronic clinical condition in the Gyna. / Obst.
- c) What is the utility of diff / diagnosis in administration of the drug in the Gyna./ Obst.

- d) Therapeutics utility of this polycryst remedy / antimiasmatic remedy / constitutional remedy in this given chronic clinical condition in the Gyna. / Obst.
- e) Role of miasmatic remedy in this acute clinical condition in the Gyna. / Obst.
- f) Role of miasmatic remedy in this chronic clinical condition in the Gyna. / Obst.
 - g) Reputation of doses & Potency selection in the Gyna. / Obst.
 - h) Diet Regimen in the Gyna. / Obst.

The instruction for gynaecology obstetrics infant hygiene including Homoeopathic Therapeutics at least 20 hrs. Theory in year's lectures should be taken, regular tutorials. Regular approach of student's to patient's in IPD & OPD for practical / clinical and demonstration must be done daily.

Through out the whole period of the study the attention of student should be given by the teacher's of this subject to the importance of its preventive aspect.

Special attention should be given to the knowledge of H. therapeutics to ensure familiarity with common their recognition & treatment.

Every student should prepare & submit at least 100 complete case histories 40 in IInd year & 60 in IIIrd BHMS with there treatment programme.

As matter of convenience, it is suggested that the instruction may be given in the following manner during the two years of clinical course within 200 hrs. in the two years of three month of each in Gyna. / Obst. Ward, OPD for practical clinical / tutorial classes during the IInd. Year BHMS

Gyna.

- 1) Menorrhagia Gynaecology
- 2) Polymenorrhoea
- 3) Dysmenorrhoea
- 4) Dysfunctional uterine bleeding
- 5) Fibromyoma of uterus
- 6) Prolepses
- 7) Metrorrhoea
- 8) Carcinoma of cervix
- 9) Carcinoma of Endometrium
- 10) Leucorrhoea
- 11) Pruritus vulva
- 12) Bartholins Abscess
- 13) Vesicovaginal fistula
- 14) Sterility
- 15) Primary Amenorrhoea
- 16) Cryptomenorrhoea
- 17) Secondary Amenorrhoea

Obst.

- 1) Hyperemesis gravidarum
- 2) Threatened Abortion
- 3) Incomplete Abortion
- 4) Recurrent Abortion
- 5) Vesicular mole
- 6) Acute Ectopic pregnancy
- 7) Chronic Ectopic pregnancy
- 8) Placenta Praevia
- 9) Accidental Haemorrhage
- 10) Toxaemia of pregnancy
- 11) Eclampsia
- 12) Twin Pregnancy
- 13) Anaemia during pregnancy
- 14) Pregnancy with Rh-ve woman
- 15) Pregnancy with Diabetes Mellitus

Syllabus II years

A. TOPICS OF OBSTRETICS

1. Applied Anatomy of female Reproductive system.
2. Development of Ovum
3. Placental & foetal membrane
4. Foetus and appendages
5. Physiological changes during pregnancy
6. Diagnosis of pregnancy
7. Normal labour
8. Normal purperium
9. Hyperemesis Gravidarum

DETAIL OBSTRETICS LESSON PLAN II Years

1. Introduction to Obstetrics

Applied anatomy of Female Reproductive Organ

- Anatomy of Ext Genital Organ
- Anatomy of Uterus, fallopian Tube, ovary, vagina

2. Development of Ovum

- Oogenesis
- Spermatogenesis
- Ovulation
- Sterilization
- Implantation

3. Placenta and foetal Membranes

- Development of placenta
- Functions of placenta
- Foetal Membranes

4. Foetus and Appendages

- Foetal Physiology
- Foetal circulation

5. Physiological changes during pregnancy

- Changes in Genital organs
- Changes in Breast
- Cutaneous Changes
- Weight gain and water metabolism
- Haematological changes
- Heart circulation
- Metabolic changes
- Systemic changes.

6. Diagnosis of Pregnancy

- Diagnosis of Pregnancy in Ist Trimester
- Diagnosis of Pregnancy in IInd. Trimester
- Diagnosis of Pregnancy in IIIrd. Trimester
- Differential diagnosis of Pregnancy

7. Normal Labour

- Defination
- Causes
- Physiology of Normal labour
- Clinical causes of labour
- Management.

8. Normal Purperium

- Involution of uterus
- Changes in other organ during purperium
- Lactation
- Management
- Post natal care

9. Vomiting in pregnancy
 - Hyperemesis Gravidarum
 - Definition
 - Aetiology
 - Clinical Features
 - Management

B. TOPICS PAEDIATRICS II Years

Care of the New Born

DETAIL PAEDIATRIC LESSON PLAN

- 1) Care of the Newborn
 - Immediate care at birth
 - Physical features at birth
 - Postnatal care
 - i. Maintenance of Nutrition
 - ii. Maintenance of Body Temp
 - iii. Avoidance of Infection.

C. TOPICS GYNAECOLOGY II Years

1. Applied Anatomy of female Genital Organs and other pelvic organs.
2. Physiology of Menstruation
3. Puberty
4. Menopause & climacteric
5. Menstrual Disorders.
6. Congenital Anatomy of F.G.T.

DETAIL GYNAECOLOGY LESSON PLAN II Years

1. Anatomy of Female Genital Organs AND Other Pelvic Organs
2. Physiology of Menstruation
3. Endocrine Mechanism of Menstruation
4. Puberty
5. Menopause and climacteric
6. Menstrual Disorders
 - Amenorrhoea
 - Dysmenorrhoea
 - Polymenorrhoea
 - Menorrhoea
 - Dysfunctional uterine bleeding
 - Postmenopausal Bleeding
 - Cryptomenorrhoea
 - Melorrhoea
7. Congenital Anatomy of F.G.T.
 - Imperforate hymen
 - Congenital Absence of Vagina
 - Septate Vagina.

Therapeutic in Gynaecology II Year

Therapeutic Utility of different remedies for management.

1. Importance of learning the essentials of therapeutic utility in treatment / management of Gyn. / Obst. case for the efficient application of the principles of Homoeopathy for the purpose of cure & Health.
2. The detailed working knowledge of the drugs is expected, a part from the conventional style of teaching therapeutic of the different remedies the key prescribing features/ preventive /administration of does / skill of differentiation of drugs / follow up analysis , etc for management of case is expected during study of course
3. Student shall be able to
 - 1) Interpret Investigational finding for choice of Drugs
 - 2) Prescribe & Monitor the therapy in the clinical situation,
 - 3) Out line management of complication predict & suggest therapeutics for management of adverse reaction,
 - 4) Establish causality between adverse event's,
 - 5) Provide unbiased, scientific information related to the topic
 - 6) Prepare to protocol experimental & clinical for evaluation of cases,
 - 7) Justify therapeutic role statings etc.

Topics

1. Introduction of Gynaec / Obst. with Therapeutics
 2. Normal pregnancy Therapeutics utility of different drugs for the management of normal pregnancy.
 3. Normal labour with its therapeutics
 4. Therapeutic utility of different drugs for the management of normal labour.
 5. Abnormal labour with it's therapeutic for the management
 6. Puerperium with it's therapeutic for the purpose of cure.
 7. Hyperemesis Gravidarum with its different group of remedies for cure.
-
1. Puberty :- Management with Homoeopathic remedies Delayed puberty with it's therapeutic's of different remedies for cure.
 2. Menstruation :-
Menstrual disorder.
 - a. amenorrhoea :- Therapeutic utility of different remedies for cure.
 - b. Dysmenorrhoea: - Therapeutic utility of different remedies for cure.
 - c. Polymenorrhoea: - Therapeutic utility of different remedies for cure.
 - d. Menorrhoea: - Therapeutic utility of different remedies for cure.
 - e. Disfunctional uterine bleeding: - utility of different remedies for cure.
 - i. Postmenopausal bleeding: - Therapeutic utility of different remedies for cure.
 - g. Metrorrhoea: - Therapeutic utility of different remedies for cure.
 3. Menopause & Climetric :-

Therapeutics' / Obst.

1. Normal pregnancy cure with the help of Homoeopathic Remedies in this following clinical condition.

A) a) Anorexia b) Diarrhoea c) Constipation d) Nausea & vomiting e) Piles

B) Derangement of circulation

Anaemia-cure with different group of remedies.

Heart diseases with pregnancy Management

C) Management :-

Pregnancy with Asthma, pregnancy with Diabetes

D) Cure: –

Pregnancy with ptyalism

Pregnancy with Disurea.

Pregnancy with incontinence of urine.

toothach in pregnancy.

pacnfull breast.

Colic

Cramp's in leg's

Sleeplessness in pregnancy.

E) Normal labour :- Management.

Hour-glass contraction, uterine inertia, cervical dystocia

Pecurperial fever.

Peurperial sepsis.

Uterine bleeding (Post Parium Haemorrhage)

Disease's nipple.

B.H.M.S. IIIrd. YEAR

Therapeutics (Gynaecology / Obst.)

1) Therapeutics on Abnormal pregnancy.

Management in the case of: -

- a) Ectopic gestation
- b) Hydatidiform mole
- c) Hydramnios
- d) Placenta preuia
- e) Abruptio placenta
- f) Retained placenta cure with the help of H. remedies.
 - i) Eclampsia.
 - ii) Preeclam psia
 - iii) Peurperial fever.
 - iv) Peurperial sepsis.

2) Therapeutics on spontetanions Abortion

Management in the following clinical condition.

- i) Threatened abortion.
 - ii) Inevitable abortion.
 - iii) Complete abortion.
 - iv) Incomplete abortion.
 - v) Missed abortion.
 - vi) Septic abortion.
- Cure & prevention with recurrent abortion.

3) Management of Indused abortion.

4) Management of Multiple pregnancy.

5) Management in the cases of Injuries to Birth canal, peurcperial venous thrombosis
Subinvolution of uterus.

Gynaecology

1) Therapeutic utility of group of remedie's for the purpose of cure in the following cases.

A) Disorder of Menstruations.

- i) Amenorrhoea
- ii) Dysmenorrhoea
- ill) Menorrhagia
- iii) Metronhagia.

B) Leueorrhoea & infection.

C) Diseases of Vulva

- i) Vnlvitis
- ii) Pruritus Vulva.
- iii) Bartholinitis.

D) Diseases of Vagina

- i) Acute Vaginitis
- ii) Trichomonos Vaginitis.
- iii) Senile vaginitis
- iv) Vaginismus.

E) Disease of cervix

- i) Cervicitis
- ii) Acute endocervicitis
- iii) Chronic endocervicitis.
- iv) Erosion of cervix.

F) Disease's of uterus.

- i) Acute endometritis.
- ii) Chronic Endometritis.
- iii) Senile endometritis.

G) Diseases of Fallopian tube's

- i) Acute Salpingitis.
- ii) Chronic salpingitis.

H) Diseases of Ovaries

- i) Oophoritis

I) Disease of pelvic peritoneum

- i) Acute peritonitis
- ii) Chronic Peritonitis
- iii) Acute / Chronic pelvic cellulites
- iv) Abscess of pelvic

J) Diseases of breast : Mastitis,

K) Infertility & sterility

Management of following clinical conditon.

- i) Tumor's of cervix – Carcinoma (carcinoma of uterus)

Palliation in the cases of :

- a) Pathological vaginal discharge.
- b) Fibroid
- c) Malignant tumor's
- d) Cyst.

Department of Gynaec. Obst.
B.H.M.S. IIIrd Year

Obstetrics Topics.

Haemorrhage in Early pregnancy

A) Abortion

1. Spontaneous Abortion Defination, Varieties
 Aetiology
 Threatened Abortion
 Inevitable Abortion
 Complete Abortion
 Incomplete Abortion
 Missed Abortion
 Septic Abortion
 Recurrent Abortion
- II. Induction of Abortion (MTP)
 In First Trimester
 In second Trimester

B) Ectopic Pregnancy /

- Defination
- Sites of Implantation
- Aetiology of Tubalpreg.
- Mode of termination
- Clinical features
- Management
- Abdominal pregnancy -Iry , Iry .

C) Hydatidiform mole

- Defination
 - Aetiology
 - Clinical features
 - Complication
 - Management
2. Multiple pregnancy
 Twin pregnancy /
 Aetiology Clinical features
 Diagnosis of Twin complication
 Management of twin
 3. Hydramnios
 Aetiology
 Clinical features
 Complications
 Management
 Oligohydramnios

4. Abnormalities of placenta and cord
 - Placenta
 - Succenturiata
 - Placenta Extra choralis
 - Placenta Membranacea
 - Battledore placenta
 - Vellum of placenta
5. Hypertensive Disorders in pregnancy
 - A. Pre Eclampsia
 - Definition
 - Causes
 - Clinical features
 - Complications
 - Management
 - B. Eclampsia
 - Definition
 - Clinical features
 - Complications Management
 - C. Gestational Hypertension
6. Ante-partum Haemorrhage
 - Definition Cause
 - A. Placenta previa
 - Definition Aetiology
 - Types, c/f
 - Investigations D /D
 - Complications
 - Management
 - B. Abruptio Placentae
 - Definition
 - Aetiology
 - Pathogenesis
 - Clinical features
 - Treatment
7. Medical & Surgical illness Complicating
 - Anaemia During pregnancy
 - Heart Disease in pregnancy
 - Diabetes with pregnancy
8. Preterm Labour
 - Aetiology
 - Management
9. Post maturity
10. Pregnancy with Rh-ve Woman

11. Abnormal uterine actions
Uterine inertia
Cervical Dystocia
Bandt's Ring
12. Malposition, Malpresentation
Occipitopost position
Breech presentation
Transverse lie
Cord presentation & cord prolapse
13. Prolonged Labour
Definition
Causes
Treatment
14. Obstructed Labour
15. Complications of III stage of labour
Postpartum Haemorrhage
Retained placenta
Inversion of uterus
Placenta Accreta
16. Injuries to the Birth canal
Perineal Injury
Rupture of the uterus
Injury to cervix vagina
17. Abnormalities of the puerperium
Puerperal pyrexia
Puerperal venous Thrombosis
Breast complications
Subinvolution of uterus.

PEADIATRIC

- 1) Breast Feeding -Artificial feeding
Importance
Feeding schedule
Contraindications
- 2) Asphyxia Neonatorum
Aetiology
APGAR score
Management
- 3) Neonatal Jaundice
- 4) Management of Prematurity
Birth injuries.

GYNAECOLOGY (IIIrd year)

1. Sterility and Intertility
Defination
Aetiology
Investigations – Male Female
2. Genital Prolapse
Aetiology
Clinical features
Management
3. Benign Tumours of the Genital Tracts
Uterine Fibromyoma
Uterine polypi
Endometriosis
4. Genital Malignancies
 - i) Ca cervix
Aetiology Staging spread
Clinical features
Investigations
Management
 - ii) Ca Body of uterus
 - iii) Ca Vagina
 - iv) Ca Valvae
 - v) Ca Falapian Tube
5. Ovarian Tumour
 - i) Benign ovarian Tumour
 - ii) Malignant ovarian Tumour
6. Retroverted uteus
7. Genitourinary Fistula
8. Pelvic infections.
 - i) Pelvic Inflammatory Diseases (PID)
 - ii) Infection of lower genital Tract
9. Leucorrhoea Pruritus vulvae.
10. Radiotherapy in Gynaecology

LIST OF PRACTICAL

1. History taking in obstetrics
2. Antenatal care
3. History taking in Gynaecology
4. Foetus in Utero
5. Contraceptives & Family planning
6. Operations in Obst. & Gynaecology
 - Suction Evaluation
 - Dilatation and Evaluation
 - D & C
 - Endometrial Biopsy
 - Episiotomy
 - Version
 - Forceps
 - Ventouse
 - Tubectomy
 - Hysterectomy
 - Caesarean section
7. Investigations in Gynaecology
 - Colposcopy
 - Pap's smear (Cervical cytology)
 - Hystero salpingiography
 - Bacteriological Examination of Vag. smear
 - Hysteroscopy
 - Laparoscopy
 - Ultrasonography
8. History Taking of patient
 - Threatened Abortion
 - Habitual Abortion
 - Pre Eclampsia
 - Eclampsia
 - Placenta Praevia
 - Abruptio placentae
 - Anemia
 - Heart disease
 - Fibromyoma
 - Prolapse
 - Ca. cervix
 - Puberty Menorrhagia
 - Dysfunctional Uterine Bleeding
 - Sterility, Infertility

LIST OF DEMONSTRATION

1. Foetal Skull
2. Maternal Pelvis
3. Instruments
4. Specimens, Models – Demonstration
5. Mechanism of Normal Labour
6. Contracted pelvis and Assessment of pelvis.

The written papers in obstetrics and gynecology.

Paper I :- Obstetrics, new-born, Infant hygiene and Homoeopathic therapeutics.

Paper II :- Gynaecology and Homoeopathic Therapeutics.

Pattern of Question Paper

B.H.M.S. IIIrd Year

In the Subject Gynacology / Obst. & Infant Hygiene including Homoeopathic Therapeutic
(Paper I :- Obstetrics, new-born, Infant hygiene and Homoeopathic therapeutics.)

Paper 1 :- Consist of Section A	M.C.Q.	-	30 Marks
	Section B.,S.A.Q.	-	35 Marks
	Section C.L.A.Q.	-	35 Marks

Section A

Total Mark – 30

Total M.C.Q. – 30

TOPICS

- | | |
|---------------------|---|
| 1. : Obst. | a) Topic from IInd. Year Syllabus – 5 M.C.Q. |
| | b) Topic from IIIrd. Year Syllabus – 5 M.C.Q. |
| 2. : Infant hygiene | c) Topic from IInd. Year Syllabus – 5 M.C.Q. |
| | d) Topic from IIIrd. Year Syllabus – 5 M.C.Q. |
| 3. : Therapeutic | e) Topic from IInd. Year Syllabus – 5 M.C.Q. |
| | f) Topic from IIIrd. Year Syllabus – 5 M.C.Q. |

Section B

Total Mark – 35

S.A.Q.

Q. 2. Solve any 3

5 x 3 = 15 marks

A) - 5 Marks

Topic-

Obst.(IInd. / IIIrd. yr)

B) - 5 Marks

Topic-

Therapeutic(IInd. / IIIrd. yr)

C) - 5 Marks

Topic-

Infant Hygiene(IInd. / IIIrd. yr)

D) - 5 Marks

Topic-

Therapeutic(IInd. / IIIrd. yr)

Q. 3. Answer any 2 out of 3

5 x 2 = 10 marks

A) - 5 Marks

Topic-

Obst.(IIIrd. yr)

B) - 5 Marks

Topic-

Therapeutic(IIIrd. yr)

C) - 5 Marks

Topic-

Neonatology & Therapeutic(IIIrd. yr)

Q. 4. Write Short note on

5 x 2 = 10 marks

A) - 5 Marks

Topic-

Obst.(IIIrd. yr)

B) - 5 Marks

Topic-

Therapeutic(IIIrd. yr)

Section C

Total Mark – 35

L.A.Q.

Q. 5. Describe aetiology clinical features (sign / symptoms) Investigation and Management with therapeutic drugs of -----

(TOPICS - Obst. IInd/IIIrd year Syllabus + Therapeutic II/IIIrd. year Syllabus)

15 Marks

Q. 6. Describe aetiology clinical features (sign / symptoms) Investigation and Management of -----

(TOPICS :- Obst. IInd / IIIrd Year Syllabus)

10 Marks

Q. 7. Describe the detail working knowledge of ----- (Name of the drugs) In the administration / key prescribing / Management in the treatment of ----- (name of the disease.)

(TOPICS :- Therapeutic IInd / IIIrd Year Syllabus)

10 Marks

OR

Describe the operative procedure in Obst.

(TOPICS :- Obst. IIIrd Syllabus)

10 Marks

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CHART OF THE PRACTICAL TO BE SUBMITTED BY THE EXAMINER IN SEALED COVER THROUGH
PRINCIPAL TO -----

**NAME OF THE EXAM :- THIRD B.H.M.S. SUMMER / WINTER -
SUBJECT :- OBSTRETICS AND GYNAECOLOGY**

YEAR -----

CENTRE :- -----

MAX. MARKS :- 200

NOTE :- SCRATCHING OR OVERWRITING IN MARKS ARE NOT ALLOWED

[illegible]

NAME AND SIGNATURE OF THE EXAMINERS

- 1) EXTERNAL EXAMINER :-DR. -----
 2) EXTERNAL EXAMINER :-DR. -----
 3) EXTERNAL EXAMINER :-DR. -----
 4) INTERNAL EXAMINER :- DR.-----
 5) INTERNAL EXAMINER :- DR. -----

Guide Line for Bedside

Long / Short Case	1. History taking 2. Clinical examination 3. Investigation 4. Management
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SYLLABUS

of

B.H.M.S. IIIrd. Year

Homoeopathic Materia Medica

XII. HOMOEOPATHIC MATERIA MEDICA

Homoeopathic Materia Medica is very fascinating & yet exasperating subject. Its simplicity & its vastness and its apparent similarity symptoms in different drugs throws a tremendous challenge to student.

Homoeopathic Materia Medica is schematic record of actual occurrence of events that really took place on healthy human beings and so we get the complete & essential knowledge about the drug.

In addition to the list of drugs for the Ist and IInd. B.H.M.S. Examination the following additional drugs are included in the syllabus of Materia Medica for III B.H.M.S. Examination.

- | | |
|-----------------------|------------------------|
| 1. Abies can | |
| 2. Abies Nigra | |
| 3. Acalypha Indica. | |
| 4. Actea Spicata | |
| 5. Adonis Vernalis | |
| 6. Arenaline | |
| 7. Anthracinum | |
| 8. Antimonium Ars. | |
| 9. Artemisia vulgaris | |
| 10. Asafoetida | |
| 11. Asterias Rubens | |
| 12. Avena Sativa | |
| 13. Bacillinum | |
| 14. Baryta Mur. | |
| 15. Bellis Perennis | |
| 16. Benzoic Acid | |
| 17. Blatta Orientalis | |
| 18. Bufo Rana | |
| 19. Caladium. | |
| 20. Cannabis Indica | |
| 21. Cannabis Sativa | |
| 22. Capsicum | |
| 23. Carbo Animalis | |
| 24. Carbolic Acid | |
| 25. Cardus Marianus | |
| 26. Carcinosa | |
| 27. Caulophyllum | |
| 28. Cedron | |
| 29. Ceanothus | |
| 30. Chininum Ars. | |
| 31. Chionostictum | |
| 32. Cicutaria Viridis | |
| 33. Clematis | |
| 34. Coca | |
| 35. Cocculus Indica | |
| | 36. Coffea Cruda |
| | 37. Collinsonia |
| | 38. Condurango |
| | 39. Corallium |
| | 40. Crataegus |
| | 41. Crocus Sat. |
| | 42. Crotalus Horridus |
| | 43. Corton Tig. |
| | 44. Cuprum Met. |
| | 45. Cyelamen |
| | 46. Dioscorea Villosa. |
| | 47. Diphtherinum |
| | 48. Equisetum. |
| | 49. Erigeron |
| | 50. Eupatorium Perfol. |
| | 51. Fluoric Acid |
| | 52. Glonoine. |
| | 53. Helonias. |
| | 54. Hydrastis |
| | 55. Hydrocotyle. |
| | 56. Hypericum. |
| | 57. Iodum. |
| | 58. Kalmia Lat. |
| | 59. Lac. Caninum |
| | 60. Lac. Def. |
| | 61. Lillium Def. |
| | 62. Lithium Carb. |
| | 63. Lobelia Inflata |
| | 64. Lyssin. |
| | 65. Magnesia Carb. |
| | 66. Magnesia Mur. |
| | 67. Malandrinum |
| | 68. Medorrhinum |
| | 69. Mephitis |
| | 70. Meilota A. |

The student should be expected to learn the Applied principle Drugs included in syllabus. It is suggested that the instruction in Homoeopathic Materia Medica be given in the following manner.

1. Drug Picture (Detail working knowledge of the drugs)
 2. Therapeutic Materia Medica
 3. Comparative Materia Medica
 4. Applied Materia Medica
 5. Clinical Materia Medica
2. Through out the whole period of the study the attention of student should be directed by the teachers of this subject or the importance of its preventive aspects.
 3. Instruction in the branch of Homoeopathic Materia Medica should be directed to the attainment of detailed working knowledge to ensure familiarity with the clinical condition, therapeutic utility, the element involved in the application of Materia Medica and Philosophical identification & analysis their recognition in the treatment.
 4. A student is expected to learn the technique & selection of Homoeopathic drug during Hospital training.
 5. Every student shall prepare & submit 20 complete cases on Acute condition of various illness & 20 complete cases on chronic condition of various illness during the clinical classes respectively.
 6. A student is expected to learn the detail working knowledge of drugs to ensure familiarity with comparative / clinical / applied / pathogenesis and therapeutic of drug in detail.
 7. The examination in Materia Medica shall consist of one theoretical paper, one oral examinations and one bed side practical Examination of two short cases not less than half an hour being allowed for Examination of and report on each case.
 8.
 - A) All polycrest drugs should be taught in detail under following headings.
 - i) Constitution, causations, modalities, mentals, physical generals and particulars.
 - ii) Before teaching a polycrest drug "Group symptoms" of that particular drug should be taught. e.g. Nosodes, Ophidia, Carbon etc.

Teaching of group symptoms shall be mandatory in IIIrd B.H.M.S. as to understand and differentiate the drugs, which are so close to each other.
 - iii) Clinical application and utility should be taught in detail.
 - iv) Relationship of each drug with other related drug should be discussed and told to the students.

- B) Small and rare drugs which have limited action on some system or few organs of the body should be taught, only salient feature of these drugs on those system/organs, with comparison with other drugs should be well covered in the lecture.
- C) Tutorials must be introduced so that students in small batches can be in close touch with the teachers and can be made to understand MATERIA MEDICA in relation to its application in the treatment of the sick.
- D) Lectures on comparison & therapeutic utility should be integrated with each lecture of the drugs.
- E) Lectures should be made interesting by adopting latest Audio-Visual aids, slides, overhead projector etc.
- F) To make Materia Medica more & easy to comprehend the drugs should be divided into groups before teaching e.g. cardiac group, liver remedies, convulsions etc.
- G) Bacillinum, Caladium, Carbo animals, Carbo acid, Carcinosin, Caulophyllum, Crotalus, Cuprum Met, Fluoric acid, Iodium, Lac Can, Mag Carb, & Medorrhinum, can be listed under polycryst drugs.
- H) Other remaining drugs should be taught under small and organ remedies.
- J) The case seminar should be a joint presentation with Dept. of Medicine/Organ/Physiology.

The instruction in comparative study of drug should be so planned as present the general knowledge of the drugs, the amount of detail which is required to memorise should be reduced to minimum. Major emphasis should be laid to the functional action of the drugs for enabling the student to pick strange rare & uncommon symptoms from pathogenesis of individualisation of patient & drug for the purpose of applying law of similimum in Homoeopathic practise.

Only such detail as have a professional or general educational value for the student should be presented to him.

The purpose of comparison is not to create technically expert but to give the student recognition of anatomical, physiological, clinical principles of drugs & enabling to determine & correlate the comparison in understanding of value at the time of prescription.

The clinical, applied comparative study of the drug should be arranged in the lectures or demonstration & preferably be given by clinical demonstrating basis.

Seminar & group discussion be arranged periodically with a view of presenting clinical cases in an integrated manner lectures.

A formal classroom lectures should be reduced but the demonstration & bedside comparative analysis of materia medica be emphasised from the 2nd year onwards during the medical postings of students.

There should be joint teaching with demonstration & applied session with the material illustrating aspects of subject.

The application of comp. Materia medica should be demonstrated from the cases in the outdoor & hospital ward.

There should be a joint seminar in the department of materia medica & organon which should be organised with the clinical presentation of cases on the following by a senior teacher.

1. a) Two cases on acute spasmodic disease.
b) Two acute epidemic cases.
c) Two cases on acute sporadic disease.
d) Two cases on eruptive fevers.
2. a) Three chronic metabolic diseases.
b) Three cases on deficiency diseases.
c) Three chronic endogenous diseases.

4. Applied Materia Medica

The aspect of applied materia medica comprises of

Mode of employment

Administration of doses

Management of acute diseases.

Application of drug's on totality of symptoms.

Differentiation of drugs by way of comparison its therapeutic utility in the treatment of acute/chronic disease.

The utility of drug pathogenesis, pathognomic selection of potency from the drug to be prescribed.

The follow up of analysis for the said drug be taught with the demonstration & clinical case presentation by senior teacher in OPD, IPD, in bedside clinic.

The special emphasis should be given to those drugs & day clinical prevailing diseases so that student should be acquainted with their applications.

The following attention is needed.

- | | |
|----|---|
| 1. | Clinical features. |
| 2. | Diff. Diagnosis. |
| 3. | Therapeutics. |
| 4. | Comparative study of drugs. |
| 5. | Miasmatic study of diseases. |
| 6. | Miasmatic study of diseases. |
| 7. | Mode of employment – management /treatment/ cure. |

During the study of applied materia medica there should be a joint seminar in the department of material medica & oraganon on the clinical presentation of following cases.

CHRONIC CONDITION.

- 2 chronic cases cardiovascular affections.
- 2 chronic cases of Central Nervous System.
- 2 chronic cases of respiratory ailments.
- 2 chronic cases of gastro intestine system.
- 2 chronic cases of urinary tract affection.
- 2 chronic cases of endocrime affetion.
- 2 chronic cases of reproductive system.
- 2 chronic cases from paediatrics sections.

ACUTE CONDITIONS.

- a. Two cases on acute spasmodic disease.
- b. Two acute epidemic cases.
- c. Two cases on acute sporadic disease.
- d. Two cases on erruptative fevers.

DRUG _ PICTURE

i) Part of the Introduction

Nature and scope of homoeopathic materia medica

Sources of homoeopathic materia medica; and

different ways of studying the materia medica

1. Common Name
2. Nature of Order
3. Habitate
4. Part used / when
5. Proved by
6. Drug chilly/Hot
7. Miasm

ii) Part Of Introduction of the Drug

1. Clinical condition
2. Systemic diseases
3. Physiological condition
4. Sphere of action
5. Pathogenesis of the drug

iii) Pharmacological data (5 key notes)

1. Symptomatology of the drug emphasising the characteristic , symptoms and modalities.
2. Constitutional
3. Temperament
4. Relation with heat & cold
5. Miasm / according to the drug
6. Causative factor.

iv) Marked Features of Drug.

- 1) Guiding symptoms / Red lines / Key notes
- 2) Characteristic symptoms
- 3) Short summary / Generalities
- 4) Mentals (in detail)
- 5) Particulars from head to foot / with symptoms.

v) Part with peculiarities

1. Causation/locations
2. Character/Sensation
3. Duration/Concomitance
4. Modalities

vi) **Part -Drug relations. Complimentary inimical antidotal and concordant remedies**

1. Therapeutic
2. Comparisons
3. library guidance

vii) **Comparative study of drugs**

1. Drug or choice related
2. Modalities
3. Mentals
4. General

The written papers in Homoeopathic Materia Medica & Therapeutic

Paper I : Drug picture included Ist / IInd / IIIrd year syllabus in comparative / Therapeutic / Applied Homoeopathic Materia Medica.

Pattern of Question Paper

B.H.M.S. IIIrd Year

In the Subject Homoeopathic Materia Medica & Therapeutic.

(Paper I : Homoeopathic Materia Medica & Therapeutics)

Paper I :- Consists of	Section A M.C. Q.	– 30 Marks
	Section B S. A. Q.	- 35 Marks
	Section C L. A. Q.	- 35 marks

Section A

Total marks - 30

Total M.C.Q. – 30

TOPICS

- | | | | | |
|------------------------|----------------|------------|---|-------------|
| a) Ist Year Syllabus | - Comparative | - 2 M.C.Q. | } | → 30 M.C.Q. |
| | - Drug Picture | - 4 M.C.Q. | | |
| | - Applied | - 2 M.C.Q. | | |
| | - Therapeutic | - 2 M.C.Q. | | |
| b) IInd Year Syllabus | - Comparative | - 2 M.C.Q. | } | |
| | - Drug Picture | - 4 M.C.Q. | | |
| | - Applied | - 2 M.C.Q. | | |
| | - Therapeutic | - 2 M.C.Q. | | |
| a) IIIrd Year Syllabus | - Comparative | - 2 M.C.Q. | | |
| | - Drug Picture | - 4 M.C.Q. | | |
| | - Applied | - 2 M.C.Q. | | |
| | - Therapeutic | - 2 M.C.Q. | | |

Section B

Total Mark - 35

S.A.Q.

Q. 2 Solve any 3.

5 X 3 = 15 Marks

- A) - 5 Marks Topic – Guidings symptoms/ Mentals/ Systemic disorder/causation / Relation - (I/II) Syllabus
- B) - 5 Marks Topic – Guidings symptoms/ Mentals/ Systemic disorder/ Causation / Relation - (IIIrd) Syllabus
- C) - 5 Marks Topic –Constitution/ Introduction to Materia Medica - (I/II) Syllabus
- D) - 5 Marks Topic –Constitution (III) Syllabus

Q. 3 Answer any 2 out of 3.

5 X 2 = 10 Marks

- A) - 5 Marks Topic – Compare / Contrast (III)Syllabus
- B) - 5 Marks Topic – Compare / Contrast (I/II) Syllabus
- C) - 5 Marks Topic – Compare / Contrast (III) Syllabus

Q .4 Write short notes on

5 X 2 = 10 Marks

- i. – 5 Marks Topic – Guiding symptoms/ Mental/ Female disorders Systemic /Disorders (IIIrd) Syllabus
 - ii. - 5 Marks Topic - Guiding symptoms/ Mental/ Female disorders / systemic/Disorders (IIIrd) Syllabus
-

Section C

Total Mark - 35

L.A.Q.

- Q. 5. Drug Picture (Polycrest Drug) 15 Marks
- Q. 6. Applied Materia Medica Therapeutic(I/II/IIIrd. Syllabus) 10 Marks
- Q. 7. Compare & Contrast of two (Acid/Metal/Vegitable /Animal group /Polycrest Drugs(I/II/IIIrd. Syllabus) 10 Marks

OR

- Q. 8. Applied Materia medica/Therapeutic (I/II/IIIrd. Syllabus)

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CHART OF THE PRACTICAL TO BE SUBMITTED BY THE EXAMINER IN SEALED COVER THROUGH

PRINCIPAL TO -----

NAME OF THE EXAM :- THIRD B.H.M.S.SUMMER / WINTER- YEAR -----

SUBJECT :- HOMOEOPATHIC MATERIA MEDICA

CENTRE : -----

MAX. MARKS : 200

NOTE :- SCRATCHING OR OVERWRITING IN MARKS ARE NOT ALLOWED

			PRACITCAL			ORAL							
ROLL NO.	Bedside LONG CASE		Bedside SHORT CASE		JOURNAL	TOTAL	SPECIMEN IDENIFICATION		VIVA I	VIVA II	VIVA III	VIVA IV	TOTAL
	Clin	Therapy	Clin	Therapy			Speciman for identi-fication (5)	Pharmacology 1.Part 2.Family 3.Prover 4.Main Constituent or active principle 5. Affinity 10	Compara-tive Materia Medic	Drug-Picture	Therpeutic Materia Medica	Applied Materia Medica	
	30	30	15	15	10	100	10		20	20	20	20	100

NAME AND SIGNATURE OF THE EXAMINERS

- 1) EXTERNAL EXAMINER :-DR. -----
- 2) EXTERNAL EXAMINER :-DR. -----
- 3) EXTERNAL EXAMINER :-DR. -----
- 4) INTERNAL EXAMINER :- DR.-----

Guide Line for Bedside

1. History chronological
2. Examination / Investigation
3. Drug Differentiation
4. Management / administration of the doeses

SYLLABUS

OF

B.H.M.S. IIIrd. Year

ORGANON & HOMOEOPATHIC PHILOSOPHY

Syllabus for B.H.M.S.
B.H.M.S. IIIrd. Year

XIII) Subject :- Organon & Homoeopathic Philosophy

SYLLABUS

Hahnemann Organon of Medicine is the high watermark of medical Philosophy is an original contribution in the field of medicine in a condensed form.

A study of organon as well as of the history of Homoeopathy & its founder's life story well show that homoeopathy is a product of application of the inductive logical method of reasoning to the solution of one of the greatest problems of humanity namely the treatment and cure of the sick.

A thorough acquaintance with the fundamental principles of logic both deductive and inductive, is therefore, essential.

The organon should accordingly be taught in such manner as to make clear to the student the implication of the logical principles by which Homoeopathy was worked out and built up and with which a Homoeopathic Physician has to conduct his daily work with ease and facility in treating every concrete individual case.

It is suggested that the instruction in Organon & Homoeopathic Philosophy may be given in the following manner.

1. Must Know Part (MK)
2. Desire Part (DK)

Organon course for B.H.M.S. IIIrd year comprise of (Syllabus including Ist. IInd. B.H.M.S. :-

1) Hahnemann's Organon of Medicine.

- 5th & 6th edition – Introduction as per
- IInd year syllabus
- Difference between 5th 6th edition
- What are the instructions laid in 5th edition,
- How does it differ in 6th edition regarding. Mode of employment of medicine, repetition of doses, internal application, external application, management of Acute & Chronic cases.

2) A) History of Homoeopathic Medicine :-

- How Homoeopathic system existed during Hahnemann's time.
- Early life of Hahnemann
- Why he got disgusted with the existing system of treatment
- How he discovered & came to the formulated law of similars
- History of Late life of Dr. Hahnemann.
- Introduction of Homoeopathy in various countries
- Pioneer of Homoeopathy & their contribution.
- Development of Homoeopathy upto the present trends in the development of Homoeopathy influence of Homoeopathy on other systems of medicine.

2 B) Homoeopathy in India :-

Spread & development of Homoeopathy in 1900 century & 20th century, Present history of Homoeopathy in India it's development,

Establishment function's & inacted by Central Council of Homoeopathy & their aim's & objective of Homoeopathy, National Institute of Homoeopathy, Pharmacopoeia Labortory.

3) Homoeopathic Philosophy

The outline of Homoeopathic philosophy study of man as whole both & health disease, introduction to Philosopahy of Homoeopathy and its study integrated approach towards the other systemic diseases (Medical Surgical & Gynacological diseases.)

Durilng the IIIrd. Year :- The lectures on Homoeopathic philosophy the following items should be elucidated including the topic's of Iind. Syllabi.

In IInd. Year –

- a. Scope of Homoeopathy & its Limitation with its merits. Advantages & disadvantages of Homoeopathy.
- b. Logic of Homoeopathy – Inductive & deductive logic the logic & Philosophy.
- c. Life health disease & Indisposition with their correlation of term with each other.
- d. Susceptibility, reaction and immunity. These should be explained with their difference.
- e. General pathology of Homoeopathic theory of acute & chronic disease miasms.

Homoeopathic Philosophy on section of Organon

- | | |
|--|---|
| A) Sick | } |
| B) Ideal of Cure | |
| C) Unprejudice observe | |
| D) Indisposition | |
| E) Vital force | |
| F) Homoeopathic Posology. | |
| G) Susceptibility | |
| H) Examination of patient | |
| I) Value of symptom | |
| J) Individualisation. | |
| K) Prognosis after observing the action of remedy. | |
| L) Aggravation. | |
| M) Second prescription | |
| N) Palliation & suppression. | |

During IIIrd. Year Homoeopathic philosophy it includes:

1. Homoeopathic is science & art.

Why homoeopathy is said to be logistic science-What is logic ?

The data of science is fact – uses & systematization.

Formulation of hypothesis as a tentative solution, its.

Collection of additional facts, development testing of hypothesis –

Why it is necessary.

2. Chronic disease

Principles of chronic disease its classification, types differentiation & management.

Kentian view of psora, syphilis & sycosis.

Roberts view of psora, syphilis & sycosis.

Hahnemannian view of psora, syphilis & sycosis.

Suppression of miasm

Allens view about chronic miasm.

3. Idiosyncrasies.

Definition types treatment & management, idiosyncratic provers with the help of Kentian observation is to be explained.

4. Temperament & Constitution

Definition, Character

Importance & classification.

Relation with susceptibility & constitution.

Difference between temperament & constitution.

5. Predisposition to disease is to be taught with the difference between idiosyncrasy & predisposition.

6. Hahnemann's book on chronic diseases

Nature of chronic disease – cure of chronic disease – What is psora, sycosis of Syphilis & their symptoms.

TOPIC WISE STUDY OF ORGANON
During first year B.H.M.S Course

A) Lectures on doctrinal part / Theoretical part

(Aphorism 1-70)

- a) Aim of physician and highest ideal cure Aph. 1&2
- b) Knowledge of physician Aph. 3&4
- c) Knowledge of disease which supplies the indication Aph. 5 to 1
Aph. 5,6,7,9,10
Foot note 5,6,7,& *
Related to Aph.11
- c) Knowledge of medicine Aph. 19 to 21
- d) Evaluation of Homoeopathic method from other methods of treatment Aph.22 to 69.
Aph. 24,26,29,32,35,
36,38,40,44,46,50,56,
63,64,65,70
Foot note 14,19,39,63,
67, & * related to 67 foot
note.
- f) Summary three conditions for cure Aph. 70
- g) History & life and contribution of pioneer's :
Contribution & writings of pioneer's

During IIInd year B.H.M.S Course

B) Lectures on Practical Part of Organon is to be divided into and taught under the following subjects.

- a) That is necessary to be known in order to cure the disease and case taking method Aph. 71

Aph. 73,77,78,79,
80,83,86,89,
Foot note 81,83,95,100,101
- b) The pathogenetic powers of medicine i.e. drug proving or how to acquire knowledge of medicine Aph. 105-145

Aph.107,108,113,114,121,
123,125,126,127,128,135,
139,140,141, Foot note 108

B.H.M.S.IIIrd. Year

Lecture's on practical Part of Organon is to be continued as follows...

- c) How to choose the right medicine. Aph. 146 to 155
Aph. 150, 153, 155,
Foot note 108
- d) The right does Aph. 155 to 172
Aph. 157, 158, 163, 171,
Foot note 110
- e) Local disease Aph. 172 to 203
Aph. 172, 173, 174, 180,
182, 185, 186, 189, 194,
197, 198, 203,
Foot note 111 & 112
- f) Chronic disease Aph. 204 – 209
Aph. 206,
Foot note 118
- g) Mental diseases Aph. 210 – 230
Aph. 210, 215, 216, 221,
224, 225, 227, 228,
Foot note 121, 123, 125
- h) Intermittent disease Aph. 231 – 245
Aph. 231, 232, 233, 234, 235
Foot note 127, 128, 130
- Mode of employment Aph. 245, 258
Aph. 246, 248, 251, 252.
Foot note 132, 134, 135, 138
- i) Diet regimen and the modes of employment medicines. Aph. 259-263
Pharmacy and Drug dynamisation. (Aph. 264-274)
Aph. 260, 261, 262, 263, 266
267, 268, 270, 271,
Foot note 140, 142, 143,
144, 149, 150
- j) Homoeopathic Aggravation & influences of medicine Aph. 275-284
Aph. 275, 280, 281, 282
Foot note 162, 163, 164
- k) Other therapeutic measures Aph. 285-291
Aph. 286, 288, 289, 290, 291
Foot note 165, 167, 168,
169, 170

PRACTICAL OF ORGANON

A student is expected to learn the technique and selection of Homoeopathic drug during Hospital training. Practical application of knowledge of Organon Clinical, Applied, lectures in both in and Out patient departments, examination of the patient from homoeopathic point of view.

a. Disease determination

b. Disease individualization.

In Homoeopathy we do not stop the diagnosis of the disease but go further to diagnose the patient as well.

The placing of a nosological label will help us to utilize in full our knowledge of clinical science, of the natural history of disease: and it is through the fiction "disease" that we shall better appreciate the reality, the individual patient.

Disease determination can be effected through the analytical process or through the intuitional process; usually the two are combined. It presupposes in both a great knowledge of clinical science acquired at the bed-side and through books. The constitutional individualization is to be investigated to actual psycho-physical construction, development's hereditary investigation, environment.

c. Evaluation of symptom

d. Gradation of symptom.

The more a symptom possesses the individualizing feature, the higher the place it occupies in the evaluatory gradation. As the mental symptoms and physical general symptoms are individualizing in the highest degree-the homoeopathic similimum drug must cover those symptoms.

e. Selection of medicine & potency & repetition.

The speed with which the cure will be effected depends on the potency of the drugs. The susceptibility, seat of the diseases nature & intensity, stage & duration & previous treatment are to be considered for choosing the potency of the Homoeopathic drugs.

f. Disease aggravation or Homoeopathic aggravation.

g. Miasmatic diagnosis.

The miasm should be classified accordingly primary, secondary & tertiary manifestation, constitutional miasmatic diagnosis is to be labeled.

h. Second prescription :-

What is the type of second prescription with its indication.

i. Prognosis after observing the action of the remedy.

The observation made, the inference drawn in follow up of the patient is to be justified and taught.

Applied Organon Syllabus

(Must Know Part)

Greater emphasis should be laid on the teaching of the principles of Homeopathy with the help of case demonstration. Student should be taught the principles with the special reference to the emergence of Homoeopathy, contribution made by Hahneman with their critical evaluation,

Comparative study of fundamentals of various system of medicine their inter-relationship & relevance to the clinical subject importance of Bio-chemistry & Pathology in Homoeopathic Practice. (As an illustration a little exposure to the clinical materials) The outline of Homoeopathic Philosophy study of man as whole both & health disease, introduction to Philosophy of Homoeopathy and its study integrated approach towards the other systemic diseases (Medical Surgical & Gynaecological diseases.) Acquaintance with Pharmacological action of some of the commonly used modern drugs so as to give them idea about the Iatrogenic diseases caused by those modern drug and introduction to Biostatistics, a brief study of logic, psychology, and psychiatry, the role of a physician in the changing society, national health and family welfare needs and programmes of the country.

The principles of the Homoeopathy should be taught with the help of case demonstration.

Case taking & steps of case taking should be illustrated with its importance & how the general evaluation of symptom of the case should be done with their gradation & their importance.

Identification & joint analysis of acute & chronic cases for differentiating with the acute classification (Individual, Epidemic, Sporadic & Acute Miasms (five cases each) As well as chronic classification (Pseudo chronic, Artificial Chronic, True chronic diseases five case each) The following topics should be applied during the demonstration of cases for the purpose of proper selection.

1. Individualisation
2. Disease Classification.
3. Cause of Disease.
4. Nature & types of symptom
5. Vital force in Health, disease & cure
6. Miasmatic expression.
7. susceptibility.
8. Dissimilar disease condition.
9. Primary & Secondary action.
10. Principle of Chronic Disease
11. Selection of Medicine.
12. Potency selection.
13. mode of employment of Medicine (Acute & Chronic disease)
14. Management of Acute & Chronic Case
15. Sure signs of improvement of the case.
16. Follow up of case in hand and observation.
17. Hering's movements Law

18. Homoeopathic Aggravation.
19. Second Prescriptions.
20. Palliation
21. Suppression.
22. Predisposition
23. Disposition
24. Management of difficult & incurable case.
25. Analysis & evaluation of symptoms in a case
26. Constitution & temperament
27. Idiosyncrasy
28. Indisposition.
29. If any obstacles how to remove them in person in health.
30. What are the things that derange health and cause disease.

During the applied study of Organon & Homoeopathic Philosophy there should be joint seminar with the department of Materia Medica, Repertory, Medicine, Surgery, Gynaecology Department.

Organon & Homoeopathic Philosophy
B.H.M.S. IIIrd. Year M

EXAMINATION

The examination in Organon & Homoeopathic Philosophy consist of two theoretical paper, one Oral Examination & One Bed-side, Practical Examination, & One long case & One Short case in the application of the tenets of the Organon in case taking, analysis and evaluation of symptoms and guide lines for treatment not less than 2 hours being allowed for examination of and reporting on his case.

Paper I :-	Consist of Section A M.C.Q.	-	30 Marks
	Section B,.S.A.Q.	-	35 Marks
	Section C.L.A.Q.	-	35 Marks
			(Total 100 Marks)

Paper II :-	Consist of Section A M.C.Q.	-	30 Marks
	Section B,.S.A.Q.	-	35 Marks
	Section C.L.A.Q.	-	35 Marks
			(Total 100 Marks)

Practicals	(Total 100 Marks)
Orals	(Total 100 Marks)

Portion of Organon & Homoeopathic Philosophy
Theory

The written papers in Organon & Homoeopathic Philosophy

Paper I :-	Introduction to Organon (Total 100 Marks) Preface to Organon Aphorism 1 to 291
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Paper II :-	History & Life of Pioneer's (Total 100 Marks) Homoeopathic Philosophy Chronic Diseases Applied Organon of Principles of Homoeopathy
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MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

CHART OF THE PRACTICAL TO BE SUBMITTED BY THE EXAMINER IN SEALED COVER THROUGH

PRINCIPAL TO -----

NAME OF THE EXAM :- THIRD B.H.M.S.SUMMER / WINTER- YEAR -----

SUBJECT :- ORGANON & HOMOEOPATHIC PHILOSOPHY CENTRE : ----- MAX. MARKS : 200

NOTE :- SCRATCHING OR OVERWRITING IN MARKS ARE NOT ALLOWED

ROLL NO.	Bedside		Hom. Classification of disease	Miasmatic diagnosis	Evaluation of symptoms	Journal	Total	VIVA I	VIVA II	VIVA III	VIVA IV	TOTAL
	Acute case	Chronic case						Introduction to Org. & Preface	Aphorism. 1 – 291	Hom. Phi.	History & life of pioneer	
	30	30	30	30	10	100	100	20	20	20	20	100

NAME AND SIGNATURE OF THE EXAMINERS

- 1) EXTERNAL EXAMINER :-DR. -----
- 2) EXTERNAL EXAMINER :-DR. -----
- 3) EXTERNAL EXAMINER :-DR. -----
- 4) INTERNAL EXAMINER :- DR.-----

Guide Line for Bedside

1. History chronological
2. Examination / Investigation
3. Drug Differentiation
4. Management / administration of the doeses

SYLLABUS OF B.H.M.S. IVth Year

HOMOEOPATHIC REPERTORY

Syllabus for IV year B.H.M.S.

XIV) HOMOEOPATHIC REPERTORY

1. A course of lectures, demonstration and clinical classes in the subject shall extend over a period of three academic years.
2. The examination in the subject shall consist of one. Theory paper one and oral examination and one practical examination in two cases of repertorial work
3. There shall be two section in each paper.
4. Section "A" Case taking, Analysis, Gradation and Evaluation of symptom, selection Medicine and Potency and repetition.

Section B - History of Repertory
Types of Repertory
Study of Kent Repertory
Study of Boenninghausen's Repertory
Study of Card Repertory

Homoeopathic Materia Medica is an encyclopedia of symptoms. No. one can memorise all the symptoms of all the drugs together with their characteristics gradation. The repertory is an index, a 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 the indicated remedy. It is impossible to practice Homoeopathy without the aid of repertories, and the best repertory is the fullest. Homoeopathic Materia Medica and Repertory are thus like twins.

It is possible to obtain the needed correspondence between drugs and diseases conditions in a variety of ways and degrees and there are therefore different types of repertories, each with its own distinctive advantages in finding.

Case taking - Difficulties of taking a chronic case, Recording of case and usefulness of record keeping. Totality of symptoms, Prescribing symptoms, uncommon peculiar and characteristic symptoms. General and particular symptoms. Eliminating 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.

1. History of repertories
2. Types of Repertories
3. Demonstration of 3 cases worked on Boenninghausen.
4. Kent's repertory advanced study with case demonstration.
5. Boenninghausen's repertory his contribution to repertory.
6. Card repertory with demonstration of 5 cases, and advantages of card repertories. Theoretical lectures with demonstration.

Homoeopathy adopts the same attitude towards these subjects as it does towards medicine and surgery. But while dealing with Repertory cases, a Homoeopathic physician must be trained in special clinical methods of investigation for diagnosing local conditions and discrimination cases, there surgical intervention either as a life saving measure for removing mechanical obstacles is necessary.

Students should also be instructed in the case of the case of the newborn. The fact that the mother and child form a single biological unit and that this peculiar close psychological relationship persist for at least the first two years of the child's life should be particularly emphasized.

- A) A course of systematic instruction in the Principles and Practice, of Repertory.
- B) Instructions in Homoeopathic Therapeutics and prescribing.
- C) As a matter of convenience, it is suggested that instruction may be given in the following manner during clinical course in Repertory. A course of system of instruction in Repertory including Homoeopathic Therapeutics of at least 100 hrs in 3 years, for theoretical and 150 hrs. for 2 terms of 3 months, Homoeopathic therapeutics each in Repertory ward and OPD for Practical / Clinical / Tutorial Classes.

During II BHMS Course -

The teacher would start teaching the students according to the following scheme.

- 1) Introduction -
 - A) Information of subject
 - 1) Syllabus
 - 1) Seminar, Monthly Exam. Schedule
 - 2) Short information on the following topics
 - Evolution, History, Requisites, Limitation, Purpose, Need & Era.
 - Construction of Repertory, kinds of Repertory.
 - 2) Importance of Subject Passing reference in relation of Repertory to Organon / H.M.M. / Pro / Pura Clinical subjects.
 - A) Different Repertories
 - 1) Concordance
 - 2) General
 - 3) Clinical
 - 4) Medical
 - 5) Special repertory
 - B) Different Authors List

1. Dr. Kent	31. Dr. Guernsey
2. Dr. Boger Boenning Hausen's	32. Dr. Goernsey
3. Dr. Boerick	33. Dr. Worchester
4. Dr. Lippes	34. Dr. Lutze
5. Dr. Kneer	35. Dr. W. A. Allen
6. Dr. Hamples	36. Dr. H. C. Allen
7. Dr. Jahr's	37. Dr. Dvaks
8. Dr. Shankarn	38. Dr. Holcomb
9. Dr. Jugal	39. Dr. Lee and Clarks
10. Dr. Hahnemann's	40. Dr. Perkins
11. Dr. Hartlub & Trinkt	41. Dr. Robert
12. Dr. Ernest Ferdinand Ruckert	42. Dr. Pulford

13.	Dr. Weber's Repertory	43.	Dr. Arhellma Michell
14.	Dr. Weber's Repertory	44.	Dr. Bell
15.	Dr. Rauff's	45.	Dr. Yingling
16.	Dr. Loffittles	46.	Dr. Pouglass
17.	Dr. Clottur Muller	47.	Dr. Mill Paugh
18.	Dr. Murc's	48.	Dr. Hnegr
19.	Dr. Bryent's	49.	Dr. Neathy
20.	Dr. Possert's	50.	Dr. Minton
21.	Dr. Adole Lippe's	51.	Dr. Morgan
22.	Dr. Cipher's	52.	Dr. Shedos
23.	Dr. C. Lippe's	53.	Dr. Von Denauzg
24.	Dr. T. E. allen's	54.	Dr. Nash
25.	Dr. Hering's Analytical	55.	Dr. Borland
26.	Dr. Gentry's	56.	Dr. Curie P. P.
27.	Dr. Hneer's	57.	Dr. Boericks
28.	Dr. H. C. Bogar	58.	Dr. Boaricke
29.	Dr. Rav's	59.	Dr. Clarke
30.	Dr. Berrioge		

2) Construction & compilation of Repertory (Kent's Repertory)

3) Defination

- 1) Define Repertory
- 2) Different term used in repertory
 - i) Types of symptom
 - ii) Rubric
 - iii) Elimination
 - iv) Repertorisation
 - v) Synthesis
 - vi) Concomittent
 - vii) Gradation
 - viii) Analysis
 - ix) Cross reference.

4) Need & requisites of Repertory

5) Evolution of Repertory

6) History of Repertory

7) Rubric making & Rubric Searching

8) Limitation of Repertory

9) Purpose of Repertory

10) Era of Repertory

11) Kinds of Repertory

List of Demonstration

- A. Layout – Explain the following by demonstration.
1. General to particular – 37 chapter x 5 Rubric
 2. Anatomical chapter – 5 Rubric each
 3. General chapter – 5 Rubric each
 4. Alphabetical – 5 Rubric x 37 chapter
 5. 13 level – 13 level x 5 Rubric x 37 chapter
 6. Modification – 6 M x 5 Rubric 37 chapter (6 Modalities = 6 M)
 7. Chapters
 8. Uniformity – 5 Rubric x 37 chapters
 9. Division of chapter
- B. Rubric making & Rubric searching
1. Technique of searching Rubric
 2. Construction of Rubric

Clinical Schedule

1. Kent Repertory 37 chapter
Conversion of Symptom
Construction of Rubric
Alphabetical Rubric
General to Particular
Uniformity of Rubric arrangement
13 level Rubric Exercise.

B.H.M.S. IIIrd Syllabus Schedule

- A) Case Taking
B) Usefulness of record keeping
C) Recording of case
D) Difficulties of taking a chronic Case.
E) Totality of Symptoms.
F) Prescribing symptom.
G) Uncommon symptom.
H) Peculiar symptom.
I) Concomitant symptom.
J) Characteristic symptom.
K) Importance of mental symptom.
L) Kind & source of general symptom.
M) Analysis of uncommon case.
N) Analysis of common case.
O) Evaluation.
P) Gradation.
Q) Classification of symptom.
R) Construction of B.B.R.
S) Construction of Card Repertory.
T) Technique of Repertorisation.
U) Elimination of symptom

DETAIL REPERTORY LESSON PLAN

A. Case Taking

- 1 Purposed of case taking
- 2 Difficulties of chronic/ acute case taking
- 3 Importance of case taking.
- 4 Importance of case resording.
- 5 How to take a chronic case (method)
- 6 How to take a Acute case.
- 7 Importance of accurate record keeping.
- 8 Advantages of record keeping.
- 9 Proper case taking is required for correct repertorisation.
- 10 Method of Record keeping
- 11 Investigation of Eliminating Rubric in acute disease, chronic disease.

B. Case Taking Demonstration

- 1) Scheme of case taking
- 2) Model case of R.A. with interrogation questions.
- 3) Model case of Asthma
- 4) Model case of hypertension.
- 5) Model case of D.M.
- 6) Model case of Infectious disease.
- 7) Conversation of chief complaint into rubric demonstration.
- 8) Symptom with Six modification demonstration.
- 9) Chromological study of chief complaints demonstration.
- 10) Conversation of Associated complaints in to Rubric demonstration.
- 11) Conversation of Physical generals from personal history Demonstration
- 12) Conversation of Physical generals related to Appetite demonstration.
- 13) Conversation of Physical generals related to Desires & aversion in Appetite demonstration.
- 14) Conversation of Physical generals related to Desires & after meals before at during meals.
- 15) Conversation of Physical generals related to Bowel Demonstration.
 - i) Conversation of Physical generals related to Bowel before after & during Demonstration.
- 16) Conversation of Physical generals related to thirst Demonstration.
 - i) Condition during, before & after thirst Demonstration.
- 17) Conversation of Physical generals related to Urine – Demonstration.
 - i) Condition during, before & after Urine-Demonstration.
- 18) Conversation of Physical generals related to Menses-Demonstration.
 - i) Rub related to Onset, - Demonstration
 - ii) Rub related to character, Demonstration.

- iii) Rub related to Consistency Demonstration.
- iv) Rub related to Condition before, during & after Menses.
Rub related to Pre menstrual syndrome Demonstration.
- 19) Conversation of Physical general related to Solar Thermal Modality
 - i) Rub related to the change in weather-Demonstration
 - ii) Conversation of Physical general related to heat & cold.
- 19) Conversation of Mental general related to Mood, confidence, fear, intelligency, will, memory, emotion, understanding, love, hate, Delusion Hallucination Demonstration.
- 20) Conversation of Physical.

Detail Lesson Plan

(B) Usefulness of Record Keeping.

The Usefulness of the record keeping are as follows :-

1. Proper assessment of the case.
2. Selection of second prescription
3. Follow up of case
4. Judgement of the action of remedy
5. For proving the superiority of the system
6. As a reference In legal procedure
7. In legal procedure
8. Addition of fresh symptoms
9. Finding of examination and lab investigation
10. For clinical teaching.
11. Reflect the skill of the physician
12. For research purpose.
13. Miscellaneous

Detail Lesson Plan

(C) Recording Case

1. Specimen index cards
2. Bound register
3. Loose leaf folder
4. Card system
5. File system

(D) Difficulties encountered usually in taking a chronic case ?

1. Due to Disease
2. Due to Patient
3. Due to Physician
 1. Due to Patient
 - a) Nature of the patient
 - b) Modesty hidden the facts
 - c) Pretension by the patient
 - d) Long suffering considered incurable
 - e) Habituated to long suffering.
 - f) Periodically appearing symptoms not narrated :-
 - g) Periodically appearing symptoms not narrated.
 - h) Self - medication
 2. Due to Physician
 - a) Nature of Physician

- b) Un homoeopathic Medicine
3. Due to Disease
 - a) Suppression of disease
 - b) Due to advanced pathology of the disease

(E) TOTALITY OF SYMPTOM Detail Lesson Plan

Defination of totality of symptom Difference between Homoeopathic & Allopathic case taking

Difficulty of making a calculation of all the symptoms & giving the medicine to the patient which carries maximum marks.

Prescribing symptom - Definition.

Prescribing symptom on the basis of constitution

Prescribing symptom on the basis of general character.

Prescribing symptom on the basis of cause.

Immediate Cause.

Remote Cause.

Prescribing on basis of Miasm.

Prescribing on basis of Organopathic medicine.

Prescribing on basis of Allergy

Prescribing with the basis of Placebo

Definition of Common symptom & uncommon

Symptom with example.

According to Hahnemann strange Rare symptom are always basic miasmatic symptom hence it help in remover the sickness from deep.

Rare symptom individualized the patient.

To separate their miasmatic bond from life force.

1. By knowledge of Anatomy, Physiology it is a key to the unlocking of the symptom

Define concomitant symptom /Auxillary symptom

e.g... For Individualisation.

Characteristic symptoms.

According to patel strange rare peculiar symptom is the charactes symptom.

Mental generals are general symptom.

i) Will & emotions ii) Understanding iii) Memory

e.g. Will & emotion :- loves & hates,

Loathing, suicidal tendencies.

Lasciviousness, fear, family, friends, etc. depression, weeping, impatiences.

Understanding :-

e.g. Delirium hallucination.

Mental confusion, loss of time, sense.

Intellect :-

e.g. Memory, concentration, mistakes in writing & speaking.

(F) Detail Lesson Plan on Prescribing Symptoms

1. Prescribe Medicine on the basis of constitutional symptom.
2. Prescribe medicine on the basis of characteristics symptom
3. Prescribe medicine on the basis of the casusation.
 1. Immediate cause.
 2. Remote cause

4. Prescribe medicine on the basis of suppression.
5. Prescribe medicine on the basis of miasm.
6. Prescribe medicine on the basis of nosodes.
7. Prescribe medicine on the basis of organopathic medicine.
8. Prescribe medicine on the basis of Laboratory Investigation.
9. Prescribe medicine on the basis of Auto –Therapeutic and Auto Homeo therapeutics.
10. Prescribe medicine on the basis of Tautopathy.
11. Prescribe medicine on the basis of Allergy.
12. Prescribe medicine with the help of placebo.

(G) Uncommon Symptom

1. Peculiar, Queer, Rare, and strange

It denotes these symptoms are.

- a. Peculiar in their nature and character
- b. Where no explanation is possible
- c. Which are peculiar to a few patient suffering from similars.
- d. Their presence can not explain the basic pathology.
- e. They have their basis in the constitutional make up that determines the psychology of individual.
- f. They usually help in the miasmatic understanding of the case.
- g. Analysis of the two
 - i) To individualise a case.
 - ii) The selection of simillimum.

Kent has left out the majority of concomitant & has retained few that abundant clinical experience has frequently associated these can be included when strange, Rare, General Peculiar.

Eg. Headache with nausea, vomiting, roaring in ear.

Dysentery with ischuria etc.

In repertorisation by Boenninghausen's process the symptoms are classified into location, sensation modality & concomitant.

(J) Characteristics Symptoms

Those symptoms that are peculiar unusual and distinctive. They may be mental, physical environment etiologic or even participation of the patient helps in diagnosis individualization of patient. It also helps in distinguishing two different causes having similarity and also drugs.

(K) Importance of Symptoms

Mental symptoms are a category of general symptoms which reflects the inner self, the innermost part of the ego of the individuals.

It belongs to the personality of an individual.

Reflect the state of vital force whether in equality brings during health, disease and cure.

Helps in the selection of the simillimum

Manifests in the form of anxiety, restlessness, anger, vividness of thoughts and dreams.

Importance of mental symptom are to Boenninghausen.

(L) Kind & Sources of General Symptoms

General Symptoms :- Are those symptom which are referred to person as a whole.

It covers all sensations & complaints in general (most as a whole)

These are of two types

a. Physical & b. mental

Then generals are the common symptom of Hahnemann and basic Boericke.

Mental Generals are categorized.

Will & emotions

Intellect & understanding

Memory.

Physical General

Reaction to environment

Relation with eating.

Sleep

Sexual instich

Symptoms relating to sp.Sente

Pathological general

(M) Analysis of uncommon Case

Uncommon case – means a case which contains mainly uncommon symptoms uncommon symptoms are always rare, peculiar and strange.

Why are have to analysis the uncommon case :-

1. To individualise a case
2. For the selection of the similimum
3. For framing an altogether different totality to serve the puppose of repertorisation.

These symptoms can be analysed only if one has thorough knowledge of the symptomatology. If one has complete understanding of case taking evaluation and the synthesis of the care then they can be early analysed and can be made as a turning point for the selection of similimum.

This requires the complete knowledge of the medicine and of disease the expertise by which the symptom belonging to the patient and those of the as can be differentiated and analysed.

(N) Analysis of A Common Case

Classification of the symptoms in to various group is called analysis.

There are mainly three methods in Homoeopathy for our approach to symptomology Kentain method. Hahnemann method, Boeringhausen method. For analysis of a case we classify symptoms meanly into :-

1. Reneral sysmptoms
2. Partifculer symptoms
3. commen symptoms
4. i) Stronge, Rare, Peculair
ii) Mental
iii) Physical
iv) Particuler

Besides the mental symptoms, the modalities are very valuable symptom for the case of analysis.

For the analysis of a case a complete symptoms is very much required.

- i) Subjective symptom
- ii) Objective symptom
- iii) Concomitant symptom.

(O) Evaluation of Symptom

Evaluation of symptoms means the principle of grading at different symptom in order to superimpose a similar drug disease on the characteristic totality of the natural disease.

There are different methods of evaluation of symptoms devised to the mental generals reflecting the menemost of the patient.

1. Kention Method :- General Symptom
Common Symptoms
Particuler Symptom.
2. Hahnemann method :- General symptom
Uncommon symptom.
3. Boeninghussain method 1) Quis
 2) Qued
 3) Ubi
 4) Quibus aurilus
 5) Cur
 6) Quomodi
 7) Quondo
4. Gorth Boericki's method – Basic
 - Determinative

DETAIL LESSON PLAN

(P) Gradation

Gradation :-

There are many degrees of comparative value but for macticla purposes the value of symptoms in divided in to three grades i.e first, second 7 third

Grade of symptom

General	{	Ist. Grade, IInd. Grade, IIIrd Grade
Particular	{	Ist. Grade, IInd. Grade, IIIrd Grade
Common	{	Ist. Grade, IInd. Grade, IIIrd Grade

IInd. Kents Repertory, me find,

CAPITALS	For the Ist. Hghest grade
ITALIES	For the second highest grade
ROMAN	Type for the third grade
In B.H. –	Bold, Capital, italic, Roman, Roman in paraditrics

Gradation

Gradation of symptom according to Boenninghausen

Type of symptom

- 1) Ques – Personality of patient
- 2) Quid – Nature of disease
- 3) Qbi – Seat of disease
- 4) Qurbus Auxillun-associated symptom
- 5) Cur- Cause of disease
- 6) Qmando- modifying symtom factor with
- 7) Qundo- Modality of circumstances

- Gradation of Medicine :-
- 1) Ist. Grade – Capital Letter
 - 2) IInd. Grade – Bold letter
 - 3) IIIrd. Grade- Italic letter

- 4) IVth grade- Roman Letter
- 5) Vth grade- Roman Parenthirts

Hahnemann Classification :-

Common-----→ Ist. Grade, IInd. Grade, IIIRD. Grade

Hahnemann Gradation ---→

Uncommon-----→ Ist. Grade, IInd. Grade, IIIRD. Grade

Borices Classification :-

Basic

Borick Gradation----→

Determinative

Question on Evaluation & Gradation :-

Define Evaluation

Define Gradation

Kentions method of Evoluation

Hahnemann's method of Evaluation.

Boericke's method of Evaluation

Boenninghausen's method of Evaluation.

DETAIL LESSON PLAN

(Q) Classification of Symptom

Symptoms :- These are the complaints or suffering of the patient out wordly reflectred picture of the internal essence of the disease that is of the affection of the vital focce.

Complete symptom :- Symptom which are modified under the specifications like location, sensation, modalities concomiffance

Class of symptom :-

- 1) Clinical 2) Peculior 3) Common
- 4) Pathological 5) Pathognomonic 6) Rore
- 7) Toxic 8) Charectersistic 9) Kegnote
- 10) Objective 11) Subjective
- 80 types.

Symptoms are also acute & chronic in notice.

DETAIL LESSON PLAN

(R) Boger Boenninghausens Repertory

REPETORY

It is an systematic index of symptoms & material medica the record of scientific proving which is reperoduced & artistically arranged in practical form indicating the relative gradation of medicine to facilitates the quick selection of indicated medicine.

Topic

Construction of Boger Boenninghausen

The following points are considered for explanation

Life history of Boger Boenninghausen

Writing related to repertory

Construction

Work done by Boger

Verious Doctrine

Doctrine of complete symptom

Doctrine of Causation & time

Doctrine of Pathological general

Doctrine f Analogue, Grand Generalisation

Philosophical background

Criticism

Marked feature of repertory & Boger Boenninghausen

- 1) MIND & INTELLECT
- 2) PARTS OF BODY
- 3) Sensation & complaints
- 4) Sleep & dream
- 5) Fever
- 6) Modalities
- 7) Concordance

DETAIL LESSON PLAN (S) Card Repertory

CARD REPETORY

It is system of visual sorting and help the physican by elomenating the necessity of writing out the nubrics and remedies against them. It help in the easy study & combination of rubric. It consist of 2 parts i) Cards & ii) Bookjet.

* Development and Introduction of Card Repertory

List of Card Repertories

1. Dr. William J. Quernsey cates anproved by Dr. H.C. Allen
2. Dr. Margret Tyler
3. Dr. Field based on kent Repertory
4. Dr. C.M. Boger
5. Dr. Marcos Jaminex, Boenninghausen work
6. Dr. Brousalians card Repertory
7. J.G. Weiss card Repertory.
8. R.H. Farley's spindle card repertory
9. Dr. P. Sankavn's card Repertory.
10. Dr. Jugal Kishor Card Repertory.
11. Sashi Mohan Shrma Card Repertory.

LESSON PLAN (T) Elimination of a symptom for Repertorisation.

Eliminating symptom are those symptom which throw off the medicines that are not needed for the patient and brings home only those medicines which cure required.

Eliminating symptoms cover the whole man and not only superficial symptoms.

The eliminating symptoms is placed at top and test on below the other.

Eliminating symptom helps in elivinating the medicine from rest of the symptoms, that are not include in the first symptoms.

B.H.M.S. IVth Year Syllabus Schedule

I.

A. Practical Technique for repertorisation

Case Selection

Case Taking / Case receiving

Analysis of Symptoms
Conceptual image of patient
Synthesis of case
Evaluation of case
Selection of Rubric
Repertorial Technique & Result
Repertorial Analysis
Miasmatic Assessment
Disease diagnosis

B. Relation of Repertory with organon

C. Relation of Repertory with Homoeopathic Materia Medica

In relation to Principles
In relation to Law's
In relation to Philosophy
In relation to Search Similimum
In relation to select Potency

D. i) Chronic Case taking & Evaluation & gradation with Case analysis according to Dr. Kent.

ii) Acute Case taking.

E. Case taking with analysis according is Dr. Boenninhausen.

F. Case taking with case repertorisation according to Card.

II. Case taking of

1. Acute diseases.

i Acute individual diseases
ii Acute epidemic diseases
iii Acute sporadic diseases
iv Acute miasmatic diseases

2. Chronic disease

i Artificial chronic diseases
ii False chronic disease
iii True chronic disease

3. Intermittent types

i Intermittent Acute individual disease
i Intermittent Acute Epidemic disease
i Intermittent Acute Sporadic disease
i Intermittent Acute miasmatic disease

4. Alternating types.

i Alternating Artificial Individual disease
i Alternating Artificial Epidemic disease
i Alternating Artificial Sporadic disease
i Alternating Artificial Miasmatic disease
i Alternating Artificial chronic disease
i Alternating Artificial false chronic disease
i Alternating Artificial True chornic disease

5. One sided Disease types of Case taking

i One sided Acute disease.
i One sided False chronic disease.
i One sided True chronic disease.

6. Mental diseases types

- i Mental Acute Individual diseases type
- ii Mental Chronic disease.
- iii Mental Acute miasmatic disease.

7. Surgical diseases.

- i Surgical Acute disease
- ii Surgical Cardiovascular disease.

III. Synthesis & Analysis of the above cases according to Dr. Kent.

IV. Analysis of the above cases (I)

According to Dr. Boenninghausen

V. Repertorisation of cases according to card.

CLINICAL LECTURER

1. a) Practical case taking with case analysis according to Kent.
 - c) Practical case taking with case analysis Kent's synthesis.
 - d) Rubric conversion according to Kent.
 - e) Rubric making according to Kent.
 - f) Rubric searching according to Kent.
 2. a) Practical case taking with case analysis according to Boenninghausen.
 - b) Practical case taking with case analysis Boenninghausen synthesis.
 - c) Practical case taking with case analysis Boenninghausen Evaluation.
 - d) Rubric Conversion according to Boenninghausen.
 - e) Rubric making according to Boenninghausen.
 - f) Rubric searching according to Boenninghausen.
 3. a) How to search out the totality of Symptom
 - b) How to search out the Eliminating symptom & prescribing symptom.
 - c) Different investigation in different Cases.
- I. Acute individual disease
Describe with affects individual patient at different time at different places.
- i. Infection eg. :- Erysipelas Leishmaniae.
 - Pyæmia Hoakwoum infection.
 - ii. Inflammatory eg. :- Conjunctivitis laryngitis otitis
Tonsillitis Rhinitis gastritis
Stomatitis Appendicitis meningitis.
 - iii. Sporadic eg. :- Conjunctivitis peritortis Dyspepsia
Measles Jamdice Mastitis
Measles Tetanus pyreocia
 - iv. Traumatic eg. :- Injury Head injury
Laceration Snake bite
Burns.
- II. Acute Epidemic diseases. :-
Disease which affects many people at same place with some disease.
- i. Infectious eg. :- Cholera Diphtheria Infanthum.
 - Malaria Meningitis
 - Measles Diarrhoea
 - Mumps Dysentery
 - ii. Inflammatory eg. :- Conjunctivitis
Gastroenteritis
Hepatitis

- iii. Spradic eg. :- Filariesis Asearis
 Whooping cough Dropsy
 Yellow fever.
- II. Acute Sporadic diseases :-
 Diseases which affects a group of people at different places but at same time.
- i. Infection eg.
 Malaria Typhoid Amoebice dysentery
 Influnga Filariasi Small pox
 Meningities cholera
- ii. Inflammatory disease eg.
 Endocarditis
 Othtis media
 Conjunctvitis.
- iii. Sporadic :-
 Malaria Dengue fever
 Typhoid Viral fever
 Jilaria Dropsy.
- III. Acute miasmatic diseares eg.
 Yellow fever Piles
 Exzema Whooping cough
 Indigestion Searlet fever
 Meads Chickenpox Small pox
- IV. True chronic disease on caused due to chronic miasms – Psora, Syphilis eg.
 Asthma Hypatitis Piles
 Psoriasis Leprasy Scleradama
 Tuberculosis Exzema Ca. stomach
- V. False chronic disease :-
 Diseases which are caused due deficiency certain things are essential for life e.g. –
 D.M. goiter Rickets, Night blindness, Ostemalasia, Maraomus Cleft palate.
- VI. Artificial chronic diseases are caused an bad effect of some drug or alcohol etc.
 e.g. – Sterility
 Baldness
 Deafures
 Prolapse
 Fabroid
 Burning but syndrom
 AIDS
 Inguinal hermia
- Intermittent diseases
 Intermittent diseases are those diseases which removers is certain period.
- i) Acute intermittent diseases.
 Acute intermittent diseases are those with are produced due to transient explosion
 of latent psora by some exciting cause having following dharacters like sedden
 onset Rapid progress etc.
 e.g. Jousillitis Neuralgia Pleucasy
 Diarrhoca mastitis
 Fever Typhiod fever
- ii) Acute epidemic intermittent disease
 acute diseases which attacks many people with very similar sufferings
 from the same cause
 e.g. – Diarrhoea Measeles Rubella

Dysentery	Diphtheria
Plague	Malaria

iii) Sporadic intermittent diseases

Sporadic intermittent diseases are those with attacks many persons with similar cause in different localities.

e.g. Diphtheria	Dengue
Filaria	Plague
Lepracy	Jamdice
Malaria	Asearies

iv) Intermittent miasmatic disease.

Miasmatic disease are those in which disease is produced due to some miasmatic disease producing power is behind that.

e.g. – Plague	Small pox
Mumys	cowpox

VII. i) Alternating types of disease

Alternating disease are those disease in with certain morbid state alternate at in certain intervals with morbid state of a different kind.

e.g. Leg pain alternate with opthalmia
 Diarrhoea alternate with constipation
 Headache alternate with nausea & vomiting.

ii) Artificial individual disease

Artificial disease are those with are produced artificially due to abuse of zeroic drugs.

e.g. Prolapse of uterus	Asthma
Balohress	Deafness
Filrosis	Ecema
Strility	Cancer
	Inguinal lermia

Artificial miasmatic disease

e.g. stenosis
 Hypertrophy
 Peptic ulcer

Artificial Chronic disease

e.g. Prolapse of uterus
 Sterility
 Inguinal lermia
 Fibrosis

False chronic disease

False chronic disease are those with are due to prolong abstinence from things necessary for life.

e.g. – Night blindness	Beriberi
Zerophthalmia	Rickets
Follicular	Osteoporosis Kerosis

True chronic disease

True chronic disease are due to miasmatic background.

e.g. Eczema
 Chronic bronchitis
 Asthma
 Hepatitis
 Rheumatoid arthritis

Psoriasis.
 One sided disease
 One sided disease are those chronic disease with has one are two symptom.
 e.g. Mania long starding diarrhoea
 Insamily pigmentation
 Sazophimia.
 One sided acute disease :
 e.g. Mamia insanity Sehizolhoria
 One sided false chronic disease :
 e.g Night blindness Osteoponosis
 Beriberi Reratomamia
 Ricket
 One side true chronic disease
 e.g. Mamia Longstamdury diarrhoea
 Insanity Headache
 Schizp phaeria

The written papers in Homoeopathic Repertory
 Paper I :- Homoeopathic Repertory

Pattern of Question Paper

B.H.M.S. IVth Year

In the subject Homoeopathic Repertory

(Paper I :- Homoeopathic Repertory)

Paper I :- Consists of Section A M.C.Q.	-	30 Marks
Section B S.A.Q.	-	35 Marks
Section C L.A.Q.	-	35 Marks

Section A

<u>Total Mark – 30</u>	<u>Total M.C.Q. – 30</u>
------------------------	--------------------------

TOPICS

Qu. 1. : Repertory a) Topic from IInd Year Syllabus - 10 M.C.Q.
 b) Topic from IIIrd Year Syllabus - 10 M.C.Q.
 c) Topic from IVth Year Syllabus – 10 M.C.Q.

Section B

Total marks – 35

S.A.Q.

Qu. 2. Solve any 3

5 * 3 = 15 Marks

- | | | |
|------|-----------------|---------------------------------------|
| A) - | 5 Marks Topic - | Repertory (IIInd / IIIrd / IVth Year) |
| B) - | 5 Marks Topic - | Repertory (IIInd / IIIrd / IVth Year) |
| C) - | 5 Marks Topic - | Repertory (IIInd / IIIrd / IVth Year) |
| D) - | 5 Marks Topic - | Repertory (IIInd / IIIrd / IVth Year) |

Qu. 3. Answer any 2 out of

5 * 2 = 10 Marks

- | | | |
|------|-----------------|-------------------------------------|
| A) - | 5 Marks Topic - | Repertory (IIIrd Year / IVth Year) |
| B) - | 5 Marks Topic - | Repertory (IIIrd Year / IVth Year) |
| C) - | 5 Marks Topic - | Repertory (IIIrd Year / IVth Year) |

Qu. 4. Write short notes on

5 * 2 = 10 Marks

- | | | |
|------|-----------------|------------------------------------|
| A) - | 5 Marks Topic - | Repertory (IIIrd Year / IVth Year) |
| B) - | 5 Marks Topic - | Repertory (IIIrd Year / IVth Year) |

Section C

Total Marks – 35

L.A.Q.

Qu. 5 Describe Evolution, Sources, Types, Classification of Repertory's
(TOPICS :- Repertory II/ III/ IV Year Syllabus, II/ III/ IVth Syllabus)
15 Marks

Qu. 6 Discribe History, Need, Requisites of Repertory
(TOPICS :- Repertory II/ III/ IVth Year Syllabus)
10 Marks

Qu. 7 Describe construction of Kent's Repertory / Boenninghausen's Repertory / Card
Repertory -----(name of the Repertory's)
(TOPICS :- Repertory II/ III/ IVth Year Syllabus)
10 Marks

OR

Qu. 8 Describe the Case taking procedure
(TOPICS :- Repertory III rd Year Syllabus)
10 Marks

HOMOEOPATHIC
MATERIA MEDICA

B.H.M.S. IVth YEAR

SYLLABUS

Syllabus for IV year B.H.M.S.

XV) HOMOEOPATHIC MATERIA MEDICA

1. A course of lectures, demonstration and clinical classes shall extend over a period of one academic year.
2. The examination in the subject shall consist of two theory papers. One oral examination and one long case of one short case and bed-side practical examination and report on his case.
3. Paper I – HOMOEOPATHIC MATERIA MEDICA

SECTION A :- Drug prescribed for Ist B.H.M.S. course.

SECTION B :- Drugs prescribed for IInd B.H.M.S. course

Nature of scope of Homoeopathic Materia Medica

Sources of Homoeopathic Materia Medica

Different ways of studying the Materia Medica

4. Paper II –

SECTION A :- Drug prescribed for IIIrd B.H.M.S. Course.

SECTION B :- Drugs prescribed for IVth B.H.M.S. course.

- | | |
|-----------------------|-----------------------|
| 1. Menyanthes | 15. Phosphoric acid |
| 2. Mercurius Cyuratus | 16. Physostigma |
| 3. Mercurius Dulcis | 17. Picric Acid |
| 4. Mercurius sol | 18. Plumbum Met |
| 5. Millefolium | 19. Psorinum |
| 6. Mezereum | 20. Pyrogenium |
| 7. Moschus | 21. Radium Bro |
| 8. Muriatic Acid | 22. Ranunculus Bulb |
| 9. Murex | 23. Raphanus |
| 10. Naja T. | 24. Ratania |
| 11. Onosmodium | 25. Rheum |
| 12. Passiflora | 26. Phododendron |
| 13. Oxalic Acid | 27. Rumex Crispus |
| 14. Petroleum | 28. Ruta G. |
| 29. Sabadilla | |
| 30. Sabina | 46. Thalspi Bursa |
| 31. Sabal Ser | 47. Thyroidinum |
| 32. Sambucus Migra | 48. Trillium Pendulum |
| 33. Sanguinaria Can | 49. Urtica |
| 34. Sanguina | 50. Ustilago M. |
| 35. Sarsapanilla | 51. Vaccinium |
| 36. Squilla | 52. Valerine |
| 37. Spigella | 53. Variolinium |
| 38. Staphysagria | 54. Veratrum Viride |
| 39. Stictia Pul | 55. Vinca Minor |
| 40. Selenium | 56. Vipera |
| 41. Syzgium Jam | 57. Viburnum Opulys |
| 42. Tabacum | 58. X-ray |
| 43. Tataxacum | 59. Zinum Met |
| 44. Tarentula C | 60. Stannum Ment |
| 45. Theridien | |

1. The student should be expected to learn the Applied principle Drugs included in syllabus. It is suggested that the instruction in Homoeopathic Materia Medica be given in the following manner.
 - i) Drug Picture
 - ii) Therapeutic Materia Medica
 - iii) Comparative Materia Medica
 - iv) Applied Materia Medica
2. Through out the whole period of the study the attention of student should be directed by the teachers of this subject or the importance of its preventive aspects.
3. Instruction in the branch of Homoeopathic Materia Medica should be directed to the attainment of detailed working knowledge to ensure familiarity with the clinical condition, therapeutic utility, the element involved in the application of Materia Medica and Philosophical identification & analysis their recognition in the treatment.
4. A student is expected to learn the technique & selection of Homoeopathic Drug during Hospital training.
5. Every student shall prepare & submit 20 complete cases on acute condition of various illness & 20 complete cases on chronic condition of various illness during the clinical classes respectively.
6. A student is expected to learn the detail working knowledge of drugs to ensure familiarity with comparative/ clinical/ applied /pathogenesis and therapeutic of drug in detail.
7. The examination in Materia Medica shall consist of one theoretical paper, one bedside practical Examination of two short cases not less than half an hour being allowed for Examination of and report on each case.

1. Drug Picture

- The knowledge of action of the drugs
 - Its mental generals
 - Its constitutions
 - Its remedy relations
 - We study the drugs synthetically & analytically.
- The drug pathogenesis/clinical
- The therapeutic utility of drug
- The comparative study of drug
- The applied aspects of drugs during the time of actual prescriptions. Its differentiation / synthesis.

Polychrests and the most commonly indicated drugs for every day ailments should be taken up first so that the clinical classes or outdoor duties the students become familiar with their applications. They should be thoroughly dealt with explaining all comparisons & relationship. Students should be conversant with their sphere of action and family relationship. The less common and rare drugs should be taught in outline, emphasizing only their most salient features and symptoms. Rare drugs should be dealt with later.

2. Therapeutic Materia Medica

Which teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical conditions can directly flow out from the drug concerned. The student should be encouraged to apply the resource in the clinical conditions with the peculiarities of the drug such as

- Clinical organs
- Target organs
- Peguliar modalities of the drug
- During the actual time of prescription
- Management /Treatment /cure
- Mode of employment in the clinical condition

3. Comparative Materia Medica

The comparative study of the IInd Materia Medica comprises of

- i. Comparison of entire drug picture
 - ii. Comparison of sphere of action of drug
 - iii. Comparison of clinical condition
 - iv. Comparison of constitution
 - v. Comparison of nebtaks if drugs
 - vi. Comparison of different group of medicine
 - vii. Comparison of Therapeutic of drugs

The instruction in comparative study of drugs should be so planed as present the general knowledge of the drugs, the amount of detail which is required to memorise should be reduced to minimum. Major emphasis should be laid to the functional action of the drug for unabling the student to pick strage are & uncommen symptoms from pathogenesis of individualisation of patient & drug for the purpose of applying law of similimum in homoeopathic practice.

Only such detail as have a professional or general educational value for the student should be presented to him.

The purpose of comparison is not to create technically expert but to give the student recognition of anatomical, physiological, clinical principles of drugs & unabling to determine & correlate the comparison in understanding of value at the time of prescription.

The clinical, applied comparative study of the drug should be arranged in the lectures or demonstration & preferably be given by clinical demonstrating basis.

Seminar or group discussion be arranged periodically with a view of presenting clinical cases in an integrated manner lectures.

A formal classroom lectures should be reduced but the demonstration & bedside comparative analysis of Materia Medica be emphyses from IInd year onwards during the medical posting's of students.

There should be joint teaching com demonstration & applied sessions with the material ellustrating aspects of subjects.

The application of Comp. Material Medica should be demonstrated from the cases in the outdoor & hospital ward.

There should be joint seminar in the department of Materia Medica & organon which should be organized with the clinical presentation of cases on the following by a senior teacher.

1. a) Two cases on acute spasmodic disease
 - b) Two acute epidemic cases
 - c) Two cases on acute sporadic disease
 - d) Two cases on erruptive fevers.
2. a) Three chronic metabolic disease

- b) Three cases on deficiency disease
- c) Three chronic etrogenic diseases.

4. Applied Materia Medica

The aspect of applied Materia medica comprises of

- Mode of employment
- Administration of doses
- Management of acute diseases
- Applications of drugs on totality of symptoms
- Differentiation of drugs by way of comparison its therapeutic utility in the treatment of acute / chronic disease.
- The utility of drug pathogenesis, pathognomic selection of potency for the drug to be prescribed.

The follow up of analysis for the said drug be taught with

Pattern of Question Paper

B.H.M.S. IVth Year

In the Subject Homoeopathic Materia Medica & Therapeutic

(Paper I : Homoeopathic Materia Medica & therapeutics.)

Paper I :-	Consist of	Section A M. C. Q.	-	30 Marks
		Section B,. S. A. Q.	-	35 Marks
		Section C. L.A. Q.	-	35 Marks

Section A

Total Mark - 30

Total M.C.Q. - 30

TOPICS

a)	Ist & IInd Year Syllabus	- Comparative	- 2 M.C.Q.	
		- Drug Picture	- 4 M.C.Q.	
		- Applied	- 2 M.C.Q.	
		Therapeutic	- 2 M.C.Q.	
b)	Ist & IInd Year Syllabus	- Comparative	- 2 M.C.Q.	
		- Drug Picture	- 4 M.C.Q.	
		- Applied	- 2 M.C.Q.	---->
	30 M.C.Q.	Therapeutic	- 2 M.C.Q.	
c)	Ist & IInd Year Syllabus	- Comparative	- 2 M.C.Q.	

- Drug Picture - 4 M.C.Q.
- Applied - 2 M.C.Q.
- Therapeutic - 2 M.C.Q.

Section B

Total Mark - 35

S.A. Q.

Q. 2. Solve any 3 **5 X 3 = 15 Marks**

A) - 5 Marks Topic -Guidings symptoms/Mentals/
Systemic disorder/Causation/Relation -

Syllabus I to II

B) - 5 Marks Topic- Guidings symptoms/Mentals/
Systemic disorder/Causation/Relation -

Syllabus I to II

C) - 5 Marks Topic-Constitution/Introduction to
Materia Medica

Syllabus I to II

D) - 5 Marks Topic- Constitution (I to II) Syllabus

Q. 3. Answer any 2 out of 3 **5 X 2 = 10 Marks**

A) - 5 Marks Topic- Compare/Contrast (I to II) Syllabus

B) - 5 Marks Topic- Compare/Contrast (I to II) Syllabus

C) - 5 Marks Topic - Compare/Contrast (I to II) Syllabus

Q. 4. Write short notes on **5 X 2 = 10 Marks**

A) - 5 Marks Topic- - Guiding symptoms/Mental /
Female disorders/Systemic/
Disorders

Syllabus I to II

B) - 5 Marks Topic- - Guiding symptoms/Mental /
Female disorders/Systemic/
Disorders

Syllabus I to II

Section C

Total Mark - 35

L.A. Q. -

Q. 5. Drug Picture (Polycrest Drug)

15 Marks

Q. 6. Applied Materia Medica/Therapeutic (I to II Syllabus)

10 Marks

Q. 7. Compare & Contrast of two (Acid/Metal/Vegitable /
Animal group/Polycrest Drugs (I to II Syllabus)

10 Marks

OR

Q. 8. _Applied Materia Medica/Therapeutic (I to II Syllabus)

Pattern of Question Paper

B.H.M.S. IVth Year

In the Subject Medicine including Homoeopathic Therapeutic

(Paper II:-Medicine & Homoeopathic Therapeutic)

Paper II:-	Consist of	Section A , M. C. Q.	-	30 Marks
		Section B, S. A. Q.	-	35 Marks
		Section C, L.A. Q.	-	35 Marks

Section A

Total Mark - 30

Total M.C.Q. - 30

TOPICS

1. : Medicine
- 5 M.C.Q.

10 M.C.Q.,

2. :- Therapeutic

M.C.Q.

-10 M.C.Q.,

a) Topic form IIIrd /IVth Year Syllabus

b) Topic form IIIrd. / IVth Year Syllabus-

c) Topic form IIIrd /IVth Year Syllabus - 5

d) Topic form IIIrd /IVth Year Syllabus

Section B

Total Mark - 35

S.A. Q.

Q. 2. Solve any 3

5 X 3 = 15

Marks

- | | | | |
|----|---|---|---------------------------------------|
| A) | - | 5 | Marks Topic - Medicine (IIIrd./IV) |
| B) | - | 5 | Marks Topic- Therapeutic (IIIrd. /IV) |
| C) | - | 5 | Marks Topic- Medicine (IIIrd./IV) |
| D) | - | 5 | Marks Topic- Therapeutic (IIIrd /IV) |

Q. 3. Answer any 2 out of 3

5 X 2 = 10

Marks

- | | | | |
|----|---|---|---------------------------------------|
| A) | - | 5 | Marks Topic- Medicine (IIIrd/IV) |
| B) | - | 5 | Marks Topic- Therapeutic (IIIrd. /IV) |
| C) | - | 5 | Marks Topic Medicine (IIIrd /IV) |

Q. 4. Write short notes on

5 X 2 = 10

Marks

- | | | | |
|----|---|---|---------------------------------------|
| A) | - | 5 | Marks Topic- Medicine (IIIrd /IV) |
| B) | - | 5 | Marks Topic- Therapeutic (IIIrd. /IV) |

Section C

Total Mark - 35

L.A. Q.

Q. 5. Describe aetiology clinical features (sign / symptoms) Investigation & Management with therapeutic drugs of -----
(TOPICS:- Medicine III/IVth. Year Syllabus + Therapeutic IIIrd. /IV Year Syllabus)

15 Marks

Q. 6. Describe aetiology clinical features (sign / symptoms) Investigation & Management of -----
(TOPICS :- Medicine III rd /IV Year Syllabus)

10 Marks

Q. 7. Describe the detail working knowledge of ----- (name of the drugs)
in the administration / key prescribing / management in the treatment of -----
--- ----- (name of the disease.)
(TOPICS :- Therapeutic III rd /IVth Year Syllabus)

10 Marks

OR

Describe the Therapeutic Management of Skin Disease
(TOPICS :- Medicine III rd /IVth Year Syllabus)

10 Marks

SYLLABUS PRESCRIBED

FOR

THE FINAL BACHELOR

OF

HOMOEOPATHIC MEDICINE

AND

SURGERY

EXAMINATION

FINAL B.H.M.S.

A) An application for admission to First B.H.M.S. Examination shall

1. Have passed the 12th. Standard Examination of the Maharashtra State Board of Secondary and Higher Secondary Education with Physics, Chemistry and Biology as subjects or its equivalent examination approved by the Nagpur University.
2. Have attained or shall attain the age of 17 years on or before the 31st. December of the year of his/her admission to the college.

B) An application for admission to Second B.H.M.S. Examination, shall have passed the First B.H.M.S. Examination.

C) An application for admission to the Third B.H.M.S. Examination, shall have passed the Second B.H.M.S. Examination.

D) An application for admission to the Final B.H.M.S. Examination, shall have passed the Third B.H.M.S. Examination.

1) Every candidate for B.H.M.S. Degree shall have attended a regular course of study for a period of not less than one and half academic years for the First B.H.M.S. Examination and not less than one academic year for each of the three examinations, viz.- Second, Third and Final B.H.M.S. Degree Course in affiliated homoeopathic College in the following subjects.

- i) For the First B.H.M.S. Examination
 - a. Anatomy
 - b. Physiology Including Biochemistry
 - c. Homoeopathic Pharmacy
 - d. Materia Medica and Homoeopathic Philosophy
- ii) For the Second B.H.M.S. Examination
 - a. Pathology, Bacteriology and Parasitology,
 - b. Forensic Medicine and toxicology.
 - c. Social and Preventive Medicine (Including Education and Family Medicine)
 - d. Homoeopathic Materia Medica
 - e. Organon and Homoeopathic Philosophy
- iii) For the Third B.H.M.S. Examination
 - a. Surgery
 - b. Obstetrics and Gynaecology
 - c. Materia Medica
 - d. Organon and Homoeopathic Materia Medica
- iv) For the Final B.H.M.S. Examination
 - a. Medicine
 - b. Homoeopathic Materia Medica
 - c. Repertory

2) The scope of the subject shall be as indicated in the syllabus.

FORTH B.H.M.S. EXAMINATION

- I. No candidate shall be admitted to the fourth B.H.M.S. examination unless :-
 - a) he has passed the third B.H.M.S. examination at least one year previously' and the subjects of the examination over a period of at least three years in a recognised Homoeopathic College subsequent to his passing the first B.H.M.S. examination to the satisfaction of the head of the College.
- II. Courses of the minimum number of lectures, demonstrations and practical / clinical classes in the subjects shall be as shown below :

Sr. No	Subjects	Theoretical	Practical / clinical tutorial classes
1.	Practice of medicine Children diseases Mental diseases and Skin diseases including homoeopathic therapeutics	250 (in 3 years) 40 40 20	400 (3 terms of 3 months each in homoeopathic ward & OPD including children, mental and skin diseases deptts.
2.	Homoeopathic Materia Medica	200 (in one year)	125
3	Repertory	100 (in 3 years)	150

- III. The Fourth B.H.M.S. examination shall be held at the end of 4-1/2 years of B.H.M.S. course.
- IV. The Examination shall be written, oral, practical or clinical as provided hereinafter, three hours being allowed for each paper.
- V. The examination in medicine, (including children, mental and skin) shall consist of two papers, one oral examination and one bed-side practical examination in case taking of two short

cases with a view to determining both nosological and therapeutic diagnosis from the Homoeopathic point of view. Time allotted shall be half an hour for each case.

VI. The examination in Materia Medica shall consist of two theoretical papers, one oral examination and one bedside practical examination, not less than two hours being allowed for examination and report on his case.

VII. The examination in Repertory shall consist of one theoretical paper, one oral examination and one practical examination in two cases of repertorial work. Time allotted shall be half an hour for each case.

VIII. A candidate securing 75 per cent or above marks in any of the subjects shall be declared to receive honours in that subject provided he has passed the examination in first attempt.

IX. In order to pass Final B.H.M.S. examination a candidate shall have passed in all subjects of the examination.

X. Pass marks for each subject, both homoeopathic and allied medical subjects shall be 50 % in each subject.

XI. Full marks for each subject and minimum number of marks required for passing are as follows.

Subjects	Written		Oral		Practical		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Medicine	200	100	100	50	100	50	400	200
Homoeopathic Materia Medica	200	100	100	50	100	50	400	200
Repertory	100	50	50	25	50	25	200	100

MEDICINE

B.H.M.S. IVTH YEAR

SYLLABUS

I. MEDICINE INCLUDING HOMOEOPATHIC THERAPEUTICS

Homoeopathy adopts the same attitude towards these subjects as it does towards medicine and surgery. But while dealing with Medicine and Therapeutic cases, a Homoeopathic physician must be trained in special clinical methods of investigation for diagnosing local conditions and discriminating cases; there surgical intervention either as a life saving measure for removing mechanical is necessary.

1. A course of systematic instructions in the principles and practice, of Medicine including the applied anatomy and physiology.
2. Instructions in Homoeopathic Therapeutics and prescribing.
3. As a matter of convenience, it is suggested that instructions may be given in the following manner during three years of clinical course, as prescribed below. in three years for theoretical and 400 hrs. 3 terms of 3 months each in homoeopathic ward & OPD including children, mental and skin diseases departments. OPD for Practical / Clinical / Tutorial Classes.

Sr. No	Subjects	Theoretical	Practical / clinical tutorial classes
1.	Practice of medicine Children diseases Mental diseases and Skin diseases including homoeopathic therapeutics	250 (in 3 years) 40 40 20	400 (3 terms of 3 months each in homoeopathic ward & OPD including children, mental and skin diseases departments).

4. a. A course of systematic instructions in the principles and practice of medicine.
a. A course of lectures, demonstration and clinical classes in the subject shall extend over a period of three academic years.
b. a student must undergo a clinical posting in the Department for a period of nine months in OPD & IPD.
c. Every student shall prepare and submit a journal consisting of 20 case histories.
d. During the first three months of the clinical period when the students will not be in charge of beds they will be given instructions on elementary methods of clinical examination including physical signs, the use of the common instruments like stethoscope, ophthalmoscope, etc.
e. As a matter of convenience, it is suggested that instructions may be given in the following manner during the II, III and IV B.H.M.S. classes in medicine.
5. The examination in Medicine shall consist of two papers one oral examination and one bedside practical examination in case taking of two cases with a view to determine both nosological and therapeutic diagnosis from Homoeopathic point of view.

The topic for written paper in the subject shall be distributed as follows :

PAPER I

Infectious disease, disorders of Endocrine systems, disease systems, diseases of metabolism and deficiency diseases, Diseases of Digestive systems and peri-toneum. Diseases of respiratory system. Diseases of Blood Spleen and Lymph glands and tropical diseases. Homoeopathic Therapeutic on above mention Disease.

PAPER II

Diseases of Locomotor system. Diseases of Cardio-vascular systems Diseases of Urinogcntal systed. Diseases os Nervous system. Psychological medicine. Common skin diseases. Homoeopathic Therapeutics on abov emention Disease.

DEPARTMENT OF MEDICINE

B.H.M.S. IInd. YEAR

APPLIED MATERIA MEDICA / HOMOEOPATHIC THERAPEUTICS

A sick person carries signs in his approach to his illness and each individual is the possesso of a totally of psychic relation, physical and biologic reaction's that belongs to him alone & constitutes his ten prament.

Homoeopathy individualizes and its application should be :- First specific to the individual & second, by indivudualizing the remedy we best define the morbid posses & remove them.

To supply the practitioner of Homoeopathic medicine with reliable, practical & condensed indication's for the more important remedies in disease. It deffre's from the various works on the practice of medicine in that it is exclusively devoted to Homoeopathy and from works on materia medica as it treats only of therapeutics.

The object has been to restrict rather than to elaborate to give the practical indication's for a few of the most prominent remedies rather than to dwell on the elaborated possibilities of may;

Homoeopathy deals with this subject & is so related with it while studing Medicine. A Homoeopathic student must be trained in a special clinical method of investigation for diagnosing local condition whether it is surgical intervention either as a life saving measure for removing the mechanical obstacles or whether to be treated simply with remedies. It also play's a important role inapplication of the remedy for the purpose of cure & management for htis purpose, clinical classes in the OPD as well as IPD should be regularly taken so that he shoule be able to select group of remedies at the bed side with this the mode of applicatiion of remedy the mode of employment of remedy should be taken in consideration.

DURING TEACHING APPLIED MATERIA MEDICA

Following points should be stressed :

1. Evaluation of case.
2. Diseases o deferomination in the vies of
 - a. Miasmatic evaluation of disease
 - b. Constitutional diseases.
 - c. Tendency prone towards diseases.
 - d. Constitution miasmatic.
3. Mode of employment
4. Administration of does.
5. Identifying sure sign of improvement (followup analysis) etc.
 - a. Therapeutic utiligy of the drug's in acute clinical condition in the Medicine.
 - b. Therapeutic utility of the drug's in chronic clinical condition in the Medicine
 - c. What is the utility of difference diagnosis in administration of the drug in the Medicine.
 - d. Therapeutic utility of this polycrest remedy / antimiasmatic remedy / constitutional remedy in this given chronic clinical condition in the Medicine.

- e. Role of miasmatic remedy in this acute clinical condition in the Medicine.
- f. Role of miasmatic remedy in this chronic clinical condition in the Medicine
- g. Relation of doses & potency selection in the Medicine.
- h. Diet Regimen in the Medicine.

The instruction for medicine including Homoeopathic Therapeutics at least 20 hrs. Theory in years Lectures should be taken. Regular tutorials Regular approach of students to patients in IPD & OPD for practical / clinical & demonstration must be done daily.

Through out the whold period of the study the attention of student should be given by the teacher's of this subject to the imortance of its preventive aspect.

Special attention should be given to the knowledge of Homoeopathic Therapeutics to ensure familiarity with common their recognisiton & treatment.

Every student should prepare & submit at least 100 complete case histories 40 in IInd year & 60 in IIIrd B.H.M.S. with three treatment programme.

As a matter convenience, it is suggested that the instruction may be given in the following manner during the two years of clinical course within 250 hours in the two years of three month of each in Medicine ard, OPD for practical clinical tutorial classes during the IInd. year B.H.M.S.

DEPARTMENT OF MEDICINE

B.H.M.S. IInd. YEAR

Defination of Medicine- [Medicine is the subject which combined in itself the study of individual diseases it's sign & symptoms change brought in the Body, structure, course, sequelac complication general management of diseases.]

[The subject is the medical science it self of its necessity in deciding about the nature progresss & Prognosis of case is paramount, it goes further to decide for the means method or measures of treatment. Hence, every physician irrespective of this college of medicine of principle of drug application has to depend on this subject and this subject above.

[The subject depends upon & assimilates in itself many Allied subjects like Physiology Pathology, Biochemistry Laboratory techniques Dietty Pharmacology. All and each of the Branches are growing at Rapid place & are a Constant process of making improvement and eliminating. The practice of medicine too has to undergo these changes to keep its uptodate character.

The Greatest clinical problems of every day practice consulting a Homoeopathic reader of Books in practice of Medicine, is of progress course, complication & sequence, the decision regarding curability or incurability of the case, the use of surgical & Palliative method and the course, complication & sequalae of the Diseases have been discribed Judghing from the view point of the deficiency of Allopathic drugs which close not seen to fit completely to Homoeopathy.

Many diseases for which surgical treatment is said to be rational drug Appendicitis, Peptic ulcer. Toncillites etc. have been found to be enable to Homoeopathic treatment Similarly many diseases which can not be redically cured by allopathic drugs and only palliative treatment of measure are advised and radically cured byu Homoeopathic medicine e.g. Bronchial Asthma leucoderma etc.

During II B.H.M.S. Course

Applied Anatomy and Applied Physiology

1. Diseases of the respiratory systems.
2. Diseases of the digestive system and peritoneum
3. Disease of metabolism and deficiency diseases.
4. Diseases of blood, Spleen and lymph glands.
5. Pulmonary tuberculosis
6. Disorders of endocrine system.
7. Applied materia medica / homoeopathic therapeutics.

DEPARTMENT OF MEDICINE **SYLLABUS**

During II B.H.M.S. Course

Applied Anatomy and Applied Physiology.
Diseases of the respiratory systems
Diseases of the digestive system and peritoneum
Diseases of metabolism and deficiency diseases.
Diseases of blood. Spleen and lymph glands
Pulmonary tuberculosis
Disorders of endocrine system-
Applied materia medica / homoeopathic therapeutics.

I. ORENTATION LECTURES

1. Approach to the patients (History taking)
2. Symptoms in Cardiovascular Diseases.
3. Symptoms in Gastrointestinal Diseases.
4. Symptoms of Respiratory Diseases.
5. Symptomatology in Nervous system Diseases.
6. Fever.
7. Lymphadenopathy.
8. Oedema.
9. Shock.

During III & IV B.H.M.S. Course

Infectious diseases
Diseases of the cardio-vascular system
Diseases of the genito-urinary system
Diseases of the locomotor system
Diseases of the skin including leprosy
Psychological medicine.
Tropical diseases.
Diseases of infants and children.
Applied materia medica / homoeopathic therapeutics.

NOTE :-

1. Throughout the whole period of the study the attention of the student should be directed by the teachers of this subject to the importance of its preventive aspects.
2. Instructions in these branches of medicine should be directed to the attainment of sufficient knowledge to ensure familiarity with the common conditions, their recognition and treatment.
3. Every student shall prepare and submit 20 complete case histories, 10 each in II and IV B.H.M.S.

DEPARTMENT OF MEDICINE

B.H.M.S. IInd.

I. Applied Anatomy & Physiology of R.S.

II. Applied Anatomy & Physiology of G.I.T.

III. Applied Anatomy & Physiology of Endocrine

IV. Applied Anatomy & Physiology of Haematology

V. Miscellaneous

B.H.M.S. IIIrd

I. Infectious diseases + Tropical disease

II. Endocrinology and Metabolic disorder

III. Gastro enterology (Digestive System)

IV. Respiratory System

V. Haematology

I) Bones & Joints diseases (locomotor)

II) Cardio vascular System

III) Nephrology (genito urinary system)

IV. Diseases of Infants weight & Children

V. C.N.S.

VI. Psychiatry

VII. Skin – V.D.

VIII. Miscellaneous

V. C.N.S.

VI. Psychiatry

VII. Skin – V.D.

VIII. Miscellaneous

1) Respiratory Disease

TOPICS FOR IInd YEAR SYLLABUS

Applied Anatomy & Physiology of R.S.

- The function

- The Airways – structure, ventilation
- The Blood vessels –structure
- Gas transfer – pulmonary gas exchange
- Non respiratory function of lung
- Pleura structure & function
- Mediastinum – structure

Control of breathing

1. Respiratory control centre
2. Respiratory sensors
3. Effect of Respiratory system.

Diseases of Respiratory System

1. Dyspnoea – Definition Aetiology, C/F, D/O, Complication management, Investigation.
2. Haemoptysis – Definition Aetiology, D/O, management investigation
3. Respiratory failure- Definition, C/F, aetiology, D/D, management investigation
4. Chr. Bronchitis – Definition, management
5. Emphysema – Definition C/F, D/P, investigation management
6. Br. Asthma – Definition C/F, complication, investigation management.
7. Bronchiectasis –Definition causes, management investigation
8. Influenza, C/F, Causes, stage, investigation, types c/f, Etiology, investigation, management.
9. Cystic fibrosis – C/F, Management, complication
10. Tuberculosis – Definition Introduce, types f/f, Etiology, investigation, management
11. Bronchial-ca – C/F, Management, investigation.
12. Pulmonary Eosinophilia – Definition C/F, management
13. Chronic laryngitis-investigation, management.
14. Allergic Rhinitis – Cases, investigation management
15. Hoarseness & Aphonia – Definition, causes, C/F, management
16. Pleurisy – Causes, C/F, investigation D/D management
17. Pleural effusion – Definition causes, D/P/, complication, management
18. Pneumothorax-types, C/F, D/P, Complication, management
19. D/S, of Diaphragm-, C/F, management
20. Lung abscess due to exposure to organic dust, C/F, management, D/P, complication.
21. Abscess C/F, management, investigation.
22. Pulmonary embolism, C/F, management.

B.H.M.S. IInd YEAR

THERAPEUTICS DISEASES OF RESPIRATORY SYSTEM.

Utility of therapeutic in Respiratory system.

1. Wide range of therapeutics help in selection of single similimum for the suitable case.
2. It helps in select of acute medicines for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for chronic case.
4. It helps in selection of miasmatic constitutional drug.
5. It helps in selection of palliation or relative medicines according to the case in hand.
6. It is of great importance for the prophylactic treatment.
7. It is helpful in proper management of post operative cases.

Following are diseases of Respiratory system

- | | | | |
|-----|------------------------|----|--|
| 1. | Chronic Bronchitis | :- | Similimum, chronic constitutional miasmatic medicine, General management Preventive Measures, T/T/ of complication if any |
| 2. | Emphysema | :- | Similimum, chronic constitutional miasmatic, Gen management, preventive measures, T.T of complication if any |
| 3. | Pleural effusion | :- | The constitutional miasmatic T/T, General management removal of cause, T/T of complication |
| 4. | Bronchial Asthma | :- | The constitutional miasmatic T/T ,General management removal of cause, T/T/ of complication prevention of contact with allergen. |
| 5. | Pneumonia | :- | Acute medicine, chronic constitutional miasmatic medicine, General management, T/T of complication preventive measures. |
| 6. | Pleurisy | :- | Acute medicine, chronic constitutional miasmatic medicine, General management, T/T of complication |
| 7. | PULmonary Embolism:- | | Palliative T/T, chronic constitutional miasmatic drug, T/T of complication, General management. |
| 8. | Bronchiectasis | :- | Chronic constitutional miasmatic medicine, general management T/T of complication. |
| 9. | Empyema | :- | Chronic constitutional miasmatic medicine general management, T/T complication |
| 10. | Pneumothorax | :- | Chronic constitutional miasmatic medicine, palliative, general management, T/T of complication |
| 11. | Pulmonary eosinophilia | | Chronic constitutional medicine, palliative, general management avoid contact with allergen, |
| 12. | Lung cancer | :- | Chronic constitutional medicine, palliative, general management avoid contact with allergen, constitutional factor. |
| 13. | Lung abscess | :- | Chronic constitutional miasmatic, medicine, palliative general management, removal & T/T of causes T/T of complication |
| 14. | Haemoptysis | :- | Chronic constitutional miasmatic, medicine, palliative general management, removal & T/T of cause T/T of complication. |
| 15. | Chest pain | :- | Acute/chronic constitutional miasmatic medicine, general management, removal & T/T of cause, T/T of complication. |
| 16. | Tuberculosis | :- | Chronic constitutional miasmatic medicine general |

17. Ca-Bronches :- management T/T of complication.
Palliative T/T, chronic removal miasmatic medicine, general management.

II) Applied Anatomy & Physiology of G.I.T.

1. Function of oesophagus – Transport of Bolus of prevention
Retrograde flow – sphinctures.
2. Gastric physiology – Acid & pepsin secretion.
A) Chemical Neural & Hormonal factor
B) Cephalic gastric & intestinal phase.
C) Muscular – defence mechanism.
3. Mechanism of Absorption
Types of Absorption
Active transport
Passive diffusion
Facilitated diffusion
Endocytosis

Sites of Absorption –
Absorption of specific Nutrient –
Carbohydrate, protein, fat, cholesterol & fat soluble vit, water, sodium, calcium, iron, water soluble, nt.
4. Normal colonic function
Absorption of fluid & electrolytes
colonic innervation & motility Defecation.

Liver & Biliary Tract –
Anatomic correlation – Liver Lobate
double blood supply
R. E. system
Bilirubin metabolism – Production – transfer
Conjugation – excretion.
Hepatic metabolism of carbohydrate, Amino acids, ammonia
Protein synthesis & degradation, toxin, Hormone, lipid & cholesterol.
Physiology of bile production & flow – bile secretory composition.
The bile acid, enterohepatic circulation
Gall bladder & sphincter function.

Pancreas
- Anatomical correlation.
- Physiology – hormones, stimulating factor.

TOPIC

Diseases of Gastrointestinal disease & Biliary system.

S. No. Applied Anatomy & Physiology of G.I.T.

1. Pancreatic - Definition, aetiology, C/f, Management D/D, types.
2. Ca pancreas - Aetiology, incidence, C/f, management, D/D, complication

3. Peptic ulcer - Aetiology, Definition, types, C/F, management, D/D, complication
4. Ca Stomach - Aetiology, C/F, management, D/D
5. Appendicitis - Definition Aetiology types, C/F, management D/D, complication.
6. Peritonitis - Definition, aetiology, types, C/F, management D/D.
7. Ulcerative colitis - Definition, Aetiology, types C/F, management, D/D
8. Cratins disease- Definition, Aetiology, C/F, management, D/D
9. Castritis - Definition, Aetiology, types C/F, management
10. Ascites - Definition, Aetiology, C/F, management, D/D
11. Cirrhosis of liver - Definition, Aetiology, C/F, management, D/D
12. Hepatitis - Definition, Aetiology, C/F, management, D/D types complication
13. Portal hypertension - Definition, Aetiology, C/F, management, D/D, complication
14. Jaundice - Definition, Aetiology, C/F, management,
15. Cholecystitis - Definition, Aetiology, C/F, management, D/D, types
16. Gall-stones - Definition, Aetiology, C/F, management, D/D, complication
17. G.I. bleeding - Definition, Aetiology, C/F, management, D/D, complication
18. Stomatitis - Definition, types, Aetiology, C/F, management, D/D
19. Malabsorption syndrome - Definition, Aetiology, C/F, management, D/D, complication
20. Hiatus hernia - Definition
21. Intestinal obstruction - Definition, Aetiology, C/F, management, D/D, complication.
22. T.B. abdomen - Definition, Aetiology, C/F, management, D/D, complication
23. Acute abdomen- Definition, Aetiology, C/F, management, D/D, complication
24. Haematemesis - Definition, Aetiology, C/F, management, D/D, complication
25. Irritable bowel syndrome - Definition, Aetiology, C/F, management, D/D, complication
26. Achalasia of cardia - Definition, Aetiology, C/F, management, D/D, complication
27. Dysphagia - Definition, Aetiology, C/F, management, D/D, type
28. Dyspepsia - Definition, Aetiology, C/F, management, D/D, type
29. Glossitis - Definition, Aetiology, C/F, management, D/D, type
30. Leukoplakia - Definition, Aetiology, C/F, management, D/D, type
31. Wilsons Disease- Definition, Aetiology, C/F, management, D/D, type
32. Reflex esophagitis- Definition, Aetiology, C/F, management, D/D, type

Therapeutics

Utility of therapeutic in G.I.T.

1. Wide range of therapeutic help in the selection of single similimum for the suitable case.
2. It helps in selection of acute medicine for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for chronic case.
4. It helps in selection of miasmatic constitutional drugs.
5. It helps in selection of palliative or curative medicine according to the case in hand.
6. It is of great importance for the prophylactic treatment.
7. It is helpful in proper management of post operative cases.

Following are the diseases of G.I.T.

1. Malabsorption syndrome
Single simple similimum is required in such case. Miasmatic constitutional drug homeopathic T/T – General management is required.
2. T.B. Abdomen :
Palliative T/T, similimum, miasmatic constitutional drug & general management is required.

3. Cirrhosis of Liver
It require similimum, constitutional miasmatic T/T is of these help. General management proper management of it complication is important, palliative T/T is mostly required.
4. Portal Hypertension :
Similimum, constitutional miasmatic T/T is of these help. General management proper management of it complication is important. palliative T/T is mostly required
5. Infective Hepatitis :
similimum, constitutional miasmatic, general management.
6. Jaundice :-
Similimum, constitutional depending on the case, general management
7. Stomatitis :-
Similimum, acute acting medicine for given acute case, constitutional drug it medicine.
8. Oesophagitis :-
Similimum, acute medicine constitutional miasmatic T/T with general management.
9. Haematemesis :-
proper general management, removal of T/T of causative factor, chronic constitutional miasmatic T/T.
10. Zallinger Elison Syndrome General management chronic constitutional miasmatic T/T, but causeally palliativeT/T.
11. Acute pancrreatitis :- Acute drug, chronic constitutional drug, Generam Management, prevention & removal of cause.
12. Chronic pancreatitis : Chronic drugs, chronic ,miasmatic constitutional drug, general management prevent & removal of cases, Proper management of chronic.
13. Ascites Proper T/T & removal of cause chronic miasmatic T/T, usually palliative T/T required.
14. Hiatus Hernia :- Generam management, of complication palliative T/T surgical T/T proper post operative management.
15. Achalasia cardia :- Generam management palliative, prevent of complication, surgical T/T.
16. Ulcerative colitis :- General management palliative, chronic miasmatic constitutional drug.
17. Crohn's disease :- General management, chronic constitutional drug palliative, prophylatic T/T, surgical T/T.
18. Dysphagia :- Remval of cases, general management palliative as per the case, miasmatic propelylatic T/T, surgical T/T as per required.
19. Choleuptitis : Acute/chronic drug as per the case miasmatic drug, generam management.
20. Gall stone : hoper dealing with complication, palliative T/T general management, proper post operative management.
21. Hepatomegaly : chronic miasmatic constitutional drug T/T of removal of case, generam management.
22. Coeliac disease : Chronic miasmatic constitutional drug, general management, palliative T/T
23. Tropical sprue : Palliative T/T, general management.
24. Lactose intolerance imlotermaes : Chronic constitutional drug general management.
25. Giardis - Chronic constitutional miasmatic medicine general management
26. Irritable bowel syndrom :- Acute medicine, medicine chronic constitutional miasmatic drug, general management prevention of complication.
27. Constipatoin : Chronic constitutional complication miasmatic T/T, general management.
28. Splenomegaly : Chronic constitutional miasmatic T/T, levent of complication, proper management of complication, general management.
29. Diarrhoea : Acute medicine, chronic constitutional miasmatic T/T as per the case, removal of cases, general management prevention of complication.

III) Applied Anatomy & Physiology of Endocrine

Hypothalamic pituitary Axis

Anatomy & embryology of pituitary and Hypothalamus

Hypothalamic Hormones

Anterior pituitary Hormones – Physiology

Somatotropins – Growth hormones & prolactin

Corticotropin – Pro-opiomelanocortin

Gonadotropins – TSH, FSH & LH

Physiology regulation & function of ADH

Thyroid Anatomy embryology & Histology

Hormone transport & metabolism

Hormone Action

regulation of thyroid function

Adrenal cortex – Biochemistry & Physiology

Biosynthesis of Adrenal steroids

Steroid transport

Steroid metabolism & excretion – Glucocorticoids

mineralocorticoids, adrenal androgens

ACTH physiology

Renin – angiotensin physiology

Glucocorticoid physiology

Mineralocorticoid physiology

Androgen physiology

Catecholamines –

Direct effects – cardiovascular system

Metabolism

fluid & electrolytes viscera

Indirect effect – Renin, Insulin & glucocorticoids

Support of circulation, hypoglycemia

cold exposure in Acypoxia

Adrenergic receptor reception

B – reuptake

Dopaminergic receptors.

ENDOCRINE SYSTEM

Diseases of Applied Anatomy & Physiology of

- | | | | |
|-----|-------------------------|---|---|
| 1. | Hypopituitarism | - | Definition types causes, D/D, C/F, Diagnostic Investigation, Management, complication |
| 2. | Gigantism & Acromegaly | | Definition, Aetiology, C/F, D/D, Investigation, Management |
| 3. | Cushing syndrome | - | Definition, Aetiology, C/F, D/D, Investigation, Management |
| 4. | Hyperprolactinaemia | - | Definition, Aetiology, F/F, D/D, Investigation, Management |
| 5. | Diabetes Insipidus | - | Definition, Aetiology, F/F, D/D, Investigation, Management |
| 6. | Hyperthyroidism | - | Definition, Aetiology, F/F, D/D, Investigation, Management |
| 7. | Hypoparathyroidism | - | Definition, Types Causes, C/F, Investigation D/D, Management Complication |
| 8. | Simple goitre | - | Definition Causes, C/F, Investigation D/D, Management. |
| 9. | Solitary thyroid nodule | - | Definition Aetiology, D/D, C/F, Investigation Management |
| 10. | Management tumour | - | Definition, Types cases, D/D, C/F, Investigation Management & Complication. |
| 11. | Hypoparathyroidism | - | Definition Types, causes, C/F, D/D, Investigation Management. |
| 12. | Hypoparathyroidism | - | Definition Types, causes, C/F, D/D, Investigation Management. |
| 13. | Tetany | - | Definition, Aetiology, C/F, Investigation D/D, Management, Complication |
| 14. | Conn's syndrome | - | Definition, Causes, C/F, Investigation D/D Management |
| 15. | Adison's disease | - | Definition, Causes, C/F, Investigation D/D Management |
| 16. | Pheochromocytoma | - | Definition, Causes, C/F, Investigation D/D Management complication |
| 17. | Diabetes Mellitus | - | Definition, Causes, C/F, D/D Investigation Investigation Management complication |
| 18. | Porphyria | - | Definition, Types, Causes, Investigation D/D Management |
| 19. | Obesity | - | Definition Types, Aetiology C/F, Investigation D/D, Management |
| 20. | Glycosuria | - | Definition Aetiology, C/F, Investigation D/D Management Complication. |

Therapeutics

Endocrinae system & Metabolic disorder

Utility of therapeutic in Endocrinal system :

1. Wide range of therapeutic help in the selection of single similitum for the suitable case.
2. It helps in selection of acute medicines for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for chronic case.
4. It helps in selection of miasmatic constitutional drugs.
5. It helps in selection of palliative / another medicine according to the case in hand.
6. It is of great importance for percolating T/T.
7. Helpful in management of post operative cases.

Following are diseases of endocrinal & metabolic disorder.

1. Hyperthyroidism :- Chronic constitutional miasmatic T/T, general management, hyper T/T. of complication proper prophylation.
2. Diabetes Mellitus :- Chronic constitutional miasmatic T/T, palliative where required, general management, proper T/T of complication.
3. Cushing syndrome :- Chronic constitutional medicine, general management of complication.
4. Addison's disease :- Chronic constitutional medicine, general management T/T of complication.
5. Lorchism :- Chronic constitutional miasmatic medicine, general management T/T of complication.
6. Gigantism :- Chronic constitutional miasmatic medicine, general management T/T complication.
7. Acromegaly :- Chronic constitutional miasmatic medicine, general management T/T complication.
8. Pituitary dwarfism :- Chronic constitutional miasmatic medicine, general management T/T complication
9. Hypothyroidism :- Chronic constitutional miasmatic medicine, general management T/T complication.
10. Goitre :- Chronic constitutional miasmatic medicine, general management T/T complication.
11. Hyperparathyroidism :- Chronic constitutional miasmatic T/T, general management, prevent & T/T. of complication.
12. Hypoparathyroidism :- Chronic constitutional miasmatic T/T, general management, prevent & T/T of complication.
13. Tetany :- Chronic constitutional miasmatic T/T, general management, prevent & T/T. of complication
14. Gout :- Chronic constitutional miasmatic T/T, general management, prevent & T/T. of complication.
15. Obesity :- Chronic constitutional miasmatic T/T, general management removal & T/T of cases.
16. Cretinism :- Chronic constitutional miasmatic T/T, general management removal & T/T of cases.
17. Diabetes Insipidus :- Chronic constitutional miasmatic T/T, general management, Removal & T/T of cases prevent & proper T/T. of complication.

iv) Applied Anatomy & Physiology of Haematology

- Blood group - Antigen & antibodies
ABO system - Genes & antigen, antibodies.
- Rh-system
 - Biologic significance of blood groups
 - Immune reaction
 - Infertility
 - disease related
 - chromosome
- Haematopoietic system
 - Red cell production - Role of erythropoietin, Hb- synthesis, Hb structure & function Red blood cell metabolism
 - Physiology of Iron - Iron absorption
 - Transport & storage
 - Iron kinetics
 - Physiology of folic acid - Absorption
 - transport & storage
- Physiology of cobalamins - Intrinsic factor
 - transport cobalamin

Function of folates & cobalamin

Production of white cell series
function of white cell series.

Lymph node structure & function
Spleen structure & function.

Normal haemostasis
coagulation factors & coagulation reaction

Heamatology

Diseases of Applied Anatomy & Physiology of Hamatology.

1. Iron deficaney Anaemia : Defination, Aeotiology, c/F, Investigation D/D management.
2. Megaloblastic Anaemia : Defination, Aetiology, C/F, investigation, D/D management.
3. Sickle cell anaemia - Defination, Aetiology, C/F, investigation, D/D management
4. Thala semila : Defination, Aetiology, C/F, investigation, D/D management
5. Haemolytic Anaemia : Defination, Aeitolog, C/F, investigation, D/D management
6. Aplastic anaemia : Defination, Aetiology, C/F, investigation, D/D management
7. Luekemia : Defination, Aetiology, C/F, investigation, D/D management
8. Ployeythaemia : Defination, Aetiology, C/F, investigation, D/D management
9. Lymphoma : Defination, Aetiology, C/F, investigation, D/D management
10. Thromrbocytopenia : Defination, Aetiology, C/F, investigation, D/D management
11. Agramilo cytosis : Defination, Aetiology, C/F, investigation, D/D management
12. Haemophitia : Defination, Aetiology, C/F, investigation, D/D management
13. Polyeythemia Rubra hera : Defination, Aetiology, C/F, investigation, D/D management
14. Idiopathic thrombo cytspamic : Defination, Aetiology, C/F, investigation, D/D management

Utility of therapeutic in Heamatology

1. Wide range of therapeutic help in selection of single similimum for the suitable case.
2. If helps in selection of acute medicines for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for clinical case.
4. It helps in selection of miasmatic constitutional drug.
5. It helps in selection of polliatine or selection medicine according to the case in hand.
6. It is of great impcitanace for the prcphylactic T/t
7. Helpful in proper management of post operation cases.

Following are the disorder of blood –

1. Leukaemia – Palliative T/t with general management chronic constitutional as per required.
2. Anaemia – Removal T/T of cause, chronic constitutional miasmatic T/T, general management preventive measures
3. Iron deficiency anaemia – T/T/removal of cause chronic constitutional miasmatic T/T, general management preventive measures.

4. Megaloblastic anaemia- It is & locate supplement chronic constitutional miasmatic T/T, general management maintenances T/T, preventive measures.
5. Aplastic anaemia palliative T/T, chronic constitutional miasmatic is of less imp, general management, B Transplante proper dealing.
6. Hemorrhagic – Chronic miasmatic T/T general management palliation removal of cause & T/T of cause.
7. Pernicious cause anaemia palliative T/T, general management chronic case miasmatic is of least importance.
8. Arganulo Cylosis- Removal of cause, current of infactions its coust miasmatic drug, general management.
9. Ploicythaemic- General Management, chronic constitutional antimiasmatic.
10. Hodgkin's disease prevention of infection.
11. Scale cell disease – Palliative T/T, general managment chronic constitutional miasmatic T/T, proper management of chronic complitation.
12. Thalassaemia- Palliative T/T, general management anconstitutional miasmatic T/t, proper minagment of complication.
13. Splenomegaly- T/T, & removal of cause, constitutional T/T, antimiasmatic drug general management, palliative T/T, whercover required
14. Blood Transfusion.

SYLLABUS DISTRIBUTION FOR
B.H.M.S. IIND. YEAR.
Topics : Miscellanecus

1. Snakebite – Tyoes of snake & Type of vehom & its managemant & D/D.
2. Vitamin deficency-
 Vitamin A – Night blindness, karaformalacia xerophthalmia.
 Defination, aetiology, C/F, management complication 2 D/d of thes disease.
 Vitamin B - Beri Beri, palegra with Defination, aetiology, C/F, managementcompalation 2 D/d of these disease.
 Vitamin C - Survey with Defination, aetiology, C/F, management, compalation 2 D/d of these disease.
 Vitamin D - Rickets with Defination, aetiology, C/F, management compalation 2 D/d of these disease.
 Vitamin K - Bluding disorder with Defination, aetiology, C/F, management, compalation 2 D/d of these disease.
3. Poisoning - Alcohol, Arrsinic, bad, opium, drugs,marphene, barbutarate, D/D, management measures.
4. Sun – strake – Defination, causes, C/F, management complication & D/d.

IInd.years B.H.M.S.

V. Misleneaus Therapeutics :-

TOPICS :- Misleneaus Thearapeutics

1. Snake bite :- types of snake, management with therapeutic utility of group of remedies for the case.

Perpose of cure the case.

In snake bite the druges have their thaerapeutic utility in acut clinical function.

2. Vitamine Diffiency
 - a) Vitamine A Diffency – Night blindness.
 In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.
 - b) Vitamine B Diffency – Berbery, palegeo.
 In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement. with magors.
 - c) Vitamine D Diffency – Surevy.
 In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.with magors
 - d) Vitamine E Diffency – Rictets.
 In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.with magors
 - e) Vitamine K Diffency – Bluding disorder.
 In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.with magors
3. Poisoning – Alcohol, Arsenic,laidopium, drug, marphine,porbiturate.

In this cases therapeutic utility of group of remedies for the management of Poisoning.

4. Sun Strock-

In this cases therapeutic utility of group of remedies for the management of Sun Strock.

DEPARTMENT OF MEDICINE
B.H.M.S. IIIrd. YEAR

During III & IV B.H.M.S. Coure

Infections diseases
Diseases of the cardio-vascular system
Diseases of the genito-urinary system
Diseases of the locomotor system
Diseases of the skin including leprosy
Psychological medicine
Tropical diseases.
Diseases of infants and children.
Applied materia medica/ homoeopathic therapeutics.

Detail Lesson Plan

I. Infectious diseases + Tropical disease

- | | |
|---|-----------------------------|
| 1. Typhoid | 2. Dysentry |
| 3. Cholera and food poisoning | 4. Diptheria |
| 5. Whooping cough & influenza | 6. Small pox & Chicken pox. |
| 7. Measels, German Measles and mumps | 8. Tetanus |
| 9. Polionyelities | 10. infective hepatitis |
| 11. Protozoal infection (Malaria, kala azar & filariasis) | |
| 12. Worm infestation | 13. Heat strokes |
| 13. AIDS | |

II. Endocrinology and Metabolic disorder:

- | | |
|--------------------|-------------------|
| 1. Pituitary | 2. Thyroid |
| 3. Parathyroid | 4. Adrenal Cortey |
| 5. Adrenal Medulla | 6. Porphyria |
| 7. Gout | 8. Obesity |
| 9. D. M. | |

III. Gastro enterology (Digestive System)

1. Stomatitis/Clossitis/Oesophagities & Dysphngia
2. Oesophagal hiatus Hernia/Chalasia Cardia
3. Castritis & Haematemesis
4. Peptic ulcer
5. Mal absorption Syndrone
6. TB Abdomen
7. Chrrhosis of liver.
8. Portal Hypertension
9. Diseases of Pancreas
10. Disease of Gall bladder & Billiary system.
11. Regional Heatis / ulcerative colitis.

IV. Respiratory system

- | | |
|--|-----------------------|
| 1. Lung Haemoptysm | a) Pulmonary TB |
| | b) Extra Pulmonary TB |
| 2. Bronchical asthma & tropical Eosinophilia | |
| 3. Chronic bronchitis & (COPD). | |
| 4. Pneumonia | |
| 5. Lung abscess | |
| 6. Pulmonary Embolism & Infractuib | |
| 7. Malignancy of R.S. (Lung) | |
| 8. Pncumocomosin | |
| 9. Plerural effusion & Pleurisy. | |

10. Pneumo thorax
11. Disease of Mediastinum (diaphragm)

V. Haematology

1. Anaemia
2. Leukaemia
3. Haemorrhagic disorder
5. Hemolytic Anaemia & Hemoglobinopathy (sickle cell anemia) & Thalassemia
6. Agranulocytosis/ Polycythemia.

I) Bones & Joints diseases (locomotor)

- i. Rheumatoid Arthritis / spondylitis & Ankle pain
- ii. Osteoarthritis & Osteoarthritis / Degenerative arthritis.
- iii. Osteoporosis & Osteomalacia
- iv. Neck pain
- v. Shoulder pain
- vi. Elbow pain
- vii. Hand & wrist pain
- viii. Knee pain
- ix. Foot & Ankle pain
- x. Rheumatoid Arthritis
- xi. Rickets and Osteomalacia
- xii. Bone tumour
- xiii. Osteomyelitis
- xiv. Gout

II) Disease of Cardio vascular System

1. Chest pain
2. Angina Pectoris
3. Myocardial Infarction
4. Myocardial Hypertension
5. Systemic Hypertension
6. Diseases of Aorta
7. Rheumatic Heart Disease
8. Mitral valve disease
9. Aortic valve
10. Infective endocarditis
11. Heart failure
12. Persistent ductus arteriosus
13. Atrial septal defects
14. Tetralogy of Fallot.
15. Congenital Heart disease
16. Cardiomyopathy
17. Pericarditis
18. Chronic Cor Pulmonale
19. Pulmonary Hypertension

III) Nephrology (genito system)

- i. Haematuric / polyuria / Haemoglobinuria
- ii. Acute glomerulonephritis & chronic Glomerulonephritis
- iii. Pyelonephritis (Acute & Chronic)
- iv. Acute Renal failure & chronic Renal Failure.

IV) Diseases of Infants weight & Children

- | | |
|---|---|
| i. New born child | ii. Lowbirth |
| iii. Jaundice in Newborn | iv. Fourth injury in lowborn. |
| v. Common infection in new born | vi. Congenital formation of a neonatal period |
| vii. Mile stone. | viii. Immunization |
| ix. Growth & development in new born | x. Feeding & infant & children |
| xi. Handicapped child mental condition (cubalfoley definition & Dum, Blind. | |
| xii. Respiratory disorder in childhood (broncho pneumonia) | |
| xiii. Anemias in childhood | ixv. Malnutrition/Marasmus kbiasguirhir dusird. |
| xv. Disorders of urinary track | xvi. Nephrotic syndrome & Nephritis |
| xvii. Genetics & chromosomal disorder (Mongolism) & diseases syndrome | |
| xviii. Vitamines (| A.- Night Blindness, Xerophthalmia) |
| | B.- Beri beri, pellagra |
| | C.- Scurvy |
| | D.- Rickets |
| ixx. Congenital Heart disease | xx. Rheumatic fever |
| 2. Endocrines – Dwarfism/Gigantism/Cretinism | |
| 3. Intestinal Obstruction childhood. | |
| 4. Myopathies & Muscular dysbophy | |
| 5. Convulsion in childhood. | |
| 6. Hydrocephalus | |
| 7. CNS Infection | |
| 8. Encephalities / Meningitis | |
| 9. T.B. in childhood. | |

V. C.N.S.

1. Applied Anatomy & Applied Physiology of C.N.S.
2. C.V.E. (Hemiplegia) (Cerebro vascular episode)
3. Coma
4. Epilepsy
5. Extra pyramidal syndrome (Parkinson's & involuntary movement)
6. Cerebral syndrome
7. Polyneuropathy
8. Paraplegia & spinal cord disease.
9. Cranial nerves (Bell's palsy & trigeminal neuralgia)
10. Meningitis
11. Viral Infection of C.N.S. & encephalitis
12. Neuropathy
13. Intra cranial space occupying

VI Psychiatry.

Psychological Medicines

- | | |
|---|---------------|
| 1. Introduction | 2. Psychosis |
| 3. Psychoneurosis | 4. Depression |
| 5. Anxiety Neurosis | 6. Alcoholism |
| 7. Drug addiction | |
| 8. Hysteria/Mania | |
| 9. Anorexia Nervosa | |
| 10. Depressive Psycho neurosis/obsessive psychoneurosis | |
| 11. Personality disorder | |

12. Psycho sexual disorder.
13. Dementia
14. Schizopharenia.

VII. Skin – V.D.

- | | |
|---------------------------------------|---------------------------------|
| 1. Syphillis | 2. Gonorrhoea & other |
| 3 Fungal diseases | 4. Scabies/Pediculosis |
| 5. Pemphigus & Bacterial Inf. of skin | 6. Allergic disorder of sources |
| 7. Leprosy | |
| 8. Herpes Zoster/Pemh phigus vulgaris | |
| 9. Psoriasis | |
| 10. Vitihigo | |
| 11. Scalris | |
| 12. Pyodermas | |
| 13. Prutitus | |
| 14. Ganorrhoca | |

VII. Miscellaneous

- | | |
|-------------------|----------------------|
| 1. Vit deficiency | 2. Commnonpoisoning |
| 3. Snake bite | 4. E.C.G. & X- rays. |

MEDICINE

B.H.M.S. IIIrd YEAR

Topics :- infectious Diseases (Therapeutic)

1. Utility of therapeutic in infections disease vide range of therapeutic repertory in selection of single similimum for the suitable case
2. It helps in select of acute medicines for acute clinical condition
3. Similarly it helps in selection of chronic medicine for chronic case
4. It helps in selection of palliate of medicine according to the case in hand
5. It helps in selection of miasmatic constitutional drug
6. It is of great importance for the prophylactic treatment
7. It is helpful in proper management of post operative cases

Following are the infectious diseases

1. Ploiomyletis – Similimum, miasmatic constitutional drug, General management prophylactic t/t
2. Typhoid – Similimum, Miasmatic constitutional drug, general management curative measures prevent of complication proper T/t of complication whenever needed proper hygiene
3. Measles- Similimum, acute medicine chronic constitutional miasmatic, medicine general management general of complication, prophylaxis
4. Malaria- Similimum, acute medicine chronic constitutional miasmatic medicine general management, prevent of complication T/t of complication whenever needed proper hygiene
5. Dysentery- Acute medicine, chronic constitutional drug, general management proper hygiene
6. Tetanus – Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
7. Aids - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
8. Mumps- Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
9. Rubella - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
10. Filariasis- Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
11. Cholera - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
12. Influenza - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
13. Diphtheria - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
14. Whooping cough - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
15. Heat stroke - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
16. Rabies - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.
17. Leprosy - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophylaxis. of tetanus.

(PRACTICAL)
B.H.M.S IIInd YEAR

Respiratory System :-

a) History & examination (case taking)

- H/b cough
- Sputum
- haemoptysis
- dyspnea
- pain
- Upper respiratory tract symptom
- past, personal & family H/b
- General examination

Cyanosis,
Clubbing,
Accessory
respiratory
respiratory, muscle movement

- Inspection, palpation, percussion & auscultation.

b) Diagnosis of different Diagnosis

c) Investigation

- X-ray chest,
- Consolidation
- pleural effusion
- pneumothorax
- Bronchitis
- Emphysema
- Infiltration of pulmonary tuberculosis
- Examination of pleural fluid
- Pulmonary function test
- Bronchoscopy

d) Management

Pleural tapping
bronchoscopy

The written papers in Medicine

Paper I – Medicine and Homoeopathic therapeutics.

Paper II- Medicine & Allied + Homoeopathic Therapeutics.

Pattern of Question paper

B.H.M.S. IVth Year

In the subject Medicine including Homoeopathic Therapeutic

(Paper I - Medicine + Therapeutic)

Paper I- Consist of Section A, M.C.Q	- 30 Marks
Section B, S.A.Q	- 35 Marks
Section C, L.A. Q	- 35 Marks

SECTION A

Total Mark 30

Total M.C.Q. – 30

TOPICS

- | | |
|----------------|---|
| 1. Medicine | a) Topic from II/III Year Syllabus – 5 M.C.Q. |
| | b) Topic from IV Year Syllabus – 10 M.C.Q |
| 2. Therapeutic | c) Topic from II/III Year Syllabus – 5 M.C.Q. |
| | d) Topic from IVth Year Syllabus – 10 M.C.Q., |

Section B

V)	Total Mark – 35		S.A. Q
Q.2	Solve any 3		5 X 3 = 15 Marks
A)	- 5 Marks	Topic-	Medicine (IIInd./IIIrd./IV)
B)	- 5 Marks	Topic-	Therapeutic (IIInd./Ird./IV)
C)	- 5 Marks	Topic-	Medicine (IIInd./IIIrd./IV)
D)	- 5 Marks	Topic-	Therapeutic (IIInd./IIIrd./IV)
Q.3	Answer any 2 out of 3		5 X 2 = 10 Marks
A)	- 5 Marks	Topic-	Medicine (IIIrd Year /IV)
B)	- 5 Marks	Topic-	Therapeutic (IIrd./IV)
C)	- 5 Marks	Topic-	Medicine (IIIrd Year/IV)
Q. 4	Write short notes on		5 X 2 = 10 Marks
A)	- 5 Marks	Topic-	Medicine (IIIrd/IV)
B)	- 5 Marks	Topic-	Therapeutic (IIrd./IV Year)

SECTION C

Total Marks – 35

L.A.Q.

Q.5 Describe aetiology clinical features (sign/symptoms) Investigation & Management with therapeutic drugs of -----

(TOPICS :- Medicine II/III/IVth Year Syllabus + Therapeutic II/IIIrd./IV Year Syllabus)
15 Marks

Q.6 Describe aetiology clinical features (sign/symptoms) Investigation & Management of ----

(TOPICS :- Medicine II/IIIrd/IV Year Syllabus)

10 Marks

Q.7 Describe the detail working knowledge of -----(name of the drugs) in the
administration/key prescribing/management in the treatment of -----(name of
the disease.)
(TOPICS :- Therapeutic II/IIIrd/IV Year Syllabus)

10 Marks

OR

Describe Management of Poisoning
(TPOICS :- Miscellaneous IVth Year Syllabus)

10 Marks

The written papers in Medicine

Paper II :- Medicine + Homoeopathic Therapeutics.

Pattern of Question paper

B.H.M.S. IVth Year

In the Subject Medicine including Homoeopathic Therapeutic

(paper II :- Medicine & Homoeopathic Therapeutic)

Paper I :- consist of Section A, M.C. Q. - 30 Marks
Section B, S.A. Q - 35 Marks
Section C, L.A.Q - 35 Marks

Section A

Total mark – 30

Total M.C. Q. - 30

TOPICS

- | | | | |
|---|---|-------------|--|
| 1 | : | Medicine | a) Topic from IInd /IIIrd Year Syllabus – 5 M.C.Q
b) Topic from IIIrd/IVth Year Syllabus – 10 M.C.Q |
| 2 | : | Therapeutic | a) Topic from IInd /IIIrd Year Syllabus – 5 M.C.Q
b) Topic from IIIrd/IVth Year Syllabus – 10 M.C.Q |

Section B

Total mark – 35

S.A. Q.

Q.2 Solve any 3 5 X 3 = 15 Marks

- | | | | | |
|----|---|---------|--------|-------------------------------|
| A) | - | 5 Marks | Topic- | Medicine (IInd./IIIrd./IV) |
| B) | - | 5 Marks | Topic- | Therapeutic (IInd./Ird./IV) |
| C) | - | 5 Marks | Topic- | Medicine (IInd./IIIrd./IV) |
| D) | - | 5 Marks | Topic- | Therapeutic (IInd./IIIrd./IV) |

Q.3 Answer any 2 out of 3 5 X 2 = 10 Marks

- | | | | | |
|----|---|---------|--------|---------------------------|
| A) | - | 5 Marks | Topic- | Medicine (IIIrd Year /IV) |
| B) | - | 5 Marks | Topic- | Therapeutic (Ird./IV) |
| C) | - | 5 Marks | Topic- | Medicine (IIIrd Year/IV) |

Q. 4 Write short notes on 5 X 2 = 10 Marks

- | | | | | |
|----|---|---------|--------|----------------------------|
| A) | - | 5 Marks | Topic- | Medicine (IIIrd/IV) |
| B) | - | 5 Marks | Topic- | Therapeutic (Ird./IV Year) |

Section C

Total Mark – 35

L.A. Q.

Q.5 Describe aetiology clinical features (sign/symptoms) Investigation & Management with therapeutic drugs of -----

(TOPICS :- Medicine II/III/IVth Year Syllabus + Therapeutic II/IIIrd./IV Year Syllabus)
15 Marks

Q.6 Describe aetiology clinical features (sign/symptoms) Investigation & Management of ----

(TOPICS :- Medicine II/IIIrd/IV Year Syllabus)

10 Marks

Q.7 Describe the detail working knowledge of -----(name of the drugs) in the administration/key prescribing/management in the treatment of -----(name of the disease.)

(TOPICS :- Therapeutic II/IIIrd/IV Year Syllabus)

10 Marks

OR

Describe the Therapeutic Management
(TPOICS :- Miscellaneous IVth Year Syllabus)

10 Marks

MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK
CHART OF THE PRACTICAL TO BE SUBMITTED BY THE EXAMINER IN SEALED COVER THROUGH
PRINCIPAL TO-----

NAME OF THE EXAM :- FINAL B.H.M.S SUMMER/WINTER-
 SUBJECT :- MEDICINE

YEAR-----
 CENTER :- -----

MAX. MARKS :- 200

NOTE:- SCRATCHING OR OVERWRITING IN MARKS ARE NOT ALLOWED

ROLL NO	Beside LONG CASE	O.P.D. SHORT CASE	JOURNAL	TOTAL	X-RAY MODEL SPECIMEN	VIVA II/III Allied IInd/IIIrd. Year	VIVA II/III Therapeutic IInd/IIIrd Year	VIVA IVth Allied IVth Year	VIVA IV Therapeutic IVth Year	Total
	Clin 30	Therap 30	Clin 15	Therap 15	10	100	20	20	20	100

NAME & SIGNATURE OF THE EXAMINERS

- 1) EXTERNAL EXAMINER :- DR.
- 2) EXTERNAL EXAMINER :- DR.
- 3) EXTERNAL EXAMINER :- DR.
- 4) INTERNAL EXAMINER :- DR
- 5) INTERNAL EXAMINER :- DR.

Guide Line for Bedside

- Long/Short case
1. History Taking/Differnsial Diagnosis /Clinical Features
 2. Examination
 3. Investigation
 4. Diagnosis
 5. Management

Appendix – E

SCHEME OF EXAMINATION FOR FINAL BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY (FINAL B.H.M.S)

Sr. No	Subhead	Subject	Maximum Marks	Minimum Marks for passing the subhead	Minimum Marks for passing subject	Minimum Marks for
1	Medicine & Homoeopathic Therapeutics	Theory Paper I Paper II	100 100	100	230	345
		Practical Oral	100 100	50 50		
		Internal Assessment Theory Practical	40 20	30		
2	Homoeopathic Materia Medica	Theory Paper I Paper II	100 100	100	230	345
		Practical Oral	100 100	50 50		
		Internal Assessment Theory Practical	40 20	30		
3	Homoeopathic Reportory and case taking	Theory	100	50	115	170
		Practical	50	25		
		Oral	50	25		
		Internal Assessment Theory Practical	20 10	15		