

COMPETENCY BASED DYNAMIC CURRICULUM FOR

2nd

BHMS PROFESSIONAL COURSES

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by
National Commission for Homoeopathy whichever is earlier)



HOMOEOPATHY EDUCATION BOARD

NATIONAL COMMISSION FOR HOMOEOPATHY

MINISTRY OF AYUSH, GOVERNMENT OF INDIA

JAWAHAR LAL NEHRU BHARTIYA CHIKITSA AVUM HOMOEOPATHY ANUSANDHAN BHAVAN

No.61-65, Institutional Area, opp. 'D' block, Janak Puri, New Delhi-110 058

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PREAMBLE TO THE COMPETENCY BASED DYNAMIC CURRICULUM

The National Commission for Homoeopathy (NCH) has undertaken major revisions in the educational regulations in the last year and has devised a new Syllabus to ensure that the student who completes the homoeopathic undergraduate course grows into a homoeopathic physician who is informed and capable of performing as a professional with competency to deliver services as required for addressing the health needs of the person and society at large. It is based on the premise that a correct adherence to homoeopathic principles and knowledge imparted will enable the physician to deliver results in all aspects of health, viz. preventive, promotive, curative and rehabilitative.

There is a significant change in the approach and contents in the newly designed curriculum, with the intention of making it more coherent for the present and future needs of society. The designing of curriculum is based on the sound theories of educational methodology as applicable for the health professionals' education, and therefore, the outcomes are quite transparent and achievable.

The Homoeopathic Education Board (HEB) is obliged by the NCH Act 26 (b) to “develop a competency based dynamic curriculum for Homoeopathy at all levels in accordance with the regulations made under this Act, in such manner that it develops appropriate skill, knowledge, attitude, values and ethics among the graduates, postgraduate and super-specialty students and enables them to provide healthcare, to impart medical education and to conduct medical research”.

Competency based medical education (CBME) has been around in the medical world for more than three decades. It has undergone several revisions and adaptations through this period which has placed the NCH in an advantageous position to learn from the varied experiences of curriculum formulation, implementation and assessment.

It should be emphasized that the switch over to CBME involves a sea change in the understanding of the processes and outcomes for which all stakeholders need to be adequately sensitized and the teachers trained to minimize the difficulties inevitable in any transition. The following four pillars need a special mention to grasp the nature of the change being brought about (Frank Jason R, et al 2010).

1. The focus is on ensuring that the end user of the health care services is benefited. Hence it is important that the outcomes of the training are defined in clear terms so that the teacher, the student and the community are aware of what can be expected from the training.
2. The second logical focus is on bringing the abilities of the physician to the level when the outcomes defined above are realized. This involves the definition of the competencies required in the discharge of various functions of the physician. This would involve certain domains of competencies to be achieved. This coupling of the outcome and abilities leads automatically to the third pillar.
3. We have been used to consider all training as time bound as the BHMS course is 5 1/2 years duration. But when we realize that the rate of mastering different abilities would vary from student to student, we should de-emphasize the fixed period of training and instead look at how the student can be helped to master the specific competency.
4. The fourth pillar becomes the student herself/himself. The entire education and training become learner centered and hence the teacher takes a great effort in defining the outcomes, competencies, teaching and learning methods and most important of all, assessment which is predominantly formative and hence intends to shape the evolving capacities of the learner.

While formulating the competency based dynamic curriculum (CBDC) for the homoeopathy undergraduate, we must bear in mind the central role that homoeopathy philosophy and the principle of holistic care plays in the therapeutic actions of the homoeopathic interventions. This is a distinctive aspect which has hardly received the attention it deserves despite Hahnemann's clear recommendations in the first six Aphorisms of the Organon. The revised syllabus has brought this change and the formulation of the competency-based curriculum provides an opportunity to incorporate this approach at all levels of teaching and training. The implications lie in bringing about a sensitive and effective integration (horizontal/vertical/spiral) of all aspects of the syllabus throughout the five and half years of the undergraduate course.

There are five compelling factors that form the fulcrum to drive the change (Harris Peter, et al, 2010):

1. Design of curriculum: This needs careful attention due to its novelty. Homoeopathy, as a holistic discipline resting on the foundations of philosophy, needs a holistic approach from the first year itself. Several novel situations will need to be envisaged and catered to. And yet, a number of issues will remain. This is the dynamic nature of the enterprise, and we must be prepared to accept the well-known adage: Change, the only constant!
2. Teacher training: Our teachers have discharged the role of information providers and the teaching-learning process calls for a transformation in the role of the teacher (Sidhu Navdeep S. et al 2022). The future will need them to wear multiple hats and hence they will need to develop competencies viz. planner, facilitator, assessor, education manager, role model, etc, to be effective for these roles.
3. Assessment: Assessment practices must be based on a robust platform of validity, reliability, and objectivity, so that the tools of assessment blend fluidly with the academic flow. In this background, the focus is to shift the assessment approach from the monopoly of summative assessment to a significant allowance for formative assessment, which are supportive for learning and correction on-the-go.
4. Student issues: Along with the parents and the community, a significant re-orientation is called for while changing it from that of a 'last-minute' sprinter to a long range 'racer'! All stakeholders should be on the same page so that the processes can operate in a well-oiled manner. Glitches are to be expected when a largely 'rights' based social mind set has to shift gears to adopt a competency oriented one. Understanding that change needs patience and good will go a long way to make the latter orientation a way of life.
5. Systems: All educational systems from the colleges to universities need to incorporate the multiple changes within their systems. We are used to consider results as 'pass' and 'fail' with the latter carrying the stigma. While there is an expressed need to wish to cater to all categories of learners – fast, normal, slow – the need to bring about changes in the systems is not so readily accepted. The institutions need to develop as 'learning organisations' that spur the 'growth mind-set' of its members – the teachers, students, and all those who are in the loop of curricular or co-curricular management.

The HEB considers the CBDC as a work in progress. Considerable thoughts and efforts are invested into the design and planning of the curriculum. But as has been mentioned above, this is a pioneering work and would always benefit from suggestions that spring from critical thinking and reflection subsequent to sincere attempts in implementation.

The next sections provide details of operational clarity to implement the program. Training of teachers is the key component which will make all the difference. The NCH is committed to make it happen and the cooperation of all stakeholders is earnestly solicited.

References

1. Frank Jason R, et al (2010) Competency-based medical education: theory to practice, *Medical Teacher*, 32:8, 638-645, DOI: 10.3109/0142159X.2010.501190
2. Harris Peter, Linda Snell, Martin Talbot, Ronald M. Harden & for the International CBME Collaborators (2010) Competency-based medical education: implications for undergraduate programs, *Medical Teacher*, 32:8, 646-650, DOI: 10.3109/0142159X.2010.500703
3. Sidhu Navdeep S. et al (2022): Competency domains of educators in medical, nursing, and health sciences education: An integrative review, *Medical Teacher*, DOI: 10.1080/0142159X.2022.2126758

I - STEPS TAKEN TO FORMULATE HOMOEOPATHY CBDC MANUAL

In this section we will detail the process undertaken in the formulation of this manual. The account will be of use to the users viz. the academicians, teachers and students to better grasp the significance of the effort and the role that each would have to play. The subsequent section will outline the correct use of the manual in order to derive the maximum benefit.

I- Defining National Goals and Programme Outcomes

The process of identifying competency is a complex one. Defining the outcome clearly helps in defining the relevant competency thus enabling a person acquiring it with relative ease. In case of the medical graduate, the outcome or goal is determined by the health care needs of the community as perceived by the statutory authorities and the ability of the particular health care system to respond to this need. India has a pluralistic health tradition and the community accesses the several health care systems to fulfil their multiple health needs. Scientific evidence is generally relied upon to determine and differentiate the role of each system in providing health care. This, however, may not always be forthcoming to the required degree of precision.

Considering the above, the NCH has formulated broad national goals which a Homoeopathic graduate would be expected to be able to achieve.

NATIONAL GOALS:

At the end of undergraduate program, the homoeopathic medical student should be able to:

- a. Recognize the strength of homoeopathy, its applicability and limitations in health care of society and the individual.
- b. Integrate Homoeopathy along with conventional line of treatment for effective delivery of health care.
- c. Recognize the purpose of the National Health Policy and “Health for all” as a national goal and health right of all citizens and undergo training to achieve the realization of this social responsibility
- d. Develop a scientific temper, acquire educational experience for proficiency in profession and promote healthy living based on the tenets of homoeopathy.
- e. Become an exemplary citizen by observing medical ethics and fulfilling social and professional obligations so as to respond to national aspirations.
- f. Achieve competence in the practice of homoeopathy with holistic approach, encompassing promotive, preventive, curative and rehabilitative aspects of common

diseases.

- g. Establish Homoeopathy as an evidence-based system of medicine & practice it with zeal so that it stands at par to other scientific healing methods.

The above goals, though desirable, are broad. To realize them, the student entering into the undergraduate homoeopathic programme needs to be equipped with a set of competencies which would fall in the domains of knowledge, skills and attitudes. The broad goals need to be defined in specific actionable terms which will form the Programme outcomes. These will enable all the stakeholders to be clear of the nature of functioning expected from the homoeopathic physician at the end of the training. Accordingly, the team of resource persons worked together to formulate Programme Outcomes

PROGRAMME OUTCOMES:

At the end of the programme of the undergraduate studies, the homoeopathic physician must

- 1) Develop the knowledge, skills, abilities and confidence as a primary care homoeopathic practitioner to attend to the health needs of the community in a holistic manner
- 2) Correctly assess and clinically diagnose common clinical conditions prevalent in the community from time to time
- 3) Identify and incorporate the socio-demographic, psychological, cultural, environmental & economic factors affecting health and disease in clinical work
- 4) Recognize the scope and limitation of homoeopathy in order to apply Homoeopathic principles for curative, prophylactic, promotive, palliative, and rehabilitative primary health care for the benefit of the individual and community
- 5) Be willing and able to practice homoeopathy as per medical ethics and professionalism.
- 6) Discern the scope and relevance of other systems of medical practice for rational use of cross referrals and role of life saving measures to address clinical emergencies
- 7) Develop the capacity for critical thinking, self-reflection and a research orientation as required for developing evidence based homoeopathic practice.
- 8) Develop an aptitude for lifelong learning to be able to meet the changing demands of

clinical practice

- 9) Develop the necessary communication skills and enabling attitudes to work as a responsible team member in various healthcare settings and contribute towards the larger goals of national health policies such as school health, community health and environmental conservation.

Defining the Programme outcomes is a crucial step since this allows us to derive the competencies the homoeopathic graduate should possess at the end of the period of training. Care is taken to ensure that the National goals are covered as much as possible by the various aspects of the Programme Outcomes. Further, the annual course objectives for each academic year will be formulated separately based on the Courses studied and the nature of clinical or community activities undertaken each year. Accordingly, the corresponding competencies for the respective years have been defined.

Domains of Competencies for Homoeopathic Medical Graduate

The training of undergraduates in homoeopathy is now based on the philosophy of enabling competencies. The graduates are expected to demonstrate professional competencies as required and relevant for basic homoeopathic practice. In this background, the domains of performance need to be clearly projected for mapping the professional performance for both training and assessment.

Therefore, drawing on the proposals made in the ACGME, and CanMEDS documents, a taxonomy of competencies for homoeopathic graduates is proposed with six domains – knowledge & scholarship; patient care; homoeopathic orientation, communication skills, practice-based learning& improvement; and professionalism.

A detailed clarity on the six domains of competencies is provided as follows:

I. Knowledge and Scholarship

To acquire relevant and optimal levels of knowledge of the basic, clinical, and behavioural sciences, and apply these in the context of patient care.

1. Describe the normal structure and function of the human body and each of its major organ systems.
2. Recognise the altered structure and function of major organ systems that are seen in common diseases and conditions.
3. Relate the clinical, laboratory, and radiologic manifestations of common disease

and conditions.

4. Correlate the behavioural, psychosocial, genetic, and cultural factors associated with the origin, progression, and treatment of common diseases and conditions.
5. Identify the epidemiological dimensions of common diseases and conditions within a defined population.

II. Patient care

To provide individualised therapeutic and individualised and community-wide preventive care for a range of conditions.

1. Gather accurate, complete, and unbiased information through history taking, physical examination, and laboratory & imaging data.
2. Interpret the symptoms and correlate them with the outcomes of physical examination, and laboratory & imaging data.
3. Prioritise the outcomes of interpretation to prepare the basis for patient care decisions.
4. Plan for the management of therapeutic care on the basis of disease state, patient individuality, and the psycho-social influencers.
5. Plan for a community-based preventive care on the basis of socio-cultural, and health belief paradigms.
6. Engage the patients, family / care givers, and the community members to empower them for therapeutic / preventive care.
7. Provide evidence-based information for the patient and community to introspect and develop self-sufficiency for continued care.

III. Homeopathic orientation

To make evidence-based decisions that are anchored into the spirit of homeopathy for both individual and community care, and for therapeutic and preventive care.

1. Relate the patient's history, physical examination, and laboratory & imaging data for developing a picture of homeopathic diagnosis.
2. Position the case in Hahnemann's disease classification.
3. Identify the operating school of philosophy in the case.
4. Assess the prognostic possibilities as per Dake's hypothesis.
5. Track the progress of disease and specify its current state.
6. Select the prescription approach as materia medica-based, therapeutics-based, or repertory-based.
7. In the case of repertory-based prescription, select the appropriate repertorisation medium.

8. Identify the similimum including the potency and dosage.
9. Assess the remedy reaction as per Hering's Law or Direction of Cure, and Kent's 12 Observations.
10. Manage the case in line with principles of homeopathy.

IV. Communication Skills

Shall be able to communicate and interact effectively with patients, their families and members of the inter-professional healthcare team.

1. Practice empathic and patient-centered interviewing and communication.
2. Obtain an accurate and complete medical history considering the patient's culture, beliefs, personal preferences and level of health literacy.
3. Communicate effectively, both orally and in writing, with patients, families and members of the healthcare team / other healthcare professionals.
4. Function as a member of a healthcare team, collaborating effectively with other healthcare professionals in caring for patients.

V. Practice-Based Learning and Improvement

Develop the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning

1. Recognize strengths, deficiencies and limitations in their knowledge and skills.
2. Articulate the goals for self-regulated learning and improvement.
3. Perform learning activities that address gaps in the knowledge, skills and / or attitudes.
4. Use information technology to optimize learning.
5. Demonstrate commitment to continuously improve knowledge, skills and/or attitudes by incorporating formative evaluation and feedback into daily practice.
6. Participate in the education of patients, families, trainees, peers and other health professionals.
7. Obtain information about individual patients, populations of patients or communities of patients to improve care.
8. Practice life-long learning skills by continually identifying, analysing and implementing new knowledge, guidelines, standards, technologies, products or services.

VI. Professionalism.

Demonstrate a commitment to upholding professional duties guided by ethical principles.

1. Demonstrate respect for patients by using the appropriate form of address, attending to a patient's comfort, displaying appropriate attire and grooming, and honouring a patient's privacy and right to make decisions.
2. Demonstrate responsibility in actions by being punctual, managing emotions when confronted with adversity and confrontation, and recognizing personal and peer impairments.
3. Demonstrate honour and integrity by being honest about role and experience level, admitting mistakes and shortcomings, appropriately attributing sources of ideas and data, and respecting boundaries between patients, peers, and educators.
4. Demonstrate reverence for human life, understanding that sympathy for suffering is a fundamental concern of the medical profession and that the needs of the patient are paramount and should govern a physician's actions.
5. Demonstrate knowledge of the principles that govern ethical decision-making and rules and regulations regarding healthcare delivery, incorporating them into clinical practice and research

Teachers implementing this curriculum shall use these guardrails to guarantee that the curriculum implementation is firmly on track, and is transparent for monitoring and verification of progress.

This now equips us to chart the competencies against the expanded functions of the homoeopathic physician in each of the areas mentioned above. The components of each of the areas has been expanded to include all actions which the trained student would be expected to undertake.

This also helps us to zero down on the tasks which the homoeopathic student would need to be trained to perform. With this background, we should be able to approach the Manual which is being issued for 2nd, 3rd and 4th BHMS. It will be noted that the 6 domains of competencies will be aligned with the specific learning objectives for each item of learning.

Considerable fresh thought has gone into the framing of this document of CBDC for 2nd, 3rd and 4th BHMS. The existing templates were unable to satisfy the very foundations on

which homoeopathic practice rests and have been extensively elaborated and modified in the Preamble to the CBDC for 2nd, 3rd and 4th BHMS. The two features which may be emphasized here are:

1. Close adherence to homoeopathic philosophy and principles at every stage of education and training
2. This in turn demands a rare amount of integration at horizontal, vertical and spiral forms

The next section will deal with how the Competency table was formulated and how it should be used.

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1. Englander Robert, Cameron Terri, Ballard Adrian J., Dodge Jessica, Bull Janet, and Aschenbrener, Carol A. (2013) Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians Acad Med. 88:1088–1094. doi: 10.1097/ACM.0b013e31829a3b2b
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3. General Medical Council (2017) Generic professional capabilities framework accessed at https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--2109_pdf-70417127.pdf on 5th December 2022
4. Arora Aman (2020) Building Generic Competencies Model Conference: International Conference on Recent Trends and Innovations in Business Management, Social Sciences and Technology - NCIBM 2020, New Delhi accessed at <https://www.researchgate.net/publication/345001112> on 5th December 2022

II- UNDERSTANDING THE COMPETENCY TABLE

The Competency Table has been designed keeping in mind the domains of competencies required by the learner to attain the overall Program Outcomes (PO) as well as Course Outcomes (CO) of all courses.

A. Methodology in preparation of the Competency Table

The following methodology was adopted in preparing the Competency table for each course (or subject) of 2nd, 3rd and 4th year of the BHMS program once the National Goals, Programme Outcomes, and domains of competencies were identified:

- ❖ Course Outcomes (CO) were identified for each course (or subject) that were in alignment with the National goals and Programme Outcomes (PO)
- ❖ Finalizing the syllabus or the list of topics which will help to achieve not only the Course Outcomes (CO) but also the overall Program Outcomes (PO)
- ❖ Aligning the competencies from the 6 domains with the content.
- ❖ Identifying the Learning Objectives and Specific Learning Objectives (SLO) for each topic.
- ❖ Identifying the level of Miller's Pyramid for each Specific Learning Objectives (SLO)
- ❖ Classifying each Specific Learning Objective (SLO) as per Bloom's Taxonomy and Guibert's Level
- ❖ Defining the priority of each Specific Learning Objective (SLO) into 'Must know' or 'Desirable to know' or 'Nice to know' categories
- ❖ Choosing the appropriate Teaching Learning method/s and media and the assessment method/s required for achieving each objective or outcome
- ❖ Identifying the Horizontal, Vertical and Spiral Integration with other courses (or subjects) required for holistic understanding of the topic

We will now illustrate how the Competency table is to be read with respect to the Community Medicine Course (subject)

Illustrative Diagrammatic Representation of Competencies Table with example of the Community Medicine Course

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

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Table 1: Description of the Competencies table

S.No	Description
1	Unique number of the competency /outcome (Hom UG CM I-T 2.1) Hom UG CM I-T 2.1 to be read as Homoeopathy Under Graduate Program, Community Medicine course 3rd BHMS, Theory Component Unit , Topic 2.followed by serial number of the Specific Learning Objectives (SLO)
2	Domain of Competency covered by the topic- Domain Competency: KS-Knowledge and Scholarship PC- Patient care HO- Homoeopathic orientation CS- Communication Skills PBL- Practice-Based Learning and Improvement PRF- Professionalism
3	Mapping of the Level of Specific Learning Objectives (SLO) to Miller's Pyramid- Knows (K)/ Knows How (KH)/ Shows How (SH)/ Does (D)
4	Content to be covered from the topic
5	Description of Specific Learning Objectives (SLO) for the topic
6	The Blooms Domain addressed by the Specific Learning Objectives (SLO)- Cognitive (C) or Affective (A)or Psychomotor (P) Domain and Mapping of the Specific Learning Objective (SLO) to Guilbert's Level of Learning in the Cognitive or Affective or Psychomotor Domain
7	Assigning priority to Specific Learning Objective (SLO) as per Must know (MK) or Desirable to know (DK) or Nice to know (NK) areas
8	Teaching Learning methods and media for each SLO
9	Assessment methods for each SLO classified under formative and summative assessment
10	Vertical or horizontal integration with other courses to improve understanding. If the subject is taught for more than 1 year, it must be integrated spirally in all the years.

III. USING THE COMPETENCY TABLE

A Competency Based Dynamic Curriculum necessitates that each topic in a course (or subject) be elaborated in terms of the outcomes that are to be achieved by the learner at the end of the particular topic. This in turn will help the learner to achieve the competencies at the course and overall, at the program level.

1. Linking the Specific learning Objective (SLO) to the competencies and Miller's Level

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

Each Specific learning Objective (SLO) will help the learner to acquire the required domains of competencies (abilities that a basic homoeopathic doctor would be trusted to have acquired as a consequence of his / her learning).

The Specific learning Objective (SLO) also indicates at what level the competency is defined in the Miller's Pyramid which in the above example is at the level of 'Knows' and 'Knows How' – the ability to recall facts and ideas and the domain of competency covered is Knowledge and

Scholarship.

2. Specific learning Objective (SLO) for each topic

	Concepts of Health, Disease Causation & Prevention and Homoeopathy									
Competency No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term “Health” as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

Specific Learning Objectives (SLOs) start with the "Action Verb" as per the Domain and level and describe what students should know or be able to do at the end of a learning session.

3. Bloom/ Guilbert's level of SLO

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The SLOs are written as per the Blooms Domain (Cognitive or Affective or Psychomotor) under which they are categorized.

In the above example three Specific Learning Objectives (SLOs) have been described that belong to the Cognitive domain.

They are then mapped to Guilbert's Level of Learning in the Cognitive or Affective or Psychomotor Domain.

In the above example, the first two SLOs belong to level-II of Guilbert's level of learning under cognitive domain whereas the third SLO belongs to level-I of Guilbert's level of learning under cognitive domain.

4. Priority of Learning of SLO

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No.	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term “Health” as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The priority of learning is represented as ‘Must know’, ‘Desirable-to-know’, and ‘Nice-to-know’. Prioritization is a critical component of curriculum design because it classifies the specific learning objectives on the basis of their importance and usefulness for the ultimate professional standards. The priority of learning is objectively assigned by a formula that gives weightage on the basis of multiplying ‘frequency and impact’ of the learning for professional needs.

In the above example, all the three SLOs are ‘Desirable to Know’.

5. Teaching Learning methods and media for each topic

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The Teaching- Learning methods and media have been identified that are most suitable to the Specific Learning Objectives (SLOs) formed for each topic and as per the Domain of each of the Specific Learning Objectives (SLOs).

In the above example, Lectures, Small Group Discussions are the Teaching- Learning methods to be adopted for achieving the SLO. The media could be projectors, models, whiteboard etc.

The Teaching Learning Methods and media will vary as per the Specific Learning Objectives (SLO) and the Domains they cover.

6. Assessment methods for each topic

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilber t	Priority	T-L M/M	Assessment		Integration
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Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term “Health” as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

The Assessment methods have been identified that are most suitable to the Specific Learning Objectives (SLOs) formed for each topic and as per the Domain of each Specific Learning Objectives (SLOs) to assess the learner.

In the above example, Multiple Choice Questions (MCQ), Short Answer Questions (SAQ), Viva Voce and Quiz are the assessment methods to be adopted for assessing the SLO. The Assessment Methods will vary as per the SLO and the Domain it covers.

They are further classified into formative and summative assessment methods.

Formative assessment methods will be used at the end of every topic to assess whether the student has achieved the desired SLOs and give feedback. In the above example, MCQ's, Viva, Quiz are the formative assessment methods to be used to assess the particular SLOs.

Summative assessment methods will be used to assess the student on a particular topic for internal assessment and the Final University Examination. In the above example, MCQ's, SAQ's are the summative assessment methods that would be used to assess whether the student has achieved these SLOs.

7. Integrated Learning

Concepts of Health, Disease Causation & Prevention and Homoeopathy										
Competency No	Domain of Competency	Miller	Content	Specific Learning Objectives	Bloom/Guilbert	Priority	T-L/M/M	Assessment		Integration
								Formative	Summative	
Hom UG CM I-T 2.1	KS	KH	Concept of health	Discuss the history of health Discuss the biomedical, ecological, psychological, and spiritual dimensions of holistic health	C-II	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ, SAQ	Organon of Medicine
Hom UG CM I-T 2.2	KS	K	Health	Define the term "Health" as per WHO.	C-I	DK	1. Lecture 2. Small Group Discussion	MCQ Viva Quiz	MCQ,	

Horizontal or Vertical Integrated Learning with other subjects is required for a holistic understanding of the topic from different points of view.

In the above example, the above topic should be integrated with Organon of Medicine for better understanding of the topic.

Spiral integration is required as the subject will be taught in II, III and IV BHMS.

Legend: Abbreviations

Sr. No	Acronym	Description
1.	PO	Programme outcomes
2.	CO	Course outcomes
3.	ACO	Annual Course Objectives
4.	SLO	Specific Learning Objective
5.	KS	Knowledge and Scholarship
6.	PC	Patient Care
7.	HO	Homoeopathic Orientation
8.	CS	Communication Skills
9.	PBL	Practice Based Learning and Improvement
10.	PRF	Professionalism
11.	K	Knows
12.	KH	Knows How
13.	SH	Shows How
14.	D	Does
15.	C-I/II/III	Cognitive Domain- Guilbert's Level-I/II/III
16.	P-I/II/III	Psychomotor Domain- Guilbert's Level-I/II/III
17.	A-I/II/III	Affective Domain- Guilbert's Level-I/II/III
18.	MK	Must Know
19.	DK	Desirable to Know
20.	NK	Nice to Know
21.	MCQ	Multiple Choice Question
22.	SAQ	Short Answer Question

23.	LAQ	Long Answer Question
24.	OSPE	Objective Structured Practical Examination
25.	OSCE	Objective Structured Clinical Examination

IV- Glossary of terms used in the template.

Goals

These are broad outcomes expected of a student at the end of the course of studies. These are to be contrasted with Objectives/Outcomes which are more specifically and narrowly defined.

Programme

A range of learning experiences offered to students in a formal manner over a period of one-to-four years leading to certificates/ diplomas/ degrees. Examples: BA (Economics) BSc (Physics). All possible formal degree Programmes are identified by UGC. BHMS is one such Programme

Programme Outcome

Programme Outcomes (POs) are what knowledge, skills and attitudes a graduate should have at the time of graduation. The Programme Outcomes of professional disciplines are identified at national level by the concerned accrediting agency. In this case, it would be the National Commission of Homoeopathy which would be involved.

Course

Course for the purpose of this Manual represents a subject e.g. Anatomy. In homoeopathic education some of the courses extend over several years e.g. Materia Medica. The relevance of this is in the formulation of Course Outcome

Course Outcome

Course Outcomes are statements that describe what students should be able to do at the end of a course. Where a Course extends over a number of years, it is necessary to define distinct Course Outcomes over the entire teaching programme of the subject. These will vary in depth and extent of the coverage of the subject.

Annual Course Objectives (ACO)

Annual course objectives are overarching goals or outcomes that educators set for an academic course to guide teaching, learning, and assessment for the particular year. These objectives serve as a roadmap for both teachers and students, outlining what is expected to be achieved by the end of the year in the course. They typically encompass the essential knowledge, skills, and competencies that students should acquire within the specified timeframe.

Competency

An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition.

Content:

Content is the group of sub-topics to be covered under each broad topic.

Millers Levels:

Miller's Pyramid is a diagrammatic representation of the convergence of learning. It maps the pathway of learning to show a person gains the ability and competence in a series of increasingly progressive phases of learning.

The broad base of this pyramid - 'Knows' – has the ability to recall facts and ideas that form the bedrock of professional requirements. 'Knows How' is the next phase of learning, where the students gains the insight into the relationships between the various units of 'knows' and can relate them meaningfully to reach the 'knows how' capacity. These phases would largely be in the Cognitive Domain of Bloom's Taxonomy of Learning Objectives.

Learning is not just about knowing and knowing how, but also to enable that the 'know how' is put into practice. This is the third phase of Miller's Pyramid – the 'Shows How'. During this phase of learning, the student is able to demonstrate the reasoning ability that he / she has acquired in controlled or real situations. This ability also includes the psychomotor dimension of Bloom's Taxonomy. The summit of pyramid, i.e., 'Does' also includes the emotional aspect

of learning in the form of values, attitudes, communication, etc, that denote the ‘Affective Domain’ of Bloom’s Taxonomy.

The Miller’s Pyramid is a valuable tool to represent the increasing levels of competencies that the students need to acquire, and also a framework to assess the level of competency that is achieved. Interestingly, the framework focuses on what the learner would be doing, rather than on what the teacher would be doing.

Specific Learning Objectives:

Specific Learning Objectives / Outcomes (SLOs) describe what students should know or be able to do at the end of a learning session, that they couldn't do before. These are written and communicated in a ‘low context communication style’, that is to say, whoever reads the SLO would have the same understanding that the person who wrote it had. That is, there would be no communication gap.

That is the reason why the SLOs are written specifically and exclusively as units of learning in one of the domains of Bloom, and further at one of the levels of Guilbert. This will ensure that the learning that is expected is clearly communication among all those who refer to it, including those who set the assessment and evaluate the student performance. Further, the SLOs are ALWAYS written with an ACTIVE verb, so as to make the statement observable and measurable.

Bloom’s domain:

Bloom’s Taxonomy of Educational Objectives is a tool for classifying learning under the categories of ‘knowledge’, ‘skill’, and ‘attitude / value / communication’, represented by the technical terms ‘Cognitive’, ‘Psychomotor’, and ‘Affective’ domains respectively. Each of these domains distinguish the dimension of learning in a particular area. The importance of such classification is that it offers a clear model for both teaching and students’ assessment.

Guilbert’s level:

Guilbert’s Hierarchy is a tool that describes the various levels of learning that can be mapped and managed in the Bloom’s domains of learning – cognitive, psychomotor, and affective. This tool also has the additional benefit to identify the appropriate teaching – learning methods / media, and also the assessment strategies.

In the 'knowledge' domain Guilbert's approach to learning proceeds from recall of facts to understanding / interpreting the different sets of data, and finally to the ability to make decisions and solve problems on the basis of the understanding / interpretation. This simple three-step process builds a sequential order of learning; it clearly brings out that decisions shall be made NOT on the basis of facts alone, but through a process of understanding and interpretation.

The 'skill' domain builds the learning from the stage of observing and imitation to gaining control over the skills and culminating in automatism of the skill. In simple terms, any skill will be learnt initially by observing its performance, and imitating the same in the sequential order. In the next phase, the learner tries to gain control over the skill initially under the supervision, and ultimately will be able to perform it independently.

Learning in the affective domain proceeds from the stage where the learner is open and receptive to the stimulus or trigger situation, responding to it in a desirable manner, and finally internalizing the responses.

Priority of learning:

The priority of learning is represented as 'Must know', 'Desirable-to-know', and 'Nice-to-know'. Prioritization is a critical component of curriculum design because it classifies the learning outcomes on the basis of their importance and usefulness for the ultimate professional standards. The priority of learning is objectively assigned by a formula that gives weightage on the basis of 'frequency and impact' of the learning for professional needs.

TL Method / Media:

The teaching-learning (TL) methods and media are the vehicles that enable the acquisition of stated outcomes. Teaching method is simply 'what the teacher does or what the teacher enables the students with', such as giving a lecture, conducting a demonstration, or facilitating a group discussion. Teaching-learning media is 'what the teacher or the students use' to enable the learning; with examples such as a board, or projector, or model, or specimen, among others.

The teaching-learning methods and media are specific to the domains and levels in the domains. It must also be remembered that learning is a continuum, and a range of methods and media would be appropriate in the different phases in the continuum of learning.

Assessment:

Assessment of learning is an important component of curriculum. This measures the

performance of the students in comparison to the expected outcomes of learning. Therefore the specific learning outcomes must be stated and communicated clearly and objectively to all the stakeholders of education. Assessment strategy is based on the domain and the level of domain in which the outcome is to be measured. Assessment could be judgemental for the extent and quality of outcomes, when it is called ‘assessment of learning’, or it could also be supportive for learning, when it is called as ‘assessment for learning’. There are two major approaches to assessment – formative, and summative. The tools of assessment are provided in the annexure.

Formative Assessment:

Formative assessment is NOT judgmental, in that it does not brand the learner as ‘pass’ or ‘fail’. The formative assessments measure the extent and quality of learning with reference to the expected learning outcomes, so that the students can be given feedback to improve on their performance. The formative assessments promote mastery learning, that is to say, each student achieves the stated level of mastery of performance because of the feedback and support. Formative assessment is also called as continuous assessment.

Summative Assessment:

Summative assessment has the mandate to judge the achievement of the learner at the end of a period of learning, and label him / her as ‘pass’ or ‘fail’, assign a rank, approve for eligibility to be promoted or eligibility to be admitted to a course. These assessments also serve as quality check to ensure that those who are being certified conform to a minimum standard of professional competence.

Objective Structured Practical Examination:

The Objective Structured Practical Examination (OSPE) is a type of assessment commonly used in medical education. It's designed to evaluate a student's practical skills and competencies in a structured and standardized manner.

In an OSPE, students rotate through a series of stations, each presenting a different task or scenario. These stations typically involve procedural techniques, or interpretation of diagnostic tests. At each station, students are assessed based on predefined criteria and checklist.

Objective Structured Clinical Examination:

The Objective Structured Clinical Examination (OSCE) is a widely used method of assessing clinical skills in medical education. It's designed to evaluate various competencies such as clinical reasoning, communication skills, physical examination techniques, and professionalism in a standardized and objective manner.

In an OSCE, candidates rotate through a series of stations, each representing a different clinical scenario or task. At each station, candidates are typically required to interact with simulated patients, perform specific clinical tasks, or respond to clinical questions within a set time frame, usually ranging from 5 to 15 minutes per station.

Scenarios can cover a wide range of clinical contexts, including history-taking, physical examination, clinical decision-making, counseling, and procedural skills. Trained assessors evaluate candidates based on predefined criteria, often using structured checklists or rating scales to provide consistent and objective feedback.

Integration:

Integration of learning is an essential requirement for aligning various data points of knowledge and skills for getting a holistic understanding and enabling a unified performance. Integration can be achieved at various dimensions and at various levels.

The dimensions of integration could be temporal in the form of Horizontal, Vertical, or Spiral. Horizontal integration is the alignment of learning on a longitudinal timeline, where the comparable contents of various subjects in the same term or year are integrated.

Vertical integration is seen in the subjects that build on the pre-existing knowledge and skills of another subject. For example, the integration between clinical subjects like Practice of Medicine with the para-clinical subjects such as pathology.

Spiral integration is where a subject is recurring at various levels in the same course. For example, Materia medica is learnt from the first to final BHMS, and the focus of the subject is not the same in each year. There would be iteration of the same knowledge from different perspectives and capabilities across the different phases of BHMS.

The levels of integration represent the increasing approximation of knowledge from different

subjects, so as to reach an approximation of fusion. The attempt to integration may begin with arranging the comparable contents of different subjects at the same cross sections of timeline. Further, there could be positioning the content of one subject into another subject to bring some kind of co-existence. Still further, the contents can be seamlessly merged to create an aligned learning content. Such integrative efforts can bring about holistic learning for a meaningful homeopathic capacity-building.



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राष्ट्रीय होम्योपैथी आयोग अधिसूचना

नई दिल्ली, 6 दिसम्बर, 2022

फा. सं. 3-34/2021/NCH/HEB/CC/10758.— राष्ट्रीय होम्योपैथी आयोग अधिनियम, 2020 (2020 का 15) की धारा 1 तथा धारा 55 की उप-धारा (2) के उपबंधों (एच), (आई), (क्यू), (एस) तथा (टी) द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए और होम्योपैथी (डिग्री पाठ्यक्रम) बी.एच.एम.एस. विनियम, 1983 के अधिक्रमण में, ऐसे अधिक्रमण से पहले किए गए या किए जाने के लिए लोप किया गया है, आयोग इसके द्वारा निम्नलिखित विनियमों का निर्माण किया गया है:-

1 संक्षिप्त शीर्षक और प्रारंभ :

- (1) इन विनियमों को राष्ट्रीय होम्योपैथी आयोग (होम्योपैथी स्नातक डिग्री पाठ्यक्रम - बैचलर ऑफ होम्योपैथीक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) विनियम-2022 कहा जा सकता है।
- (2) ये आधिकारिक राजपत्र में उनके प्रकाशन की तारीख से लागू होंगे।

2 परिभाषाएँ :

- (1) इन विनियमों में, जब तक कि संदर्भ से अन्यथा अपेक्षित न हो :
 - (क) "अधिनियम" का अर्थ है राष्ट्रीय होम्योपैथी आयोग, अधिनियम, 2020 (2020 का 15);
 - (ख) "अनुलग्नक" का अर्थ इन विनियमों से संलग्न एक अनुलग्नक है;
 - (ग) "परिशिष्ट" का अर्थ इन विनियमों के साथ संलग्न परिशिष्ट है;

(घ) "आयोग" का अर्थ इस अधिनियम की धारा 3 के तहत गठित राष्ट्रीय होम्योपैथी आयोग;

(ङ) "चयनात्मक" का अर्थ है छात्र की शैक्षिक अभिव्यक्ति को समृद्ध करने के लिए तैयार किए गए अध्ययन का एक वैकल्पिक पाठ्यक्रम।

(2) यहां इस्तेमाल किए गए शब्दों और अभिव्यक्तियों को परिभाषित नहीं किया गया है लेकिन उन्हें अधिनियम में परिभाषित किया गया है, उनका वही अर्थ होगा जो उन्हें अधिनियम में क्रमशः निर्दिष्ट किया गया है।

3. बैचलर ऑफ होम्योपैथीक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम :

बैचलर ऑफ होम्योपैथीक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.), क्षेत्र में समकालीन प्रगति के साथ, होम्योपैथी का गहन ज्ञान रखने वाले स्नातकों को तैयार करेगा, जो व्यापक व्यावहारिक प्रशिक्षण के साथ आधुनिक स्वास्थ्य विज्ञान और संबंधित प्रौद्योगिकी में वैज्ञानिक और तकनीकी प्रगति के ज्ञान के पूरक होंगे तथा शहरी और ग्रामीण क्षेत्रों में स्वास्थ्य के देखभाल की सेवाओं में एक कुशल समग्र स्वास्थ्य की देखभाल करने वाले चिकित्सक के रूप में कार्य करने में सक्षम होंगे।

4. प्रवेश के लिए न्यूनतम पात्रता मानदंड और प्रवेश का तरीका :-

(1) बैचलर ऑफ होम्योपैथीक मेडिसिन एंड सर्जरी(बी.एच.एम.एस.) पाठ्यक्रम में प्रवेश लेने के लिए न्यूनतम पात्रता निम्नानुसार होगी :

(क) उम्मीदवार को किसी भी मान्यता प्राप्त बोर्ड से भौतिकी, रसायन विज्ञान, जीव विज्ञान के साथ 10 + 2 या इसके समकक्ष परीक्षा उत्तीर्ण होना चाहिए और सामान्य वर्ग से संबंधित छात्रों के मामले में भौतिकी, रसायन विज्ञान और जीव विज्ञान / जैव प्रौद्योगिकी में एक साथ न्यूनतम पचास प्रतिशत अंक और अनुसूचित जाति, अनुसूचित जनजाति तथा अन्य पिछड़ा वर्ग के छात्रों के मामले में चालीस प्रतिशत अंक प्राप्त किए हों;

बशर्ते कि विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49) के तहत निर्दिष्ट विकलांग व्यक्तियों के संबंध में, उक्त परीक्षाओं में न्यूनतम योग्यता अंक सामान्य श्रेणी के मामले में पैंतालीस प्रतिशत और अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के मामले में चालीस प्रतिशत होंगे;

(ख) 10+2 स्तर पर अतिरिक्त विषय के रूप में जीव विज्ञान/जैव प्रौद्योगिकी का अध्ययन भी इस प्रवेश के लिए विचार-योग्य नहीं होगा।

(ग) ओपन स्कूल से या निजी उम्मीदवारों के रूप में 10 + 2 उत्तीर्ण करने वाले उम्मीदवार राष्ट्रीय पात्रता-सह-प्रवेश परीक्षा में बैठने के लिए पात्र नहीं होंगे।

(घ) किसी भी उम्मीदवार को बैचलर ऑफ होम्योपैथी मेडिसिन एंड सर्जरी(बी.एच.एम.एस.)पाठ्यक्रम में तब तक प्रवेश नहीं दिया जाएगा, जब तक कि उम्मीदवार पाठ्यक्रम के पहले वर्ष में प्रवेश के वर्ष के 31 दिसंबर को या उससे पहले सत्रह वर्ष की आयु प्राप्त नहीं कर लेता है;

(2) प्रत्येक शैक्षणिक वर्ष में स्नातक पाठ्यक्रम में प्रवेश हेतु स्नातक स्तर के सभी चिकित्सा संस्थानों के लिए एक समान प्रवेश परीक्षा होगी, जिसका नाम राष्ट्रीय पात्रता-सह-प्रवेश परीक्षा (एन.ई.ई.टी.) होगा और यह परीक्षा राष्ट्रीय होम्योपैथी आयोग द्वारा नामित एक प्राधिकरण द्वारा आयोजित की जाएगी।

बशर्ते कि विदेशी नागरिक उम्मीदवारों के मामले में प्रवेश के लिए, केन्द्र सरकार द्वारा अनुमोदित किसी अन्य समकक्ष अहर्ता को मंजूरी प्रदान की जाएगी और विनियम 4 का उप-विनियम (2) इसमें प्रयोज्य नहीं होगा।

(3) स्नातक पाठ्यक्रम के लिए राष्ट्रीय पात्रता-सह- प्रवेश परीक्षा में न्यूनतम 50 प्रतिशत अंक से कम प्राप्त करने वाले किसी उम्मीदवार के उक्त शैक्षणिक वर्ष के लिए स्नातक पाठ्यक्रम में प्रवेश पर विचार नहीं किया जाएगा।

बशर्ते कि अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के उम्मीदवारों के लिए, न्यूनतम अंक 40 प्रतिशत से कम नहीं होगा और विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का

49) के तहत निर्दिष्ट विकलांगों के लिए न्यूनतम अंक सामान्य वर्ग के मामले में 45 प्रतिशत और अनुसूचित जाति, अनुसूचित जनजाति और अन्य पिछड़ा वर्ग के मामले में 40 प्रतिशत से कम नहीं होगा।

परंतु यह और कि आयोग केंद्र सरकार के परामर्श से संबंधित श्रेणी से संबंधित उम्मीदवारों के लिए स्नातक पाठ्यक्रम में प्रवेश के लिए, आवश्यक न्यूनतम अंक को कम कर सकता है और केंद्र सरकार द्वारा इस प्रकार कम किए गए अंक, केवल उस शैक्षणिक वर्ष के लिए लागू होंगे।

- (4) राष्ट्रीय पात्रता-सह-प्रवेश परीक्षा में प्राप्त अंकों के आधार पर, एक अखिल भारतीय सामान्य योग्यता सूची के साथ-साथ पात्र उम्मीदवारों की राज्य-वार योग्यता सूची तैयार की जाएगी और केवल उक्त योग्यता सूची से संबंधित श्रेणी के उम्मीदवारों को स्नातक पाठ्यक्रम में प्रवेश के लिए विचार किया जाता है।
- (5) सरकारी संस्थानों, सरकारी सहायता प्राप्त संस्थानों और निजी संस्थानों में प्रवेश के लिए सीट मैट्रिक्स अखिल भारतीय कोटे के लिए पंद्रह प्रतिशत और राज्य और केंद्र शासित प्रदेश कोटे के लिए पचासी प्रतिशत होगी। :

बशर्ते कि -

- क) सभी डीम्ड विश्वविद्यालयों में प्रवेश के उद्देश्य के लिए अखिल भारतीय कोटा सरकारी और निजी दोनों के लिए सौ प्रतिशत होगा;
- ख) जिन विश्वविद्यालयों और संस्थानों में पहले से ही अखिल भारतीय कोटे की सीटें पंद्रह प्रतिशत से अधिक हैं, वे उस कोटा को बनाए रखना जारी रखेंगे;
- ग) सरकारी और सरकारी सहायता प्राप्त संस्थानों में वार्षिक स्वीकृत क्षमता का पांच प्रतिशत, विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49) के प्रावधानों के अनुसार और राष्ट्रीय पात्रता-सह-प्रवेश परीक्षा की योग्यता सूची के आधार पर निर्दिष्ट विकलांगता वाले उम्मीदवारों द्वारा भरा जाएगा।

स्पष्टीकरण- इस खंड के उद्देश्य के लिए, विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49) की अनुसूची में निहित निर्दिष्ट विकलांगता परिशिष्ट "ए" में निर्दिष्ट है और होम्योपैथी में निर्दिष्ट विकलांगता के साथ किसी पाठ्यक्रम को आगे बढ़ाने के लिए उम्मीदवार की पात्रता परिशिष्ट "बी" में निर्दिष्ट दिशानिर्देशों के अनुसार होगी तथा यदि किसी विशेष श्रेणी में विकलांग व्यक्तियों के लिए आरक्षित सीटें उम्मीदवारों की अनुपलब्धता के कारण खाली रह जाती हैं, तो उन सीटों को संबंधित श्रेणी के लिए वार्षिक स्वीकृत सीटों में शामिल किया जाएगा।

- (6) राज्य सरकार, विश्वविद्यालय, ट्रस्ट, सोसायटी, अल्पसंख्यक संस्थान, निगम या कंपनी द्वारा स्थापित संस्थानों सहित राज्यों और केंद्र शासित प्रदेशों में सभी चिकित्सा संस्थानों में स्नातक पाठ्यक्रम में प्रवेश के लिए राज्य और केंद्र शासित प्रदेश कोटा की काउंसलिंग के लिए नामित प्राधिकारी संबंधित राज्य या केंद्र शासित प्रदेश के प्रासंगिक नियमों और विनियमों के अनुसार संबंधित राज्य या केंद्र शासित प्रदेश, जैसा भी मामला हो, का होगा।
- (7) (क) अखिल भारतीय कोटे के तहत सीटों के साथ-साथ केंद्र सरकार द्वारा स्थापित सभी चिकित्सा संस्थानों के लिए बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी(बी.एच.एम.एस) पाठ्यक्रम में प्रवेश के लिए काउंसलिंग, इस संबंध में केंद्र सरकार द्वारा नामित प्राधिकरण द्वारा आयोजित की जाएगी;
- (ख) सभी सरकारी और निजी दोनों कोटे के डीम्ड विश्वविद्यालयों की सभी शत प्रतिशत सीटों के लिए बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी(बी.एच.एम.एस) पाठ्यक्रम में प्रवेश के लिए काउंसलिंग, केंद्र सरकार द्वारा इस संबंध में नामित प्राधिकरण द्वारा, आयोजित की जाएगी।
- (8) प्रवेश निम्नानुसार लिया जाएगा।
 - क) विदेशी नागरिकों को छोड़कर केवल काउंसलिंग के माध्यम से;
 - ख) इन विनियमों में निर्दिष्ट तरीके के अलावा, किसी अन्य माध्यम को मंजूरी नहीं दी जाएगी और

विनियमों के प्रावधानों का उल्लंघन करके छात्रों को प्रवेश देने वाले किसी भी संस्थान को आगे के शैक्षणिक वर्षों के लिए प्रवेश लेने की अनुमति से वंचित कर दिया जाएगा;

ग) संस्थानों को, प्रवेश के लिए नियत किए गए छात्रों की सूची के सत्यापन के लिए समय-समय पर आयोग द्वारा निर्दिष्ट प्रारूप में, प्रवेश के लिए कटऑफ तिथि पर शाम छह बजे या उससे पहले प्रवेशित छात्रों की सूची प्रस्तुत करनी होगी;

घ) चिकित्सा संस्थान उन उम्मीदवारों (विदेशी नागरिकों को छोड़कर) के प्रवेश को मंजूरी देंगे जिन्हें काउंसलिंग (केंद्र, राज्य या केंद्र शासित प्रदेश जैसा भी मामला हो) के माध्यम से आवंटित किया गया है।

- (9) कोई भी उम्मीदवार जो इस विनियम के उप-विनियम (3) के तहत न्यूनतम पात्रता अंक प्राप्त करने में विफल रहा है, उसे उक्त शैक्षणिक वर्ष में स्नातक पाठ्यक्रम में प्रवेश नहीं दिया जाएगा।
- (10) कोई भी चिकित्सा संस्थान प्रवेश के संबंध में इन विनियमों में निर्धारित मानदंडों या प्रक्रिया के उल्लंघन में किसी भी उम्मीदवार को स्नातक पाठ्यक्रम में प्रवेश नहीं देगा और उक्त मानदंड या प्रक्रिया के उल्लंघन में किए गए किसी भी प्रवेश को आयोग द्वारा तत्काल रद्द कर दिया जाएगा।
- (11) प्राधिकारी या चिकित्सा संस्थान, जो इन विनियमों में निर्धारित मानदंडों या प्रक्रिया के उल्लंघन में किसी भी छात्र को प्रवेश देता है, अधिनियम के अनुसार विहित कार्रवाई के लिए उत्तरदायी होगा।
- (12) चिकित्सा संस्थान, आयोग को छात्रों के प्रवेश लेने के एक महीने के भीतर उनके द्वारा भर्ती किए गए छात्रों की संख्या के बारे में सूचना भेजेंगे और आयोग किसी भी समय कॉलेजों द्वारा विनियम के प्रावधानों के अनुपालन सुनिश्चित करने का सत्यापन कर सकता है।

5. बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम की अवधि – निम्नलिखित तालिका में विहित के अनुसार बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी(बी.एच.एम.एस.) पाठ्यक्रम की अवधि पाँच वर्ष और छह महीने की होगी, जिनके नाम निम्नलिखित हैं:

तालिका-1

क्रम संख्या	बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम	अवधि
(1)	(2)	(3)
1.	प्रथम व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	अठारह महीने
2.	द्वितीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	बारह महीने
3.	तृतीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	बारह महीने
4.	चतुर्थ(अंतिम) व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	बारह महीने
5.	अनिवार्य रोटेटरी इंटरनशिप	बारह महीने

6. सौंपी जाने वाली डिग्री - उम्मीदवार को सभी परीक्षाओं को पास करने और निर्धारित अवधि में अध्ययन के

निर्धारित पाठ्यक्रम को पूरा करने और बारह महीने से अधिक की अनिवार्य रोटेटरी इंटरनशिप के पूरा होने के बाद बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) डिग्री से सम्मानित किया जाएगा।

7. **अध्ययन की रूपरेखा -** बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम में मुख्य पाठ्यक्रम और चयनात्मक शामिल होंगे और अध्ययन की रूपरेखा का पालन निम्नलिखित तरीके से किया जाएगा :

(1) **मुख्य पाठ्यक्रम :-**

- क) प्रवेश के बाद, छात्र को बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) फाउंडेशन पाठ्यक्रम के माध्यम से कम से कम 10 कार्य दिवसों, जो 60 घंटे से कम नहीं होगा और हर दिन 'कॉन्टेंट फॉर फाउंडेशन कोर्स' के आधार पर छह घंटे शामिल हो सकते हैं, जिसका उद्देश्य अगले पांच साल और छह महीने के लिए भर्ती होने वाले नए छात्र को होम्योपैथिक प्रणाली और बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम के बारे में अच्छी तरह से अवगत कराने के लिए आवश्यक कौशल की जानकारी प्रदान करना है।
- ख) फाउंडेशन पाठ्यक्रम के दौरान, होम्योपैथी के छात्र होम्योपैथी का इतिहास सीखेंगे, दुनिया भर में होम्योपैथिक विज्ञान के विकास के साथ उन्मुख होंगे, पारस्परिक संचार कौशल में सुधार की समझ, तनाव और समय का प्रबंधन, बुनियादी जीवन समर्थन और प्राथमिक चिकित्सा के साथ-साथ अनुलग्नक-1 में निर्धारित पाठ्यक्रम के अनुसार अन्य विषयों की जानकारी प्राप्त करेंगे।
- ग) पहले व्यावसायिक सत्र के लिए कुल शैक्षणिक घंटे दो हजार एक सौ छह(2106) से कम नहीं होंगे, जबकि दूसरे, तीसरे और चौथे व्यावसायिक सत्र के लिए, प्रत्येक पेशेवर सत्र में न्यूनतम एक हजार चार सौ चार(1404) घंटे का शिक्षण पूरा करना आवश्यक है।
- घ) शिक्षण की निर्धारित अवधि और अपेक्षित गतिविधि को पूरा करने के लिए विश्वविद्यालय या संस्थान द्वारा आवश्यकता के अनुसार काम के घंटे बढ़ाए जा सकते हैं।

स्पष्टीकरण - इस विनियम के प्रयोजनों के लिए

- (क) "व्याख्यान" का अर्थ है उपदेशात्मक शिक्षण अर्थात् कक्षा शिक्षण
- (ख) गैर-व्याख्यान में व्यावहारिक या नैदानिक और प्रदर्शनकारी शिक्षण शामिल हैं और प्रदर्शनात्मक शिक्षण में छोटे समूह शिक्षण या ट्यूटोरियल या सेमिनार या संगोष्ठी या असाइनमेंट या रोल प्ले या ड्रग पिक्चर प्रेजेंटेशन या फार्मैसी प्रशिक्षण या प्रयोगशाला प्रशिक्षण या विच्छेदन या क्षेत्र का दौरा या कौशल प्रयोगशाला प्रशिक्षण या एकीकृत शिक्षा या समस्या आधारित शिक्षा या केस आधारित शिक्षा या प्रारंभिक नैदानिक प्रदर्शन या साक्ष्य आधारित शिक्षा आदि तथा विषय की आवश्यकता के अनुसार तथा गैर-व्याख्यानों में, नैदानिक या व्यावहारिक भाग सत्तर प्रतिशत होगा और प्रदर्शनात्मक शिक्षण तीस प्रतिशत होगा।
- (ङ) अनुसंधान योग्यता के विकास के साथ-साथ सभी स्वास्थ्य विज्ञानों के समग्र और एकीकृत ज्ञान प्रदान करने के लिए नए विभागों और विषयों जैसे मनोविज्ञान, योग, आधुनिक फार्माकोलॉजी की अनिवार्यता और अनुसंधान पद्धति और जैव सांख्यिकी जैसे विषयों को डिग्री पाठ्यक्रम में पेश किया गया है।
- (च) बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी(बी.एच.एम.एस.) पाठ्यक्रम में निम्नलिखित विभाग/विषय होंगे, जिनके नाम हैं :

तालिका संख्या 2

क्र.सं.	विभाग का नाम
(1)	(2)
1	होम्योपैथिक मटेरिया मेडिका
2	ऑर्गन ऑफ मेडिसिन एंड होम्योपैथिक फिलॉसफी एंड फंडामेंटल्स ऑफ साइकोलॉजी
3	होम्योपैथिक फार्मेसी
4	होम्योपैथिक रिपोर्टरी और केस टेकिंग
5	मानव शरीर रचना विज्ञान
6	मानव शरीर क्रिया विज्ञान और जैव रसायन
7	फॉरेंसिक मेडिसिन और विष विज्ञान
8	पैथोलॉजी और माइक्रोबायोलॉजी
9	सामुदायिक चिकित्सा, अनुसंधान पद्धति और बायोस्टैटिस्टिक्स
10	सर्जरी
11	स्त्री रोग और प्रसूति
12	फार्माकोलॉजी की अनिवार्यताओं के साथ चिकित्सा का अभ्यास
13	स्वास्थ्य संवर्धन के लिए योग

(छ) निम्नलिखित विषयों को होम्योपैथी शिक्षा बोर्ड द्वारा निर्धारित और आयोग द्वारा अनुमोदित पाठ्यक्रम के अनुसार पढ़ाया जाएगा, अर्थात् :-

तालिका -3

क्र.सं.	विषय का कोड	विषय
(1)	(2)	(3)
1	होमयूजी-एचएमएम-1	होम्योपैथिक मटेरिया मेडिका
2	होमयूजी-ओएम-1	ऑर्गन ऑफ मेडिसिन एंड होम्योपैथिक फिलॉसफी एंड फंडामेंटल्स ऑफ साइकोलॉजी
3	होमयूजी-आर-1	होम्योपैथिक रिपोर्टरी और केस टेकिंग
4	होमयूजी-एचपी	होम्योपैथिक फार्मेसी
5	होमयूजी-एएन	मानव शरीर रचना विज्ञान
6	होमयूजी-पीबी	मानव शरीर क्रिया विज्ञान और जैव रसायन
7	होमयूजी-योग-1	स्वास्थ्य संवर्धन के लिए योग

(ज) द्वितीय व्यावसायिक सत्र सामान्यतः प्रथम व्यावसायिक परीक्षा के पूरा होने के बाद शुरू होगा और निम्नलिखित विषयों को होम्योपैथी शिक्षा बोर्ड द्वारा निर्धारित और राष्ट्रीय होम्योपैथी आयोग द्वारा अनुमोदित पाठ्यक्रम के अनुसार पढ़ाया जाएगा, जो निम्नलिखित है :-

तालिका -4

क्र.सं.	विषय का कोड	विषय
(1)	(2)	(3)
1.	होमयूजी-एचएमएम- II	होम्योपैथिक मटेरिया मेडिका
2.	होमयूजी-ओएम-II	ऑर्गन ऑफ मेडिसिन एंड होम्योपैथिक फिलॉसफी
3.	होमयूजी-आर-II	होम्योपैथिक रिपोर्टरी और केस टेकिंग
4.	होमयूजी-एफएमटी	फॉरेंसिक मेडिसिन और विष विज्ञान
5.	होमयूजी-पैथोएम	पैथोलॉजी और माइक्रोबायोलॉजी
6.	होमयूजी-सर्ज-I	सर्जरी
7.	होमयूजी-ओबीजीवाई-I	स्त्री रोग और प्रसूति
8.	होमयूजी-पीएम-1	चिकित्सा का अभ्यास
9.	होमयूजी-योग-II	स्वास्थ्य संवर्धन के लिए योग

(झ) तृतीय व्यावसायिक सत्र सामान्यतः द्वितीय व्यावसायिक परीक्षा के पूरा होने के बाद शुरू होगा और निम्नलिखित विषयों को होम्योपैथी शिक्षा बोर्ड द्वारा निर्धारित और राष्ट्रीय होम्योपैथी आयोग द्वारा अनुमोदित पाठ्यक्रम के अनुसार पढ़ाया जाएगा, जो निम्नलिखित है :-

तालिका -5

क्र.सं.	विषय का कोड	विषय
(1)	(2)	(3)
1	होमयूजी-एचएमएम-III	होम्योपैथिक मटेरिया मेडिका
2	होमयूजी-ओएम-III	ऑर्गन ऑफ मेडिसिन एंड होम्योपैथिक फिलॉसफी
3	होमयूजी-आर-III	होम्योपैथिक रिपोर्टरी और केस टेकिंग
4	होमयूजी-पीएम-II	चिकित्सा का अभ्यास
5	होमयूजी-मोड.फार	फार्माकोलॉजी की अनिवार्यता
6	होमयूजी-सर्ज-II	सर्जरी
7	होमयूजी-ओबीजीवाई-II	स्त्री रोग और प्रसूति
8.	होमयूजी-सीएम-I	सामुदायिक चिकित्सा
9.	होमयूजी-योग-III	स्वास्थ्य संवर्धन के लिए योग

(ञ) चतुर्थ व्यावसायिक सत्र सामान्यतः तृतीय व्यावसायिक परीक्षा के पूरा होने के बाद शुरू होगा और निम्नलिखित विषयों को होम्योपैथी शिक्षा बोर्ड द्वारा निर्धारित और राष्ट्रीय होम्योपैथी आयोग द्वारा अनुमोदित पाठ्यक्रम के अनुसार पढ़ाया जाएगा, जो निम्नलिखित है :-

तालिका-6

क्र.सं.	विषय का कोड	विषय
(1)	(2)	(3)
1	होमयूजी-एचएमएम-IV	होम्योपैथिक मटेरिया मेडिका
2	होमयूजी-ओएम-IV	ऑर्गन ऑफ मेडिसिन एंड होम्योपैथिक फिलॉसफी
3	होमयूजी-आर-IV	होम्योपैथिक रिपर्टरी और केस टेकिंग
4	होमयूजी-पीएम-III	चिकित्सा का अभ्यास
5	होमयूजी-सीएम-आरएम-स्टेट-II	सामुदायिक चिकित्सा, अनुसंधान पद्धति और जैव सांख्यिकी
6	होमयूजी-योग-IV	स्वास्थ्य संवर्धन के लिए योग

(ट) नैदानिक प्रशिक्षण - छात्र का नैदानिक प्रशिक्षण द्वितीय सत्र के बाद प्रथम व्यावसायिक सत्र से प्रारंभ होगा तथा संबंधित संकाय एवं विभाग द्वारा संलग्न अस्पताल में विषय की आवश्यकता के अनुसार गैर-व्याख्यान घंटे में विषय संबंधित नैदानिक प्रशिक्षण प्रदान किया जाएगा जैसा कि नीचे उल्लेख किया गया है-

- (i) पहले व्यावसायिक सत्र के दौरान, बाह्य रोगी विभाग(ओ.पी.डी.), आंतरिक रोगी विभाग (आई.पी.डी.), समुदाय और परिधीय क्लीनिकों में नैदानिक प्रशिक्षण प्रदान किया जाएगा तथा उपयुक्त ऑडियो-विजुअल मीडिया या सिमुलेटेड रोगियों के माध्यम से क्लिनिकल एक्सपोजर की व्यवस्था भी की जा सकती है।
- (ii) छात्रों को प्रिस्क्रिप्शन पैटर्न, दवा के नाम, खुराक, दवाओं के वितरण आदि से परिचित होने के लिए अस्पताल फार्मसी में तैनात किया जाएगा।
- (iii) दूसरे, तीसरे और चौथे व्यावसायिक सत्र के दौरान, विशिष्ट आउट पेशेंट विभाग (ओ.पी.डी.) और इनपेशेंट विभाग(आई.पी.डी.), परिधीय आउटपेशेंट विभाग(ओ.पी.डी.) और सामुदायिक पोस्टिंग के माध्यम से नैदानिक प्रशिक्षण प्रदान किया जाएगा जिसमें उपरोक्त विभागों के शिक्षक सलाहकार हैं। रेडियोलॉजी, हेमेटोलॉजी और पैथोलॉजी प्रयोगशाला सहित ओपीडी में मरीजों की जांच केस लेना, विश्लेषण, मूल्यांकन और लक्षणों की समग्रता, नैदानिक परीक्षा, प्रदर्शन और जांच और नुस्खे लेखन में छात्रों को शामिल किया जाएगा।
- (iv) एड ऑन थेरेपी पर प्रशिक्षण/उन्मुखीकरण : संबंधित सलाहकार द्वारा छात्रों को योग, फिजियोथेरेपी और आहार और पोषण के लिए प्रशिक्षण प्रदान किया जाएगा।
- (v) दूसरे और तीसरे व्यावसायिक सत्र के लिए नैदानिक प्रशिक्षण गैर-व्याख्यान/नैदानिक बैचों के अनुसार रोटेशन के आधार पर और निम्नलिखित विषयों के लिए निर्धारित नैदानिक/गैर-व्याख्यान शिक्षण घंटों के अनुसार होगा, जिनके नाम निम्नलिखित हैं : -

क) सॉफ्टवेयर के माध्यम से अनिवार्य रेपटॉराइजेशन के साथ, होम्योपैथिक विशेष और सामान्य आउटपेशेंट विभाग(ओ.पी.डी.) और इनपेशेंट विभाग(आई.पी.डी.), पेरिफेरल आउटपेशेंट विभाग(ओ.पी.डी.), सामुदायिक आउटपेशेंट विभाग(ओ.पी.डी.)

ख) चिकित्सा का अभ्यास : एम.ओ.यू. वाले संलग्न अस्पताल/ सुपरस्पेशलिटी अस्पताल में आउटपेशेंट विभाग(ओ.पी.डी.), इनपेशेंट विभाग(आई.पी.डी.) और विशेष क्लीनिक विभाग जैसे बाल रोग, पल्मोनोलॉजी, कार्डियोलॉजी, नेफ्रोलॉजी, गैस्ट्रोएंटेरोलॉजी, डर्मेटोलॉजी, साइकियाट्री, ऑन्कोलॉजी या किसी अन्य में अभ्यास

- ग) सर्जरी: आंख, ई.एन.टी., डेंटल आउटपेशेंट विभाग(ओ.पी.डी.) और किसी अन्य संबंधित विशेषता क्लीनिक; ऑपरेशन थिएटर यूनिट: एम.ओ.यू. वाले संलग्न अस्पताल/सुपरस्पेशलिटी अस्पताल में तैयारी कक्ष, पोस्ट-ऑपरेटिव रिकवरी रूम, नसबंदी, घाव देखभाल और संक्रमण नियंत्रण, जैव-अपशिष्ट प्रबंधन और किसी प्रकार की विशेष इकाइयां।
- घ) स्त्री रोग और प्रसूति : आउटपेशेंट विभाग(ओ.पी.डी.), इनपेशेंट विभाग(आई.पी.डी.), लेबर रूम, प्रक्रिया कक्ष, और प्रजनन, मां और बच्चे के स्वास्थ्य के लिए अन्य संबंधित विशेषता वाले क्लीनिक, यदि कोई हों।
- ङ) सामुदायिक चिकित्सा विभाग, विशेष क्लीनिकों द्वारा अपनाए गए गांवों/स्वास्थ्य कार्यक्रमों जैसे जागरूकता शिविरों, अभियानों और सार्वजनिक स्वास्थ्य कार्यक्रमों और अपशिष्ट प्रबंधन, प्रोफिलैक्सिस और स्वास्थ्य शिक्षा कार्यक्रमों के लिए इनपेशेंट विभाग(आई.पी.डी.) के माध्यम से प्रशिक्षण प्रदान करेगा। इनपेशेंट विभाग(आई.पी.डी.) में भर्ती मरीजों के पोषण संबंधी आकलन और आहार की आवश्यकता का निर्धारण अस्पताल के आहार विशेषज्ञ द्वारा किया जाना चाहिए। प्रशिक्षण पाठ्यक्रम में पोषण संबंधी विकारों और संतुलित आहार के बारे में जागरूकता शामिल की जाएगी।
- च) स्कूल स्वास्थ्य पाठ्यक्रम के तहत काम कर रहे क्लिनिकल आउटपेशेंट विभाग(ओ.पी.डी.), इनपेशेंट विभाग(आई.पी.डी.) और क्लिनिक
- (vi) चौथे व्यावसायिक सत्र के लिए नैदानिक प्रशिक्षण, आउटपेशेंट विभाग(ओ.पी.डी.) और इनपेशेंट विभाग(आई.पी.डी.), फिजियोथेरेपी कक्ष में विषयों की आवश्यकता के अनुसार प्रदान किया जाएगा और गैर-व्याख्यान /नैदानिक प्रशिक्षण, बैच के अनुसार रोटेशन के आधार पर और निम्नलिखित विषयों के लिए निर्धारित नैदानिक/गैर- व्याख्यान शिक्षण घंटे के अनुसार होगा, जिनके नाम निम्नलिखित हैं : -
- सामान्य और विशेष होम्योपैथिक आउटपेशेंट विभाग(ओ.पी.डी.) और इनपेशेंट विभाग(आई.पी.डी.)
 - अस्पताल में आपातकालीन/हताहत विभाग
 - अस्पताल में कौशल प्रयोगशाला
 - मेडिसिन का अभ्यास : एमओयू वाले संलग्न अस्पताल / सुपरस्पेशलिटी अस्पताल यदि कोई हो, में विभाग के तहत काम कर रहे आउटपेशेंट विभाग(ओ.पी.डी.), इनपेशेंट विभाग(आई.पी.डी.) और स्पेशलिटी क्लीनिक (बाल रोग, पल्मोनोलॉजी, कार्डियोलॉजी, नेफ्रोलॉजी, गैस्ट्रोएंटरोलॉजी, डर्मेटोलॉजी, साइकियाट्री, ऑन्कोलॉजी)।

(2) चयनात्मक-

- (क) चयनात्मक छात्र के शैक्षिक अनुभव को समृद्ध करने के लिए तैयार किए गए अध्ययन के वैकल्पिक पाठ्यक्रम का गठन करता है तथा प्रत्येक विषय की विशिष्ट आवश्यकताएं होती हैं जो नियमित पाठ्यक्रमों द्वारा पर्याप्त रूप से समाविष्ट नहीं की जाती हैं।
- (ख) चयनात्मक का प्रबंधन आयोग द्वारा एक ऑनलाइन गतिविधि के रूप में किया जाएगा।
- (i) प्रथम व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम से तृतीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम तक के प्रत्येक छात्र से प्रत्येक वर्ष दो चयनात्मक करने की अपेक्षा की जाएगी।

- (ii) चयनात्मक प्रथम व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम के दूसरे टर्म से शुरू होंगे।
- (iii) प्रत्येक व्यावसायिक वर्ष में एक चयनात्मक विकल्प अनिवार्य होगा, जबकि एक छात्र द्वारा किसी विशेष व्यावसायिक वर्ष के लिए आयोग द्वारा प्रदान की गई सूची में से एक का चयन किया जा सकता है।
- (iv) संबंधित शैक्षणिक वर्ष उत्तीर्ण करने के लिए दो चयनात्मक को पूरा करना अनिवार्य है।
- (v) प्रत्येक चयनात्मक अवधि के संदर्भ में भिन्न हो सकता है लेकिन उपलब्ध होगा और लगभग 2 या अधिक घंटों के भागों में विभाजित होगा और सामग्री/प्रस्तुति को ऑनलाइन पोर्टल पर प्रदर्शित किया जाएगा।
- (vi) प्रत्येक भाग में, व्याख्यान/प्रदर्शन, कुछ सुझाई गई पठन सामग्री/गतिविधियों और मूल्यांकन के रूप में एक दृश्य-श्रव्य भाग शामिल होगा।
- (vii) प्रत्येक मूल्यांकन को संतोषजनक ढंग से पूरा करने के बाद छात्र एक भाग से दूसरे भाग में प्रगति कर सकता है।
- (viii) प्रत्येक चयनात्मक के अंत में, छात्र को आयोग द्वारा एक चयनात्मक पूर्णता प्रमाणपत्र ऑनलाइन जारी किया जाएगा। ग्रेड वाला यह प्रमाणपत्र, चयनात्मक पूरा करने के प्रमाण के रूप में कॉलेज के अधिकारियों को प्रस्तुत किया जाना चाहिए और इसे संबद्ध विश्वविद्यालय को भेजा जाना चाहिए।
- (ix) कोई भी छात्र यदि चयनात्मक को पूरा करने में विफल रहता है, उसे विश्वविद्यालय की वार्षिक परीक्षा में बैठने की अनुमति नहीं दी जाएगी।
- (x) प्रत्येक छात्र को पोर्टल में लॉग इन करने के लिए एक विशिष्ट संख्या प्रदान की जाएगी।

8. होम्योपैथी में आधुनिक प्रगति, अनुसंधान और प्रौद्योगिकी के पूरक के लिए पद्धति (स्मार्ट-होम्योपैथी) -

- (1) होम्योपैथी चिकित्सा प्रणाली में आधुनिक प्रगति, वैज्ञानिक और तकनीकी विकास की आवश्यकता को पूरा करने के लिए पूरक के संबंध में, विनियम 7 तालिका संख्या 2 में उल्लिखित सभी तेरह विभागों को निदान उपकरण, वैचारिक प्रगति और निम्नानुसार उभरते क्षेत्रों के क्षेत्र में प्रासंगिक और उचित प्रगति/विकास के साथ पूरक, समृद्ध और अद्यतन किया जाएगा। -
 - (क) जीव विज्ञान, रसायन विज्ञान, भौतिकी, गणित, सूक्ष्म जीव विज्ञान, जैव सूचना विज्ञान, आणविक जीव विज्ञान आदि जैसे बुनियादी विज्ञानों में नवाचार या प्रगति या नए विकास;
 - (ख) नैदानिक प्रगति;
 - (ग) दवाओं की गुणवत्ता और मानकीकरण, दवा विकास आदि सहित फार्मास्युटिकल तकनीक;
 - (घ) शिक्षण, प्रशिक्षण के तरीके और प्रौद्योगिकी;
 - (ङ) अनुसंधान के तरीके, पैरामीटर, उपकरण और मापक आदि;
 - (च) टेक्नोलॉजिकल ऑटोमेशन, सॉफ्टवेयर, आर्टिफिशियल इंटेलिजेंस, डिजिटलाइजेशन, डॉक्यूमेंटेशन आदि;
 - (छ) बायोमेडिकल प्रगति;
 - (ज) चिकित्सीय संसाधन;
 - (झ) कोई अन्य नवाचार, अग्रिम, प्रौद्योगिकियां और विकास जो होम्योपैथी में अनुसंधान को समझने, मान्य करने, शिक्षण, जांच, निदान, उपचार, निदान, प्रलेखन, मानकीकरण और संचालन के लिए उपयोगी हैं।

- (2) होम्योपैथी में आधुनिक प्रगति, वैज्ञानिक और तकनीकी विकास के पूरक के उद्देश्य से आयोग द्वारा बहु-विषयक कोर समिति गठित की जाएगी, जो किसी एक या कई विभागों में शामिल करने के लिए उपयुक्त और समुचित विकास की पहचान करेगी।
- (3) होम्योपैथी शिक्षा बोर्ड द्वारा गठित प्रत्येक विभाग के लिए एक विशेषज्ञ समिति होगी, जो उक्त प्रगतियों और विकासों के अनुकूलन और समावेश की विधि को परिभाषित करने और सुझाव देने के लिए और स्नातक या स्नातकोत्तर स्तर पर इसे शामिल करने को भी निर्दिष्ट करेगी। विशेषज्ञ समिति, आवश्यकता के अनुसार उपयोग, मानक संचालन प्रक्रिया और व्याख्या के लिए विस्तृत पद्धति विकसित करेगी।
- (4) होम्योपैथी में आधुनिक प्रगति, वैज्ञानिक और तकनीकी विकास के पूरक के संबंध में शिक्षण कर्मचारी, चिकित्सक, शोधकर्ता, छात्र और नवप्रवर्तक आदि राष्ट्रीय होम्योपैथी आयोग द्वारा निर्दिष्ट पोर्टल के माध्यम से अपने सुझाव भेज सकते हैं और ऐसे सुझाव होम्योपैथी शिक्षा बोर्ड द्वारा कोर कमेटी के समक्ष विचार के लिए रखे जाएंगे।
- (5) आधुनिक प्रगतियों को होम्योपैथी के सिद्धांतों के आधार पर, उक्त प्रगति की अध्ययन द्वारा समर्थित उचित व्याख्या के साथ शामिल किया जाएगा, और पाठ्यक्रम में ऐसी प्रगतियों को शामिल करने के पांच साल बाद, उन्हें होम्योपैथी पाठ्यक्रम के हिस्से के रूप में माना जाएगा।
- (6) एक बार जब कोर कमेटी विशेषज्ञ समिति की सिफारिशों को मंजूरी दे देती है, तो राष्ट्रीय होम्योपैथी शिक्षा बोर्ड होम्योपैथी शिक्षा बोर्ड को निर्देश देगा कि वह विशेषज्ञ समिति द्वारा निर्दिष्ट स्नातक या स्नातकोत्तर पाठ्यक्रम में इसे शामिल करे और यदि अनुशंसित आधुनिक प्रगति या वैज्ञानिक और तकनीकी विकास को शामिल करने के लिए शिक्षकों के उन्मुखीकरण का संचालन करने के लिए आवश्यक है, तो आयोग इसके लिए दिशानिर्देश जारी करेगा।
- (7) स्मार्ट-होम्योपैथी के लिए समितियों की संरचना - प्रत्येक विभाग के लिए एक कोर समिति और एक विशेषज्ञ समिति होगी और ऐसी समितियों की संरचना निम्नानुसार होगी -
 - (क) स्मार्ट-होम कोर समिति (होम्योपैथी) की संरचना : स्मार्ट-होम, एक ग्यारह सदस्यीय समिति होगी जिसमें निम्नलिखित शामिल होंगे -
 - (i) अध्यक्ष, होम्योपैथी शिक्षा बोर्ड - अध्यक्ष;
 - (ii) होम्योपैथी के चार विशेषज्ञ (मटेरिया मेडिका, ऑर्गन ऑफ मेडिसिन, रिपोर्टरी एंड प्रैक्टिस ऑफ मेडिसिन के एक-एक विशेषज्ञ) - सदस्य;
 - (iii) सी.सी.आर.एच., एन.आई.एच., फार्मा उद्योग, सार्वजनिक स्वास्थ्य से एक-एक विशेषज्ञ (या तो सेवानिवृत्त या सेवा में) - सदस्य;
 - (iv) एक शैक्षिक प्रौद्योगिकीविद् - सदस्य;
 - (v) होम्योपैथी शिक्षा बोर्ड के सदस्य - सदस्य सचिव।

बशर्ते कि कोर समिति, राष्ट्रीय होम्योपैथी आयोग के अध्यक्ष की उचित अनुमति से, विशिष्ट आवश्यकताओं के अनुसार किसी विशेषज्ञ को सहयोजित कर सकती है।
 - (ख) संदर्भ की शर्तें -
 - (i) समिति का कार्यकाल उसके गठन की तारीख से तीन वर्ष का होगा।
 - (ii) समिति वर्ष में कम से कम दो बार बैठक करेगी।
 - (iii) समिति ऊपर सूचीबद्ध किसी भी आधुनिक प्रगति, वैज्ञानिक और तकनीकी विकास की पहचान करेगी जो होम्योपैथी के लिए प्रासंगिक और प्रयोज्य हो और इसके लिए उपयोगी हो -
 - क) होम्योपैथी में अनुसंधान गतिविधियों के संचालन को मान्य करने की समझ;

- ख) निदान या प्रोग्नोसिस एक विशिष्ट नैदानिक स्थिति और उपचार है;
- ग) शिक्षण और प्रशिक्षण;
- घ) होम्योपैथी के माध्यम से स्वास्थ्य देखभाल की सेवाएं।

- (iv) समिति, होम्योपैथी के चार विशेषज्ञ सदस्यों की सहायता से होम्योपैथी के बुनियादी सिद्धांतों के लिए चिह्नित की गई आधुनिक प्रगति या वैज्ञानिक और तकनीकी विकास की प्रयोज्यता सुनिश्चित करेगी।
- (v) कोर समिति, आधुनिक प्रगति या विकास की पहचान के लिए कार्यप्रणाली विकसित करने के लिए विशेषज्ञ समिति के लिए उपयुक्त विशेषज्ञों की पहचान करेगी और उनकी सिफारिश करेगी।
- (vi) कोर समिति, मामले के अनुरूप प्रगति या विकास को विशिष्ट विभाग में इसके उपयोग के संदर्भ में या स्नातक या स्नातकोत्तर पाठ्यक्रम आदि में शामिल करने के लिए सुझाव देगी।
- (vii) चूंकि आधुनिक विज्ञान और प्रौद्योगिकी लगातार बदल रही है, कोर समिति आधुनिक विज्ञान और प्रौद्योगिकी के पुराने हिस्से की पहचान करेगी और राष्ट्रीय होम्योपैथी आयोग को उचित आधुनिक प्रगति के साथ इसे बदलने का सुझाव देगी।

(8)

- (क) प्रत्येक विभाग के लिए एक विशेषज्ञ समिति का गठन किया जाएगा, जिसमें निम्नलिखित सदस्य होंगे -

- (i) होम्योपैथी शिक्षा बोर्ड द्वारा निर्धारित विषय विशेषज्ञ - अध्यक्ष;
- (ii) प्रासंगिक होम्योपैथी विषयों के दो विशेषज्ञ (एक यू.जी. से और एक पी.जी. से) - सदस्य;
- (iii) प्रासंगिक आधुनिक विषय से एक विशेषज्ञ - सदस्य;
- (iv) शिक्षण प्रौद्योगिकी से एक विशेषज्ञ - सदस्य।

बशर्ते कि विशेषज्ञ समिति, अध्यक्ष, होम्योपैथी शिक्षा बोर्ड की अनुमति से चयनित क्षेत्र के अनुसार संबंधित विशेषज्ञ को सहयोजित कर सकती है।

- (ख) संदर्भ की शर्तें -

- (i) विशेषज्ञ समिति का कार्यकाल उसके गठन की तिथि से तीन वर्ष का होगा;
- (ii) आयोग के निर्देशानुसार विशेषज्ञ समिति की बैठकें जितनी बार चाहे, होंगी;
- (iii) विशेषज्ञ समिति, कोर समिति के सुझाव पर काम करेगी और इसे पाठ्यक्रम में कैसे शामिल किया जाए, इसके शिक्षण का तरीका (अर्थात्, व्याख्यान/गैर-व्याख्यान) और शैक्षिक प्रौद्योगिकीविद्, विशेषज्ञों की मदद से मूल्यांकन को तय करेगी;
- (iv) विशेषज्ञ समिति, पहले इसकी प्रासंगिकता के लिए चिह्नित किए जाने वाले आधुनिक प्रगतियों की प्रयोज्यता और होम्योपैथी के बुनियादी सिद्धांतों के साथ इसके संदर्भ को समझेगी;
- (v) विशेषज्ञ समिति, होम्योपैथी में विशेष रूप से उस वर्टिकल के लिए उन्नत तकनीक की आवश्यकता की पहचान करेगी और उपयुक्त तकनीक की पहचान करेगी और मानक संचालन प्रक्रिया या कार्यप्रणाली के साथ इसके उपयोग की सिफारिश करेगी;

(vi) स्नातक या स्नातकोत्तर स्तर पर शामिल की जाने वाली आधुनिक प्रगति और प्रौद्योगिकी के संबंध में विशेषज्ञ समिति कोर समिति को सुझाव देगी।

9. परीक्षाओं, परिणामों और पुनः प्रवेश के लिए सामान्य दिशानिर्देश :

- 1) विश्वविद्यालय, विभिन्न राज्यों या संसद के एक अधिनियम द्वारा अधिकृत एजेंसियों में बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम के लिए परीक्षा आयोजित करेंगे।
- 2) परीक्षा निकाय यह सुनिश्चित करेगा कि चिकित्सा संस्थानों को विश्वविद्यालय परीक्षा के लिए छात्रों को भेजने की अनुमति देने से पहले संबंधित विनियमों में निर्दिष्ट प्रत्येक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा में विषयों में व्याख्यान/प्रदर्शन/व्यावहारिक/सेमिनार आदि के लिए न्यूनतम घंटों का पालन किया जाता है।
- 3) परीक्षा निकाय यह सुनिश्चित करेगा कि चिकित्सा संस्थानों के छात्र, जो इन नियमों में निर्धारित मानदंडों को पूरा नहीं करते हैं, उन्हें विश्वविद्यालय परीक्षा के लिए नहीं भेजा जाता है।
- 4) प्रत्येक छात्र को परीक्षाओं में बैठने के लिए प्रत्येक विषय में सैद्धांतिक / व्याख्यान घंटे / व्यावहारिक और नैदानिक / गैरव्याख्यान घंटे में न्यूनतम पचहत्तर प्रतिशत उपस्थिति बनाए रखना आवश्यक - होगा।
- 5) जहां संस्थान भौतिक रूप में रजिस्टर का रखरखाव कर रहा है, उसे अनुबंध-iii के अनुसार संचयी संख्या पद्धति में दर्ज किया जाएगा और पाठ्यक्रम/अवधि/पाठ्यक्रम के भाग के अंत में, प्रत्येक छात्र के हस्ताक्षर प्राप्त करने के बाद, इसे विभाग के संबंधित प्रमुख द्वारा प्रमाणित और संस्थान के प्रमुख द्वारा अनुमोदित किया जाना है।
- 6) अनुमोदित उपस्थिति विश्वविद्यालय को अग्रेषित की जाएगी।
- 7) प्रथम, द्वितीय, तृतीय तथा चतुर्थ बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) व्यावसायिक वर्षों के दौरान चिकित्सा संस्थानों द्वारा आयोजित की जाने वाली आंतरिक मूल्यांकन परीक्षाएँ।
- 8) आंतरिक मूल्यांकन का अधिभार मुख्य विश्वविद्यालय परीक्षा के लिए प्रत्येक विषय के लिए निर्दिष्ट कुल अंकों का 10 प्रतिशत होगा तथा आंतरिक मूल्यांकन केवल व्यावहारिक रूप में होगा।
- 9) छह महीने की प्रत्येक अवधि में आंतरिक मूल्यांकन परीक्षा में, एक आवधिक मूल्यांकन और एक सत्रीय परीक्षा शामिल होगी।
- 10) संबंधित व्यावसायिक वर्ष के अंतिम विश्वविद्यालय परीक्षा फॉर्म को भरने से पहले प्रत्येक छात्र को आंतरिक मूल्यांकन परीक्षाओं में न्यूनतम 50 प्रतिशत अंकों के साथ उत्तीर्ण होना अनिवार्य है। चिकित्सा संस्थान के प्रमुख किसी भी व्यावसायिक वर्ष की अंतिम परीक्षा से पहले विश्वविद्यालय को आंतरिक मूल्यांकन और टर्म टेस्ट के अंक भेजेंगे।
- 11) विषम बैच के छात्र (वे छात्र जो सत्र पूरा नहीं कर सके) के लिए कोई अलग कक्षा नहीं होगी और छात्र को नियमानुसार नियमित बैच के साथ या जूनियर बैच के साथ कक्षा में उपस्थित होना चाहिए।
- 12) अनिवार्य रोटेटरी इंटरनशिप पाठ्यक्रम में शामिल होने हेतु पात्र बनने के लिए, एक छात्र को सभी चार व्यावसायिक परीक्षाओं में उत्तीर्ण होना चाहिए और छह ऐच्छिक में उत्तीर्ण होना चाहिए। इंटरनशिप सहित, बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) का पूरा पाठ्यक्रम अधिकतम दस वर्षों की अवधि के भीतर पूरा किया जाना चाहिए।
- 13) सैद्धान्तिक परीक्षा में बहुविकल्पीय प्रश्नों (एम.सी.क्यू.) के लिए दस प्रतिशत अंक, लघु उत्तरीय प्रश्न (एस.ए.क्यू.) के लिए चालीस प्रतिशत अंक और दीर्घ व्याख्यात्मक उत्तर प्रश्न (एल.ए.क्यू.) के लिए पचास प्रतिशत अंक होंगे और ये प्रश्न विषय को व्यापक रूप से कवर करेंगे।
- 14) प्रत्येक सैद्धान्तिक परीक्षा तीन घंटे की अवधि की होगी।

- 15) प्रत्येक विषय में परीक्षा उत्तीर्ण करने के लिए आवश्यक न्यूनतम अंक सैद्धांतिक भाग में पचास प्रतिशत और व्यावहारिक भाग में पचास प्रतिशत, जिसमें व्यावहारिक, नैदानिक, मौखिक परीक्षा, आंतरिक मूल्यांकन और चयनात्मक शामिल हैं, जहां भी लागू हो, अलग-अलग होंगे।
- 16) चयनात्मक का मूल्यांकन : उपस्थिति और मूल्यांकन के संदर्भ में चयनात्मक का मूल्यांकन ग्रेडिंग द्वारा किया जाएगा : -
- क) ग्रेडिंग केवल दो चयनात्मक व्यावसायिक सत्र के लिए होगी और ऑनलाइन शिक्षण और मूल्यांकन के बाद छात्र द्वारा प्राप्त प्रमाण पत्र में इसका उल्लेख किया जाएगा।
- ख) ग्रेडिंग का उल्लेख छात्र के विश्वविद्यालय के अंकपत्र में किया जाएगा।
- ग) संस्थान की परीक्षा शाखा छात्रों द्वारा प्राप्त चयनात्मक के ग्रेड को संकलित करेगी और संस्थान के प्रमुख के माध्यम से विश्वविद्यालय को प्रस्तुत करेगी ताकि विश्वविद्यालय इसे छात्र की अंतिम अंकतालिका में जोड़ सके।
- 17) चयनात्मक की ग्रेडिंग निम्नानुसार किया जाएगा :
- क) चयनात्मक का मूल्यांकन संसाधन व्यक्ति द्वारा ऑनलाइन किया जाएगा, जिसने चयनात्मक की सामग्री तैयार की है और छात्र का मूल्यांकन किया है।
- ख) ग्रेडिंग के लिए निम्नलिखित बिंदुओं पर विचार किया जाएगा :
- समस्या की परिभाषा की गहराई – 15%
 - किए गए कार्य का विस्तार – 20%
 - नवोन्मेष – 15%
 - प्रस्तुति का तार्किक एवं समेकित तरीका – 20%
 - प्राप्त शिक्षण की गुणवत्ता – 20%
 - लिए गए संदर्भों की पर्याप्तता – 10%
- ग) अंतिम ग्रेड निम्नानुसार होंगे:
- “ए” – उत्कृष्ट (70% से अधिक)
 - “बी” – अच्छा (60 % से अधिक)
 - “सी” – औसत (50% के आसपास)
 - “डी” – औसत से कम (40% के आसपास)
 - “ई” – खराब (40% से कम)
- घ) बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम पास करने के लिए छात्र को सभी चयनात्मक में न्यूनतम ‘सी’ ग्रेड प्राप्त करना आवश्यक होगा।
- 18) जैसा कि परीक्षा निकाय निर्धारित करे, वह उसी तिथि और समय पर परीक्षा आयोजित करेगा, कर सकता है तथा सैद्धांतिक और प्रैक्टिकल परीक्षाएं परीक्षा निकाय द्वारा अनुमोदित केंद्र पर आयोजित की जाएंगी।
- 19) एक वर्ष में एक नियमित परीक्षा तथा एक पूरक परीक्षा होगी तथा अंकपत्र जारी करने सहित नियमित परीक्षा के परिणाम घोषित होने के तीन माह के भीतर पूरक परीक्षा आयोजित की जाएगी।
- 20) साठ प्रतिशत और उससे अधिक अंक प्राप्त करने वाले उम्मीदवार को विषय में प्रथम श्रेणी से सम्मानित किया जाएगा और पचहत्तर प्रतिशत और उससे अधिक अंक प्राप्त करने वाले को विषय में विशिष्टता दी जाएगी।

- 21) पूरक परीक्षाओं के लिए कक्षा और विशिष्टता का पुरस्कार लागू नहीं होगा।
- 22) किसी परीक्षा में उपस्थित न होने पर, उम्मीदवार को उस परीक्षा में बैठने का अतिरिक्त अवसर प्राप्त करने की कोई स्वतंत्रता नहीं होगी।
- 23) कोई भी डिप्लोमा/डिग्री योग्यता, जो वर्तमान में होम्योपैथी केंद्रीय परिषद अधिनियम 1973(1973 का 59) की अनुसूची II और अनुसूची III में शामिल है, जहां नामकरण इन विनियमों के अनुरूप नहीं है, इन विनियमों के लागू होने के बाद वह मान्यता प्राप्त चिकित्सा योग्यता समाप्त हो जाएगी। हालांकि, यह खंड उन छात्रों पर लागू नहीं होगा, जो इन विनियमों के लागू होने से पहले ही इन पाठ्यक्रमों में प्रवेश ले चुके हैं।
- 24)
- क) किसी भी व्यक्ति को व्यावसायिक परीक्षा के किसी भी विषय में बाहरी या आंतरिक परीक्षक या पेपर सेटर या मॉडरेटर के रूप में नियुक्त नहीं किया जाएगा, जब तक कि वह बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) डिग्री प्राप्त करने के लिए अंतिम व्यावसायिक परीक्षाओं में शामिल नहीं हुआ हो, जब तक कि इसके लिए पहले के समय में उसने पहले तीन वर्ष न लिए हों तथा किसी मान्यता प्राप्त विश्वविद्यालय से एम.डी. (होम्यो.) की डिग्री या विशेष रूप से समकक्ष योग्यता शिक्षकों की पात्रता पर आयोग की सिफारिश के अनुसार संबद्ध महाविद्यालय में संबंधित विषय में एक संकाय पद पर विषय योग्यता और कुल शिक्षण के कम से कम तीन साल का अनुभव हो चुका हो।
- ख) मेडिकल छात्रों के अध्यापन में लगे गैर-चिकित्सा वैज्ञानिक जैसे पूर्णकालिक शिक्षक, उनके संबंधित विषय में परीक्षक नियुक्त किए जा सकते हैं, बशर्ते कि उनके पास अपेक्षित पीजी योग्यता हो और स्नातकोत्तर योग्यता प्राप्त करने के बाद मेडिकल छात्रों को तीन साल का शिक्षण अनुभव हो।
- बशर्ते कि परीक्षकों की संख्या का 50 प्रतिशत (आंतरिक और बाहरी) चिकित्सा योग्यता की विधा से होगा।
- (ग) एक से अधिक कॉलेज वाले विश्वविद्यालय के लिए, संबंधित कॉलेज के आंतरिक परीक्षकों के साथ, प्रत्येक कॉलेज के परीक्षक के अलग-अलग सेट होंगे।
- (घ) ऐसे राज्य में जहां एक से अधिक संबद्ध विश्वविद्यालय मौजूद हैं, बाहरी परीक्षक दूसरे विश्वविद्यालय से होंगे।
- (ङ) बाह्य परीक्षकों को 2 वर्ष के अंतराल पर बारी-बारी से कार्य करना होगा।
- (च) होम्योपैथिक संस्थान में संबंधित विषय में तीन साल के न्यूनतम शिक्षण अनुभव वाले पूर्णकालिक शिक्षक को उनके विषय में रोटेशन द्वारा आंतरिक / बाहरी परीक्षक नियुक्त किया जाएगा।

10. विश्वविद्यालय परीक्षा

- (1) प्रथम बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा :
- (क) छात्र को प्रथम बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा में बैठने की अनुमति दी जाएगी, बशर्ते कि उसकी उपस्थिति विनियम 9 के उपबंध (4) के अनुसार और चिकित्सा संस्थान के प्रमुख की संतुष्टि के अनुरूप हो।
- (ख) प्रवेश की तारीख से सत्रहवें - अठारहवें महीने के बीच प्रथम बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) की परीक्षा के संचालन और परिणामों की घोषणा की प्रक्रिया पूरी की जानी चाहिए।
- (ग) प्रथम बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा में "उत्तीर्ण" घोषित होने के लिए, एक उम्मीदवार को आंतरिक मूल्यांकन परीक्षाओं सहित विश्वविद्यालय परीक्षा के सभी विषयों को उत्तीर्ण करना होगा।

(2) द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा :

- (क) किसी भी उम्मीदवार को द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा के लिए अनुमति नहीं दी जाएगी, जब तक कि उसने प्रथम बी.एच.एम.एस. परीक्षा के सभी विषयों को उत्तीर्ण नहीं किया है और विनियम 9 के उप-खंड (4) के अनुसार और होम्योपैथिक मेडिकल कॉलेज के प्रमुख की संतुष्टि के अनुसार उपस्थिति आवश्यक है।
- (ख) प्रवेश की तिथि से उनतीसवें - तीसवें माह के बीच द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा के परीक्षा आयोजन एवं परिणाम घोषित करने की प्रक्रिया पूर्ण कर ली जानी चाहिए।
- (ग) द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा में "उत्तीर्ण" घोषित होने के लिए, एक उम्मीदवार को आंतरिक मूल्यांकन परीक्षाओं सहित विश्वविद्यालय परीक्षा के सभी विषयों को उत्तीर्ण करना होगा।

(3) तृतीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा :

- क. किसी भी उम्मीदवार को तृतीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा के लिए अनुमति नहीं दी जाएगी जब तक कि उसने द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा के सभी विषयों को उत्तीर्ण नहीं किया हो और विनियम 9 के उप खंड (4) के अनुसार और होम्योपैथिक मेडिकल कॉलेज के प्रमुख की संतुष्टि के अनुरूप उपस्थिति आवश्यक है।
- ख. प्रवेश की तारीख से इकतालीसवें से बयालीसवें महीने के बीच तीसरे बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) की परीक्षा संचालन और उसके परिणाम की प्रक्रिया पूरी की जानी चाहिए।
- ग. तृतीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा में "उत्तीर्ण" घोषित होने के लिए, एक उम्मीदवार को आंतरिक मूल्यांकन परीक्षाओं सहित विश्वविद्यालय परीक्षा के सभी विषयों को पास करना होगा।

(4) चतुर्थ बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा :

- क. किसी भी उम्मीदवार को चतुर्थ बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा के लिए अनुमति नहीं दी जाएगी जब तक कि उसने तृतीय बी.एच.एम.एस. परीक्षा के सभी विषयों को उत्तीर्ण नहीं कर लिया है और विनियम 9 के उप खंड (4) के अनुसार और होम्योपैथिक मेडिकल कॉलेज अध्यक्ष की संतुष्टि के अनुरूप उपस्थिति आवश्यक है।
- ख. परीक्षा आयोजित करने और तृतीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा के परिणाम घोषित करने की प्रक्रिया, प्रवेश की तारीख से तिरेपनवें-चौवनवें महीने के बीच पूरी की जानी चाहिए।
- ग. चतुर्थ बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा में "उत्तीर्ण" घोषित होने के लिए, एक उम्मीदवार को आंतरिक मूल्यांकन परीक्षाओं सहित विश्वविद्यालय परीक्षा के सभी विषयों को पास करना होगा।

परिणाम :

- (क) परीक्षा निकाय यह सुनिश्चित करेगा कि परीक्षा के परिणाम, परीक्षा की अंतिम तिथि के एक महीने के भीतर प्रकाशित हो जाएं ताकि छात्र प्रवेश के बाद साढ़े पाँच वर्षों में पाठ्यक्रम पूरा कर सकें।

- (ख) एक या एक से अधिक विषयों में उत्तीर्ण होने वाले उम्मीदवारों को, उस विषय या उन विषयों में बाद की परीक्षाओं में, फिर से उपस्थित होने की आवश्यकता नहीं है, यदि उम्मीदवार मूल परीक्षा सहित चार अवसरों के भीतर पूरी परीक्षा उत्तीर्ण कर लेता है।
- (ग) पूर्वगामी नियमों के बावजूद, छात्रों को निम्नलिखित शर्तों पर टर्म रखने की सुविधा दी जाएगी :
- (i) उम्मीदवार को द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी परीक्षा में बैठने की अनुमति देने से कम से कम एक सत्र (छह महीने) पहले, सभी विषयों में प्रथम बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी परीक्षा उत्तीर्ण करनी होगी।
 - (ii) उम्मीदवार को तृतीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी परीक्षा में बैठने की अनुमति देने से कम से कम एक सत्र (6 महीने) पहले द्वितीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी परीक्षा उत्तीर्ण करनी होगी।
 - (iii) उम्मीदवार को चतुर्थ बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी परीक्षा में शामिल होने से कम से कम एक सत्र (6 महीने) पहले तृतीय बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी परीक्षा उत्तीर्ण करनी होगी।
- (घ) जिस छात्र ने सभी चार प्रयासों को समाप्त करने के बाद भी चार व्यावसायिक परीक्षाओं में से कोई भी उत्तीर्ण नहीं किया है, उसे अपनी पढ़ाई जारी रखने की अनुमति नहीं दी जाएगी;
- बशर्ते कि छात्र की गंभीर व्यक्तिगत बीमारी के मामले में और किसी भी अपरिहार्य परिस्थितियों में, संबंधित विश्वविद्यालय के कुलपति चार व्यावसायिक परीक्षाओं में से किसी एक में दो और अवसर प्रदान कर सकते हैं।
- (ङ) परीक्षा निकाय असाधारण परिस्थितियों में, राष्ट्रीय होम्योपैथी आयोग को सूचित करते हुए अपने द्वारा आयोजित किसी भी परीक्षा को आंशिक या पूर्ण रूप से रद्द कर सकता है और ऐसे रद्दीकरण की तारीख से तीस दिनों की अवधि के भीतर उन विषयों में पुनः परीक्षा आयोजित करने की व्यवस्था कर सकता है।
- (च) यदि छात्र एक या एक से अधिक विषयों में अनुत्तीर्ण होता है तो विश्वविद्यालय या परीक्षा प्राधिकरण के पास अधिकतम दस अंक तक के ग्रेस अंक देने का विवेकाधिकार होगा।

11. मूल्यांकन - छात्रों का मूल्यांकन निम्नानुसार रचनात्मक और योगात्मक मूल्यांकन के रूप में होगा-

- (1) रचनात्मक मूल्यांकन - बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम सामग्री की समझ और उनके सीखने के परिणाम को निर्धारित करने के लिए छात्रों को कक्षा में उनके प्रदर्शन का आकलन करने के लिए समय-समय पर निम्नलिखित तरीके से मूल्यांकित किया जाएगा। :-
- (क) आवधिक मूल्यांकन व्यावहारिक रूप से और किसी विषय या मॉड्यूल या पाठ्यक्रम के किसी विशेष भाग के शिक्षण के अंत में किया जाएगा। निम्नलिखित मूल्यांकन पद्धति को सामग्री के लिए उपयुक्त के रूप में अपनाया जा सकता है।

तालिका -7

क्रम संख्या	मूल्यांकन पद्धति
1	2
1.	व्यावहारिक/नैदानिक प्रदर्शन
2.	मौखिक परीक्षा
3.	ओपन बुक टेस्ट (समस्या आधारित)
4.	सारांश लेखन (अनुसंधान पत्र/सार)
5.	कक्षा प्रस्तुतियाँ; वर्क बुक अनुरक्षण
6.	समस्या आधारित असाइनमेंट
7.	ऑब्जेक्टिव स्ट्रक्चर्ड क्लिनिकल एग्जामिनेशन (ओ.एस.सी.ई.), ऑब्जेक्टिव स्ट्रक्चर्ड प्रैक्टिकल एग्जामिनेशन (ओ.पी.एस.ई.), मिनी क्लिनिकल इवैल्यूएशन एक्सरसाइज (मिनी-सी.ई.एक्स.), डायरेक्ट ऑब्जर्वेशन ऑफ प्रोसीजर्स (डी.ओ.पी.), केस बेस्ड डिस्कशन (सी.बी.डी.)
8.	पाठ्येतर गतिविधियाँ, (सामाजिक कार्य, जन जागरूकता, निगरानी / रोकथाम गतिविधियाँ, खेल या अन्य गतिविधियाँ जो विभाग द्वारा तय की जा सकती हैं)।
9.	छोटा प्रोजेक्ट

(ख)

- (i) प्रथम बैचलर ऑफ होम्यो(ख)(i) होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम: प्रत्येक विषय के लिए न्यूनतम तीन आवधिक मूल्यांकन होंगे (आमतौर पर 4वें, 9वें और 14वें महीने में) और दो टर्म टेस्ट (आमतौर पर 6वें और 12वें महीने में) और उसके बाद अंतिम विश्वविद्यालय परीक्षा होगी
- (ii) द्वितीय, तृतीय तथा चतुर्थ बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी पाठ्यक्रम: चौथे और नौवें महीने में न्यूनतम दो आवधिक मूल्यांकन और छठे महीने में एक सत्रीय परीक्षा और उसके बाद अंतिम विश्वविद्यालय परीक्षा होगी।
- (iii) मूल्यांकन की योजना तथा उनका योग निम्नानुसार दी गई तालिकाओं के अनुरूप होगा। :

तालिका-8

[मूल्यांकन की योजना(रचनात्मक और योगात्मक)]

क्र.सं. (1)	व्यावसायिक पाठ्यक्रम (2)	व्यावसायिक पाठ्यक्रम की अवधि (3)			
		पहला टर्म (क)	दूसरा टर्म (ख)	तीसरा टर्म और विश्वविद्यालय की परीक्षा (ग)	
1	प्रथम व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	पहला पी.ए. तथा पहला टी.टी. -1	दूसरा पी.ए. तथा दूसरा टी.टी. -2	तीसरा पी.ए.	प्रथम व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा (एफ.यू.ई.)

		पहला टर्म	दूसरा टर्म और विश्वविद्यालय की परीक्षा	
2	द्वितीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	पहला पी.ए. तथा पहला टी.टी. -1	दूसरा पी.ए.	द्वितीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा(एफ.यू.ई.)
3	तृतीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	पहला पी.ए. तथा पहला टी.टी.	दूसरा पी.ए.	तृतीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा(एफ.यू.ई.)
4	चतुर्थ (अंतिम) व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)	पहला पी.ए. तथा पहला टी.टी.	दूसरा पी.ए.	चतुर्थ (अंतिम) व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा(एफ.यू.ई.)

पी.ए. : आवधिक मूल्यांकन; टी.टी.: टर्म जाँच; पी.ई. : विश्वविद्यालय-पूर्व परीक्षा

यू.ई.: विश्वविद्यालय परीक्षाएँ, बी.एच.एम.एस. : बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी

(2) योगात्मक मूल्यांकन –

- (क) प्रत्येक व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)के अंत में आयोजित अंतिम विश्वविद्यालय परीक्षा, योगात्मक मूल्यांकन होगा।
- (ख) दोहरी मूल्यांकन प्रणाली होगी और पुनर्मूल्यांकन का कोई प्रावधान नहीं होगा।
- (ग) एक सौ अंकों के लिए विश्वविद्यालय की व्यावहारिक/नैदानिक/ मौखिक परीक्षा के लिए दो परीक्षक (एक आंतरिक और एक बाहरी) होंगे। यह दो सौ अंकों के लिए बढ़कर चार (दो आंतरिक और दो बाहरी) हो जाएगा। दो सौ अंकों की पूरक परीक्षा के दौरान, यदि छात्र पचास से कम हैं, तो एक आंतरिक और एक बाहरी परीक्षक द्वारा परीक्षा आयोजित की जा सकती है, लेकिन यदि छात्र पचास से अधिक हैं, तो चार परीक्षकों की आवश्यकता होती है (दो आंतरिक और दो बाहरी परीक्षक)।
- (घ) योगात्मक मूल्यांकन के परिणाम घोषित करते समय, आंतरिक मूल्यांकन के भाग को तालिका-10, तालिका-12, तालिका-14 और तालिका-16 में दिए गए अंक पैटर्न के वितरण के अनुसार माना जाएगा।

तालिका - 09

प्रथम वर्ष बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) (3 टर्म)			
विषय	शिक्षण के घंटों की संख्या		
	व्याख्यान	गैर- व्याख्यान	कुल
होम्यो यू.जी.-ओ.एम.-I	180	100	280
होम्यो यू.जी.-ए.एन.	325	330	655
होम्यो यू.जी.-पी.बी.	325	330	655
होम्यो यू.जी.-एच.पी.	100	110	210
होम्यो यू.जी.-एच.एम.एम.-I	120	75	195
होम्यो यू.जी.-आर-I	21	-	21
होम्यो यू.जी.-योग-I	-	30	30
कुल योग	1071	975	2046

तालिका – 10

अंक वितरण प्रथम वर्ष बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)

क्र. सं.	विषय का कोड	पत्र	सैद्धांतिक	व्यावहारिक या नैदानिक मूल्यांकन					सकल योग
				व्यावहारिक / नैदानिक	मौखिक	आई.ए .	चयनात्मक का ग्रेड	समेकित योग	
1	होम्यो यू.जी.- ओ.एम. -I	1	100	50	40	10	चयनात्मक-I	100	200
2	होम्यो यू.जी.- ए.एम.ई.	2	200	100	80	20	चयनात्मक-II	200	400
3	होम्यो यू.जी.- पी.बी.	2	200	100	80	20		200	400
4	होम्यो यू.जी.- एच.पी.	1	100	50	40	10		100	200
5	होम्यो यू.जी.- एच. एम.एम.	1	100	50	40	10		100	200
सकल योग									1400

तालिका -11

द्वितीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) (2 टर्म)				
शिक्षण के घंटे=1404				
क्र.सं.	विषय का कोड	शिक्षण के घंटों की संख्या		
		व्याख्यान	गैर-व्याख्यान	कुल
1	होम्यो यू.जी.-एच.एम.एम.-II	150	30	180
2	होम्यो यू.जी.-ओ.एम.- II	150	30	180
3	होम्यो यू.जी.-आर.- II	50	30	80
4	होम्यो यू.जी.-एफ.एम.टी.	120	50	170
5	होम्यो यू.जी.-पैथ- माइक्रो	200	80	280
7	होम्यो यू.जी.-पी.एम.-I	80	92	172
8	होम्यो यू.जी.-सर्जरी-I	92	60	152
9	होम्यो यू.जी.-ओबीजीवाई -I	100	60	160
10	होम्यो यू.जी.-योग-II	-	30	30
	सकल योग	942	462	1404

तालिका -12

अंक वितरण द्वितीय वर्ष बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)									
क्र.सं.	विषय का कोड	पत्र (3)	सैद्धांतिक (4)	व्यावहारिक नैदानिक (5)	व्यावहारिक या नैदानिक (6)				
					मौखिक (क)	चयनात्मक का ग्रेड (ख)	आई.ए. (ग)	समेकित योग (घ)	सकल योग (ङ)
(1)	(2)								
1.	होम्यो यू.जी.- एच.एम.एम.-II	1	100	50	40	चयनात्मक I चयनात्मक II	10	100	200
2.	होम्यो यू.जी.- ओ.एम. -II	1	100	50	40		10	100	200
3.	होम्यो यू.जी.- एफ.एम.टी. -I	1	100	50	40		10	100	200
4.	होम्यो यू.जी.- पैथो माइक्रो	2	200	100	80		20	200	400
		सकल योग							1000

तृतीय व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)
(2 टर्म)
शिक्षण के घंटे = 1404

तालिका -14

(तृतीय वर्ष बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) अंक वितरण)									
क्र.सं. (1)	विषय का कोड (2)	पत्र (3)	सैद्धांतिक (4)		व्यावहारिक या नैदानिक मूल्यांकन (5)				सकल योग (6)
				व्यावहारिक क या नैदानिक (क)	मौखिक (ख)	चयनात्मक का ग्रेड (ग)	आई.ए. (घ)	समेकित योग (ड)	
1	होम्यो यू.जी.- एच.एम.एम. -III	1	100	50	40	चयनात्मक I - II-	10	100	200
2	होम्यो यू.जी.- ओ.एम.-III	2	200	100	80		20	200	400
3	होम्यो यू.जी.- आर..-III	1	100	50	40		10	100	200
4	होम्यो यू.जी.- सर्जरीII	2	200	100	80		20	200	400
5	होम्यो यू.जी.- ओबीजीवाई.//	2	200	100	80		20	200	400
6	होम्यो यू.जी.- सी.एम.	1	100	50	40		10	200	200
	सकल योग								1800

चतुर्थ व्यावसायिक वर्ष बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.)
(2 टर्म)
शिक्षण के घंटे =1404

तालिका -16

(चतुर्थ वर्ष बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) अंक वितरण)								
क्र.सं. (1)	विषय का कोड (2)	पत्र (3)	सैद्धांतिक(4)	व्यावहारिक या नैदानिक मूल्यांकन (5)				सकल योग (6)
				व्यावहारिक या नैदानिक (क)	मौखिक (ख)	आई.ए. (ग)	समेकित योग (घ)	
1	होम्यो यू.जी.- एच.एम.एम. -IV	2	200	100	80	20	200	400
2	होम्यो यू.जी.- ओ.आर.जी.-IV	1	100	50	40	10	100	200
3	होम्यो यू.जी.-आर.-IV	1	100	50	40	10	100	200
4	होम्यो यू.जी.-पी.एम.- III	3	300	100	80	20	200	500
5	होम्यो यू.जी.-सी.एम.- आर.एम.-स्टेट	1	100	50	40	10	200	200
6	होम्यो यू.जी.- फार्मेकोलॉजी की विशिष्टताएँ	1	50		40	10	50	100
	सकल योग							1600

13. अध्ययन के दौरान छात्रों का प्रव्रजन :-

- (1) प्रथम व्यावसायिक परीक्षा उत्तीर्ण करने के बाद छात्र को दूसरे कॉलेज में अपना अध्ययन जारी रखने के लिए प्रव्रजन की अनुमति दी जा सकती है, लेकिन इन परीक्षाओं में असफल छात्र के स्थानान्तरण और मध्यावधि प्रव्रजन पर विचार नहीं किया जाएगा।
- (2) प्रव्रजन के लिए विद्यार्थियों को महाविद्यालय एवं विश्वविद्यालय दोनों के सिद्धांतों की आपसी सहमति प्राप्त करनी होगी तथा यह रिक्त सीट के विरुद्ध होगा।
- (3) एक कॉलेज से दूसरे कॉलेज में प्रव्रजन किसी छात्र का अधिकार नहीं है।
- (4) होम्योपैथिक कॉलेज से भारत में दूसरे होम्योपैथिक कॉलेज में छात्रों के प्रव्रजन पर राष्ट्रीय होम्योपैथी आयोग द्वारा अत्यधिक अनुकंपा के आधार पर केवल असाधारण मामलों पर विचार किया जाएगा, बशर्ते निम्नलिखित मानदंड पूरे हों तथा अन्य आधारों पर नियमित प्रव्रजन की अनुमति नहीं दी जाएगी;

(क) दोनों कॉलेज, अर्थात् एक जिसमें छात्र वर्तमान में पढ़ रहा है और एक जिसमें प्रव्रजन की मांग की गई है, को आयोग के प्रावधानों के अनुसार मान्यता प्राप्त है।

(ख) प्रव्रजन के लिए, आवेदक अपना आवेदन फार्म-3 (नीचे अनुबंध-VI में) सभी प्रकार से पूर्ण करके, अपने महाविद्यालय के प्राचार्य को प्रथम बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी व्यावसायिक परीक्षा उत्तीर्ण करने (परिणाम की घोषणा) के एक माह की अवधि के भीतर प्रस्तुत करेगा।

(ग) आवेदक को एक शपथपत्र प्रस्तुत करना होगा जिसमें कहा गया हो कि वह स्थानान्तरित होने वाले कॉलेज, जिसमें वह स्थानान्तरण की मांग कर रहा है, में दूसरी बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी व्यावसायिक परीक्षा में बैठने से पहले बारह महीने निर्धारित अध्ययन करेगा, जिसे संबंधित विश्वविद्यालय के रजिस्ट्रार द्वारा विधिवत प्रमाणित किया जाएगा और शपथपत्र मिलने के बाद ही स्थानान्तरण प्रभावी होगा।

(घ) इंटरनशिप प्रशिक्षण के दौरान अत्यधिक अनुकंपा के आधार पर प्रव्रजन की अनुमति दी जाएगी, बशर्ते कि इस तरह के प्रव्रजन की अनुमति केवल संबंधित कॉलेजों की आपसी सहमति से दी जाएगी, जहां दोनों कॉलेज, यानी एक जहां छात्र वर्तमान में पढ़ रहा है और एक जहाँ पर प्रव्रजन मांगा गया है उसे आयोग के प्रावधानों के अनुसार मान्यता दी गई है।

(5) प्रव्रजन के लिए सभी आवेदन कॉलेज प्राधिकारियों द्वारा राष्ट्रीय होम्योपैथी आयोग को भेजे जाएंगे। कोई भी संस्था या विश्वविद्यालय आयोग की स्वीकृति के बिना सीधे प्रव्रजन की अनुमति नहीं देगा।

(6) आयोग निम्नलिखित अनुकंपा आधारों के अलावा किसी भी आवेदन पर विचार नहीं करने का अधिकार सुरक्षित रखता है, जो निम्नलिखित हैं :-

(क) सहायक अभिभावक की मृत्यु;

(ख) किसी मान्यता प्राप्त अस्पताल द्वारा प्रमाणित चिकित्सा आधार द्वारा समर्थित विकलांगता का कारण बनने वाले उम्मीदवार की बीमारी;

(ग) उस क्षेत्र में जहां कॉलेज स्थित है, संबंधित सरकार द्वारा घोषित अशांत स्थिति।

(7) अनुकम्पा के आधार पर स्थानान्तरण के लिए आवेदन करने वाला विद्यार्थी 'प्रारूप-3' में अपेक्षित दस्तावेजों के साथ पूर्ण रूप से आवेदन करेगा।

14. अनिवार्य रोटेटरी इंटरनशिप प्रशिक्षण - निम्नानुसार अनिवार्य रोटेटरी इंटरनशिप प्रशिक्षण होंगे :-

(1)

- (क) प्रत्येक उम्मीदवार को चौथे बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) परीक्षा पास करने के एक वर्ष के भीतर इंटरनशिप ओरिएंटेशन और फिनिशिंग पाठ्यक्रम सहित अनिवार्य रोटेटरी इंटरनशिप से गुजरना होगा।

- (ख) नियमित बैच के छात्रों के लिए इंटरनशिप पाठ्यक्रम आमतौर पर अप्रैल के पहले कार्य दिवस और पूरक बैच के छात्रों के लिए सितंबर के पहले कार्य दिवस से शुरू होगा।
- (ग) छात्र छह चयनात्मक सहित पहली से चौथी (अंतिम) व्यावसायिक परीक्षा में, सभी विषयों को उत्तीर्ण करने के बाद और संबंधित विश्वविद्यालयों से अनंतिम डिग्री प्रमाणपत्र और संबंधित राज्य बोर्ड या अनिवार्य रोटरी इंटरनशिप काउंसिल से अनंतिम पंजीकरण प्रमाण पत्र प्राप्त करने के बाद अनिवार्य इंटरनशिप पाठ्यक्रम में शामिल होने के लिए पात्र होंगे।
- (2) इंटरनशिप के दौरान, केंद्र सरकार, राज्य सरकार और केंद्र शासित प्रदेश के संस्थानों और सभी निजी होम्योपैथिक मेडिकल कॉलेजों / संस्थानों से संबंधित इंटरन संबंधित सरकार के तहत अन्य चिकित्सा प्रणालियों के बराबर छात्रवृत्ति पाने के पात्र होंगे और चिकित्सा प्रणालियों के बीच कोई विसंगति नहीं होगी।
- (3)
- (क) इंटरनशिप के दौरान प्रव्रजन कॉलेज और यूनिवर्सिटी दोनों की सहमति से होगा; ऐसे मामले में जहां प्रव्रजन दो अलग-अलग विश्वविद्यालयों के कॉलेजों के बीच है।
- (ख) यदि प्रव्रजन केवल एक ही विश्वविद्यालय के महाविद्यालयों के बीच है तो दोनों महाविद्यालयों की सहमति आवश्यक होगी।
- (ग) संस्थान या कॉलेज द्वारा जारी चरित्र प्रमाण पत्र और कॉलेज और विश्वविद्यालय द्वारा 'अनापत्ति प्रमाण पत्र' के साथ अग्रेषित आवेदन प्रस्तुत करने पर विश्वविद्यालय द्वारा प्रव्रजन स्वीकार किया जाएगा।
- (4) उन्मुखीकरण पाठ्यक्रम का उद्देश्य, इंटरनशिप के दौरान की जाने वाली गतिविधियों का परिचय देना है।
- (क) सभी इंटरन इंटरनशिप के संबंध में एक उन्मुखीकरण पाठ्यक्रम में अनिवार्य रूप से शामिल होंगे और इंटरनशिप शुरू होने से पहले उन्मुखीकरण पाठ्यक्रम आयोजित करने की जिम्मेदारी शिक्षण संस्थान की होगी।
- (ख) उन्मुखीकरण पाठ्यक्रम का आयोजन इस आशय से किया जाएगा कि इंटरन को निम्नलिखित के बारे में अपेक्षित ज्ञान प्राप्त हो सके:
- (i) चिकित्सा पद्धति और पेशे के नियम और विनियम,
 - (ii) चिकित्सा नैतिकता,
 - (iii) चिकित्सा के कानूनी पहलू,
 - (iv) चिकित्सा के रिकार्ड,
 - (v) चिकित्सा बीमा,
 - (vi) चिकित्सा प्रमाणन,
 - (vii) संचार कौशल,
 - (viii) आचरण और शिष्टाचार,
 - (ix) राष्ट्रीय और राज्य स्वास्थ्य देखभाल पाठ्यक्रम।
 - (x) परियोजना कार्य
- (ग) इंटरनशिप की शुरुआत में उन्मुखीकरण कार्यशाला का आयोजन किया जाएगा और प्रत्येक इंटरन द्वारा एक ई-लॉग बुक का रखरखाव किया जाएगा, जिसमें इंटरन उन्मुखीकरण के दौरान उसके द्वारा की गई गतिविधियों का दिनांक-वार विवरण दर्ज करेगा।

- (घ) उन्मुखीकरण की अवधि इंटरनशिप शुरू होने की तारीख से तीन दिन पहले की होगी।
- (ङ) राष्ट्रीय होम्योपैथी आयोग द्वारा समय-समय पर निर्धारित उन्मुखीकरण के संचालन के लिए मैनुअल का पालन किया जाएगा।

(5)

- (क) इंटरनशिप के पूरा होने पर तीन दिनों के लिए एक समापक पाठ्यक्रम होगा।
- (ख) यह पाठ्यक्रम इंटरन के लिए बनाया गया है और इसमें तीन दिनों की अवधि में विस्तारित दस सत्र शामिल होंगे। पाठ्यक्रम में प्रशिक्षण के ऑनलाइन और ऑफलाइन दोनों तरीके शामिल हो सकते हैं। इसका उद्देश्य पाठ्यक्रम के सफल समापन के बाद उपलब्ध करियर के विभिन्न अवसरों और आवश्यकताओं को पूरा करने और अपने सपनों को पूरा करने के लिए खुद को कैसे तैयार किया जाए, इस बारे में इंटरन को जानकारी देना है।
- (ग) इस प्रशिक्षण के सफल समापन के बाद छात्र निम्नलिखित में सक्षम हो जाएंगे
 - (i) डिग्री पाठ्यक्रम के सफल समापन के बाद उपलब्ध करियर के विभिन्न अवसरों की सूची बनाना।
 - (ii) अपनी ताकत और कमजोरियों की पहचान करना;
 - (iii) अपनी पसंद का पेशा चुनना;
 - (iv) एक सफल पेशेवर बनने के लिए, पूरी की जाने वाली आवश्यकताओं की गणना करना;
 - (v) पेशे के प्रति सकारात्मक दृष्टिकोण और दृष्टिकोण प्रदर्शित करना;
 - (vi) संचार, समस्या समाधान, लेखन, टीम निर्माण, समय प्रबंधन, निर्णय लेने आदि में बेहतर कौशल प्रदर्शित करना।;
 - (vii) नैतिक और पेशेवर मूल्यों का प्रदर्शन करना और एक दयालु और देखभाल करने वाला नागरिक/पेशेवर बनना।

(6) समापक कार्यक्रम निम्नानुसार होंगे :

- क) पाठ्यक्रम के सफल समापन के बाद नौकरी के अवसर
- ख) पाठ्यक्रम के सफल समापन के बाद भारत और विदेशों में अध्ययन के अवसर
- ग) पाठ्यक्रम के सफल समापन के बाद उद्यमिता के अवसर
- घ) पाठ्यक्रम के सफल समापन के बाद अनुसंधान के अवसर
- ङ) पाठ्यक्रम के सफल समापन के बाद लोक सेवा के अवसर
- च) प्रतियोगी परीक्षाओं के बारे में प्रशिक्षण और जागरूकता
- छ) सही विकल्प चुनने के लिए आत्म विक्षेपण
- ज) साक्षात्कार कौशल, नेतृत्व कौशल, लेखन कौशल, समस्या समाधान और निर्णय लेने के कौशल सहित पारस्परिक और मधुर कौशल का निर्माण
- झ) पेशे से संबंधित प्रमाण पत्र लेखन और नुस्खे लेखन और चिकित्सा-कानूनी मुद्दे
- ञ) स्थापना और अध्ययन के लिए उपलब्ध ऋण सहायता और अन्य छात्रवृत्ति सुविधाएं
- ट) इंटरनशिप के सफल समापन के बाद नैतिक / व्यावसायिक और सामाजिक जिम्मेदारियां

(7) इंटर्नशिप के दौरान क्रियाकलापों में नैदानिक कार्य तथा परियोजना कार्य शामिल रहेंगे।

(क) (i) ओपीडी/कॉलेज अस्पताल/एमओयू अस्पताल/प्राथमिक स्वास्थ्य केंद्र या सामुदायिक स्वास्थ्य केंद्र या केंद्रीय होम्योपैथी अनुसंधान परिषद के अनुसंधान संस्थान या ग्रामीण अस्पताल या जिला अस्पताल या सिविल अस्पताल या आधुनिक चिकित्सा या होम्योपैथी मेडिसिन के किसी भी सरकारी या एन.ए.बी.एच. (अस्पतालों के लिए राष्ट्रीय प्रत्यायन बोर्ड) होम्योपैथी के निजी अस्पताल से मान्यता प्राप्त अस्पताल में नैदानिक कार्य।

(ii) इंटर्न के दैनिक कार्य घंटे आठ घंटे से कम नहीं होंगे; इंटर्न को एक ई-लॉग बुक/लॉग बुक का रखरखाव करना होगा जिसमें इंटर्नशिप के दौरान उसके द्वारा की गई सभी गतिविधियां शामिल हों।

(iii) चिकित्सा संस्थान इंटर्नशिप पूरी करने के लिए निम्नलिखित विकल्पों में से किसी एक का चयन करेगा और इसे कॉलेज / संस्थान की विवरण-पुस्तिका में निर्दिष्ट किया जाना चाहिए।

क) विकल्प I, कॉलेज से जुड़े होम्योपैथी अस्पताल में दस महीने के नैदानिक प्रशिक्षण और प्राथमिक स्वास्थ्य केंद्र या सामुदायिक स्वास्थ्य केंद्र या केंद्रीय होम्योपैथी अनुसंधान परिषद के अनुसंधान संस्थान या ग्रामीण अस्पताल या जिला अस्पताल या सिविल अस्पताल या आधुनिक चिकित्सा या होम्योपैथी चिकित्सा के किसी भी सरकारी अस्पताल या एन.ए.बी.एच. (अस्पतालों के लिए राष्ट्रीय प्रत्यायन बोर्ड) से मान्यता प्राप्त होम्योपैथी के निजी अस्पताल में दो महीने के नैदानिक प्रशिक्षण में विभाजित होगा।

i. प्रशिक्षुओं को निम्नलिखित में से किसी भी केंद्र में तैनात किया जाएगा जहां राष्ट्रीय स्वास्थ्य पाठ्यक्रम लागू किए जा रहे हैं और ये पोस्टिंग उन्मुखीकरण और राष्ट्रीय स्वास्थ्य कार्यक्रमों के कार्यान्वयन के ज्ञान से परिचित होने के लिए निम्नलिखित के संबंध में होगी,-

क. प्राथमिक स्वास्थ्य केंद्र;

ख. सामुदायिक स्वास्थ्य केंद्र या सिविल अस्पताल या जिला अस्पताल;

ग. कोई भी मान्यता प्राप्त या अनुमोदित होम्योपैथी अस्पताल या डिस्पेंसरी;

घ. होम्योपैथी में केंद्रीय अनुसंधान परिषद की एक नैदानिक इकाई/अस्पताल में।

ii. क्लॉज (क) से (घ) में उल्लिखित उपरोक्त सभी संस्थानों को इस तरह के प्रशिक्षण प्रदान करने के लिए संबंधित विश्वविद्यालय या सरकार द्वारा नामित प्राधिकारी द्वारा मान्यता प्राप्त होनी चाहिए।

iii. प्राथमिक स्वास्थ्य केंद्र या केंद्रीय होम्योपैथी अनुसंधान परिषद के अनुसंधान संस्थान या ग्रामीण अस्पताल या सामुदायिक स्वास्थ्य केंद्र या जिला अस्पताल या आधुनिक चिकित्सा या होम्योपैथी अस्पताल या औषधालय के किसी मान्यता प्राप्त या अनुमोदित अस्पताल में दो महीने के इंटर्नशिप प्रशिक्षण के दौरान, इंटर्न को निम्नलिखित कार्य करना पड़ेगा :

(1) प्राथमिक स्वास्थ्य केन्द्र की दिनचर्या एवं उनके अभिलेखों के रख-रखाव से परिचित होना;

(2) ग्रामीण और दूरस्थ क्षेत्रों में अधिक प्रचलित बीमारियों और उनके प्रबंधन से परिचित होना;

(3) ग्रामीण आबादी को स्वास्थ्य देखभाल विधियों के शिक्षण और विभिन्न टीकाकरण कार्यक्रमों में शामिल करना;

- (4) प्राथमिक स्वास्थ्य केंद्र के चिकित्सा या गैर-चिकित्सा कर्मचारियों के नियमित कामकाज से परिचित हों और इस अवधि में हमेशा कर्मचारियों के संपर्क में रहना;
 - (5) अनुसंधान योग्यता विकसित करना;
 - (6) संबंधित रजिस्टर जैसे दैनिक रोगी रजिस्टर, परिवार नियोजन रजिस्टर, सर्जिकल रजिस्टर आदि के अनुरक्षण के कार्य से परिचित होना और विभिन्न सरकारी स्वास्थ्य योजनाओं या कार्यक्रमों में सक्रिय भागीदारी लेना;
 - (7) राज्य सरकार द्वारा कार्यान्वित विभिन्न राष्ट्रीय स्वास्थ्य कार्यक्रमों में सक्रिय रूप से भाग लेना।
- iv. इंटरन द्वारा पी.एच.सी./सी.एच.सी./डिस्पेंसरी में दो महीने के दौरान उनकी पोस्टिंग के अनुसार उपस्थिति का रिकॉर्ड अनुरक्षित किया जाना चाहिए और चिकित्सा अधिकारी/उप चिकित्सा अधीक्षक/अनुसंधान अधिकारी/रिसिडेंट मेडिकल ऑफीसर(आर.एम.ओ.) /संकाय/आउटपेशेंट विभाग(ओ.पी.डी.) प्रभारी द्वारा प्रमाणित किया जाना चाहिए, जहां छात्र प्रशिक्षण प्राप्त कर रहा है और मासिक आधार पर कॉलेज के प्राचार्य द्वारा प्रस्तुत और प्रतिहस्ताक्षरित किया जाएगा।
- ख) विकल्प II, चिकित्सा संस्थान से जुड़े होम्योपैथी अस्पताल में पूरे बारह महीने की होगी और इंटरन द्वारा कॉलेज से जुड़े अस्पताल में बारह महीनों के दौरान उनकी पोस्टिंग के अनुसार उपस्थिति का रिकॉर्ड अनुरक्षित किया जाना चाहिए और चिकित्सा अधिकारी/उप चिकित्सा अधीक्षक/अनुसंधान अधिकारी/आर.एम.ओ./संकाय/आउटपेशेंट विभाग(ओ.पी.डी.) प्रभारी द्वारा प्रमाणित किया जाना चाहिए, जहां इंटरन प्रशिक्षण प्राप्त कर रहा है और मासिक आधार पर कॉलेज के डीन/प्रिंसिपल द्वारा प्रस्तुत और प्रतिहस्ताक्षरित किया जाएगा।

(ख) विकल्प I और विकल्प II में पोस्टिंग के दौरान नैदानिक कार्य का विभाजन। इंटरनशिप के दौरान नैदानिक कार्य निम्नलिखित तालिका के अनुरूप आयोजित किए जाएंगे :

तालिका-17

(इंटरनशिप की अवधि का वितरण)			
क्र.सं.	विभाग	विकल्प I	विकल्प II
(1)	(2)	(3)	(4)
1.	मनोचिकित्सा और योग, त्वचाविज्ञान, और संबंधित विशिष्टताओं और इनपेशेंट विभाग के संबंधित अनुभाग सहित चिकित्सा आउटपेशेंट विभाग का अभ्यास	2 महीने	3 महीने
2.	ओ.टी. सहित सर्जरी आउटपेशेंट विभाग, संबंधित विशेषता और नेत्र विज्ञान, कान नाक और गला(ई.एन.टी.) और इनपेशेंट विभाग के संबंधित अनुभाग	2 महीने	2 महीने

3.	स्त्री रोग और प्रसूति आउटपेशेंट विभाग, ऑपरेशन थियेटर सहित संबंधित विशेषता, और इनपेशेंट विभाग के संबंधित अनुभाग	2 महीने	2 महीने
4.	नियोनटल इंटेसिव केयर यूनिट, और इनपेशेंट विभाग के संबंधित अनुभाग सहित बाल चिकित्सा आउटपेशेंट विभाग से संबंधित विशेषज्ञता	1 महीना	2 महीने
5.	सामुदायिक चिकित्सा आउटपेशेंट विभाग, ग्रामीण/सार्वजनिक स्वास्थ्य/एम.सी.एच. और इनपेशेंट विभाग के संबंधित अनुभाग सहित संबंधित विशेषज्ञता	2 महीने	2 महीने
6.	दुर्घटना	1 महीना	1 महीना
7.	प्राथमिक स्वास्थ्य केंद्र या सामुदायिक स्वास्थ्य केंद्र या केंद्रीय होम्योपैथी अनुसंधान परिषद का अनुसंधान संस्थान या ग्रामीण अस्पताल या जिला अस्पताल या सिविल अस्पताल या आधुनिक चिकित्सा या होम्योपैथी चिकित्सा का कोई सरकारी अस्पताल या एन.ए.बी.एच. (अस्पतालों के लिए राष्ट्रीय प्रत्यायन बोर्ड) द्वारा मान्यता प्राप्त होम्योपैथी का निजी अस्पताल	2 महीने	

(ग) इंटर्न कॉलेज से जुड़े अस्पताल में संबंधित विभागों में निम्नलिखित गतिविधियां करेगा, जिनके नाम निम्नलिखित हैं :-

- (1) इंटर्न को व्यावहारिक रूप से निम्नलिखित से निपटने के लिए परिचित करने और उसे सक्षम बनाने के लिए चिकित्सा अभ्यास में निम्नानुसार प्रशिक्षित किया जाएगा :-

- (क) रोगियों के मामले लेने, जांच, निदान और होम्योपैथिक दवा के साथ उनके प्रबंधन जैसे सभी नियमित कार्य;
- (ख) दैनिक क्लिनिकल पैथोलॉजिकल कार्य जैसे हीमोग्लोबिन का आकलन, संपूर्ण हेमोग्राम, मूत्र विश्लेषण, रक्त परजीवियों की सूक्ष्म जांच, थूक की जांच, स्टूल की जांच, प्रयोगशाला आँकड़ों की व्याख्या और क्लिनिकल निष्कर्ष और एक निदान पर पहुंचना और सभी पैथोलॉजिकल और रेडियोलॉजिकल जांच के लिए उपयोगी विभिन्न रोग स्थितियों की निगरानी करना;
- (ग) नियमित वार्ड कार्यविधियों में प्रशिक्षण और रोगियों के आहार, आदतों और दवा अनुसूची के सत्यापन के संबंध में पर्यवेक्षण।

- (2) इंटर्न को व्यवहारिक रूप से सर्जरी से परिचित होने और उससे निपटने के लिए सक्षम बनाने के लिए निम्नानुसार प्रशिक्षित किया जाएगा :-

- (क) होम्योपैथिक सिद्धांतों के अनुसार सामान्य सर्जिकल विकारों का नैदानिक परीक्षण, निदान और होम्योपैथिक दवाओं का उपयोग करते हुए उनका प्रबंधन;
- (ख) फ्रैक्चर और डिस्लोकेशन, तीव्र पेटदर्द जैसी कुछ सर्जिकल आपात स्थितियों का प्रबंधन;
- (ग) इंटर्न प्री-ऑपरेटिव और पोस्टऑपरेटिव मैनेजमेंट में शामिल होंगे;
- (घ) कान, नाक, गला, दंत समस्याओं, नेत्र संबंधी समस्याओं में सर्जिकल प्रक्रियाएं;
- (ङ) बाह्य रोगी विभाग में सहायक उपकरणों के साथ आँख, कान, नाक, गला और अपवर्तक वृष्टि की परीक्षा; तथा
- (च) सेप्टिक और एंटीसेप्टिक तकनीक, नसबंदी का व्यावहारिक प्रशिक्षण;
- (छ) स्थानीय एनेस्थेटिक तकनीकों का व्यावहारिक उपयोग और एनेस्थेटिक दवाओं का उपयोग;

- (ज) रेडियोलॉजिकल प्रक्रियाएं, एक्स-रे की नैदानिक व्याख्या, इंट्रा वेनस पाइलोग्राम, बेरियम मील, सोनोग्राफी और इलेक्ट्रो कार्डियो ग्राम;
- (झ) सर्जिकल प्रक्रियाएं और नियमित वार्ड तकनीक जैसे -
- (i) ताजा चोटों की टांके लगाना;
 - (ii) घाव, जलन, अल्सर और इसी तरह की बीमारियों की ड्रेसिंग;
 - (iii) फोड़े का चीरा और जल निकासी;
 - (iv) सिस्ट को छांटना और;
 - (v) वेनसेक्शन;
- (3) इंटर्न को व्यावहारिक रूप से स्त्री रोग और प्रसूति से निपटने के लिए परिचित करने और उसे सक्षम बनाने के लिए निम्नानुसार प्रशिक्षित किया जाएगा :-
- (क) प्रसवपूर्व और प्रसवोत्तर समस्याएं और उनके उपचार, प्रसव पूर्व और प्रसवोत्तर देखभाल;
 - (ख) सामान्य और असामान्य प्रसव का प्रबंधन;
 - (ग) छोटी और बड़ी प्रसूति शल्य चिकित्सा प्रक्रियाएं;
 - (घ) सभी नियमित कार्य जैसे मामले लेना, जांच, निदान और सामान्य स्त्रीरोग संबंधी स्थितियों का होम्योपैथिक दवा के साथ प्रबंधन;
 - (ङ) महिलाओं में सामान्य कार्सिनोमाटस स्थितियों की जांच।
- (4) इंटर्न को व्यावहारिक रूप से प्रशिक्षित किया जाएगा ताकि वह बाल चिकित्सा से परिचित हो सके और अपने आपको उसमें सक्षम बना सके, अर्थात् :-
- (क) टीकाकरण पाठ्यक्रम के साथ-साथ नवजात शिशुओं की देखभाल;
 - (ख) महत्वपूर्ण बाल चिकित्सा समस्याएं और उनका होम्योपैथिक प्रबंधन;
- (5) इंटर्न को व्यावहारिक रूप से प्रशिक्षित किया जाएगा ताकि वह सामुदायिक चिकित्सा से परिचित हो सके और अपने आपको उसमें सक्षम बना सके, अर्थात् :-
- (क) पोषण संबंधी विकार, टीकाकरण, संक्रामक रोगों के प्रबंधन आदि सहित स्थानीय रूप से प्रचलित स्थानिक रोगों की रोकथाम और नियंत्रण का पाठ्यक्रम;
 - (ख) परिवार कल्याण योजना पाठ्यक्रम;
 - (ग) सभी स्तरों पर केंद्र सरकार के सभी राष्ट्रीय स्वास्थ्य पाठ्यक्रम
 - (घ) महामारी / स्थानिक / महामारी रोगों के मामलों में होम्योपैथिक प्रोफिलैक्सिस और प्रबंधन।
- (6) (क) इंटर्न को सभी आपातकालीन स्थितियों से परिचित होने और उन्हें सक्षम बनाने के लिए व्यावहारिक रूप से प्रशिक्षित किया जाएगा और हताहत और आघात के मामलों की पहचान और उनके प्राथमिक उपचार के लिए अस्पताल के हताहत अनुभाग में सक्रिय रूप से भाग लेने के लिए और ऐसे मामलों को चिन्हित अस्पतालों को भेजने की प्रक्रिया के बारे में प्रशिक्षित किया जाएगा।
- (ख) प्रोजेक्ट कार्य में निम्नलिखित कार्य शामिल होंगे :-
- क) प्रत्येक इंटर्न बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) IV में प्राप्त अनुसंधान पद्धति और जैवसांख्यिकी के ज्ञान का उपयोग करते हुए एक प्रोजेक्ट शुरू करेगा।

- ख) इंटरनशिप के पहले महीने के भीतर विषय (नैदानिक/समुदाय/शिक्षा) के शीर्षक का चयन करना इंटरन की जिम्मेदारी होगी और वह इसके बारे में प्रिंसिपल द्वारा आवंटित गाइड/मेंटर को सूचित करेगा।
- ग) प्रोजेक्ट तीन चरणों, योजना (तीन महीने), डेटा संग्रह (तीन महीने) और अंतिम रूप देने और लिखने (तीन महीने) के माध्यम से चलेगी।
- घ) लेखन अनुसंधान पद्धति पर पाठ्यक्रम में पढ़ाए जाने वाले प्रारूप के अनुसार होगा और न्यूनतम एक हजार पांच सौ शब्दों का होगा। इसे टाइप किया जाएगा और स्पाइरल बॉन्ड फॉर्म के साथ-साथ इलेक्ट्रॉनिक फॉर्मेट में भी जमा किया जाएगा।
- ङ) प्रोजेक्ट बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) IV छात्रों के लिए एक संक्षिप्त प्रस्तुति के साथ समाप्त होगा।
- च) प्राचार्य प्रोजेक्ट का मूल्यांकन करने के लिए एक शिक्षक को नियुक्त करेंगे जो निम्नलिखित के संबंध में होगा :
 - i. विचार की मौलिकता
 - ii. विचारों और डिजाइनों को तैयार करने में वैज्ञानिक पद्धति का पालन किया गया
 - iii. विश्लेषण
 - iv. परिणाम और निष्कर्ष
 - v. लेखन के गुण
 - vi. ग्रेड ए (70% और अधिक), बी (60 - 70%), सी (50-60%) और डी (50% से कम) तक होंगे।

(ग) प्रोजेक्ट का शीर्षक और प्राप्त ग्रेड बताते हुए इंटरन को एक प्रमाणपत्र दिया जाएगा।

(15) इलेक्ट्रॉनिक लॉगबुक/लॉगबुक -

- (i) एक इंटरन के लिए निर्दिष्ट ई-लॉगबुक/लॉगबुक में दिन-प्रतिदिन के आधार पर उसके द्वारा की गई/सहायता/देखी गई प्रक्रियाओं के रिकॉर्ड का अनुरक्षण अनिवार्य होगा और इंटरन काम का एक रिकॉर्ड अनुरक्षित करेगा, जो कि चिकित्सा अधिकारी या यूनिट या विभाग के प्रमुख द्वारा सत्यापित और प्रमाणित किया जाना चाहिए जिसके तहत वह काम करता है।
- (ii) इंटरनशिप प्रशिक्षण पाठ्यक्रम के अंत में डीन/प्रिंसिपल/निदेशक को संबंधित प्राधिकारी द्वारा विधिवत प्रमाणित ई-लॉगबुक/लॉगबुक प्रस्तुत करने में विफल रहने पर, इंटरनशिप प्रशिक्षण पाठ्यक्रम के किसी भी या सभी विषयों में उसके प्रदर्शन को रद्द किया जा सकता है।
- (iii) संस्था पूर्ण और प्रमाणित लॉग बुक/लॉगबुक की सॉफ्ट कॉपी अपने पास रखेगी और सत्यापन के लिए उपलब्ध कराई जाएगी।

(16) इंटरनशिप पाठ्यक्रम का मूल्यांकन -

- (1) मूल्यांकन प्रणाली, इस उद्देश्य के साथ सूचीबद्ध प्रक्रियाओं की न्यूनतम संख्या का प्रदर्शन करते हुए एक इंटरन के कौशल का आकलन करेगी ताकि इन प्रक्रियाओं को सफलतापूर्वक सीखने से इंटरन अपने वास्तविक अभ्यास में इसे संचालित करने में सक्षम होंगे।
- (2) प्रत्येक पोस्टिंग के अंत में संबंधित विभाग के प्रमुख द्वारा मूल्यांकन किया जाएगा और रिपोर्ट संस्थान के प्रमुख को फॉर्म -1 में जमा की जाएगी।

(3) प्रोजेक्ट प्रस्तुत करने सहित अनिवार्य रोटेटरी इंटरनशिप का एक वर्ष पूरा होने पर, संस्थान के प्रमुख संबंधित पोस्टिंग के अंत में विभाग प्रमुख द्वारा प्रदान किए गए निर्धारित फॉर्म -1 में सभी मूल्यांकन रिपोर्टों का आकलन करेंगे और यदि संतोषजनक पाया जाता है, तो इंटरन को सात कार्य दिवसों के भीतर फॉर्म-2 में इंटरनशिप पूर्णता प्रमाणपत्र जारी किया जाएगा।

(4) यदि फॉर्म-2 के अनुसार, किसी भी विभाग में मूल्यांकन में पंद्रह अंक से कम या पचास प्रतिशत से कम प्राप्त करने पर किसी इंटरन के प्रदर्शन को असंतोषजनक घोषित किया जाता है, तो उसे इंटरनशिप प्रशिक्षण और पोस्टिंग में उस विभाग के लिए निर्धारित दिनों की कुल संख्या के तीस प्रतिशत की अवधि के लिए संबंधित विभाग में पोस्टिंग दोबारा करना आवश्यक होगा।

(5) इंटरन को अपने मूल्यांकन के पूरा होने की तारीख से तीन दिनों के भीतर, संबंधित विभाग के प्रमुख और संस्थान के प्रमुख को अलग से मूल्यांकन के संचालन और अंक प्रदान करने के, किसी भी आयाम के लिए अपनी शिकायत दर्ज करने का अधिकार होगा, और ऐसी शिकायत प्राप्त होने पर, संस्था के प्रमुख संबंधित विभाग के प्रमुख के परामर्श से सात कार्य दिवसों के भीतर सौहार्दपूर्ण तरीके से शिकायत का निवारण और निपटान करेंगे।

(17) **इंटरन के लिए अवकाश -**

(i) एक वर्ष की अनिवार्य रोटेटरी इंटरनशिप के दौरान पंद्रह दिनों के अवकाश की अनुमति है।

(ii) पंद्रह दिनों से अधिक की किसी भी प्रकार की अनुपस्थिति को तदनुसार बढ़ाया जाएगा।

(18) **इंटरनशिप की पूर्णता :** (1) यदि अपरिहार्य परिस्थितियों के कारण इंटरनशिप शुरू करने या इंटरनशिप के दौरान ब्रेक लेने में कोई देरी होती है, तो ऐसे मामलों में, इंटरनशिप की अवधि चतुर्थ (अंतिम) प्रोफेशनल बी.एच.एम.एस.योग्यता परीक्षा उत्तीर्ण करने की तारीख से अधिकतम 24 महीने के भीतर पूरी की जाएगी तथा ऐसे मामलों में, छात्र संस्थान के प्रमुख से लिखित रूप में सभी सहायक दस्तावेजों के साथ पूर्व अनुमति लेगा

(2) अनुमति पत्र जारी करने से पहले दस्तावेजों की जांच करने और अनुरोध की वास्तविक प्रकृति का आकलन करने के लिए संस्था / कॉलेज के प्रमुख की जिम्मेदारी होगी;

(3) इंटरनशिप में फिर से शामिल होने के दौरान, छात्र को सहायक दस्तावेजों और अपने आवेदन के समर्थन में सभी आवश्यक दस्तावेजों के साथ अनुरोध पत्र जमा करना होगा।

(19) **शैक्षणिक कैलेंडर:** विश्वविद्यालय, संस्थान/कॉलेज इन विनियमों में अनुलग्नक II में निर्दिष्ट अस्थायी शैक्षणिक कैलेंडर के टेम्पलेट के अनुसार एक विशेष बैच का शैक्षणिक कैलेंडर तैयार करेंगे और इसे छात्रों को परिचालित किया जाएगा, संबंधित वेबसाइटों पर होस्ट किया जाएगा और तदनुसार पालन किया जाएगा।

(20) **ट्यूशन शुल्क -** संबंधित राज्य शुल्क विनियमन समिति द्वारा नियत किए गए और निर्धारित ट्यूशन शुल्क के रूप में, केवल साढ़े चार साल की अध्ययन अवधि के लिए शुल्क लिया जाएगा और परीक्षा (परीक्षाओं) में अनुत्तीर्ण होने के मामले में, अध्ययन की विस्तारित अवधि के लिए कोई शिक्षण शुल्क नहीं लिया जाएगा। किसी अन्य कारण से और उसी संस्थान में इंटरनशिप करते समय कोई शुल्क नहीं देना होगा।

डॉ. तारकेश्वर जैन, अध्यक्ष, (होम्योपैथी शिक्षा बोर्ड)

[विज्ञापन-III/4/असा./453/2022-23]

परिशिष्ट-ए

(विनियम 5 का उप-विनियम 4 देखें)

विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49) की धारा 2 के खंड (जेड.सी.) में संदर्भित "विनिर्दिष्ट विकलांगता" से संबंधित अनुसूची निम्नानुसार प्रदान करती है:-

1. शारीरिक विकलांगता -

(क) लोकोमोटर विकलांगता (मस्कुलोस्केलेटल या तंत्रिका तंत्र या दोनों की पीड़ा के परिणामस्वरूप स्वयं और वस्तुओं गतिशीलता से जुड़ी विशिष्ट गतिविधियों को निष्पादित करने में एक व्यक्ति की अक्षमता), सहित -

(i) "कुष्ठ रोग से मुक्त व्यक्ति" का तात्पर्य उस व्यक्ति से है जो कुष्ठ रोग से मुक्त हो चुका है, लेकिन इससे पीड़ित है -

क) हाथों या पैरों में सनसनी की हानि के साथ-साथ, संवेदना की हानि और आँख और पलक में पक्षाघात लेकिन कोई प्रकट विकृति नहीं;

ख) प्रकट विकृति और पक्षाघात लेकिन उनके हाथों और पैरों में पर्याप्त गतिशीलता होना, ताकि वे सामान्य आर्थिक गतिविधि में संलग्न हो सकें;

ग) अत्यधिक शारीरिक विकृति के साथ-साथ अधिक आयु जो उसे किसी भी लाभकारी व्यवसाय को करने से रोकती है और अभिव्यक्ति "कुष्ठ रोग ठीक" तदनुसार माना जाएगा।

(ii) "सेरेब्रल पाल्सी" का अर्थ शरीर की गतिशीलता और मांसपेशियों के समन्वय को प्रभावित करने वाली गैर-प्रगतिशील न्यूरोलॉजिकल स्थिति का एक समूह है, जो मस्तिष्क के एक या अधिक विशिष्ट क्षेत्रों को नुकसान के कारण होता है, जो आमतौर पर जन्म से पहले, उसके दौरान या उसके तुरंत बाद होता है।

(iii) "बौनापन" का अर्थ है एक चिकित्सीय या आनुवंशिक स्थिति जिसके परिणामस्वरूप वयस्क की ऊंचाई 4 फीट 10 इंच (147 सेंटीमीटर) या उससे कम होती है।

(iv) "मस्कुलर डिस्ट्रॉफी" का अर्थ वंशानुगत आनुवंशिक मांसपेशी रोग का एक समूह है जो मानव शरीर को चलाने वाली मांसपेशियों को कमजोर करता है और मल्टीपल डिस्ट्रॉफी वाले व्यक्तियों के जीन में गलत और गायब जानकारी होती है, जो उन्हें मांसपेशियों के स्वास्थ्य के लिए आवश्यक प्रोटीन बनाने से रोकता है। यह कंकाल की मांसपेशियों की प्रगतिशील कमजोरी, मांसपेशियों के प्रोटीन में दोष और मांसपेशियों की कोशिकाओं और ऊतकों की मृत्यु की विशेषता है।

(v) "एसिड अटैक विक्टिम" का अर्थ है तेजाब या इसी तरह के संक्षारक पदार्थ फेंककर हिंसक हमलों के कारण विकृत व्यक्ति।

(ख) दृश्य हानि -

(i) "अंधापन" का अर्थ ऐसी स्थिति से है जहां किसी व्यक्ति के पास सर्वोत्तम सुधार के बाद निम्नलिखित में से कोई भी स्थिति हो -

क) दृष्टि की पूर्ण अनुपस्थिति, या

ख) सर्वोत्तम संभव सुधार के साथ बेहतर आंख में 3/60 से कम या 10/200 (खेलन) से कम दृश्य तीक्ष्णता, या

ग) 10 डिग्री से कम के कोण को अंतरित करने वाले दृष्टि क्षेत्र की सीमा।

(ii) "कम दृष्टि" का अर्थ है एक ऐसी स्थिति जहां किसी व्यक्ति की निम्नलिखित में से कोई भी स्थिति हो, अर्थात् :-

क) दृश्य तीक्ष्णता 6/18 से अधिक या 20/60 से कम 3/60 तक या 10/200 (खेलन) तक बेहतर संभव सुधारों के साथ बेहतर आंख में; या

ख) दृष्टि के क्षेत्र की सीमा 40 डिग्री से कम के कोण को 10 डिग्री तक अंतरित करना।

(ग) श्रवण बाधित -

(i) "बधिर" का अर्थ दोनों कानों में स्पीच आवृत्तियों में 70 डी.बी. श्रवण हानि वाले व्यक्तियों से है;

(ii) "सुनने में कठिनाई" का अर्थ है दोनों कानों में स्पीच आवृत्तियों में 60 डीबी श्रवण हानि वाले व्यक्ति

(घ) "बोली और भाषा अक्षमता" का अर्थ जैविक या न्यूरोलॉजिकल कारणों से बोली और भाषा के एक या एक से अधिक घटकों को प्रभावित करने वाली लेरिंजेक्टॉमी या वाचाघात जैसी स्थितियों से उत्पन्न होने वाली स्थायी विकलांगता है;

(ङ) बौद्धिक अक्षमता एक ऐसी स्थिति है जो बौद्धिक कार्यप्रणाली (तर्क, सीखने, समस्या को हल करने) और मूल व्यवहार, जिसमें हर दिन सामाजिक और व्यावहारिक कौशल शामिल हैं, दोनों में महत्वपूर्ण सीमा की स्थिति द्वारा पारिभाषित होती है -

(i) "सीखने की विशिष्ट अक्षमता" का अर्थ परिस्थितियों का एक विषम समूह है जिसमें भाषा, बोली जाने वाली या लिखित प्रसंस्करण में कमी है, जो खुद को समझने, बोलने, पढ़ने, लिखने, वर्तनी या गणितीय गणना करने में कठिनाई के रूप में प्रकट हो सकती है और इसमें अवधारणात्मक अक्षमताओं, डिस्लेक्सिया, डिस्ग्राफिया, डिस्कैलकुलिया, डिस्प्रेक्सिया और विकासात्मक वाचाघात जैसी स्थितियां शामिल हैं।

(ii) "ऑटिज्म स्पेक्ट्रम डिसऑर्डर" का अर्थ है एक न्यूरो-विकासात्मक स्थिति जो आमतौर पर जीवन के पहले तीन वर्षों में प्रकट होती है जो किसी व्यक्ति की संवाद करने, रिश्तों को समझने और दूसरों से संबंधित होने की क्षमता को प्रभावित करती है और अक्सर असामान्य या रूढ़िवादी अनुष्ठानों या व्यवहारों से जुड़ी होती है।

2. "मानसिक बीमारी" का अर्थ सोच, मनोदशा, धारणा, अभिविन्यास या स्मृति का एक बड़ा विकार है जो निर्णय, व्यवहार, वास्तविकता को पहचानने की क्षमता या जीवन की सामान्य मांगों को पूरा करने की क्षमता को पूरी तरह से क्षीण करता है, लेकिन इसमें मंदता शामिल नहीं है जो किसी व्यक्ति के दिमाग के रुके हुए या अधूरे विकास के कारण, एक उत्पन्न स्थिति है,

3. निम्नलिखित के कारण हुई विकलांगता -

(क) पुरानी न्यूरोलॉजिकल स्थितियां, जैसे -

(i) "मल्टीपल स्केलेरोसिस" का अर्थ है एक इनफ्लेमेटरी, तंत्रिका तंत्र रोग जिसमें मस्तिष्क और रीढ़ की हड्डी के तंत्रिका कोशिकाओं के अक्षतंतु के चारों ओर माइलिन आवरण क्षतिग्रस्त हो जाते हैं, जिससे मस्तिष्क और रीढ़ की हड्डी में एक दूसरे के साथ संवाद करने के लिए तंत्रिका कोशिकाओं की क्षमता प्रभावित होती है।

- (ii) "पार्किंसंस रोग" का अर्थ है तंत्रिका तंत्र का एक प्रगतिशील रोग जो कंपन, मांसपेशियों की कठोरता और धीमी, अनिश्चित गति से चिह्नित होता है, मुख्य रूप से मध्यम आयु वर्ग के और बुजुर्ग लोगों को प्रभावित करता है जो मस्तिष्क के बेसल गैंग्लिया के डीजनरेशन और मस्तिष्क में न्यूरोट्रांसमीटर डोपामाइन कमी से जुड़े होते हैं।

(ख) रक्त विकार -

- (i) "हीमोफिलिया" का अर्थ एक विरासत में मिली बीमारी है, जो आमतौर पर केवल पुरुषों को प्रभावित करती है, लेकिन महिलाओं द्वारा उनके पुरुष बच्चों को प्रेषित की जाती है, जो रक्त की सामान्य थक्का बनाने की क्षमता के नुकसान या हानि की विशेषता होती है, ताकि एक मामूली घाव के परिणामस्वरूप घातक रक्तस्राव हो सके,
- (ii) "थ्रैलेसीमिया" का अर्थ विरासत में मिले विकारों के एक समूह से है जो हीमोग्लोबिन की कमी या अनुपस्थिति की विशेषता परिलक्षित करता है।
- (iii) "सिकल सेल डिजीज" का अर्थ है हेमोलिटिक डिसऑर्डर जो क्रोनिक एनीमिया, दर्दनाक घटनाओं और संबंधित ऊतक और अंग क्षति के कारण विभिन्न जटिलताओं की विशेषता है। "हेमोलिटिक" लाल रक्त कोशिकाओं की कोशिका झिल्ली के विनाश को संदर्भित करता है जिसके परिणामस्वरूप हीमोग्लोबिन रिलीज होता है।
4. बधिर, अंधापन सहित बहु विकलांगता (उपरोक्त निर्दिष्ट विकलांगों में से एक से अधिक), जिसका अर्थ एक ऐसी स्थिति है जिसमें एक व्यक्ति में श्रवण और दृश्य हानि का संयोजन हो सकता है, जिससे गंभीर संचार, विकासात्मक और शैक्षिक समस्याएं हो सकती हैं।
5. केंद्र सरकार द्वारा समय-समय पर अधिसूचित कोई अन्य श्रेणी।

परिशिष्ट -बी

(विनियम 5 का उप-विनियम 4 देखें)

विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49) के तहत "निर्दिष्ट विकलांगता" के साथ छात्रों के बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) में प्रवेश के संबंध में दिशा-निर्देश।

1. "विकलांगता का प्रमाण पत्र" विकलांग व्यक्तियों के अधिकार नियम, 2017 के अनुसार जारी किया जाएगा।
2. किसी व्यक्ति में "निर्दिष्ट विकलांगता" की सीमा का मूल्यांकन "विकलांग व्यक्तियों के अधिकार अधिनियम, 2016 (2016 का 49), भारत के राजपत्र, असाधारण, भाग II, खंड 3, उपखंड (ii) में प्रकाशित संख्या एस.ओ. 76 (ई), दिनांक 4 जनवरी, 2018 के तहत शामिल व्यक्ति में निर्दिष्ट विकलांगता की सीमा का आकलन करने के उद्देश्य से" दिशा-निर्देशों के अनुसार किया जाएगा।
3. निर्दिष्ट विकलांगता वाले व्यक्तियों के लिए आरक्षण का लाभ उठाने के लिए पात्र होने के लिए विकलांगता की न्यूनतम डिग्री 40% (बेंचमार्क विकलांगता) होनी चाहिए।
4. 'शारीरिक रूप से विकलांग' (पी.एच.) शब्द के स्थान पर 'विकलांग व्यक्ति' (पी.डब्ल्यू.डी.) शब्द का प्रयोग किया जाना है।

तालिका-18

क्र.सं.	अक्षमता की कोटि	अक्षमता का प्रकार	विशिष्ट अक्षमता	अक्षमता का विस्तार		
				(5)		
(1)	(2)	(3)	(4)	बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम के लिए योग्य, पी.डब्ल्यू.डी. कोटा के लिए अयोग्य	बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम के लिए योग्य, पी.डब्ल्यू.डी. कोटा के लिए योग्य	पाठ्यक्रम के लिए अयोग्य

1.	शारीरिक अक्षमता	(क) विशिष्ट अक्षमताओं सहित लोकोमोटर अक्षमता (ए से एफ)	(क) लेप्रोसी से ठीक हुआ व्यक्ति* (ख) सेरेब्रल पाल्सी** (ग) बौनापन (घ) मस्कुलर डिस्ट्रोफी (ङ) एसिड अटैक के शिकार (च) अन्य* ** जैसे कि एम्पुटेशन, पोलियोमीलिटिस, आदि।	40% से कम विकलांगता	40-80% विकलांगता- 80% से अधिक विकलांगता वाले व्यक्तियों को भी मामला-दर-मामला आधार पर अनुमति दी जा सकती है और उनकी अक्षमता का कार्य सहायक उपकरणों की सहायता करेगा, यदि इसका उपयोग किया जा रहा है, यह देखने के लिए कि क्या इसे 80% से नीचे लाया गया है और क्या उनके पास पाठ्यक्रम को संतोषजनक ढंग से आगे बढ़ाने और सफलतापूर्वक पूरा करने की क्षमता पर्याप्त मोटर है।	80% से अधिक विकलांगता

			* उंगलियों और हाथों में संवेदनाओं के नुकसान, विच्छेदन, साथ ही आंखों की भागीदारी और संबंधित सिफारिशों पर ध्यान दिया जाना चाहिए। ** दृष्टि, श्रवण, संज्ञानात्मक कार्य आदि की हानि पर ध्यान दिया जाना चाहिए और संबंधित सिफारिशों पर ध्यान दिया जाना चाहिए। *** बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम के लिए योग्य माने जाने के लिए दोनों हाथ बरकरार हैं, बरकरार संवेदनाओं के साथ, पर्याप्त शक्ति और गति की सीमा आवश्यक है।			
		(ख) दृश्य हानि (*)	(क) अंधापन	40% से कम विकलांगता(जैसे कोटि		40% के बराबर या अधिक विकलांगता
			(ख) कम दृष्टि	ओ (10%)' I(20%)' & II (30%)		(जैसे कि कोटि III तथा उपर)
		(ग) श्रवण हानि@	(क) बहरापन	40% से कम विकलांगता		40% के बराबर या अधिक विकलांगता
			(ख) ऊँचा सुनना			
			(*)40% से अधिक दृष्टिबाधित/दृश्य निःशक्तता वाले व्यक्तियों को बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम करने के लिए पात्र बनाया जा सकता है और आरक्षण दिया जा सकता है, बशर्ते कि उनकी दृश्य विकलांगता को उन्नत कम दृष्टि वाले उपकरण जैसे दूरबीन / आवर्धक की सहायता से 40% के बेंचमार्क से कम के स्तर पर लाया जाता है। @ 40% से अधिक श्रवण अक्षमता वाले व्यक्तियों को बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम करने के लिए पात्र बनाया जा सकता है और आरक्षण दिया जा सकता है, बशर्ते कि श्रवण अक्षमता को सहायक उपकरणों की सहायता से 40% के बेंचमार्क से कम के स्तर पर लाया जाता है। इसके अलावा, व्यक्ति का स्पीच डिस्क्रिमिनेशन स्कोर 60% से अधिक होना चाहिए।			
		(घ) बोली तथा भाषा अक्षमता	ऑर्गेनिक/न्यूरोलॉजिकल कारण	40% से कम विकलांगता		40% के बराबर या अधिक विकलांगता

		बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम में प्रवेश के लिए, स्पीट इंटीलेजिविलिटी अफेक्टेड (एस.आई.ए.) स्कोर 3 से अधिक नहीं होगा बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम में आगे बढ़ाने के लिए पात्र होने के लिए (जो 40% से कम के अनुरूप होगा)। इस स्कोर से परे व्यक्ति बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) में प्रवेश के लिए पात्र नहीं होंगे। 40% तक अफासिया क्वोटेंट(ए.क्यू.) वाले व्यक्ति बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम में आगे बढ़ाने के लिए पात्र हो सकते हैं। लेकिन इससे परे वे न तो बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम को आगे बढ़ाने के लिए पात्र होंगे और न ही उनके लिए कोई आरक्षण होगा।

2.	बौद्धिक अक्षमता	(क) सीखने की विशिष्ट अक्षमता (अवधारणात्मक अक्षमता, डिस्लेक्सिया, डिस्कुलिया, डिस्प्रेक्सिया और विकासात्मक वाचाघात)	# वर्तमान समय में एस.एल.डी. की गंभीरता का आकलन करने के लिए कोई मापक पैमाना उपलब्ध नहीं है, इसलिए 40% का कट-ऑफ पक्षपातपूर्ण है और अधिक साक्ष्य की आवश्यकता है।		
			40% से कम विकलांगता	40% विकलांगता के बराबर या उससे अधिक लेकिन चयन विशेषज्ञ पैनल द्वारा उपचारात्मक/सहायक प्रौद्योगिकी/सहायता/ढांचागत परिवर्तन की मदद से मूल्यांकन की गई सीखने की क्षमता पर आधारित होगा।	
		(ख) आत्मकेंद्रित स्पेक्ट्रम विकार	अनुपस्थित या मामूली अक्षमता, सिंड्रोम के अनुसार(आई.एस.ए.ए. के अनुसार 40-60% अक्षमता) जहाँ व्यक्ति को बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम करने के लिए एक विशेषज्ञ पैनल द्वारा योग्य माना जाता है।	वर्तमान समय में, वस्तुनिष्ठ विधि की कमी के कारण अनुशंसित नहीं है। हालांकि, विकलांगता मूल्यांकन के बेहतर तरीके विकसित करने के बाद भविष्य में आरक्षण/कोटा के लाभ पर विचार किया जा सकता है।	60% से अधिक विकलांगता या संज्ञानात्मक/बौद्धिक विकलांगता के बराबर या उससे अधिक और/या यदि व्यक्ति को बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम करने के लिए एक विशेषज्ञ पैनल द्वारा अयोग्य माना जाता है।

3.	मानसिक व्यवहार	मानसिक बीमारी	अनुपस्थित या मामूली विकलांगता : 40% से कम (आई.डी.ई.ए.एस. के तहत)	वर्तमान समय में, मानसिक बीमारी की उपस्थिति और सीमा को स्थापित करने के लिए वस्तुनिष्ठ विधि की कमी के कारण इसकी अनुशंसा नहीं की जाती है। हालांकि, विकलांगता मूल्यांकन के बेहतर तरीके विकसित करने के बाद भविष्य में आरक्षण/कोटा के लाभ पर विचार किया जा सकता है।	40% के बराबर या उससे अधिक विकलांगता या यदि व्यक्ति को अपने कर्तव्यों का पालन करने में अयोग्य माना जाता है। "दवा अभ्यास करने के लिए फिटनेस" के लिए मानकों का मसौदा तैयार किया जा सकता है।

4.	के कारण हुई विकलांगता	(ए) पुरानी न्यूरोलॉजिकल स्थितियां	(i) मल्टीपल स्क्लेरोसिस	40% से कम विकलांगता	40%80% विकलांगता	80% से अधिक विकलांगता
			(ii) पार्किंसनिज्म			
		(बी) रक्त विकार	(i) हीमोफीलिया	40% से कम विकलांगता	40%80% विकलांगता	80% से अधिक विकलांगता
			(ii) थैलेसीमिया			
			(iii) सिकल सेल रोग			
5.	बहरापन अंधापन सहित कई विकलांगता		उपरोक्त निर्दिष्ट विकलांगताओं में से एक से अधिक	उपरोक्त में से किसी की उपस्थिति के संबंध में, व्यक्तिगत मामलों में सिफारिशों पर निर्णय लेते समय उपरोक्त सभी पर विचार करना चाहिए, अर्थात् दृश्य, श्रवण, बोली और भाषा की अक्षमता, बौद्धिक अक्षमता, और कई अक्षमताओं के घटक के रूप में मानसिक बीमारी। भारत सरकार द्वारा जारी संबंधित गजट अधिसूचना द्वारा अधिसूचित संयोजन फार्मूला: <u>a+b (90-a)</u> 90 (जहाँ विभिन्न अक्षमताओं के लिए a = अक्षमता% का अत्यधिक मान तथा b = अक्षमता% का निम्नतर मान) अनुशंसित है। जब किसी व्यक्ति में एक से अधिक अक्षमता की स्थिति मौजूद हो, तो विकलांगता की गणना के लिए। इस फॉर्मूले का उपयोग कई विकलांगता वाले		

				मामलों में किया जा सकता है, और किसी व्यक्ति में मौजूद विशिष्ट विकलांगता के अनुसार प्रवेश और/या आरक्षण के संबंध में सिफारिशें की जा सकती हैं।

टिप्पणी 1 : पी.डब्ल्यू.डी. श्रेणी के तहत चयन के लिए, उम्मीदवारों को भारत सरकार के संबंधित प्राधिकरण द्वारा नामित विकलांगता मूल्यांकन बोर्डों में से एक से काउंसलिंग की निर्धारित तिथि से पहले विकलांगता प्रमाण पत्र प्रस्तुत करना होगा।

टिप्पणी 2 : यदि किसी विशेष श्रेणी में विकलांग व्यक्तियों के लिए आरक्षित सीटें उम्मीदवारों की अनुपलब्धता के कारण नहीं भरी जाती हैं, तो सीटों को संबंधित श्रेणी के लिए वार्षिक स्वीकृत सीटों में शामिल किया जाएगा।

अनुलग्नक -I

फाउंडेशन पाठ्यक्रम

(विनियम 7 के उप-विनियम 1 का खंड (ख) देखें)

पृष्ठभूमि

भारत में होम्योपैथिक चिकित्सा शिक्षा के लिए नए प्रवेशकों को एक बुनियादी दार्शनिक अभिविन्यास, एक एकीकृत और समग्र तरीके से सोचने की आवश्यकता, बेडसाइड पर एक टीम में कार्य करने की क्षमता और जीवन भर सीखने के पैटर्न में कुछ जोड़ते रहने की क्षमता की आवश्यकता होती है। होम्योपैथी, हालांकि 225 वर्ष से अधिक पुरानी है, एक वैज्ञानिक अनुशासन के रूप में अपेक्षाकृत युवा है और इसने कई कारणों से कई नकारात्मक सामुदायिक जोखिम को आकर्षित किया है। भारत में, हम जानते हैं कि जो छात्र होम्योपैथिक कॉलेज के परिसर में प्रवेश करते हैं, वे शायद ही कभी अपनी इच्छा से ऐसा करते हैं। यह अक्सर अंतिम विकल्प के रूप में एक अभ्यास होता है या जिसे एक 'चिकित्सा' डिग्री के लिए एक कदम के रूप में अपनाया जाता है। इसलिए, नए प्रवेशकों की मानसिकता शायद ही कभी सूचित, सकारात्मक और आत्म-पुष्टि करने वाली होती है।

हालांकि, हम जानते हैं कि सभी चिकित्सा विषयों की तरह, होम्योपैथी प्रशिक्षण में डोमेन का एक विस्तृत स्पेक्ट्रम शामिल है जिसमें अस्पताल, समुदाय, क्लिनिक आदि सहित विभिन्न सेटिंग्स में मानवीय बातचीत और पारस्परिक संबंधों के संपर्क शामिल हैं। प्रशिक्षण गहन है और महान प्रतिबद्धता, लचीलापन और आजीवन शिक्षण अपेक्षित करता है। नए वातावरण के लिए अनुकूलन और परिचितता की अवधि बनाना वांछनीय है। इसमें पाठ्यक्रम संरचना, सीखने के तरीकों, प्रौद्योगिकी के उपयोग और सहकर्मी से बातचीत का परिचय शामिल होगा जो जूनियर कॉलेज से होम्योपैथिक कॉलेज में उनके सहज स्थानांतरण की सुविधा प्रदान करेगा।

इसे बी.एच.एम.एस. पाठ्यक्रम की शुरुआत में समर्पित 10 दिनों के विशेष "फाउंडेशन कोर्स" के माध्यम से प्राप्त करने की योजना है, ताकि छात्रों को विभिन्न चिन्हित क्षेत्रों में उन्मुख और संवेदनशील बनाया जा सके।

लक्ष्य और उद्देश्य

होम्योपैथी के फाउंडेशन कोर्स के व्यापक लक्ष्यों में निम्नलिखित शामिल हैं :

1. छात्रों को होम्योपैथिक चिकित्सा पद्धति के विभिन्न पहलुओं की ओर उन्मुख करना;
2. उनमें मास्टर हैनीमैन द्वारा परिभाषित 'मिशन' के प्रति सचेत जागरूकता पैदा करना;
3. इस पेशेवर पाठ्यक्रम से गुजरने और मरीजों की देखभाल करने के लिए आवश्यक कुछ बुनियादी, लेकिन महत्वपूर्ण कौशल से उन्हें लैस करना;
4. उनके संचार, भाषा, कंप्यूटर और सीखने के कौशल को बढ़ाना;
5. साथियों और शिक्षकों के बीच बातचीत का अवसर प्रदान करना और विभिन्न शिक्षण पद्धतियों के लिए एक अभिविन्यास शुरू करना।

उद्देश्य

(क) फाउंडेशन कोर्स के उद्देश्य निम्नलिखित हैं :

शिक्षार्थियों को निम्नलिखित के प्रति उत्तुम्ब करना :

- (i) चिकित्सा पेशा और समाज में एक होम्योपैथ का मिशन
- (ii) बी.एच.एम.एस. पाठ्यक्रम
- (iii) संस्थान का विजन और मिशन
- (iv) समग्र और सकारात्मक स्वास्थ्य की अवधारणा और इसे प्राप्त करने और बनाए रखने के तरीके
- (v) चिकित्सा और होम्योपैथी का इतिहास और दुनिया में होम्योपैथी की स्थिति
- (vi) चिकित्सा नैतिकता, दृष्टिकोण और व्यावसायिकता
- (vii) देश में उपलब्ध विभिन्न स्वास्थ्य प्रणालियाँ
- (viii) स्वास्थ्य देखभाल प्रणाली और इसकी वितरण
- (ix) राष्ट्रीय स्वास्थ्य प्राथमिकताएं और नीतियां
- (x) प्राथमिक देखभाल के सिद्धांत (सामान्य और समुदाय आधारित देखभाल)
- (xi) मेंटरशिप पाठ्यक्रम की अवधारणा

(ख) कौशल बढ़ाने की आवश्यकता की सराहना करने के लिए शिक्षार्थियों को निम्नलिखित में सक्षम करें:

- (i) भाषा
- (ii) बुनियादी चिकित्सा प्रौद्योगिकियों का अवलोकन, प्रलेखन और समझ
- (iii) पारस्परिक संबंध और टीम व्यवहार
- (iv) विभिन्न उम्र और संस्कृतियों में संचार
- (v) समय प्रबंधन
- (vi) तनाव प्रबंधन
- (vii) सूचना तकनीक का उपयोग

(ग) निम्नलिखित को उपलब्ध कराने के लिए शिक्षार्थियों को प्रशिक्षित करें:

- (i) प्राथमिक उपचार/आपातकालीन प्रबंधन
- (ii) जीवन का मूलभूत आधार
- (iii) सार्वभौमिक सावधानियां तथा टीकाकरण
- (iv) रोगी की सुरक्षा और जैविक खतरे से सुरक्षा

(घ) भाषा तथा कंप्यूटर कौशल प्रदान करना

- (i) स्थानीय भाषा पाठ्यक्रम
- (ii) अंग्रेजी भाषा पाठ्यक्रम
- (iii) कंप्यूटर कौशल

इन्हें विशेष बैच की जरूरतों के अनुसार व्यवस्थित किया जा सकता है और फाउंडेशन पाठ्यक्रम के बाद अतिरिक्त कोचिंग जारी रखी जा सकती है।

सामग्री और पद्धति

पाठ्यक्रम सत्रों में चलाया जाएगा जो इंटरैक्टिव अवश्य होना चाहिए।

फाउंडेशन कोर्स के प्रमुख भागों में निम्नलिखित शामिल हैं :

1) उन्मुखीकरण पाठ्यक्रम :

इसमें छात्रों को आज के समय में होम्योपैथी और होमियोपैथ की भूमिका पर विशेष जोर देने के साथ नीचे उल्लिखित सभी भागों की ओर उन्मुख करना शामिल है।

2) कौशल मॉड्यूल (बुनियादी) :

इसमें बुनियादी जीवन समर्थन/आपातकालीन प्रबंधन, प्राथमिक चिकित्सा, सार्वभौमिक सावधानियां और जैव चिकित्सा अपशिष्ट और सुरक्षा प्रबंधन जैसे कौशल सत्र शामिल हैं, जिन्हें रोगी की देखभाल के क्षेत्रों में प्रवेश करने से पहले छात्रों को प्रशिक्षित करने की आवश्यकता होती है।

3) सामुदायिक और प्राथमिक स्वास्थ्य केंद्र का फील्ड दौरा:

ये दोरे सामुदायिक और प्राथमिक स्वास्थ्य केंद्रों के माध्यम से देखभाल के वितरण के लिए उन्मुखीकरण प्रदान करते हैं, और इसमें स्वास्थ्य देखभाल कर्मचारियों, रोगियों और उनके परिवारों के साथ बातचीत शामिल है।

4) नैतिकता सहित पेशेवर विकास :

यह व्यावसायिकता और नैतिकता की अवधारणा का परिचय है और एक चिकित्सक के आचरण पर हैनिमैन के प्रभाव से निकटता से संबंधित है। यह भाग छात्रों को यह समझने में मदद करेगा कि नैदानिक क्षमता, संचार कौशल और ठोस नैतिक सिद्धांत व्यावसायिकता की नींव हैं। यह अनैतिक और गैर-पेशेवर व्यवहार के परिणामों, ईमानदारी के मूल्य, अखंडता और सभी बातचीत में सम्मान की समझ भी प्रदान करेगा। जवाबदेही, परोपकारिता, उत्कृष्टता की खोज, सहानुभूति, करुणा और मानवतावाद जैसी व्यावसायिक विशेषताओं को भी इसमें संबोधित किया जाएगा। इसे लिंग, पृष्ठभूमि, संस्कृति, क्षेत्रीय और भाषा विविधता के लिए सम्मान और संवेदनशीलता पैदा करनी चाहिए। इसमें विकलांग व्यक्तियों के प्रति सम्मान भी शामिल होना चाहिए। यह छात्रों को स्वास्थ्य की देखभाल की टीम के हिस्से के रूप में अनुकंपा देखभाल और कामकाज की मूल अवधारणा से परिचित कराता है। यह छात्रों को एक व्यवहार के रूप में "सीखने" और सीखने के उपयुक्त तरीकों के प्रति संवेदनशील बनाता है।

5) भाषा / कंप्यूटर कौशल / शिक्षण कौशल :

यह सत्र विविध पृष्ठभूमि और भाषा क्षमता वाले छात्रों को अंग्रेजी बोलने और लिखने, स्थानीय भाषा में प्रवाह और बुनियादी कंप्यूटर कौशल के प्रशिक्षण से गुजरने का अवसर प्रदान करने के लिए है। छात्रों को विभिन्न शिक्षण पद्धतियों जैसे कि छोटे समूह चर्चा, कौशल प्रयोगशाला, सिमुलेशन, प्रलेखन और स्व-निर्देशित सीखने की अवधारणा के प्रति संवेदनशील बनाया जाना चाहिए।

तालिका 19**छात्रों के लिए पाठ्यक्रम की रूपरेखा**

फाउंडेशन पाठ्यक्रम			
क्र.सं.	विषय	क्रियाकलाप का प्रकार	अवधि घंटों में
(1)	(2)	(3)	(4)
1.	स्वागत और संस्थान के विजन/मिशन का परिचय	व्याख्यान	1

2.	होम्योपैथी के प्रभाव को प्रदर्शित करने सहित समाज में होम्योपैथी और एक होमियोपैथ का मिशन और भूमिका	पारस्परिक चर्चा	3
3.	बी.एच.एम.एस. अध्ययन पाठ्यक्रम तथा फर्स्ट ईयर फैकल्टी का परिचय	प्रस्तुति	1
4.	संस्थान/परिसर/सुविधाओं का दौरा	पैदल दौरा	2
5.	समग्र और सकारात्मक स्वास्थ्य की अवधारणा	पारस्परिक चर्चा	2
6.	चिकित्सा और होम्योपैथी का इतिहास और दुनिया में होम्योपैथी की स्थिति	प्रस्तुति	2
7.	वयस्क सीखने के सिद्धांत	पारस्परिक चर्चा	2
8.	स्वास्थ्य देखभाल प्रणाली और वितरण	पीएचसी/शहरी स्वास्थ्य केंद्र का दौरा और कर्मचारियों के साथ बातचीत	3
9.	देश में मान्यता प्राप्त विभिन्न स्वास्थ्य देखभाल प्रणालियाँ और बहुलवादी स्वास्थ्य देखभाल प्रणालियों की अवधारणा	प्रस्तुति	1
10.	प्राथमिक सामुदायिक देखभाल	परस्पर क्रिया	2
11.	जीवन का मूल आधार	वीडियो प्रदर्शन और अभ्यास	4
12.	संचार - विभिन्न सामाजिक और व्यावसायिक व्यवस्थापन में इसकी प्रकृति और महत्व	परिदृश्यों के साथ व्यावहारिक और पर्यवेक्षण के साथ अधिनियमन	4
13.	चिकित्सा नैतिकता - रोगी देखभाल बढ़ाने में भूमिका	भूमिका निभाना	2
14.	पेशेवर कौन है?	किसी विषय पर दो पक्षों के बीच बहस	2
15.	समय प्रबंधन	व्यावहारिक पाठ	3
16.	प्राथमिक चिकित्सा - सिद्धांत और तकनीक	प्रदर्शन और प्रस्तुति	2
17.	राष्ट्रीय स्वास्थ्य प्राथमिकताएं और नीतियां	प्रस्तुति	1
18.	चिकित्सा पेशे में एक मेडिकल छात्र के लिए मानसिक स्वास्थ्य और स्वच्छता का महत्व खेलकूद और पाठ्येतर गतिविधियों के महत्व सहित तनाव प्रबंधन	व्यावहारिक प्रदर्शन / वीडियो	4
19.	सलाह की अवधारणा और अभ्यास	पारस्परिक चर्चा	4
20.	संवैधानिक मूल्य, समानता, लैंगिक संवेदनशीलता और रैगिंग नीति	प्रस्तुति और पारस्परिक चर्चा	3
21.	सार्वभौमिक सावधानियां और टीकाकरण	प्रस्तुति के बाद चर्चा	1
22.	होम्योपैथिक अभ्यास में अवलोकन और प्रलेखन का महत्व	वीडियो अवलोकन के माध्यम से अभ्यास करना	4

23.	सामूहिक कार्य	खेल और डीब्रीफिंग	2
24.	रोगी सुरक्षा और बायोमेडिकल खतरे	वीडियो और प्रस्तुति	1
25.	कंप्यूटर कौशल	वर्ड, एक्सेल और पी.पी.टी. के बुनियादी उपयोग का प्रदर्शन और अभ्यास	2
26.	भाषा कौशल	भाषा प्रयोगशालाएँ	2
	कुल योग		60

अनुलग्नक -II

भाग-क

शैक्षणिक कैलेंडर का संभावित नमूना

प्रथम व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस). (18 महीने)

क्र.सं.	तारीख/अवधि	अकादमिक क्रियाकलाप
(1)	(2)	(3)
1.	अक्टूबर का पहला कार्य दिवस	पाठ्यक्रम का प्रारंभ
2.	10 कार्य दिवस	फाउंडेशन पाठ्यक्रम
3.	पहला आवधिक मूल्यांकन	जनवरी – आंतरिक मूल्यांकन (पी.ए.-1)
4.	मार्च का चौथा सप्ताह	प्रथम टर्मिनल जाँच – आंतरिक मूल्यांकन (टी.टी.-1)
5.	दूसरा आवधिक मूल्यांकन	जून – आंतरिक मूल्यांकन (पी.ए.-2)
6.	सितंबर का पहला सप्ताह	द्वितीय टर्मिनल जाँच – आंतरिक मूल्यांकन (टी.टी.-2)
7.	तीसरा आवधिक मूल्यांकन	नवंबर – आंतरिक मूल्यांकन (पी.ए.-3) _
8.	फरवरी के दूसरे सप्ताह से मार्च	विश्वविद्यालय परीक्षा
9.	अप्रैल का पहला कार्य दिवस	द्वितीय व्यावसायिक वर्ष का प्रारंभ
	टिप्पणी - - विश्वविद्यालयों/संस्थानों/कॉलेजों को छात्रों के उस विशेष बैच का अकादमिक कैलेंडर तैयार करते समय दिनांक और वर्ष निर्दिष्ट करना होगा। इसे छात्रों को सूचित किया जाना है और संबंधित वेबसाइटों पर प्रदर्शित किया जाना है। - अत्यधिक खराब मौसम की स्थिति में स्थापित संस्थान/कॉलेज शिक्षण के निर्धारित घंटों को बनाए रखते हुए आवश्यकतानुसार समय को समायोजित कर सकते हैं। हालांकि, शैक्षणिक कैलेंडर की संरचना में बदलाव नहीं किया जाएगा। - राष्ट्रीय होम्योपैथी आयोग के समय-समय पर जारी निर्देशों के अनुसार शैक्षणिक कैलेंडर को संशोधित किया जा सकता है।	

भाग-ख

शैक्षणिक कैलेंडर का संभावित नमूना

द्वितीय/तृतीय/चतुर्थ व्यावसायिक बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस) (12 महीने)

क्र.सं.	तारीख/अवधि	अकादमिक क्रियाकलाप
(1)	(2)	(3)
1.	अप्रैल का पहला कार्यदिवस	पाठ्यक्रम का प्रारंभ
2.	जुलाई का चौथा सप्ताह	प्रथम आवधिक – आंतरिक मूल्यांकन (पी.टी.-1)
3.	सितंबर का चौथा सप्ताह	प्रथम टर्मिनल परीक्षा – आंतरिक मूल्यांकन (टी.टी.-1)
4.	दिसंबर का चौथा सप्ताह	द्वितीय आवधिक – आंतरिक मूल्यांकन (पी.टी.-2)
5.	फरवरी का तीसरा सप्ताह	विश्वविद्यालय परीक्षा
6.	अप्रैल का पहला कार्यदिवस	तृतीय/चतुर्थ/इंटरमीडिएट व्यावसायिक वर्ष का प्रारंभ
टिप्पणी - - विश्वविद्यालयों/संस्थानों/कॉलेजों को छात्रों के उस विशेष बैच का अकादमिक कैलेंडर तैयार करते समय दिनांक और वर्ष निर्दिष्ट करना होगा। इसे छात्रों को सूचित किया जाना है और संबंधित वेबसाइटों पर प्रदर्शित किया जाना है। - अत्यधिक खराब मौसम की स्थिति में स्थापित संस्थान/कॉलेज शिक्षण के निर्धारित घंटों को बनाए रखते हुए आवश्यकतानुसार समय को समायोजित कर सकते हैं। हालांकि, शैक्षणिक कैलेंडर की संरचना में बदलाव नहीं किया जाएगा। - राष्ट्रीय होम्योपैथी आयोग के समय-समय पर जारी निर्देशों के अनुसार शैक्षणिक कैलेंडर को संशोधित किया जा सकता है।		

अनुलग्नक-III

उपस्थिति रखरखाव के लिए दिशानिर्देश

(सिद्धांत/व्यावहारिक/नैदानिक/गैर-व्याख्यान घंटे)

होम्योपैथी में शिक्षा प्रदान करने वाले संस्थानों/कॉलेजों को ऑनलाइन उपस्थिति प्रणाली बनाए रखने की सिफारिश की जाती है। हालांकि, यदि विभिन्न शिक्षण/प्रशिक्षण गतिविधियों की उपस्थिति दर्ज करने के लिए भौतिक रजिस्टर बनाए जा रहे हैं, तो निम्नलिखित दिशानिर्देशों का पालन किया जाना चाहिए :

- उपस्थिति को संचयी क्रमांकन तरीके में चिह्नित किया जाना है:
 - उपस्थिति के मामले में, इसे 1, 2, 3, 4, 5, 6 ... तथा इसी रूप में चिह्नित किया जाना है;
 - अनुपस्थिति के मामले में, इसे 'ए' के रूप में चिह्नित किया जाना चाहिए;
 - उदाहरण : P P P P A P P P A A P P P... के बदले इसे (1, 2, 3, 4, A, 5, 6, A, A, 7, 8, 9...) के रूप में चिह्नित किया जा सकता है।
- उपस्थिति के लिए 'पी' को चिह्नित करने से सख्ती से बचें।
- थ्योरी और प्रैक्टिकल/क्लिनिकल/गैर-व्याख्यान गतिविधियों के लिए अलग-अलग रजिस्टर बनाए जाने हैं।
- सत्र या पाठ्यक्रम या पाठ्यक्रम के भाग के अंत में, अंतिम संख्या को कुल उपस्थिति के रूप में

लिया जाएगा।

- (5) छात्र के हस्ताक्षर के बाद कुल उपस्थिति को संबंधित विभागाध्यक्ष द्वारा प्रमाणित किया जाना चाहिए और उसके बाद प्रिंसिपल द्वारा अनुमोदन किया जाना चाहिए।
- (6) कई शर्तों के मामले में, पाठ्यक्रम के अंत में सभी सत्र उपस्थिति को संक्षेप में प्रस्तुत किया जाना है और क्लिनिकल और गैर-व्याख्यान घंटों सहित सिद्धांत और व्यावहारिक के लिए अलग से प्रतिशत की गणना की जानी है।

[टिप्पणी : * यदि हिंदी और अंग्रेजी संस्करण के बीच कोई विसंगति पाई जाती है, तो अंग्रेजी संस्करण को अंतिम माना जाएगा।]

प्रपत्र 1

[विनियम 16 का उपनियम (2) तथा (3) देखें]

(महाविद्यालय का नाम तथा पता)

बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम

विभाग-----

उपस्थिति तथा इंटर्नशिप के मूल्यांकन का प्रमाणपत्र

1) इंटर्न का नाम :

2) इंटर्नशिप के दौरान उपस्थिति

प्रशिक्षण की अवधि ----- से ----- तक

(क) कार्यदिवसों की संख्या :

(ख) उपस्थिति वाले कार्यदिवसों की संख्या :

(ग) अवकाश वाले कार्यदिवसों की संख्या :

(घ) अनुपस्थिति वाले कार्यदिवसों की संख्या :

इंटर्नशिप का मूल्यांकन

क्र.सं.		कोटि	प्राप्त अंक
1.		सामान्य	अधिकतम 10
	क.	जिम्मेदारी तथा समयबद्धता	(____) 2 में से
	ख.	अधीनस्थों, सहकर्मियों तथा वरियों के साथ व्यवहार	(____) 2 में से
	ग.	दस्तावेजीकरण की योग्यता	(____) 2 में से
	घ.	चरित्र तथा आचरण	(____) 2 में से
	ड.	अनुसंधान की योग्यता	(____) 2 में से
2.		नैदानिक	अधिकतम 20
	क.	विषय के मूलभूत सिद्धांतों में कार्यकुशलता	(____) 4 में से
	ख.	वेडसाइड आचरण तथा रोगी के साथ संबंध	(____) 4 में से

	ग.		प्राप्त की जाने वाली नैदानिक कुशाग्रता और योग्यता	() 4 में से
		i.	कार्यविधियों का निष्पादन करके	
		ii.	कार्यविधियों में सहायता देकर	() 4 में से
		iii.	कार्यविधियों का पर्यवेक्षण करके	() 4 में से
कुल प्राप्त स्कोर				() 30 में से

अंकों का प्रदर्शन ग्रेड

खराब < 8, औसत से कम 9-14, औसत 15-21, अच्छा 22-25, उत्कृष्ट 26 तथा अधिक

टिप्पणी : असंतोषजनक स्कोर (15 से कम) प्राप्त करने वाले इंटरन को संबंधित विभाग में पोस्टिंग की कुल अवधि का एक तिहाई दोबारा करना आवश्यक होगा।

तारीख :

स्थान :

इंटरन का हस्ताक्षर

विभागाध्यक्ष का हस्ताक्षर

कार्यालय मुहर

प्रपत्र 2

[विनियम 16 का उप-विनियम (3) तथा (4) देखें]

(महाविद्यालय का नाम तथा पता)

(बैचलर ऑफ होम्योपैथिक मेडिसिन एंड सर्जरी (बी.एच.एम.एस.) पाठ्यक्रम)

अनिवार्य रोटेटरी इंटरनशिप पाठ्यक्रम समापन प्रमाणपत्र

प्रमाणित किया जाता है कि _____ (इंटरन का नाम) जो, _____ (महाविद्यालय का नाम तथा पता), का इंटरन है, ने _____ (महाविद्यालय का नाम तथा पता और तैनाती का स्थान) में निम्नलिखित विभागों में एक वर्ष _____ से _____ तक अपना अनिवार्य रोटेटरी इंटरनशिप पूरा किया है।

तालिका 20

क्र.सं.	विभाग का नाम	प्रशिक्षण अवधि (से) (d d/m m /yyyy)	प्रशिक्षण अवधि (तक) (d d/m m /yyyy)

इंटरनशिप की अवधि के दौरान छात्र का आचरण _____

तारीख :

स्थान :

इंटरनशिप प्रभारी/प्रधानाचार्य/डीन/निदेशक का हस्ताक्षर तथा कार्यालय मुहर

प्रपत्र-3

{विनियम 13 का उप-विनियम (4) तथा (7) देखें}

श्री / सुश्री _____ का होम्योपैथिक चिकित्सा महाविद्यालय _____ से
होम्योपैथिक चिकित्सा महाविद्यालय _____ प्रव्रजन।

1. प्रथम बी.एच.एम.एस. पाठ्यक्रम में प्रवेश की तिथि
2. प्रथम बी.एच.एम.एस. विश्वविद्यालय परीक्षा उत्तीर्ण करने की तिथि
3. आवेदन की तिथि
4. विमुक्त करने वाले महाविद्यालय से अनापत्ति प्रमाणपत्र(संलग्न) – हाँ /नहीं
5. विमुक्त करने वाले विश्वविद्यालय से अनापत्ति प्रमाणपत्र(संलग्न) – हाँ /नहीं
6. स्वीकार करने वाले महाविद्यालय से अनापत्ति प्रमाणपत्र(संलग्न) – हाँ /नहीं
7. स्वीकार करने वाले विश्वविद्यालय से अनापत्ति प्रमाणपत्र(संलग्न) – हाँ /नहीं
8. विमुक्त करने वाला महाविद्यालय जहाँ अवस्थित है, उस राज्य सरकार से अनापत्ति प्रमाणपत्र(संलग्न) – हाँ /नहीं
9. शपथपत्र, जिसमें प्रथम श्रेणी के मजिस्ट्रेट के समक्ष विधिवत रूप से शपथ ली गई है कि "द्वितीय व्यावसायिक विश्वविद्यालय परीक्षा में उपस्थित होने से पहले मैं स्थानांतरित होम्योपैथिक मेडिकल कॉलेज में बी.एच.एम.एस पाठ्यक्रम की मौजूदा कक्षा में पूरे बारह महीने अध्ययन करूंगा" – हाँ /नहीं
10. प्रव्रजन करने का संक्षिप्त कारण(कृपया साक्ष्य की प्रति संलग्न करें) – हाँ / नहीं
11. स्थायी पता: _____".

NATIONAL COMMISSION FOR HOMOEOPATHY**NOTIFICATION**

New Delhi, the 6th December, 2022

F. No. 3-34/2021/NCH/HEB/CC/10758.—In exercise of the powers conferred by sub – section (1) and clauses (h), (i), (q), (s) and (t) of sub-section (2) of section 55 of the National Commission for Homoeopathy Act, 2020 (15 of 2020) and in supersession of Homoeopathy (Degree course) B.H.M.S. Regulations, 1983, except as respects thing done or omitted to be done before such supersession, the Commission hereby makes the following regulations, namely: -

1. **Short title and commencement.** – (1) These regulations may be called National Commission for Homoeopathy (Homoeopathy Graduate Degree Course – Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Regulations- 2022.
(2) They shall come into force on the date of their publication in the Official Gazette.
2. **Definitions.** - (1) In these regulations, unless the context otherwise requires, -
 - (i) “Act” means the National Commission for Homoeopathy Act, 2020 (15 of 2020);
 - (ii) “Annexure” means an Annexure appended to these regulations;
 - (iii) “Appendix” means an Appendix appended to these regulations;
 - (iv) “Commission” means the National Commission for Homoeopathy constituted under section 3 of this Act;
 - (v) “Electives” means the course of study devised to enrich the educational expression of the student.
 (2) Words and expressions used herein and not defined but defined in the Act shall have the same meanings as respectively assigned to them in the Act.
3. **Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course.**- The Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) shall produce Graduates, having profound knowledge of Homoeopathy with contemporary advancement in the field, supplemented with knowledge of scientific and technological advancement in modern health science and related technology along with extensive practical training, be able to function as an efficient holistic health care practitioner in health care service in the urban and rural areas.
4. **Eligibility criteria for admission and manner of admissions.** -(1) The eligibility for admission in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course shall be, namely:-
 - (a) the candidate shall have passed 10+2 or its equivalent examination from any recognised Board with Physics, Chemistry, Biology and have obtained minimum of fifty percent. marks taken together in Physics, Chemistry and Biology/Biotechnology in case of student belonging to general category and forty percent. marks in case of student belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes:
 Provided that in respect of person with disability specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the qualifying marks in the examinations shall be forty-five percent. in case of General category and forty percent. in case of the Scheduled Castes, Scheduled Tribes and Other Backward Classes.
 - (b) Biology/Biotechnology studied as Additional Subject at 10+2 level also shall not be considered for such admission:
 - (c) Candidate passed 10+2 from Open School or as Private candidate shall not be eligible to appear for National Eligibility-cum-Entrance Test.
 - (d) No candidate shall be considered for admission in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course unless the candidate attains the age of seventeen years on or before the 31st day of December of the year of admission in the first year of the Course;
 (2) There shall be a uniform Entrance Examination for all Homoeopathy Medical Institution namely National Eligibility-cum- Entrance Test (NEET) for admission to under-graduate course in medical institution in each academic year and shall be conducted by an authority designated by the National Commission for Homoeopathy:

Provided that for foreign national candidate, any other equivalent qualification approved by the Central Government may be allowed for admission and sub-regulation (2) of regulation 4 shall not be applicable in this behalf.

- (3) No candidate obtaining less than marks at 50th percentile in the National Eligibility-cum-Entrance Test for undergraduate course conducted for the said academic year shall be considered for such admission:

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

Provided further that the Commission may, in consultation with the Central Government lower the marks required for admission to undergraduate course for candidate belonging to respective category and marks so lowered by the Commission shall be applicable for that academic year.

- (4) An All-India common merit list as well as State-wise merit list of the eligible candidate shall be prepared on the basis of the marks obtained in the National Eligibility-cum-Entrance Test conducted for the academic year and the candidate within the respective category shall be considered for admission to undergraduate course from the said merit list.
- (5) The seat matrix for admission in the Government institution, Government-aided institution and private Institution shall be fifteen percent. for all-India quota and eighty-five percent. for the State quota and Union territory quota as the case may be:

Provided that, -

- (a) the all India quota for the purpose of admission to the Deemed University both Government and private shall be hundred percent.;
- (b) The university and institute having more than fifteen percent. all India quota seat shall continue to maintain that quota;
- (c) five percent. of the annual sanctioned intake capacity in Government and Government aided institution shall be filled up by candidate belonging to persons with disability as specified under the provisions of the Rights of Persons with Disabilities Act, 2016 (49 of 2016)

Explanation.- For the purposes of this regulation, the specified disability contained in the Schedule to the Rights of Persons with Disabilities Act, 2016 (49 of 2016) specified in *Appendix "A"* and the eligibility of candidate to pursue a course in Homoeopathy with specified disability shall be in accordance with the guidelines specified in *Appendix "B"*.

- (6) The designated authority for counseling of State and Union territory quota for admission to undergraduate course in medical institution in State and Union territory including institution established by the State Government, University, Trust, Society, Minority Institution, Corporation or Company shall be the respective State or Union territory in accordance with the applicable rules and regulations of the concerned State or Union territory, as the case may be.
- (7) (a) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course for seats under all India quota as well as the all-medical institution established by the Central Government shall be conducted by the authority designated by the Central Government in this behalf;
- (b) The counselling for admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) Course for hundred percent. seats of Deemed University both Government and Private shall be conducted by the authority designated by the Central Government, in this behalf.
- (8) The admission shall be done;-
- (a) through counseling except foreign nationals;
 - (b) by any means other than manner specified in these regulations shall not be approved and any institution found admitting the students in contravention of the provisions of these regulations shall be denied permission for taking admission for subsequent academic year;

- (c) the medical institution shall have to submit the list of admitted students in the format decided by the Commission on or before six p.m. on the cutoff date for admission decided by it from time to time for verification;
- (d) the medical institution shall approve the admission of the candidate except foreign national who has been allotted seat through counseling (Central, State or Union territory, as the case may be).
- (9) The candidate who fails to obtain the minimum eligibility marks as referred to under sub-regulation (3) shall not be admitted to undergraduate course in the said academic year.
- (10) No authority or medical institution shall admit any candidate to the under-graduate course in contravention of the criteria or procedure specified in these regulations and any admission made in contravention of these regulations shall be cancelled by the Commission forthwith.
- (11) The authority or medical institution which grants admission to any student in contravention of the provisions of these regulations shall be dealt as specified under the Act.
- (12) The medical institution shall send the list of admitted students to the Commission within one month of his admission and the Commission may verify the medical institution to ensure the compliance of the provisions of the regulations at any time.
5. **Duration of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course** -The duration of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall be five years and six months as specified in the table below, namely:-

Table-1

Serial Number	Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course	Duration
(1)	(2)	(3)
(1)	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Eighteen Months;
(2)	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)	Twelve Months;
(5)	Compulsory Rotatory Internship	Twelve Months.

6. **Degree to be awarded.** -The candidate shall be awarded Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Degree after passing all the examinations and completion of the laid down course of study extending over the laid down period and the compulsory rotatory internship extending over twelve months.
7. **Pattern of study.** -The Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course shall consist of main programme and electives and the pattern of study shall follow the following manner, namely:-
- (1) Main programme :-
- (a) after admission, the student shall be inducted to the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course through a Foundation Programme not less than ten working days/sixty hours based on the 'Content for Foundation programme' which intends to introduce newly admitted student to Homoeopathy system of medicine and skills required to make him well aware of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course he is going to undergo for next five years and six months.
- (b) during the Foundation Programme, the student of Homoeopathy shall learn history of Homoeopathy, get oriented with development of homoeopathic science across the globe, understanding on improvising interpersonal communication skills, management of stress and time, basic life support and first-aid along with other subjects as per syllabus specified in Annexure -I

- (c) total teaching hours for first professional session shall be not less than two thousand one hundred and six (2106) while for second, third and fourth professional session, a minimum of one thousand four hundred and four (1404) hours teaching in each professional session to complete.
- (d) working hour may be increased by the University or medical institution as per requirement to complete the stipulated period of teaching and requisite activity.

Explanation. - For the purposes of this sub-regulation, -

- (a) "Lectures" means Didactic teaching such as classroom teaching,
- (b) Non – lecture includes Practical or Clinical and Demonstrative teaching and the Demonstrative teaching includes Small group teaching or Tutorials or Seminars or Symposia or Assignments or Role play or Drug Picture presentation or Pharmacy training or Laboratory training or Dissection or Field visits or Skill lab training or Integrated learning or Problem based learning or Case based learning or Early clinical exposure or Evidence based learning etc. as per the requirement of the subject and in Non-lectures, the Clinical or Practical part shall be seventy percent. and demonstrative teaching shall be thirty per cent.
- (e) new department and subject like fundamentals of Psychology, Yoga, essentials of Modern Pharmacology and Research Methodology and Biostatistics are introduced in degree course to provide holistic and integrated knowledge of the health science along with development of research aptitude.
- (f) the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall consist of following Departments/Subjects, namely : -

Table 2

Serial Number	Name of Department
(1)	(2)
1	Homoeopathic Materia Medica;
2	Organon of Medicine and Homoeopathic Philosophy and Fundamentals of Psychology;
3	Homoeopathic Pharmacy;
4	Homoeopathic Repertory and Case Taking;
5	Human Anatomy;
6	Human Physiology and Biochemistry;
7	Forensic Medicine and Toxicology;
8	Pathology and Microbiology;
9	Community Medicine, Research Methodology and Biostatistics;
10	Surgery;
11	Gynaecology and Obstetrics;
12	Practice of Medicine with Essentials of Pharmacology;
13	Yoga for health promotion;

- (g) The following subjects shall be taught in first professional session as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, namely:- -

Table-3

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-I	Homoeopathic Materia Medica;
2	HomUG-OM-I	Organon of Medicine and Homoeopathic philosophy and Fundamentals of Psychology;
3	HomUG-R-I	Homoeopathic Repertory and case taking;

4	HomUG-HP	Homoeopathic Pharmacy;
5	HomUG-AN	Human Anatomy;
6	HomUG-PB	Human Physiology and Biochemistry;
7	HomUG-Yoga I	Yoga for health promotion.

(h) The second professional session shall ordinarily start after completion of first professional examination and the following subjects shall be taught as per the syllabus laid down by the Homoeopathy Education Board and approved by Commission, namely: -

Table-4

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1.	HomUG-HMM-II	Homoeopathic Materia Medica;
2.	HomUG-OM-II	Organon of Medicine and Homoeopathic Philosophy;
3.	HomUG-R-II	Homoeopathic Repertory and case taking;
4.	HomUG-FMT	Forensic Medicine and Toxicology;
5.	HomUG-Path M	Pathology and Microbiology;
6.	HomUG-Sur-I	Surgery;
7.	HomUG-ObGy-I	Gynecology & Obstetrics;
8.	Hom-UG PM-1	Practice of Medicine;
9.	HomUG-Yoga-II	Yoga for health promotion.

(i) The third professional session shall ordinarily start after completion of second professional examination and following subjects shall be taught as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, namely: -

Table-5

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-III	Homoeopathic Materia Medica;
2	HomUG-OM-III	Organon of Medicine and Homoeopathic Philosophy;
3	HomUG-R-III	Homoeopathic Repertory and case taking;
4	HomUG-PM-II	Practice of Medicine ;
5	HomUG-Mod.Pharm	Essentials of Pharmacology;
6	HomUG-Sur-II	Surgery;
7	HomUG-ObGy-II	Gynecology and Obstetrics;
8.	HomUG-CM-I	Community Medicine ;
9.	HomUG-Yoga -III	Yoga for health promotion;

(j) The fourth professional session shall ordinarily start after completion of third professional examination and following subject shall be taught as per the syllabus laid down by Homoeopathy Education Board and approved by the Commission, Namely:-

Table-6

Serial Number	Subject Code	Subject
(1)	(2)	(3)
1	HomUG-HMM-IV	Homoeopathic Materia Medica;
2	HomUG-OM-IV	Organon of Medicine and Homoeopathic Philosophy;
3	HomUG-R-IV	Homoeopathic Repertory and case taking;
4	HomUG-PM-III	Practice of Medicine;
5	HomUG-CM-RM-Stat-II	Community Medicine, Research Methodology and Biostatistics;
6	HomUG-Yoga - IV	Yoga for health promotion.

- (k) Clinical training. -Clinical training of the student shall start from the first professional session after second term and subject related clinical training shall be provided in the attached hospital by the concerned faculty and department in non-lecture hour as per the requirement of the subject as mentioned below-
- (i) During first professional session, clinical training shall be provided in Outpatient Department (OPD), Inpatient Department (IPD), community and peripheral clinics and clinical exposure may also be arranged through appropriate audio-visual media or simulated patient.
 - (ii) Students shall be placed in Hospital Pharmacy to get familiar with prescription patterns, medicine names, dosage, dispensing of medicines etc.
 - (iii) During second, third and fourth professional session, clinical training shall be provided through the specialty Outpatient Department (OPD) and Inpatient Department (IPD), peripheral Outpatient Departments (OPDs) and community posting wherein teacher of the above departments shall be consultant. The students shall be involved in screening patients in Outpatient Department (OPD); case taking, analysis, evaluation and totality of symptoms, clinical examination, repertorisation and investigation including Radiology, Hematology and Pathology Laboratory and prescription writing.
 - (iv) Training/ orientation on add on therapy: Training for Yoga, Physiotherapy and diet and nutrition shall be provided to the student by the concerned professional.
 - (v) Clinical training shall be on rotation basis as per the non-lecture/clinical batches and in accordance with the clinical/ non-lecture teaching hour stipulated for the following subjects, namely: -
 - (A) Homoeopathic special and general Outpatient Department (OPD) and Inpatient Department (IPD), peripheral Outpatient Department (OPD), community Outpatient Department (OPD), with compulsory repertorisation through software.
 - (B) Practice of Medicine: Outpatient Department (OPD), Inpatient Department (IPD) and specialty clinics like Pediatrics, Pulmonology, Cardiology, Nephrology, Gastroenterology, Dermatology, Psychiatry, Oncology or any other, functioning under the department, in attached hospital/Super specialty hospital with Memorandum of Understanding (MoU).
 - (C) Surgery: Eye, Ear Nose Throat (ENT), Dental Outpatient Department and any other related specialty clinics; Operation Theater Unit, Preparation room, postoperative recovery room, Sterilization, wound care & infection control, bio-waste management and any specialty units in the attached hospital/Super specialty hospital with Memorandum of Understanding (MoU).
 - (D) Gynecology and Obstetrics: Outpatient Department (OPD), Inpatient Department (IPD), Labour room, procedural room, and other related specialty clinics for reproductive, mother & child health, if any.

- (E) Department of Community Medicine will provide training through specialty clinics, adopted villages /health programmes i.e. awareness camps, campaigns and public health programs and Inpatient Department (IPD) for waste management, prophylaxis and health education programs. Inpatient Department (IPD) Nutritional assessment and diet requirement of cases admitted in Inpatient Department (IPD) shall be determined by the dietitian of the Hospital. Awareness about nutritional disorders and balanced diet shall be included in the training programme.
- (F) Clinical Outpatient Department (OPD), Inpatient Department (IPD) and clinics functioning under School Health programme .
- (vi) Clinical training for the fourth professional session shall be provided in Outpatient department (OPD), Inpatient department (IPD), and Physiotherapy room in accordance with the requirement of subject, and shall be on rotation basis as per the non-lecture/clinical batches and also in accordance with the clinical/ non-lecture teaching hour stipulated for the following subjects, namely: -
 - (A) General and special Homoeopathic Outpatient Department (OPD) and Inpatient Department (IPD)
 - (B) Emergency/Casualty department in hospital
 - (C) Skill lab in hospital;
 - (D) Practice of Medicine: Outpatient Department (OPD), Inpatient Department (IPD) and specialty clinic (Pediatrics, Pulmonology, Cardiology, Nephrology, Gastroenterology, Dermatology, Psychiatry, Oncology) functioning under the department if any, in attached hospital /Super speciality hospital with Memorandum of Understanding (MoU).
- (2) Electives- (a) It constitutes an optional course of study devised to enrich the educational experience of the student and each discipline has distinctive requirements not adequately covered by the regular courses.
- (b) The Electives shall be conducted as an online programme by the Commission:
 - (i) Each student from first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course to third professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course shall opt two electives in each academic year.
 - (ii) The electives shall start from the second term of first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.
 - (iii) One elective shall be compulsory in each professional year for student and he may select any one elective from the list provided by the Commission for a particular professional year.
 - (iv) Completion of two electives shall be compulsory for passing the respective academic year.
 - (v) Each elective may vary in terms of duration of the academic year but shall be available and divided into component of approximately two or more hours and the content or presentation shall be hosted on the online portal of the commission.
 - (vi) Each component shall comprise an audio-visual component in the form of lecture/demonstration, some suggested reading material/activity and an assessment.
 - (vii) The student may progress from one component to the next after satisfactorily completing each assessment.
 - (viii) At the end of each elective, the commission shall issue an elective completion certificate online to the student and the certificate, having the grade, shall be submitted to the medical institution authority as proof of completing the electives and same shall be sent to affiliating university.
 - (ix) The student who fails to complete the electives shall not be allowed to appear in annual university examination.
 - (x) The commission shall provide a unique number to the student to log in the portal.

8. Methodology for supplementing modern advancement, research and technology in Homoeopathy (SMART-Hom.)-

- (1) To accomplish the supplementation of modern advancement, scientific and technological developments in Homoeopathy System of Medicine, all the thirteen departments as mentioned in table 2 of regulation 7, shall be supplemented, enriched and updated with relevant and appropriate advancement or development in the area of diagnostic tools, conceptual advancement and emerging areas as under-
 - (a) Innovations or advancement or new development in basic sciences like Biology, Chemistry, Physics, Mathematics, Microbiology, Bioinformatics, Molecular biology etc.;
 - (b) Diagnostic advancements;
 - (c) Pharmaceutical technology including quality and standardization of drugs, drug development etc.;
 - (d) Teaching, Training methods and Technology;
 - (e) Research Methods, Parameters, Equipment and Scales etc.;
 - (f) Technological automation, software, artificial Intelligence, digitalisation, documentation etc.;
 - (g) Biomedical advancements;
 - (h) Medical equipment;
 - (i) Any other innovations, advancement, technologies and development useful for understanding, validating, teaching, investigation, diagnosis, treatment, prognosis, documentation, standardisation and conduction of research in Homoeopathy.
- (2) There shall be multidisciplinary Core Committee constituted by the Commission for the purpose of supplementation of modern advancement, scientific and technological developments in Homoeopathy, that identify the advancement and developments that are suitable and appropriate to include in anyone or multiple departments.
- (3) There shall be an Expert Committee for each department constituted by Commission, to define and suggest the method of adaptation and incorporation of the said advancement and developments and also specify the inclusion of the same at undergraduate or postgraduate level and the expert committee shall develop detailed methodology for usage, standard operating procedure and interpretation as required.
- (4) Teaching staff, practitioner, researcher, student and innovator etc. may send his suggestions through a portal specified by National Commission for Homoeopathy regarding supplementation of modern advancement, scientific and technological development in Homoeopathy and suggestion shall be placed by Homoeopathy Education Board before core committee for consideration.
- (5) The modern advancement shall be incorporated with due interpretation of the said advancement based on the principles of Homoeopathy, supported by the studies and after five years of inclusion of such advancement in syllabus, they shall be considered as part of Homoeopathy syllabus.
- (6) Once Core Committee approves the recommendations of the Expert Committee, National Commission for Homoeopathy shall direct the Homoeopathy Education Board, to include the same in curriculum of undergraduate or postgraduate course as specified by the Expert Committee and the Commission shall issue guidelines or if required to conduct orientation of teacher for incorporation of the recommended modern advancement or scientific and technological development.
- (7) (a) There shall be a Core Committee for each department comprising of the following persons, namely -
 - (i) President, Homoeopathy Education Board—Chairman;
 - (ii) four experts from Homoeopathy (one expert from Materia Medica, Organon of Medicine, Repertory and Practice of Medicine)—members;
 - (iii) one expert (either retired or in service) each from Central Council for Research in Homoeopathy (CCRH), National Institute of Homoeopathy

(NIH), pharma industry, public health – member;

(iv) one educational technologist–member;

(v) Member of Homoeopathy Education Board-Member Secretary:

Provided that the core committee may co-opt an expert as per the needs and with permission of the Commission.

(b) Terms of reference. – (i) The term of the Committee shall be three years;

(i) The committee shall meet at least twice in a year.

(ii) The committee shall identify any modern advancement, scientific and technical development as specified in the sub-regulation (1) of regulation for; -

(A) understanding of validating conduction of research activities in Homoeopathy;

(B) diagnosis or prognosis in a specific clinical condition and treatment;

(C) teaching and training;

(D) health care services through Homoeopathy.

(iii) The committee shall ensure the applicability of the identified modern advancements or scientific and technical development to basic principles of Homoeopathy with the help of the four expert members of Homoeopathy.

(iv) The Core Committee shall identify and recommend suitable expert for the Expert Committee to develop methodology for identification of modern advancement or development.

(v) The Core Committee shall suggest the application of the advancements or developments in terms of its usage in specific department or to incorporate in under-graduate or post-graduate syllabus etc. as the case may be.

(vi) The Core Committee shall identify the outdated part of the modern science and technology and suggest the Commission to replace it with the appropriate modern advancements.

(8) (a) There shall be an expert committee for each department consisting of the following persons namely:-

(i) Subject Expert as recommended by Homoeopathy Education Board– Chairman;

(ii) Two experts from relevant Homoeopathy subjects, one from under graduate (UG) and one from post graduate (PG) –members;

(iii) One expert from relevant modern subject–member;

(iv) One expert from teaching technology –member:

Provided that the Expert Committee may co-opt concerned expert in accordance to the selected area with the permission of the Commission.

(b) Terms of reference. –

(i) the term of the Expert Committee shall be three years;

(ii) The Expert Committee shall meet as many times as per the direction of the Commission;

(iii) The Expert Committee shall work on the suggestion from the core committee and decide how to incorporate it in the syllabus, its mode of teaching (i.e., lecture/non-lecture) and the assessment with the help of educational technologist, experts;

(iv) The Expert Committee shall first understand the application of modern advancement that are identified to incorporate and its relevance to the basic principles of Homoeopathy;

(v) The Expert Committee shall also identify the need of advance technology in Homoeopathy particular to that vertical and identify the suitable technology and recommend its usage along with the standard operating procedure or methodology;

- (vi) The Expert Committee shall suggest Core Committee regarding the modern advancement and technology to be included at undergraduate or post graduate level.

9. General guidelines for examinations, results and re-admission.-

- (1) The University or agencies empowered by the Commission shall conduct examination for the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Course.
- (2) The examining body shall ensure the minimum number of hours for lectures or demonstrations or practical or seminars etc. in the subject in each Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination as specified in these regulations are followed, before allowing medical institution to send the student for university examination.
- (3) The examining body shall ensure that the student of the medical institution, who does not fulfill the criteria laid down in these regulations are not sent for the university examination.
- (4) Each student shall be required to maintain at least seventy five percent. attendance in each subject in theory/lecture hours/ practical and clinical / non-lecture hours separately for appearing at examination.
- (5) Where the medical institution is maintaining physical register, it shall be recorded in cumulative numbering method as per Annexure-III and at the end of the course/ term/ part of the course, after obtaining each student signature, the same shall be certified by respective Head of the Department and approved by Head of the institute.
- (6) The approved attendance shall be forwarded to the concerned university.
- (7) Internal assessment examinations to be conducted by medical institution during first, second, third and fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) professional year.
- (8) The weightage of internal assessment shall be ten percent. of the total marks specified for each subject for main university examination and internal assessment shall be in the forms of practical only.
- (9) Internal assessment examination shall include one periodic assessment and one term test in each term of six months.
- (10) It is compulsory for every student to pass with minimum fifty percent. marks in the internal assessment examination prior to filling the final university examination form of the respective professional year and Head of medical institution shall send the marks of internal assessment and term test to the university prior to final examination of any professional year.
- (11) There shall be no separate class for odd batch student (those students who could not keep the term) and the student must attend the class along with regular batch or with junior batch as applicable.
- (12) To become eligible for joining the Compulsory Rotatory Internship programme, a student must pass all four professional examinations and qualified in six electives and the entire course of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) including internship shall be completed within a period of maximum ten years.
- (13) The theory examination shall have ten percent. marks for Multiple Choice Questions (MCQ), forty per cent. marks for Short Answer Questions (SAQ) and fifty percent. marks for Long Explanatory Answer Questions (LAQ) and these questions shall cover the subject widely.
- (14) Each theory examination shall be of three hours duration.
- (15) The minimum marks required for passing the examination shall be fifty percent. in theory component and fifty percent. in practical component including practical, clinical, viva-voice, internal assessment and electives wherever applicable separately in each subject.
- (16) Electives shall be assessed in terms of attendance and assessment by grading as following, namely: -
 - (a) Grading shall be only for two electives per professional session and mentioned in the certificate obtained by the student after online teaching and assessment.
 - (b) Grading shall be mentioned in the University mark sheet of student.
 - (c) The examination branch of the institution shall compile the grade of electives obtained by student and submit to university through the head of institution so that the University shall add the same to final mark sheet of the student.

- (17) Grading of electives shall be assessed as following, namely :-
- (a) Electives shall be assessed online by the resource person who has prepared the contents of elective and assessed to the student.
 - (b) The following points shall be taken in to consideration for grading , namely:-
 - (i) Depth of problem definition – 15%
 - (ii) Extent of work undertaken – 20%
 - (iii) Innovation – 15%
 - (iv) Logical and integrated way of presentation – 20%
 - (v) Quality of learning derived – 20%
 - (vi) Adequacy of references undertaken – 10%
 - (c) The final grades would be as follows, namely: -
 - (i) “A” – Excellent (above 70%)
 - (ii) “B” – Good (above 60 %)
 - (iii) “C” – Average (around 50%)
 - (iv) “D” – below average (around 40%)
 - (v) “E” – Poor (below 40%)
 - (d) The student shall have to secure at least ‘C’ grade in all the electives in order to pass the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course.
- (18) The examining body shall hold examinations on such date and time as the examining body may determine and the theory and practical examination shall be conducted on the center approved by the examining body.
- (19) There shall be a regular examination and a supplementary examination in a year and the supplementary examination shall be conducted within three months of declaration of results of regular examination including issuance of mark sheets.
- (20) A candidate obtaining sixty percent. and above marks shall be awarded first class in the subject and seventy five percent. and above marks shall be awarded distinction in the subject.
- (21) The award of class and distinction shall not be applicable for supplementary examination.
- (22) For non-appearance in an examination, a candidate shall not have any liberty for availing additional chance to appear at that examination.
- (23) Any Diploma/Degree qualification, at present included in Schedule II and Schedule III of the Homoeopathy Central Council Act 1973 (59 of 1973) where nomenclature is not in consonance with these regulations shall cease to be recognised medical qualification when granted after commencement of these regulations. However, this clause will not apply to the students who are already admitted to these courses before the enforcement of these regulations.
- (24) (a) No person shall be appointed as an external or internal examiner or paper setter or moderator in any of the subjects of the Professional examination, leading to and including the final Professional examinations for the award of the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) degree unless he has taken at least three years previously, a M.D.(Hom.) degree of a recognised university or an equivalent qualification in the particular subject as per recommendation of the Commission on teachers’ eligibility qualification and has had at least three years of teaching experience in the subject concerned in a college affiliated to a recognised university at a faculty position.
- (b) Non-medical scientist engaged in the teaching of medical students as full time teacher, may be appointed examiner in his concerned subject provided he possess requisite Post Graduate qualification and three-year teaching experience of medical students after obtaining his postgraduate qualifications:
- Provided further that the fifty percent. of the examiner (Internal and External) shall be from the medical qualification stream.
- (c) A university having more than one college shall have separate set of examiner for each college, with internal examiner from the concerned college.

- (d) In a state where more than one affiliating university is existing, the external examiner shall be from other university.
- (e) External examiner shall rotate at an interval of two years.
- (f) Any fulltime teacher with teaching experience of not less than three years in a concerned subject in a Homoeopathic Medical Institution shall be appointed internal / external examiner by rotation in his subject.

10. University examination. – (1) First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination:

- (a) The student shall be allowed to appear for the First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination provided that he has required attendance as per clause (4) of regulation 9 of head of the medical institution.
- (b) The process of conduction of examination and declaration of the results of First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) shall be completed between seventeen to eighteen Months from the date of admission.
- (c) In order to be declared as “Passed” in First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessments examination.

(2) Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:

- (a) No candidate shall be allowed for the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination unless he has passed all the subjects of First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination and has required attendance as specified in sub section (4) of regulation 9.
- (b) The process of conduction of examination and declaration of results of Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination shall be completed between twenty nine to thirty Months from the date of admission.
- (c) In order to be declared “Passed” in the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessment examination.

(3) Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:

- (a) No candidate shall be allowed for the Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination unless he has passed all the subjects of the Second Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination and has required attendance as specified in sub section (4) of regulation 9.
- (b) The process of examination conduction and results of Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) shall be completed between forty one to forty two month from the date of admission.
- (c) In order to be declared as “Passed” in the Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination, a candidate shall have to pass all the subjects of university examination including the internal assessment examination.

(4) Fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) Examination:

- (a) No candidate shall be allowed for the Fourth Bachelor of Homoeopathic Medicine and Surgery examination unless he has passed all the subjects of Third Bachelor of Homoeopathic Medicine and Surgery examination and has required attendance as specified in sub section (4) of regulation 9.
- (b) The process of conduction of examination and declaration of result of Third Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination shall be completed between fifty three to fifty four Month from the date of admission.
- (c) In order to be declared as “Passed” in the Fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination, a candidate shall have to pass all the subjects of University examination including the internal assessment examination.

Result : (a) The examining body shall ensure to publish the results within one month from the last date of examination so that student can complete the course in five and half year after admission.

- (b) Who passes in one or more subjects need not to appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination within four chances including the original examination.
- (c) Notwithstanding contained in the foregoing regulations, the student shall be allowed the facility to keep term on the following conditions:
 - (i) The candidate shall pass First Bachelor of Homoeopathic Medicine and Surgery examination in all the subjects at least one term of six months before he is allowed to appear at the Second Bachelor of Homoeopathic Medicine and Surgery examination.
 - (ii) The candidate shall have to pass the Second Bachelor of Homoeopathic Medicine and Surgery examination at least one term of six months before he is allowed to appear at the third Bachelor of Homoeopathic Medicine and Surgery examination.
 - (iii) The candidate must pass the Third Bachelor of Homoeopathic Medicine and Surgery examination at least one term of six months before he is allowed to appear at the Fourth Bachelor of Homoeopathic Medicine and Surgery examination.
- (d) The student who has not passed any of the four professional examinations even after exhausting all four attempts, shall not be allowed to continue his Course:

Provided that in case of any unavoidable circumstances, the vice Chancellor of the concerned university may provide two more chances in any one of four professional examination.
- (e) The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the commission and arrange for conducting re-examination in those subjects within a period of thirty days from the date of such cancellation.
- (f) The university or examining authority shall have the discretion to award grace marks not exceeding to ten marks in total if a student fails in one or more subjects.

11. Assessment.-Assessment of students shall be in the form of Formative and Summative Assessments as under-

- (1) Formative Assessment. - Student shall be assessed periodically to assess his performance in the class, determine the understanding of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course material and his learning outcome in the following manner, namely: -
 - (a) Periodical Assessment shall be carried out in practical and at the end of teaching of a topic or module or a particular portion of syllabus and the following evaluation method may be adopted as appropriate to the content, namely:-

Table -7

Serial Number	Evaluation Method
(1)	(2)
1.	Practical/Clinical Performance;
2.	Viva Voce;
3.	Open Book Test (Problem based);
4.	Summary Writing (Research Papers or Synopsis);
5.	Class Presentations; Work Book Maintenance;
6.	Problem based Assignment;

7.	Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion(CBD)
8.	Extra-curricular activities, (Social work, Public awareness, Surveillance or Prophylaxis activities, Sports or Other activities which may be decided by the Department);
9.	Small Project.

- (b) (i) First Bachelor of Homoeopathic Medicine and Surgery(B.H.M.S.) course : There shall be minimum three periodical assessments for each subject (ordinarily at 4th, 9th, and 14th month) and two term test (ordinarily at 6th and 12th month) followed by final University examination.
- (ii) Second, Third and Fourth Bachelor of Homoeopathic Medicine and Surgery(B.H.M.S.) course: There shall be minimum two periodical assessments at 4th and 9th month and one term examination at 6th month followed by final university examination.
- (iii) The scheme and calculation of assessment shall be as per the following tables, namely:-

Table-8**[Scheme of Assessment (Formative and Summative)]**

Serial Number	Professional Course	Duration of Professional Course			
		(3)			
		First Term	Second Term	Third Term and University exam	
		(a)	(b)	(c)	
(1)	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT-1	Second PA and Second TT-2	Third PA	First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Exam (FUE)
		First Term	Second Term and University exam		
(2)	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT-1	Second PA	Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)	
(3)	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT	Second PA	Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)	
(4)	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).	First PA and First TT	Second PA	Fourth (Final) Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) exam (FUE)	

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; B.H.M.S: (Bachelor of Homoeopathic Medicine and Surgery).

(2) Summative Assessment. –

- (a) Final University examinations conducted at the end of each professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) course shall be the Summative Assessment.
- (b) There shall be double evaluation system and shall be no provision for revaluation.
- (c) There shall be two examiners (one internal and one external) for university practical/clinical/viva voce examinations for hundred marks and it shall increase to four (two internal and two external) for two hundred marks.
- (d) During supplementary examination for two hundred marks, if students are less than fifty then examination can be conducted by one internal and one external examiner but if students are more than fifty, then four examiners are required (two internal and two external examiner).
- (e) While declaring the result of Summative Assessment, Internal Assessment component shall be considered as per the distribution of marks pattern provided in Table-10, Table-12, Table-14 and Table-16.

12. **The Profession wise Subjects, Number of Papers, Teaching Hours and Marks Distribution shall be as specified in the Tables below namely: -**

Table -09

First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) (3 terms)			
Subject	Number of teaching hours		
(1)	(2)		
	Lectures	Non- Lectures	Total
	(a)	(b)	(c)
Hom UG-OM-I	180	100	280
Hom UG-AN	325	330	655
Hom UG-PB	325	330	655
Hom UG-HP	100	110	210
Hom UG-HMM-I	120	75	195
Hom UG-R-I	21	-	21
HomUG-Yoga-I	-	30	30
Total	1071	975	2046
Foundation Course=10 Working days (60hours) Teaching Hours :2046			

Table – 10

Marks distribution First Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)									
Serial Number	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical/ Clinical	Viva	IA	Electives grade	Sub total	
				(a)	(b)	(c)	(d)	(e)	
1	HomUG-OM-I	1	100	50	40	10	Elective I - Elective II-	100	200
2	HomUG-AN	2	200	100	80	20		200	400

3	<i>HomUG-PB</i>	2	200	100	80	20		200	400
4	<i>HomUG-HP</i>	1	100	50	40	10		100	200
5	<i>HomUG-HMM-I</i>	1	100	50	40	10		100	200
Grand Total									1400

Table-11

Second Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). (2 terms)				
Teaching hours=1404				
Serial Number	Subject Code	Number of teaching hours		
(1)	(2)	(3)		
		Lectures	Non-Lectures	Total
		(a)	(b)	(c)
1	HomUG-HMM-II	150	30	180
2	HomUG-OM-II	150	30	180
3	HomUG R-II	50	30	80
4	HomUG-FMT	120	50	170
5	HomUG-Path-M	200	80	280
7	HomUG-PM-I	80	92	172
8	Hom UG Sur- I	92	60	152
9	Hom UG ObGy- I	100	60	160
10	HomUG-Yoga-II	-	30	30
		942	462	1404

Table-12

Marks distribution of Second Year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S)									
Serial Number	Subject Code	Papers	Theory	Practical Clinical	Practical or Clinical Assessment				
					(6)				
(1)	(2)	(3)	(4)	(5)	Viva	Electives Grade	IA	Sub Total	Grand Total
					(a)	(b)	(c)	(d)	(e)
1.	HomUG-HMM-II	1	100	50	40	Electives I- Electives II-	10	100	200
2.	<i>HomUG-OM-II</i>	1	100	50	40		10	100	200
3.	<i>HomUG-FMT-I</i>	1	100	50	40		10	100	200
4.	<i>HomUG-Path M</i>	2	200	100	80		20	200	400
	Grand Total								1000

Table-13

Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). (2 terms) Teaching hours=1404				
Serial Number	Subject Code	Number of teaching hours		
		(3)		
(1)	(2)	Lectures	Clinical/ Practical	Total
		(a)	(b)	(c)
1	HomUG- -HMM-III	150	50	200
2	HomUG-OM-III	150	50	200
3	HomUG-R-III	100	50	150
4	HomUG-PM-II	120	100	220
5	Hom UG Sur- II	120	100	220
6	Hom UG ObGy- II	110	79	189
7	HomUG-CM	100	60	160
8	Hom.UG-Mod. Phar-I	45	-	45
9	HomUG Yoga-III		20	20
	Grand Total	895	509	1404

Table-14

Marks Distribution of Third Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects									
Serial Number	Subject Code	Papers	Theory	Practical or Clinical Assessment					Grand Total
(1)	(2)	(3)	(4)	(5)					(6)
				Practical or Clinical	Viva	Electives grade	IA	Sub Total	
				(a)	(b)	(c)	(d)	(e)	
1	<i>HomUG-HMM-III</i>	1	100	50	40	Elective I - Elective II-	10	100	200
2	HomUG-OM-III	2	200	100	80		20	200	400
3	<i>Hom-UG-R-III</i>	1	100	50	40		10	100	200
4	<i>Hom-UG Sur-II</i>	2	200	100	80		20	200	400
5	<i>Hom-UG ObGy-II</i>	2	200	100	80		20	200	400
6	<i>Hom-UG-CM</i>	1	100	50	40		10	200	200
	Grand Total								1800

Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) (2 terms)				
Teaching hours=1404				
Serial number	Subject Code	Number of teaching hours		
(1)	(2)	(3)		
		Lectures	Non-Lectures	Total
		(a)	(b)	(c)
1	HomUG-HMM-IV	200	83	283
2	HomUG-OM-IV	100	75	175
3	HomUG-R-IV	60	120	180
4	HomUG-PM-III	300	300	600
5	HomUG-CM II including RM-stat	71	75	146
6	HomUG-Yoga-II	-	20	20
	Total	731	673	
Grand Total				1404

Marks Distribution of Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Subjects)								
Serial Number	Subject Code	Papers	Theory	Practical or Clinical Assessment				Grand Total
(1)	(2)	(3)	(4)	(5)				(6)
				Practical or Clinical	Viva	IA	Sub Total	
				(a)	(b)	(c)	(d)	
1	HomUG-HMM-IV	2	200	100	80	20	200	400
2	HomUG-OM-IV	1	100	50	40	10	100	200
3	HomUG-R-IV	1	100	50	40	10	100	200
4	HomUG-PM-III	3	300	100	80	20	200	500
5	HomUG-CM-RM-STAT	1	100	50	40	10	200	200
6	HomUG-Ess. of Pharmacology	1	50		40	10	50	100
	Grand Total							1600

13. Migration of students during the study: -(1) The student may be allowed to take migration to continue his study in another medical institution after passing the first professional examination, but the student who fails in such examination shall not be considered for transfer and mid-term migration.

- (2) For migration, the students shall have to obtain the mutual consent of both Medical Institution and University and it shall be against the vacant seat.
- (3) Migration from one Medical Institution to other is not a right of a student.
- (4) Migration of students from the Medical Institution to another Medical Institution in India shall be considered by the Commission only in exceptional cases on compassionate ground, if following criteria are fulfilled and routine migrations on other grounds shall not be allowed;
 - (a) Medical Institution at which the student is studying present and Medical Institution to which migration is sought are recognised as per provisions of Commission.
 - (b) The applicant shall submit his application in the Form- 3 for migration, complete in all respects, to the Medical Institution within a period of one month of passing (declaration of result) the first professional Bachelor of Homoeopathic Medicine and Surgery examination.
 - (c) The applicant shall submit an affidavit stating that he shall pursue twelve months of prescribed study before appearing at second professional Bachelor of Homoeopathic Medicine and Surgery examination at the transferee college, which shall be duly certified by the Registrar of the concerned University in which he is seeking transfer and the transfer shall be effective only after receipt of the affidavit.
 - (d) Migration during internship training shall be allowed on extreme compassionate grounds and the migration shall be allowed only with the mutual consent of the medical institution at which the student is studying at present and the medical institution one to which migration is sought are recognised as per provisions of Commission.
- (5) All applications for migration shall be referred to the Commission by medical institution and no medical institution shall allow migration without the approval of the Commission.
- (6) The Commission reserves the right not to entertain any application except under the following compassionate grounds, namely: -
 - (a) death of a supporting guardian;
 - (b) illness of candidate causing disability supported by medical grounds certified by a recognized hospital;
 - (c) disturbed conditions as declared by concerned Government in the area where the college is situated.
- (7) A student applying for transfer on compassionate ground shall apply in Form 3.

14. Compulsory Rotatory Internship Training. - There shall be compulsory rotatory internship training , followingly :-

- (1) (a) Each candidate shall be required to undergo compulsory rotatory internship including internship orientation and finishing programme within one year from passing of fourth Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) examination.
- (b) Ordinarily the internship training shall commence on first working day of April for regular batch students and first working day of September for supplementary batch students.
- (c) The student shall be eligible to join the compulsory internship programme after passing all the subjects from First to Fourth (Final) Professional examination including six electives and after getting Provisional Degree Certificate from respective Universities and provisional registration Certificates from respective State Board or Council for Compulsory Rotatory Internship.
- (2) During internship, the interns belonging to institute of the Central Government, State Government or Union territory as the case may be, and all the private homoeopathic medical colleges/institutions shall be eligible to get the stipend at par with other medical systems under respective Government and there shall not be any discrepancy between medical systems.

- (3) (a) Migration during internship shall be issued with the consent of both the medical institution and university; in the case where migration is between the medical institution of two different Universities.
- (b) If migration is only between medical institution of the same university, the consent of both the medical institution shall be required.
- (c) Migration shall be accepted by the university on the production of the character certificate issued by the institute or medical institution and the application forwarded by the medical institution and university with a 'No Objection Certificate' as the case maybe.
- (4) The objective of the orientation programme shall be to introduce the activity to be undertaken during the internship.
- (a) The interns shall attend an orientation programme regarding internship and it shall be the responsibility of the teaching institution to conduct the orientation before the commencement of the internship.
- (b) The orientation shall be conducted with an intention to make the intern to acquire the requisite knowledge as following , namely:-
- (i) Rules and Regulations of the Medical Practice and Profession,
 - (ii) Medical Ethics;
 - (iii) Medico legal Aspects;
 - (iv) Medical Records;
 - (v) Medical Insurance;
 - (vi) Medical Certification;
 - (vii) Communication Skills;
 - (viii) Conduct and Etiquette;
 - (ix) National and State Health Care Programme;
 - (x) Project work.
- (c) The orientation workshop shall be organised at the beginning of internship and an e-log book shall be maintained by each intern, in which the intern shall enter date-wise details of activities undertaken by him/her during orientation.
- (d) The period of orientation shall be for three days prior to date of commencement of internship.
- (e) The manual for conducting the orientation as prescribed from time to time by the National Commission for Homoeopathy shall be followed.
- (5) (a) There shall be a finishing programme for three days at the completion of internship.
- (b) This programme is designed for the interns and will consist of ten sessions spread over a period of three days. The program may include both online and offline modes of training. It is aimed to enlighten the interns on various career opportunities available after successful completion of the program and how to equip themselves to meet the requirements and fulfill their dreams.
- (c) After successful completion of this training the student will be able to:
- (i) list the various career opportunities available after successful completion of the degree program.
 - (ii) identify their Strengths and Weaknesses;
 - (iii) choose a career of their choice;
 - (iv) enumerate the requirements to be met to become a successful professional;
 - (v) demonstrate positive outlook and attitude towards the profession;
 - (vi) exhibit better skills in communication, problem solving, writing, team building, time management, decision making etc.;

(vii) demonstrate ethical and professional values and be a compassionate and caring citizen / professional.

(6) The finishing programme shall be as follows, namely:-

- (a) Job opportunities after successful completion of the program
- (b) Study opportunities in India and abroad after successful completion of the program
- (c) Entrepreneurship opportunities after successful completion of the program
- (d) Research opportunities after successful completion of the program
- (e) Public Service opportunities after successful completion of the program
- (f) Training and awareness about Competitive exams
- (g) Self analysis to choose the right option
- (h) Building Interpersonal & Soft Skills including Interview skills, Leadership skills, Resume writing skills, problem solving and decision making skills
- (i) Certificate writing and prescription writing and medico-legal issues relevant to the profession
- (j) Loan assistance and other scholarship facilities available for establishment and study.
- (k) Ethical / Professional and Social responsibilities after successful completion of internship

(7) Activities during Internship shall consist of clinical work and project work.

(a) (i) Clinical work in the Outpatient Department (OPD)s/ medical institution hospital/ memorandum of understanding hospital/ Primary Health Centre or Community Health Centre or Research institute of Central Council for research in Homoeopathy or Rural Hospital or district hospital or civil Hospital or any government hospital of modern medicine or homoeopathy medicine or National Accreditation Board and for Hospital accredited private hospital of Homoeopathy.

(ii) The daily working hours of intern shall be not less than eight hour and the intern shall maintain an e-log book/log book containing all the activities undertaken by him/her during internship.

(iii) The medical institution shall opt any one of the Option as specified below for completion of internship and the same shall be mentioned in its prospectus.

(A) Option I shall be divided into clinical training of ten months in the Homoeopathy hospital attached to the college and two months in Primary Health Centre or Community Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of Modern Medicine or Homoeopathy Medicine or National Accreditation Board for Hospital accredited private hospital of Homoeopathy.

(I) The interns shall be posted in any of the following centers where National Health Programs are being implemented and these postings shall be to get oriented and acquaint with the knowledge of implementation of National Health Programmes in regard to,-

- (a) Primary Health Centre;
- (b) Community Health Centre or Civil Hospital or District Hospital;
- (c) Any recognized or approved Homeopathy Hospital or Dispensary;
- (d) In a clinical unit/hospital of Central Council for Research in Homoeopathy.

(II) All the above institutions mentioned in clauses (a) to (d) shall have to be recognised by the concerned University or Government designated authority for providing such training.

- (III) During the two months internship training in Primary Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or Community Health Centre or District Hospital or any recognized or approved hospital of Modern Medicine or Homoeopathy Hospital or Dispensary, the interns shall:-
- (1) get acquainted with routine of the Primary Health Centre and maintenance of their records;
 - (2) get acquainted with the diseases more prevalent in rural and remote areas and their management;
 - (3) involve in teaching of health care methods to rural population and also various immunization programmes;
 - (4) get acquainted with the routine working of the medical or non-medical staff of Primary Health Centre and be always in contact with the staff in this period;
 - (5) develop research aptitude;
 - (6) get familiarized with the work of maintaining the relevant register like daily patient register, family planning register, surgical register, etc. and take active participation in different Government health schemes or programmes;
 - (7) participate actively in different National Health Programmes implemented by the State Government.
- (IV). The record of attendance during two months in Primary Health Center (PHC)/Community Health Center (CHC)/Dispensary must be maintained by the interns according to his posting and should be certified by the Medical Officer/Deputy medical superintendent/ Research officer/Resident Medical Officer (RMO)/Faculty/Outpatient department in-charge, where student undergone the training and shall be submitted to and counter signed by the principal of medical institution on monthly basis.
- (B) Option II shall consists of clinical training of twelve months in Homoeopathy hospital attached to the medical institution and the record of attendance during twelve months in hospital attached to medical institution shall be maintained by the intern according to his posting and shall be certified by the Medical Officer/Deputy medical superintendent/ Research officer/ Resident Medical Officer (RMO)/Faculty/ Outpatient Department (OPD) in-charge, where the intern undergo the training and shall also be submitted to and counter signed by Dean/ Principal of medical institution on monthly basis.
- (V) Division of Clinical work during posting in Option I and Option II. The clinical work during internship shall be conducted as per the following table, namely:-

Table-17

(Distribution of Internship duration)			
Serial Number	Departments	Option I	Option II
(1)	(2)	(3)	(4)
1.	Practice of Medicine Outpatient Department including Psychiatry and Yoga, Dermatology, and related specialties and respective section of Inpatient Department	two month;	three months;
2.	Surgery Outpatient Department including Operation theatre, related specialties and Ophthalmology, Ear Nose Throat(ENT) and respective section of Inpatient Department	two month;	two months;

3.	Gynecology and Obstetrics Outpatient Department, related specialties including Operation theatre, and respective section of Inpatient Department	two month;	two months;
4.	Pediatric Outpatient Department related specialties including Neonatal Intensive Care Unit, and respective section of Inpatient Department	one month;	two months;
5.	Community Medicine Outpatient Department, related specialties including Rural/Public Health /Maternal and Child Health and respective section of Inpatient Department	two month;	two months;
6.	Casualty	one month;	one month;
7.	Primary Health Centre or Community Health Centre or Research institute of Central Council for Research in Homoeopathy or Rural Hospital or District Hospital or Civil Hospital or any Government Hospital of Modern Medicine or Homoeopathy Medicine or NABH (National Accreditation Board for Hospitals) accredited private hospital of Homoeopathy	two month;	

(D)The intern shall undertake the following activities in respective department in the hospital attached to the College, namely: -

- (1) The intern shall be practically trained in practice of medicine to acquaint with and to make him competent to deal with following, namely: -
 - (a) all routine works such as case taking, investigations, diagnosis and management of patients with homoeopathic medicine;
 - (b) routine clinical pathological work such as hemoglobin estimation, complete haemogram, urine analysis, microscopic examination of blood parasites, sputum examination, stool examination, interpretation of laboratory data and clinical findings and arriving at a diagnosis and all pathological and radiological investigations useful for monitoring the status of different disease conditions;
 - (c) training in routine ward procedure and supervision of patients in respect of his diet, habits and verification of medicine schedule.
- (2) The intern shall be practically trained in Surgery to acquaint with and to make him competent to deal with following, namely:-
 - (a) Clinical examination, diagnosis and management of common surgical disorders according to homoeopathic principles using homoeopathic medicines;
 - (b) Management of certain surgical emergencies such as fractures and dislocations, acute abdomen;
 - (c) Intern shall be involved in pre-operative and post-operative managements;
 - (d) Surgical procedures in ear, nose, throat, dental problems, ophthalmic problems;
 - (e) Examinations of eye, ear, nose, Throat and Refractive error with the supportive instruments in Out-Patient Department; and
 - (f) Practical training of a septic and antiseptic techniques, sterilization;
 - (g) Practical use of local anesthetic techniques and use of anesthetic drugs;
 - (h) Radiological procedures, clinical interpretation of X-ray, Intra venous Pyelogram, Barium meal, Sonography and Electro Cardio Gram;
 - (i) Surgical procedures and routine ward techniques such as-
 - (i) suturing of fresh injuries;
 - (ii) dressing of wounds, burns, ulcers and similar ailments;
 - (iii) incision and drainage of abscesses;

- (iv) excision of cysts and;
 - (v) venesection;
- (3) The intern shall be practically trained in Gynecology and Obstetrics to acquaint with and to make him competent to deal with following, namely:-
- (a) Ante-natal and post-natal problems and their remedies, ante-natal and post-natal care;
 - (b) Management of normal and abnormal labors;
 - (c) Minor and major obstetric surgical procedures;
 - (d) All routine works such as case taking, investigations, diagnosis and management of common gynecological conditions with homoeopathic medicine;
 - (e) Screening of common carcinomatous conditions in women.
- (4) The intern shall be practically trained in pediatrics to acquaint with and to make him competent to deal with following, namely:-
- (a) Care of newborns along with immunization programme;
 - (b) Important pediatric problems and their homoeopathic management;
- (5) The intern shall be practically trained in Community Medicine to acquaint with and to make him competent to deal with following, namely:-
- (a) Programme of prevention and control of locally prevalent endemic diseases including nutritional disorders, immunization, management of infectious diseases, etc.;
 - (b) Family Welfare Planning programme;
 - (c) All National Health Programme of Central Government at all levels
 - (d) Homoeopathic prophylaxis and management in cases of epidemic/endemic/pandemic diseases.
- (6) The intern shall be practically trained in Emergency or Casualty management to acquaint with and to make him competent to deal with all emergency condition and participate actively in Casualty section of the hospital for identification of casualty and trauma cases and his first aid treatment and also procedure for referring such cases to the identified hospital.
- (b) The project work shall consist of the following, namely:-
- (a) Each intern will undertake a project utilizing the knowledge of Research Methodology and Biostatistics acquired in IVth Bachelor of Homoeopathic medicine and Surgery (B.H.M.S)
 - (b) It would be the responsibility of the intern to choose the topic of the subject (clinical/community/education) within the first month of the internship and shall communicate to guide/mentor allotted by Principal.
 - (c) The project shall run through three phases of planning (three months), data collection (three months) and finalization and writing (three months).
 - (d) The writing shall be as per the format taught in the course on research methodology and will be minimal one thousand five hundred words and it shall be type written and submitted in a spiral bond form as well as in the electronic format.
 - (e) The project shall end with a brief presentation to the IV Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S.) students.
 - (f) The principal shall assign a teacher to evaluate the project which will be with respect to the following:
 - (i) Originality of the idea
 - (ii) Scientific methodology followed in formulating the ideas and the designs

- (iii) Analysis
- (iv) Results and conclusion
- (v) Merits of writing
- (vi) The grades shall range from A (70% and above), B (60 - 70%), C (50-60%) and D (below 50%)

(c) A Certificate shall be awarded to the intern stating the title of the project and grade received.

15. Electronic Logbook / Logbook. -(i) It shall be compulsory for an intern to maintain the record of procedures done/assisted/observed by him on day-to-day basis in a specified e-logbook/ logbook as the case may be and the intern shall maintain a record of work, which shall be verified and certified by the concerned Medical Officer or Head of the Unit or Department under whom he is placed for internship.

(ii) Failure to produce e-logbook/ logbook, complete in all respects certified by the concerned authority to the Dean / Principal / Director at the end of Internship Training Programme, may result in cancellation of his performance in any or all disciplines of Internship Training Programme.

(iii) The institution shall retain soft copy of the completed and certified –e log book/ logbook and available for further verification, if required.

16. Evaluation of Internship program. -(1) The evaluation system shall assess the skills of an intern while performing the minimum number of procedures as enlisted with an objective that successful learning of these procedures will enable the interns to conduct the same in his/her actual practice.

(2) The evaluation shall be carried out by respective Head of Department at the end of each posting and the reports shall be submitted to Head of the institute in Form-1.

(3) On completion of one year of compulsory rotatory internship including submission of project, the Head of the Institute shall evaluate all the assessment reports as specified in Form-1, as provided by Head of the Department at the end of respective posting and if found satisfactory, the intern shall be issued Internship Completion Certificate in Form-2 within seven working days.

(4) If performance of an intern is declared as unsatisfactory upon obtaining below fifteen marks as per Form-2 or less than fifty per cent. of marks, in an assessment in any of the Departments, he shall be required to repeat the posting in the respective department for a period of thirty percent. of the total number of days, laid down for that department in Internship Training and posting.

(5) The intern shall have the right to register his grievance in any aspect of conduct of evaluation and award of marks, separately to the concerned Head of the Department and Head of the Institution, within three days from the date of completion of his evaluation, and on receipt of such grievance, the Head of the Institution in consultation with the Head of the concerned Department shall redress and dispose of the grievance within seven working days.

17. Leave for interns.-(1) During compulsory rotatory internship of one year, fifteen days of leaves shall be permitted.

(ii) Any kind of absence beyond the period of fifteen days shall be extended accordingly.

18. Completion of internship.-(1) If there is any delay in the commencement of internship or break during internship due to unavoidable conditions, in such cases, internship period shall be completed within maximum period of twenty four months from the date of passing the qualifying examination of Fourth Final Professional Bachelor of Homoeopathic Medicine and Surgery and in such case, the student shall take prior permission from the Head of the institution in writing with all supporting documents thereof;

(2) It shall be the responsibility of the Head of the institution/college to scrutinise the documents, and assess the genuine nature of the request before issuing permission letter;

(3) if the student rejoins internship, he shall submit the request letter along with supporting document, in this regard to the head of institution/college.

19. Academic calendar: University, Institution/ College shall prepare academic calendar of a particular batch in accordance with the template of tentative academic calendar specified in Annexure II in these regulations and the same shall be circulated to students, hosted in respective websites, and followed accordingly.

20. Tuition fee. -Tuition fee as laid down and fixed by respective state fee regulation committee as applicable, shall be charged for four and half years study period only and no tuition fee shall be charged for extended duration of study in case of failing in examination or for any other reason and there shall not be any fee for doing internship in the same institute.

Dr. TARKESHWAR JAIN, President, (Homoeopathy Education Board)

[ADVT.-III/4/Exty./453/2022-23]

Appendix A

(See sub regulation (5) of regulation 4)

SCHEDULE relating to “SPECIFIED DISABILITY” referred to in Clause (zc) of Section 2 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), provides asunder:-

1. Physical disability-

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

(i) “Leprosy cured person” means a person who has been cured of leprosy but is suffering from-

- a) Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;
- b) Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
- c) Extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression “leprosy cured” shall construed accordingly.

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

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

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

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

(b) Visual impairment-

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

- a) Total absence of sight, or
- b) Visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction, or
- c) Limitation of the field of vision subtending an angle of less than 10degree.

- (ii) “Low-vision” means a condition where a person has any of the following conditions, namely:-
 - a) Visual acuity not exceeding 6/18 or less than 20/60 up to 3/60 or up to 10/200 (Snellen) in the better eye with best possible corrections; or
 - b) Limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.
- (c) Hearing impairment-
 - (i) “Deaf” means persons having 70 DB hearing loss in speech frequencies in both ears;
 - (ii) “Hard of hearing” means person having 60 DB hearing loss in speech frequencies in both ears,
- (d) “Speech and language disability” means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes;
- (e) Intellectual disability a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in a dative behavior which covers a range of every day, social and practical skills, including-
 - (i) “Specific learning disabilities” means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematic calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia.
 - (ii) “Autism spectrum disorder” means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person’s ability to communicate, understand relationships and relate to others and is frequently associated with unusual or stereotypical rituals or behaviors.
- 2. “Mental illness” means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviors, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person,
- 3. Disability caused due to-
 - (a) Chronic neurological conditions, such as-
 - (i) “Multiple sclerosis” means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other.
 - (ii) “Parkinson’s disease” means a progressive disease of the nervous system marked by tremor, muscular rigidity and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.
 - (b) Blood disorder-
 - (i) “Hemophilia” means an inherited disease, usually affecting only male but transmitted by women to their male children, characterized by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding,
 - (ii) “Thalassemia” means a group of inherited disorders characterized by reduced or absence of haemoglobin.
 - (iii) “Sickle cell disease” means a hemolytic disorder characterised by chronic anaemia, painful events, and various complications due to associated tissue and organ damage “Hemolytic” refers to the destruction of cell membrane of

red blood cells resulting in the release of hemoglobin,

4. Multiple Disabilities (more than one of the above specified disabilities) including deaf, blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.
5. Any other category as may be notified by the Central Government from time to time.

Appendix B

(See sub-regulation (5) of regulation 4)

Guidelines regarding admission of students, with “Specified Disabilities” under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), in Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).

- (1) The “Certificate of Disability” shall be issued in accordance with the Rights of Persons with Disabilities Rules, 2017.
- (2) The extent of “specified disability” of a person shall be assessed in accordance with the guidelines published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (ii), vide number S.O. 76 (E), dated the 4th January, 2018 under the Rights of Persons with Disabilities Act, 2016 (49 of 2016).
- (3) The minimum degree of disability should be forty percent. (Benchmark disability) in order to be eligible for availing reservation for persons with specified disability.
- (4) The term ‘Persons with Disabilities’ (PwD) shall be used instead of the term ‘Physically Handicapped’(PH)

TABLE 18

Serial Number	Disability Category	Type of Disabilities	Specified Disability	Disability Range		
				(5)		
(1)	(2)	(3)	(4)	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Not Eligible for	Eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course, Eligible for Persons with Disabilities Quota	Not Eligible for Course

				Persons with Disabilities Quota		
1.	Physical Disability	(A) Locomotor disability, including specified disabilities (a to f).	(a) Leprosy cured person* (b) Cerebral Palsy** (c) Dwarfism (d) Muscular Dystrophy (e) Acid attack victims	Less than 40% disability	40-80% disability- Persons with more than 80% disability may also be allowed on case to case basis and their function of incompetency will the aid of assistive devices, if it is being used, to see if its is brought below 80%	More than 80%

			(f)Other* ** such as Amputation, Poliomyelitis, etc.		and whether they possess sufficient motor, ability as required to pursue and complete the Course satisfactorily.	
			* Attention should be paid to loss of sensations in fingers and hands, amputation, as well as involvement of eyes and corresponding recommendations be looked at. ** Attention should be paid to impairment of vision, hearing, cognitive function etc. and corresponding recommendations be looked at. *** Both hands intact, with intact sensations, sufficient strength and range of motion are essential to be considered eligible for Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course.			
		(B) Visual Impairment(*)	(a) Blindness	Less than 40% disability (i.e. Category '0 (10%)' I(20%)' & II (30%)		Equal to or more than 40% disability (i.e. Category III and above)
			(b) Low vision			
		(C) Hearing Impairment@	(a) Deaf	Less than 40% disability		Equal to or more than 40% disability
			(b) Hard of hearing			
			(*) Persons with visual impairment/ visual disability of more than 40% may be made eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course and may be given reservation, subject to the condition that the visual disability is brought to a level of less than the benchmark of 40% with advanced low vision aids such as telescopes / magnifier. @ Persons with hearing disability of more than 40% may be made eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). Course and may be given reservation, subject to the condition that the hearing disability is brought to a level of less than the benchmark of 40% with the aid of assistive devices. In addition to this, the individual should have a speech discrimination score of more than 60%.			
		(D) Speech & language	Organic/neurological causes	Less than 40%		Equal to or more than

		disability		disability		40% disability

		For admission to Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). course the Speech Intelligibility Affected (SIA) score shall not exceed 3 (which will correspond to less than 40%) to be eligible to pursue the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course. The individuals beyond this score will not be eligible for admission to the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course. Persons with an Aphasia Quotient (AQ) upto 40% may be eligible to pursue Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). course but beyond that they will neither be eligible to pursue the Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course nor will they have any reservation.

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

3.	Mental Behaviour		Mental illness	Absence or mild disability: less than 40% (under IDEAS)	Currently, not recommended due to lack of objective method to establish presence and extent of mental illness. However, the benefit of reservation/quota may be considered in future after developing better methods of disability assessment.	Equal to or more than disability or if the person

4.	Disability caused due to	(a) Chronic neurological conditions	(i) Multiple Sclerosis	Less than 40% disability	40%80% disability	More than 80% disability
			(ii) Parkinsonism			
		(b) Blood disorders	(i) Hemophilia	Less than 40% disability	40%80% disability	More than 80% disability
			(ii) Thalassemia			
			(iii)Sickle cell disease			
5.	Multiple disabilities including deafness blindness		More than one of the above specified disabilities	Must consider all above while deciding in individual cases recommendations with respect to presence any of the above, namely , visual, hearing, speech &language disability, intellectual disability, and mental illness as a component of multiple disabilities. Combining formula as notified by the related Gazette Notification issued by the Govt. of India: <u>a+b (90-a)</u> 90 (where a=higher value of disability % and b=lower value of disability % as calculated for different disabilities) is recommended for computing the disability ar when more than one disabling condition is present in a given individual. This formula may be used in cases with multiple disabilities, and recommendations regarding admission and/or reservation made as per the specific disabilities present in a given individual		

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

Note: 2- if the seats reserved for the persons with disabilities in a particular category remain unfilled on account of unavailability of candidates, the seats shall be included in the annual sanctioned seats for the respective category.

Annexure -I**Foundation Programme**

[See clause (b) of sub-regulation (1) of regulation 7]

BACKGROUND

Homoeopathic medical education in India requires orientation of the new entrants to a basic philosophical orientation, a need to think in an integrated and holistic manner, an ability to function in a team at the bedside and a capacity to invest in a life-long learning pattern. Homoeopathy, though more than 225 years old, is relatively young as a scientific discipline and has attracted several negative community exposure due to a variety of reasons. In India, we are aware that the students who enter the portals of a homoeopathic college rarely do so out of their volition. It is often an exercise as the last choice or one which is adopted as a stepping stone to a 'medical' degree. Hence, the mind-set of the new entrants is rarely informed, positive, and self-affirming.

However, we know that like all medical disciplines, homoeopathy training includes a wide spectrum of domains that involves exposure to human interactions and interpersonal relationships in various settings including hospital, community, clinics etc. The training is intense and demands great commitment, resilience and lifelong learning. It is desirable to create a period of acclimatization and familiarization to the new environment. This would include an introduction to the course structure, learning methods, technology usage, and peer interactions which would facilitate their smooth transition from junior college to homoeopathic college.

This is planned to be achieved through a dedicated 10 days exclusive "Foundation Programme", at the beginning of the BHMS course to orient and sensitize the students to various identified areas.

Goals and Objectives

Broad goals of the Foundation Programme in Homoeopathy include:

1. Orienting the students to various aspects of homoeopathic system of medicine;
2. Creating in them the conscious awareness of the 'Mission' as defined by Master Hahnemann;
3. Equipping them with certain basic, but important skills required for going through this professional course and taking care of patients;
4. Enhancing their communication, language, computer and learning skills;
5. Providing an opportunity for peer and faculty interactions and introducing an orientation to various learning methodologies.

Objectives

(a) The Objectives of the Foundation Programme are to:

Orient the learners to:

- (i) The medical profession and the mission of a homoeopath in society
- (ii) The BHMS Course
- (iii) Vision and Mission of the institute
- (iv) Concept of holistic and positive health and ways to acquire and maintain it
- (v) History of Medicine and Homoeopathy and the status of Homoeopathy in the world
- (vi) Medical ethics, attitudes and professionalism
- (vii) Different health systems available in the country
- (viii) Health care system and its delivery
- (ix) National health priorities and policies
- (x) Principles of primary care (general and community-based care)
- (xi) Concept of mentorship programme

(b) Enable the learners to appreciate the need to enhance skills in:

- (i) Language
- (ii) Observation, documentation & understanding of basic medical technologies
- (iii) Interpersonal relationships and team behavior
- (iv) Communication across ages and cultures

- (v) Time management
- (vi) Stress management
- (vii) Use of information technology
- (c) Train the learners to provide:
 - (i) First-aid/ Emergency management
 - (ii) Basic life support
 - (iii) Universal precautions and vaccinations
 - (iv) Patient safety and biohazard safety
- (d) Impart Language and Computer skills
 - (i) Local language programme
 - (ii) English language programme
 - (iii) Computer skills

These may be arranged as per the needs of the particular batch and extra coaching may be continued after the Foundation programme

Content and Methodology

The programme will be run in professional session which must be interactive.

The major components of the Foundation Programme include:

1) Orientation Program:

This includes orienting students to all the components mentioned below with special emphasis on the role of Homoeopathy and homoeopath in today's times.

2) Skills Module (Basic):

This involves skill sessions such as Basic Life Support/ Emergency Management, First aid, Universal Precautions and Biomedical Waste and Safety Management that students need to be trained prior to entering the patient care areas.

3) Field visits to Community and Primary Health Centre:

These visits provide orientation to the care delivery through community and primary health centres, and include interaction with health care workers, patients and their families.

4) Professional development including Ethics:

This is an introduction to the concept of Professionalism and Ethics and is closely related to Hahnemann's emphasis on the conduct of a physician. This component will provide students with understanding that clinical competence, communication skills and sound ethical principles are the foundation of professionalism. It will also provide understanding of the consequences of unethical and unprofessional behavior, value of honesty, integrity and respect in all interactions. Professional attributes such as accountability, altruism, pursuit of excellence, empathy, compassion and humanism will be addressed. It should inculcate respect and sensitivity for gender, background, culture, regional and language diversities. It should also include respect towards the differently abled persons. It introduces the students to the basic concept of compassionate care and functioning as a part of a health care team. It sensitizes students to "learning" as a behavior and to the appropriate methods of learning.

5) Enhancement of Language / Computer skills / Learning skills:

These are sessions to provide opportunity for the students from diverse background and language competence to undergo training for speaking and writing English, fluency in local language and basic computer skills. The students should be sensitized to various learning methodologies such as small group discussions, skills lab, simulations, documentation and concept of Self-Directed learning.

Structure of the program for students

Table 19: Foundation Programme			
Serial Number	Topic	Type of activity	Duration hours
(1)	(2)	(3)	(4)
1.	Welcome and Introduction to Vision/ Mission of the Institute	Lecture	1
2.	Mission and role of Homoeopathy and a Homoeopath in society including showcasing effects of Homoeopathy	Interactive discussion	3
3.	BHMS Course of study and introducing to first year faculty	Presentation	1
4.	Visit to institution / campus / facilities	Walking tour	2
5.	Concept of Holistic and Positive health	Interactive discussion	2
6.	History of Medicine and Homoeopathy and state of Homoeopathy in the world	Presentation	2
7.	Adult learning principles	Interactive discussion	2
8.	Health care system and delivery	Visit to PHC/ Urban Health Centre and interaction with staff	3
9.	Different health care systems recognized in the country and the concept of pluralistic health care systems	Presentation	1
10.	Primary community care	Interaction	2
11.	Basic life support	Demonstration video and practice	4
12.	Communication – its nature and importance in different social and professional settings	Practical with scenarios and enactment with observation	4
13.	Medical ethics – role in enhancing patient care	Role play	2
14.	Who is professional?	Debate between two sides on a topic	2
15.	Time management	Practical exercise	3
16.	First aid – principles and techniques	Demonstration and presentation	2
17.	National health priorities and policies	Presentation	1
18.	Importance of Mental Health and Hygiene to a medical student in the medical profession Stress management including importance of sports and extracurricular activities	Practical demonstration / video	4
19.	Concept and practice of mentoring	Interactive discussion	4
20.	Constitutional values, equality, gender sensitization and ragging policy	Presentation and Interactive discussion	3
21.	Universal precautions and vaccinations	Presentation followed by discussion	1
22.	Importance of Observation and Documentation in Homoeopathic practice	Practice exercise through video observation	4
23.	Team working	Game and debriefing	2
24.	Patient safety and biomedical hazards	Video and presentation	1
25.	Computer skills	Demonstration and practice of basic use of word, Excel and PPT	2
26.	Language skills	Language labs	2
	TOTAL		60

Annexure -II**PART A****TENTATIVE TEMPLATE OF ACADEMIC CALENDAR**

First Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).

(18 MONTHS)

Serial Number	DATE / PERIOD	ACADEMIC ACTIVITY
(1)	(2)	(3)
1.	First working day of October	Course commencement
2.	10 working days	Foundation Programme
3	First periodic assessment	January- Internal Assessment (PA-1)
4.	Fourth Week of March	First Terminal Test -Internal Assessment (TT-1)
5	Second periodic assessment	June -Internal Assessment (PA-2)
6.	First week of September	Second Terminal Test -Internal Assessment (TT-2)
7.	Third periodic assessment	November – Internal Assessment – (PA-3)
8.	Second week of February to March	University Examination
9.	<i>First Working Day of April</i>	<i>Start of second professional year</i>
	NOTE.- 1. University / Institution / College shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites. 2. Institution/College established in Extreme Weather Conditions may adjust the timings as required by maintaining the stipulated hours of teaching. However, the structure of academic calendar shall not be altered. 3. Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time.	

PART-B**TENTATIVE TEMPLATE OF ACADEMIC CALENDAR**

Second/Third/ Fourth Professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S).

(12 MONTHS)

Serial Number	DATE /PERIOD	ACADEMIC ACTIVITY
(1)	(2)	(3)
1.	First working day of April	Course commencement
2.	Fourth week of July	First periodic - Internal Assessment (PT-1)
3.	Fourth week of September	First terminal examination- Internal Assessment (TT-1)
4.	Fourth week of December	Second periodic - Internal Assessment (PT-2)
5.	Third week of February	University Examination
6.	<i>First Working day of April</i>	<i>Commencement of third/fourth/internship professional year</i>

	NOTE. - 1. University/ Institution / College shall specify dates and year while preparing academic calendar of that particular batch of students. The same is to be informed to students and displayed in respective websites. 2. Institution / College established in Extreme Weather Condition may adjust the timing as required by maintaining the stipulated hour of teaching and however, the structure of academic calendar shall not be altered 3. Academic calendar may be modified according to directions of National Commission for Homoeopathy issued from time to time.

Annexure-III

GUIDELINES FOR ATTENDANCE MAINTENANCE (THEORY/PRACTICAL/CLINICAL/NON-LECTURE HOURS)

Institutes/colleges offering education in Homoeopathy are recommended to maintain online attendance system. However, in case physical registers are being maintained for recording attendance of various teaching/training activities, the following guidelines are to be followed:

- (1) Attendance is to be marked in cumulative numbering fashion:
 - (a) In case presence, it is to be marked as 1, 2, 3, 4, 5, 6.....soon;
 - (b) In case of absence, it must be marked as 'A';
 - (c) Example: P PPP A P P AA P P P.... may be marked as (1, 2, 3, 4, A, 5, 6, A, A, 7, 8,9...).
- (2) Avoid strictly marking 'P' for presence.
- (3) Separate register for theory and practical/clinical/non-lecture activities are to be maintained.
- (4) At the end of term or course or part of syllabus, the last number to be taken as total attendance.
- (5) The total attendance after student's signature is to be certified by respective Head of department (HOD) followed by approval by Principal.
- (6) In case of multiple terms, at the end of course all term attendance is to be summarised and percentage is to be calculated separately for theory and practical including clinical & non-lecture hours.

[Note : *If any discrepancy is found between Hindi and English version, the English version will be treated as final.]

FORM 1

[See sub- regulation (2) and (3) of regulation 16]

(NAME OF THE COLLEGE AND ADDRESS)

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

DEPARTMENT OF-----

CERTIFICATE OF ATTENDANCE AND ASSESSMENT OF INTERNSHIP

(1) Name of the Intern :

(2) Attendance during internship

Period of training

From-----to-----

(a) Number of working days	:
(b) Number of days attended	:
(c) Number of days leave availed	:
(d) Number of days absent	:

Assessment of Internship

Serial Number	Category	Marks obtained
(1)	(2)	(3)
1.	General	Maximum 10
(a)	Responsibility and Punctuality	() out of 2
(b)	Behavior with sub-ordinates, colleagues and superiors	() out of 2
(c)	Documentation ability	() out of 2
(d)	Character and conduct	() out of 2
(e)	Aptitude for research	() out of 2
2.	Clinical	Maximum 20
(a)	Proficiency in fundamentals of subject	() out of 4
(b)	Bedside manners & rapport with patient	() out of 4
(c)	Clinical acumen and competency as acquired	() out of 4
	(i) By performing procedures	
	(ii) By assisting in procedures	() out of 4
	(iii) By observing procedures	() out of 4
Total Score obtained		() out of 30

Performance Grade of marks

Poor < 8, Below average 9-14, Average 15-21, Good 22-25, Excellent 26 and above

Note: An intern obtained unsatisfactory score (below 15) shall be required to repeat one third of the total period of posting in the concerned department.

Date:

Place:

Signature of the Intern

Signature of the Head of the Department and Office Seal

FORM 2

[See sub-regulations (3) and (4) of regulation 16]

(NAME OF THE COLLEGE AND ADDRESS)

(BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY – (B.H.M.S)) COURSE CERTIFICATE OF COMPLETION OF COMPULSORY ROTATORY INTERNSHIP

This is to certify that _____ (name of the intern) an intern of _____ (name of the college and address), has completed his/her Compulsory Rotatory Internship at the _____ (Name of college, address and place of posting) for one year _____ to _____ in following departments.

TABLE 20

Serial Number.	Name of the Department	Period of training (From) (dd/mm/yyyy)	Period of training (to) (dd/mm/yyyy)
(1)	(2)	(3)	(4)
1.			
2.			
3.			
4.			
5.			

6.			
7.			
8.			

During the internship period, the conduct of the student is _____

Date:

Place:

Signature of the Internship in charge / Principal/Dean/Director with Office seal

Form-3

{ See sub – regulation (4) and (7) of regulation 13 }

Migration of Mr. / Miss _____ from _____ Homoeopathic Medical College _____ to _____ Homoeopathic Medical College _____

1. Date of admission in First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course
2. Date of passing First Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) University examination
3. Date of application
4. Number objection certificate from relieving college (enclosed) – Yes/No
5. Number objection certificate from relieving University (enclosed) – Yes/No
6. Number objection certificate from receiving college (enclosed) – Yes/No
7. Number objection certificate from receiving University (enclosed) – Yes/No
8. Number objection certificate from State Government wherein the relieving college is _____ located – Yes/ No
9. Affidavit, duly sworn before First Class Magistrate containing an undertaking that “I will study for full twelve months in existing class of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) course in transferred Homoeopathic Medical College before appearing in the IInd Professional University examination” (enclosed) – Yes/No
10. Reasons for migration in brief (please enclose copy of proof) – Yes/No
11. Permanent address: _____”.

Subject name: - Forensic Medicine and Toxicology

Subject code: HomUG-FMT

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1. Preamble

Forensic Medicine and Toxicology encompass a multifaceted understanding of the medical, legal, and medico-legal obligations incumbent upon physicians, alongside a profound comprehension of medical ethics, decorum, and the toxicological ramifications of poisons. This field intersects with the elucidation of symptoms associated with homeopathic remedies. It is imperative for every registered Homoeopathic medical practitioner, whether practicing privately or within governmental institutions, to undertake medico-legal examinations as mandated by statute. In the current landscape characterized by burgeoning consumerism in medical services, familiarity with laws pertinent to medical practice, doctrines of medical negligence, and ethical codes assumes paramount importance. Practitioners must be cognizant of their medico-legal responsibilities, adept at making astute observations, drawing logical inferences, and arriving at significant conclusions during investigations into criminal matters and associated medico-legal intricacies.

Furthermore, proficiency in identifying, diagnosing, and studying the management protocols of both acute and chronic poisonings is indispensable. Decisions regarding treatment and referral should be judiciously made, considering the prevailing circumstances and severity of the condition, thereby ensuring timely intervention. Moreover, an understanding of the medico-legal dimensions of poison-related incidents is crucial.

Additionally, recognizing that the toxicological manifestations of poisons may bear resemblance to either the proving or clinical symptoms of certain Homoeopathic remedies underscoring the importance of integration between these disciplines. Such integration not only sheds light on the evolving drug profiles but also enhances comprehension of toxicological and therapeutic principles.

2. Course outcomes

At the end of BHMS II course in Forensic Medicine and Toxicology, the student shall -

- i. Identify, examine and prepare reports / certificates in medico-legal cases/situations in accordance with the law of land.
- ii. Demonstrate awareness of legal/court procedures applicable to medico legal/medical practice
- iii. Acquire knowledge in Forensic medicine and recognize its scope and limitations in Homoeopathic practice
- iv. Be conversant with the code of ethics, etiquette, duties and rights of medical practitioners' profession towards patients, profession, society, state and humanity at large; infamous conduct, medical negligence, and punishment on violation of the code of ethics.
- v. Be able to identify poisons/poisoning, and management of poisoning within the scope of homoeopathy.

- vi. Develop knowledge of Materia Medica by application of knowledge gained by the study of Toxicology
- vii. Develop skills in medical documentation
- viii. Be aware of the principles of environmental, occupational and preventive aspects of general Toxicology

3. Course content and its term-wise distribution

Sl. No.	List of Topics	Term
	Forensic Medicine	
1.	Introduction to Forensic Medicine	I
2.	Medical ethics	I
3.	Legal procedures	I
4.	Personal Identification	I
5.	Death and its medico-legal importance	I
	Toxicology	
1.	General Toxicology	I
2.	Clinical toxicology	I
3.	Injury and its medico-legal importance	II
4.	Forensic psychiatry	II
5.	Post-mortem examination (ML autopsy)	II
6.	Impotence and sterility	II
7.	Virginity, defloration; pregnancy and delivery.(Integration with OBG)	II
8.	Abortion and infanticide (Integration with OBG)	II
9.	Sexual Offences	II
10.	Clinical Toxicology	II
	Legislation relating to medical profession (relevant areas)	
1.	Legislation relating to medical profession	II

4. Teaching hours

4.1 Gross division of teaching hours

Forensic Medicine and Toxicology		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	120	50

4.2 Teaching hours theory

S. no.	List of Topics	Hours
1	Introduction to Forensic Medicine	02
2	Medical Ethics	03
3	Legal Procedures	04
4	Personal Identification	07
5	Death and its medicolegal importance	13
6	General Toxicology	07
7	Clinical Toxicology: Part-I	20
8	Injury and its medicolegal importance	10
9	Forensic Psychiatry	04
10	Postmortem Examination (ML Autopsy)	04
11	Impotence and Sterility	03

12	Virginity, Defloration, Pregnancy and Delivery (Integration with OBG)	03
13	Abortion and Infanticide (Integration with OBG)	04
14	Sexual Offences	06
15	Clinical Toxicology: Part-II	25
16	Legislation relating to Homoeopathic Medical Profession	05
	Total	120

4.3 Teaching hours: Non-lecture

Sr. No	Non-Lecture Activity	Term	Time Allotted per Activity (Hours)
1	Practical	I & II	35
1(a)	Demonstration a) Weapons b) Toxicology - corrosives, irritants, systemic and miscellaneous poisons, gastric lavage c) Charts, diagrams, photographs, models, bones, x-ray films of medico-legal importance		10
1(b)	Certificate Writing a) Various certificates like sickness certificate, physical fitness certificate, death certificate, consent form, birth certificate.		3

	b) Knowledge of injury certificate, examination of rape victim and assailant, drunkenness, post-mortem examination report, age certification		
1(c)	Consent- Medical consent, implied consent, patient confidentiality, autonomy, role of care giver, audio-video recording of cases, safety and custody of medical records		2
1(d)	Demonstration of at least ten medico-legal autopsies.		20
2	Demonstrative	I & II	15
2(a)	Court Procedures (Moot Court)		05
2(b)	Field Visits		10
	Total		50

5 Content mapping (competencies tables)

5.1. Topic: Introduction to Forensic Medicine-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-1.1	KS CS PBL PRF	K	Definition of forensic medicine, medical	1. Define forensic medicine	C-I	MK	Interactive lecture	MCQ, Viva Voce	Viva voce	None
Hom UG-FMT-1.2		K	jurisprudence, History of Forensic medicine in India.	2. Define Medical Jurisprudence.	C-I	MK	Interactive lecture	MCQ, Viva Voce	Viva voce	
Hom UG-FMT-1.3		K		2. Describe the history of Forensic medicine in India.	C-I	DK	Interactive lecture	SAQ, Assignment	Theory - SAQ, Viva voce	

5.2. Topic: Medical ethics-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-2.1	KS PC HO CS PBL PRF	K	Medical Ethics and etiquette – Code of ethics, Infamous conduct, medical negligence, professional secrecy, privileged communication, Rights and duties of doctors and patients etc	Define medical ethics	C-I	MK	Interactive lecture, Small Group Discussions , Written Case Scenario, Moot court.	MCQ, Assignment	Viva voce	None
Hom UG-FMT-2.2			National Commission for Homoeopathy and	Discuss professional misconduct with 2 examples.	C-II	MK	Interactive lectures, Written Case Scenario, Moot court.	SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 2.3			State Homoeopat hic Medical Councils Structure, functions and legislation Homoeopat hic Practitioner s (Profession al Conduct, Etiquette and Code of Ethics) Regulations ,1982 with amendment s (up to 2014) Duties of Registered Homoeopat hic Medical practitioner	Discuss medical negligence with 2 examples.	C-II	MK	Interactive lectures, Written Case Scenario, Moot court.	SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 2.4				Discuss privileged communica tion in relation to rights and duties of doctors and patients.	C-II	MK	Interactive lectures, Written Case Scenario, Moot court.	SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 2.5			in medico- legal cases. Consent, types of consent and its importanc e in practice Bioethics -	Explain the duties of registered Homoeopat hic medical practitioner in medicolega l cases.	C-II	MK	Interactive Lectures,	LAQ	Theory - LAQ , Viva voce Examination	
Hom UG- FMT- 2.6			Introducti on and principles	Discuss the principles of bioethics.	C-II	DK	Interactive lectures, Problem Based Learning.	Assignme nt	Viva voce Examination	

Hom UG- FMT- 2.7				Explain about the types of consent and its importance in practice	C-II	MK	Interactive lectures	SAQ, LAQ	Theory - SAQ and LAQ Viva voce examination	

5.3. Topic: Legal procedures-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- FMT- 3.1	KS CS PBL PRF	K	Understandin g legal terms – CrPC, IPC, IEA, offence, civil and criminal cases Inquest, types of inquest Courts of law in India, jurisdiction, hierarchy and	Define CrPC, IPC	C-I	MK	Interactive lecture	MCQ	Theory - Viva voce	None
Hom UG- FMT- 3.2				Differentiate between civil and criminal cases	C-II	MK	Interactive lecture	SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 3.3				Define Inquest	C-I	MK	Interactive lecture	MCQ	Theory - Viva voce	

Hom UG- FMT 3.4			power of different courts of law the sentences passed by them (India)	Explain the different types of Inquest.	C-II	MK	Interactive lecture	SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 3.5			legal procedure Medical evidences in courts, dying declaration, dying deposition, including medical certificates and medico- legal reports.	Classify the different courts of Law in India	C-II	MK	Lecture , Field visits.	MCQ, SAQ LAQ	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 3.6			Recording of evidence Witnesses and types Conduct and duties of doctors in witness box	Explain the power of different courts of law in India.	C-II	MK	Lecture , Field visits.	SAQ LAQ	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 3.7				Differentiate between dying declaration and dying disposition	C-II	MK	Interactive lecture	SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 3.8				Explain the types of witnesses	C-II	MK	Interactive lecture	MCQ, SAQ	Theory - MCQ, SAQ, Viva voce	
Hom UG- FMT- 3.6				Explain the duties of doctors in witness box	C-II	MK	Interactive lecture, Moot court, Field visit	SAQ LAQ	Theory - SAQ and LAQ , Viva voce	

5.4. Topic: Personal identification-

Sl. No.	Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-4.1	KS CS PBL PRF.	K	Determinati on of age, gender, race, religion in the living and the dead, Dactylogra phy, foot prints. Bones, scars and teeth, tattoo marks, handwriting , anthropome	Explain the procedure for Identification of age, sex, race and religion in living and dead.	C-II	MK	Interactive lecture, , written case scenario.	SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	None
Hom UG-FMT-4.2				Define Dactylography	C-I	MK	Interactive lecture,	Tutorial Assignme nt	Viva voce	

Hom UG- FMT- 4.3			try and other identificatio n data Examinatio n of biological stains and hair. DNA finger printing Medicolega l importance	Explain the medicolegal importance of dactylography.	C-II	MK	Interactive lecture, written case scenario. Demonstrati on	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 4.4				Discuss the methods of identification of data, with specific reference to anthropometry.	C-II	MK	Interactive lecture, written case scenario. Problem Based Learning, Demonstrati on	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 4.5				Explain the medicolegal importance of DNA fingerprinting	C-II	MK	Interactive lecture, Demonstrati on	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	

5.5. Topic: death and its medicolegal importance-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-5.1	KS PRF CS	K	Thanatology, Death and its types, their medico-legal importance	Define Thanatology	C-I	MK	Interactive lecture, lecture	MCQ, Tutorial Assignment	Viva voce	None
Hom UG-FMT-5.2			somatic death, molecular death, asphyxia, coma, syncope,	Differentiate between various types of death.	C-II	MK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ, LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 5.3			suspended animation Differentiat e cause, manner and mode of death Pathology of asphyxial death, negative autopsy,	Explain the mechanism of drowning with its signs and symptoms and medicolegal importance.	C-II	MK	Interactive lecture, written case scenario, Problem Based Learning	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 5.4			sudden death and causes Organ transplantat ion and the laws governing organ transplantat ion Signs of death (1)	Explain the mechanism of hanging with its signs and symptoms and medicolegal importance.	C-II	MK	Interactive lecture, written case scenario, Problem Based Learning	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 5.5			immediate, (2) early, (3) late and their medico- legal importance, estimation of post- mortem interval Asphyxial deaths	Explain the mechanism of coma.	C-II	MK	Interactive lecture, written case scenario, Problem Based Learning	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 5.6			(mechanica l asphyxia and drowning). Death from starvation, cold and heat etc.	Explain suspended animation	C-II	MK	Interactive lecture, written case scenario, Problem Based Learning	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 5.7				Discuss medicolegal aspects of Organ Transplantation and laws governing it	C-II	DK	Interactive lecture, written case scenario, Problem Based Learning	MCQ, SAQ LAQ, Tutorial Assignme nt	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 5.8				Explain the immediate, early and late signs of death and their medicolegal importance	C-II	MK	Interactive lecture, written case scenario, Problem Based Learning	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	

5.6. Topic: Injury and its medicolegal importance-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- FMT- 6.1	KS CS PBL PRF	K	Mechanical, thermal, firearm, regional, transportation and traffic injuries;	Differentiate between various types of injuries.	C-II	MK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	None

Hom UG- FMT- 6.2			injuries from radiation, blast, electrocution and lightning and their medicolegal importance	Explain the types of mechanical injuries with medico-legal importance	C-II	MK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 6.3				Explain the types of thermal injuries with medico-legal importance	C-II	MK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 6.4				Explain the types of firearm injuries with medico- legal importance	C-II	MK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 6.5				Explain the types of regional injuries with medico-legal importance	C-II	MK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 6.6				Explain injuries from radiation, blast, electrocution and lightning with medico-legal importance	C-II	DK	Interactive lecture, lecture demonstration, written case scenario. Field visits.	MCQ, SAQ LAQ, Tutorial Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 6.7				Define Ballistics	C-I	MK	Interactive lecture	MCQ, SAQ	Theory - MCQ, Viva voce	

5.7. Topic: Forensic psychiatry-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-7.1	KS CS PBL PRF	K	Definitions, delusion, delirium, illusion, hallucination, impulse, obsession, mania, ICD-11 classification	Explain delusion.	C-II	MK	Interactive lecture, lecture demonstration. Field visits.	SAQ	Theory – SAQ, Viva-voce	None
Hom UG-FMT-7.2			n of Insanity, mental subnormality. Definition and brief overview of common	Explain delirium.	C-II	MK	Interactive lecture	SAQ	Theory – SAQ, Viva-voce	

Hom UG- FMT- 7.3			mental illnesses. True and feigned mental illness. Civil and criminal responsibilities of a person with mental illness/disability. Development of insanity, diagnosis, admission to mental asylum, care of mentally ill person and discharge.	Explain Illusion.	C-II	MK	Interactive lecture	SAQ	Theory – SAQ, Viva-voce	
Hom UG- FMT- 7.4				Explain hallucination.	C-II	MK	Interactive lecture	SAQ	Theory – SAQ, Viva-voce	
Hom UG- FMT- 7.5				Explain Impulsive obsession disorder.	C-II	MK	Interactive lecture	SAQ	Theory – SAQ, Viva-voce	
Hom UG- FMT- 7.6				Explain mania.	C-II	MK	Interactive lecture	SAQ	Theory – SAQ, Viva-voce	
Hom UG- FMT- 7.7				Explain about the ICD-11 classification of Insanity, mental subnormality	C-II	MK	Interactive lecture	MCQ, SAQ LAQ, Assignment	Theory And Practical Examination	

Hom UG- FMT- 7.8				Discuss civil and criminal responsibilities of person with mental illness.	C-II	MK		MCQ, SAQ LAQ, Assignme nt	Theory And Practical Examination	
Hom UG- FMT- 7.9				Explain Mental Health Act.	C-II	MK		MCQ, SAQ LAQ, Assignme nt	Theory And Practical Examination	
Hom UG- FMT- 7.10				Discuss about the admission of an insane person to mental asylum, care of mentally ill person and discharge.	C-II	MK		MCQ, SAQ LAQ, Assignmen t	Theory And Practical Examination	

5.8. Topic: Postmortem examination (ML autopsy)-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-8.1	KS CS PBL PRF.	K	Purpose, procedure, legal bindings; difference between pathological and medico-legal autopsies. External examination, internal examination of adult, foetus and skeletal remains. Artefacts	Define autopsy	C-I	MK	Interactive lecture	MCQ,	Viva voce examination	None
Hom UG-FMT-8.2				Enlist the objectives of conducting a Medico legal Autopsy	C-II	MK	Interactive lecture, lecture demonstration, Field visits.	SAQ LAQ, Assignment	Theory – SAQ, LAQ And Viva voce Examination	

Hom UG- FMT- 8.3			Forensic science Laboratory	Define Artefacts	C-I	MK	Interactive lecture	MCQ, SAQ	Theory And Practical Examination	
Hom UG- FMT- 8.4				Discuss in detail about the Forensic science Laboratory	C-II	DK	Interactive lecture, lecture demonstrati on,Field visits.	Assignme nt	Theory-SAQ And Viva voce Examination	

5.9. Topic: Impotency and sterility-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- FMT- 9.1	KS CS PBL PRF.	K	Impotence, sterility, sterilization , Artificial	Define Impotence and Sterility	C-I	MK	Interactive lecture,	MCQ, Assignme nt	Theory , Viva voce	Integration with OBG
Hom UG- FMT- 9.2			Inseminatio n, surrogacy, in-vitro fertilization	Explain the factors leading to impotency and sterility	C-II	MK	Integrated learning	SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 9.3			Legal issues related to impotence, sterility and artificial insemination, surrogacy, in-vitro fertilization legitimacy, sperm donation, sperm banks, ova banks, freezing of gametes, frozen embryos, medicolegal importance	Explain Artificial Insemination	C-II	MK	Interactive lecture	SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 9.4				Explain surrogacy with its medico-legal importance	C-II	MK	Interactive lecture	SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 9.5				Explain in- vitro fertilization with its medico-legal importance	C-II	DK	Interactive lecture	SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 9.6				Explain the functions of sperm and ova banks with its medicolegal importance	C-II	NK	Interactive lecture	SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	

5.10. Topic: Sexual abuse, exploitation in all genders, defloration; pregnancy and delivery-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-10.1	KS CS PBL PRF.	K	The presumptive, probable and positive signs of pregnancy,	Discuss about the presumptive, probable and positive signs of pregnancy	C-II	MK	Interactive lecture, lecture demonstration	MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	Integration with OBG
Hom UG-FMT-10.2			sexual exploitation , sexual abuse,	Explain the medico Legal aspects of legitimacy	C-II	MK	Interactive lecture, lecture demonstration	MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG-FMT-10.3			pregnancy, delivery, posthumous child, pseudocyesis, superfoetation, superfecundation, legitimacy and	Explain superfoetation with its medicolegal importance.	C-II	MK		MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

			paternity - legal aspects							
Hom UG-FMT-10.4				Explain superfecundation with its medicolegal importance.	C-II	MK		MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

5.11. Topic: Abortion and infanticide-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-11.1	KS CS PBL PRF.	K	Abortion: different methods, complications,	Define abortion.	C-I	MK	Interactive lecture	MCQ, SAQ	Theory - SAQ, Viva voce	Integration with OBG
Hom UG-FMT-11.2			accidents following criminal abortion, MTP, medicolegal importance	Explain different methods of abortion with its signs and symptoms and medicolegal importance	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 11.3			Abortifacient drugs and methods Infant death, signs of live birth, legal definitions,	Explain various signs of live birth	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 11.4			battered baby syndrome, cot death, Munchausen's syndrome	Discuss the regulations of MTP Act 1971	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 11.5				Explain battered baby syndrome	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ Assignment	Theory - SAQ, Viva voce	
Hom UG- FMT- 11.6				Explain cot death.	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ Assignment	Theory - SAQ Viva voce	

Hom UG- FMT- 11.7				Explain Munchausen's syndrome	C-II	MK	Interactive lecture, , group discussion s, Integrated learning	MCQ, SAQ	Theory - SAQ Viva voce	

5.12. Topic: Sexual offences-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- FMT- 12.1	KS CS PBL PRF.	K	Natural sexual offenses, Unnatural sexual offenses, Sexual	Enlist the various sexual offences	C-I	MK	Interactive lecture, small group discussions Integrated learning	Assignme nt	Theory- SAQ Viva voce	Integration w ith OBG
Hom UG- FMT- 12.2			perversions The clinical examination and findings of victim and assailant	Classify the various sexual offences.	C-II	MK	Interactive lecture, small group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 12.3			The medicolega l aspects of sexual offenses and perversions . IPC, CrPC	Explain the natural sexual offences.	C-II	MK	Interactive lecture, small group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 12.4			{ Bhartiya Nyay Sanhita Bill 2023 & Bharatiya Sakshya (Second) Bill 2023}	Explain the unnatural sexual offences.	C-II	MK	Interactive lecture, small group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 12.5				Explain the different sexual perversions.	C-II	MK	Interactive lecture, small group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 12.6				Discuss the clinical examination and findings of victim and	C-II	MK	Interactive lecture, small group	SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	

				assailant of a sexual offence			discussion s, Integrated learning			
Hom UG-FMT-12.7				Explain the medicolegal aspects of sexual offenses and perversions.	C-II	MK	Interactive lecture, small group discussions, Integrated learning	SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG-FMT-12.8				Explain the provisions in the Bhartiya Nyay Sanhita Bill 2023 & Bharatiya Sakshya (Second) Bill 2023}	C-II	MK	Interactive lecture, small group discussions, Integrated learning	LAQ, Assignment	Theory - LAQ , Viva voce	

5.13. Topic: General toxicology-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-13.1	KS PC HO CS PBL PRF.	K	Forensic Toxicology and Poisons, Classification of poisons Medico – legal	Classify various types of poisons	C-II	MK	Interactive lecture, lecture demonstration, group discussions, Integrated learning	MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	None
Hom UG-FMT-13.2			aspects of poisons, Antidotes and types, Diagnosis of	Explain the general principles of management of poisoning	C-II	MK		SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG-FMT-13.3			poisoning in living and dead, General	Explain the types of antidotes And its uses	C-II	MK		MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG-FMT-13.4			principles of management of poisoning,	Explain the diagnosis of poisoning in living and dead subjects,	C-II	MK		MCQ, SAQ, LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

			Duties of Homoeopathic Practitioner							
Hom UG-FMT-13.5		K	s in cases of poisoning	Describe the duties of a medical practitioner in the suspected case of poisoning	C-II	DK		MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

5.14. Topic: General toxicology-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-FMT-14.1	KS PC HO CS PBL PRF.	K	i) Corrosives , ii) Irritants iii) Asphyxiants iv) Neurotics v) cardiac	Describe the action, signs and symptoms, fatal dose, fatal period, post mortem findings and circumstances of corrosive poisoning	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	Integration with Materia medica

Hom UG- FMT- T14.2			vi) Miscellaneous vii) food Poisoning viii) Drug dependence & drug use.	Describe the action, signs and symptoms, fatal dose, fatal period, post mortem findings and circumstances of asphyxiant poisoning.	C-II	MK	Interactive lecture, , group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 14.3				Describe the action, signs and symptoms, fatal dose, fatal period, post mortem findings and circumstances of neurotic poisoning.	C-II	MK	Interactive lecture, , group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 14.4				Describe the action, signs and symptoms, fatal dose, fatal period, post mortem findings and circumstances of irritant poisoning.	C-II	MK	Interactive lecture, , group discussion s, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 14.5				Describe the action, signs and symptoms, fatal dose, fatal period, post mortem findings and circumstances of cardiac poisoning.	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 14.6				Explain Medicolegal aspects in different poisoning	C-II	DK	Interactive lecture, , group discussions, Integrated learning	SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 14.7				Differentiate between the various presentations of Arsenic and Lead poisoning.	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	
Hom UG- FMT- 14.8				Explain differential diagnosis of Organophosphorus poisoning	C-II	MK	Interactive lecture, , group discussions, Integrated learning	MCQ, SAQ LAQ, Assignment	Theory - SAQ and LAQ , Viva voce	

Hom UG- FMT- 14.9				Explain bioterrorism with the bacterial borne / microbial infections,/ biologic positing	C-II	NK	Interactive lecture, , group discussions ,Integrated learning	SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	

5.15. Topic: Legislation relating to medical profession – including latest amendments and superceeding acts as and when applicable-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom /Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- FMT- 15	KS PC HO CS PBL PRF.	K	Various acts as described in term wise contents	Explain the medicolegal aspects of various acts under Forensic Medicine and Toxicology	C-II	MK	Interactive lecture, lecture demonstra tion, Integrated learning	MCQ, SAQ LAQ, Assignme nt	Theory - SAQ and LAQ , Viva voce	None.

5.16. Topic: Demonstration of weapons, poisons (Practical)-

Sl. No.	Content	Competency / Outcome	Entry behaviour	Specific Learning Objectives	Learner activity	Assessment
Hom UG-FMT-16.1	a) Weapons b) Toxicology - corrosives, irritants, systemic and miscellaneous poisons, gastric lavage c) Charts, diagrams, photographs, models, bones, x-ray films of medico-legal importance	KS CS PBL PRF	Enumerate different types of weapons. Enumerate different types of injuries caused by weapons	Identify various types of weapons	Demonstration, group discussions, Spotting, PBL	Practical Examination
				Classify injury produced by them		
				Explain medicolegal importance of injuries produced by the weapons.		
Hom UG-FMT-16.2			Enumerate the different names of poisons and methods of poisoning	Identify various types of specimens of poisons		
				Classify the poison as per their action		
				Explain medicolegal importance of poisons		
Hom UG-FMT-16.3			Enumerate different emergency conditions related to GIT where gastric lavage is indicated	Explain gastric lavage procedures ,		
				Explain the merits of Gastric Lavage and its indications and contraindications.		

5.17. Topic: Certificate Writing (Practical)-

Sl. No.	Content	Competency / Outcome	Entry behaviour	Specific Learning Objectives	Learner activity	Assessment
Hom UG-FMT-17.1	Various certificates like sickness certificate, physical fitness certificate, death certificate, consent form, birth certificate.	KS CS PBL PRF	Enlist the names of different medical certificates	Write various certificates like sickness certificate, physical fitness certificate, death certificate, consent form, birth certificate.	Certificate writing. Written case scenario.	Practical Examination
Hom UG-FMT-17.2	Knowledge of injury certificate, examination of rape victim and assailant, drunkenness, post-mortem examination report, age certification			Write a report of examination of rape victim, Injury Certificate, Post Mortem Examination report, Age Certification. Drunkenness Certificate.		

5.18. Topic: Consent (Practical)-

Sl. No.	Content	Competency / Outcome	Entry behaviour	Specific Learning Objectives	Learner activity	Assessment
Hom UG- FMT- 18	Medical consent, implied consent, patient confidentiality, autonomy, role of care giver, audio-video recording of cases, safety and custody of medical records	KS CS PBL PRF	Explain the meaning of consent.	Write consent in given format.	Written case scenario, Group discussion.	Practical Examination

6. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
Structured interactive sessions	Tutorials
	Seminars
	Video clips
	Assignments
	Field visits (Court visit and Isolation hospitals).
	Self-learning

7. Details of assessment

7.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II(7-12 Months)		
1	Second Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical/ Viva 1. Viva voce -25 marks 2. Practical– 25 marks (Identification of weapons, poisons, X-Rays- 10 Marks, Certificate writing- 10 Marks Case Scenario of consent taking- 5 marks)	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

7.2 Number of papers and Marks Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment*	Grand Total
1	HomUG-FMT	01	100 marks	50 marks**	40 marks	10 marks (Marks of PA I + TT I + PA II)	200marks

***Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10

****Details of practical assessment at FUE**

Sr No	Headings	Marks
1	6 spotters – Bones, weapons, Toxicology specimens, Photographs, models – with their medicolegal aspects - 5 marks Each	30
2	Certificate Writing	10
3	Journal	10
	Total	50

7.3 Paper Layout

Summative assessment(FUE):

Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

7.4 Distribution of questions for theory exam

Sr.No	Paper			D Type of Questions“Yes”can be asked. “No”should not be asked.		
	A List of Topics	B Term	C Marks	MCQ (1 Mark)	SAQ(5 Marks)	LAQ (10 Marks)
1	Introduction to Forensic Medicine& Medical Ethics Legal procedure	I	Refer Next Table 7.5	No	Yes	No
2	Personal Identification	I		Yes	Yes	No
3	Death and Its Medicolegal importance	I		Yes	No	Yes
4	Injury and Its medicolegal importance	II		Yes	No	Yes
5	Impotence and sterility	II		Yes	Yes	Yes

	Virginity , defloration pregnancy and Delivery	II				
	Abortion and infanticide	II				
	Sexual offences	II				
6	General Toxicology	I		Yes	Yes	No
7	Clinical Toxicology- Corrosive Poisons	I		Yes	Yes	No
8	Clinical Toxicology- Irritant Poisons	I		Yes	No	Yes
9	Clinical Toxicology- Asphyxiant poisons	I		No	Yes	No
10	Clinical Toxicology- Neurotics Poisons	II		No	Yes	No
11	Clinical Toxicology- Cardiac Poisons	II		No	Yes	No
12	Clinical Toxicology- Miscellaneous Poisons	II		Yes	No	No
13	Clinical Toxicology- Food Poisoning, Drug Dependence and drug abuse	II		Yes	No	No
14	Legislation relating to medical profession	II		No	No	Yes

7.5 Theme-wise distribution of questions:

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A	Introduction to Forensic Medicine Medical ethics Legal procedure	I	5	0	5	0
B	Personal Identification	I	6	1	5	0
C	Death and Its Medicolegal importance	I	11	1	0	10
D	Injury and Its medicolegal importance	II	11	1	0	10
E	Impotence and sterility Virginity , defloration pregnancy and Delivery, Abortion, Infanticide Sexual offences	II	16	1	5	10
F	General Toxicology	I	6	1	5	0
G	Clinical Toxicology- Corrosive Poisons	I	6	1	5	0
H	Clinical Toxicology- Irritant Poisons	I	11	1	0	10
I	Clinical Toxicology- Asphyxiant poisons	I	5	0	5	0
J	Clinical Toxicology- Neurotics Poisons	II	5	0	5	0
K	Clinical Toxicology- Cardiac Poisons	II	5	0	5	0
L	Clinical Toxicology- Miscellaneous Poisons	II	2	2	0	0
M	Clinical Toxicology- Food Poisoning, Drug Dependence and drug abuse	II	1	1	0	0
N	Legislation relating to medical profession	II	10	0	0	10

7.6 Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7.5 for themes)
Q1	Multiple choice Questions (MCQ) 10 Questions 1 mark each All compulsory Must know part: 6 MCQ Desirable to know: 2 MCQ. Nice to know: 2 MCQ	1. Theme B 2. Theme C 3. Theme D 4. Theme E 5. Theme F 6. Theme G 7. Theme H 8. Theme L 9. Theme L 10. Theme M

Q2	Short answer Questions(SAQ) 8Questions 5 Marks Each , All compulsory Must know part:7 SAQ Desirable to know: 1 SAQ Nice to know: Nil	1. Theme A 2. Theme B 3. Theme E 4. Theme F 5. Theme G 6. Theme I 7. Theme J 8. Theme K
Q3	Long answer Questions (LAQ) 5 Questions 10 Marks each All compulsory	1. Theme C 2. Theme D 3. Theme E 4. Theme H 5. Theme N

8. List of recommended Books

- C. K. Parikh, 2019, *Text Book of Medical Jurisprudence Forensic Medicine & Toxicology* (edition 21st) , CBS Publishers
- K.S. Narayan Murty, 2022, *The Essentials of Forensic Medicine & Toxicology*, Jaypee Publication ,
- Modi, N.J , *A Text Book of Medical Jurisprudence and Toxicology*
- Biswas Gautam, 2015, *Review of Forensic Medicine and Toxicology (Including Clinical & Pathological Aspects)*, Jaypee Brothers Medical Publisher (P) Ltd;.
- Nandy Apurba, *Principles of Forensic Medicine Including Toxicology*,
- Sharma D B, 2022, *Essential of Forensic Medicine and Toxicology*, (First edition) , B. Jain Publishers

9. List of contributors :

- I. Dr. Dharmendra B. Sharma
Principal, Professor & HOD, Department of Forensic Medicine & Toxicology
Dr. D.Y. Patil Homoeopathic Medical College and Research Centre

- II. Dr. Shiv Kumar Mishra
Professor, Department of Forensic Medicine & Toxicology, Nehru Homoeopathic Medical College and Hospital, New Delhi.

Subject name : Pathology and Microbiology

Subject code: HomUG-Path-M

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1. Preamble

Pathology and Microbiology provide comprehensive knowledge of the pathologic basis of disease, to enable a complete understanding of the reaction of man to different morbid factors causing disease -its natural course, clinical manifestations, complications and sequel.

The students must be able to discriminate symptoms of the patient & disease satisfying the Hahnemannian requirements of physicians as mentioned in aphorism 3 of Organon of Medicine, make them competent in diagnosis and to substantiate miasmatic perspective with pathology for an accurate homoeopathic prescription.

Knowledge also helps in deciding the scope, limitation and prognosis of a case through the understanding of susceptibility. Immune-mediated illnesses are becoming important areas where homoeopathic interventions can play a significant part in alleviating suffering and in bringing about a cure. The teaching should be aligned and integrated vertically in organ systems recognizing deviations from normal structure and function and clinically correlated to provide an overall understanding of the aetiology, mechanisms, laboratory diagnosis and management of diseases and horizontally with Homoeopathic Philosophy, Homoeopathic Materia Medica and Repertory to understand the Homeopathic concept of Disease and its management. Pathology will need alignments with Anatomy and Physiology on one side and clinical subjects on the other side with the foundation of homoeopathic subjects.

2. Course outcomes

At the end of the II BHMS course the students will be able to:

1. Recognize the importance of study of Pathology and Microbiology in Homoeopathic system of medicine
2. Understand the morphological changes in cell structure in disease and recognize the mechanism of the etiological factors in the causation of such changes
3. Integrate the study of Pathology and Microbiology with Homoeopathic philosophy, Materia Medica, and Repertory.
4. Understand classification of diseases as per Master Hahnemann.
5. Understand common and important diseases based on their evolution, aetio-pathogenesis, pathology, progress and prognosis.
6. Develop skill in the identification of pathological features specifically histo-pathological features, and gross pathological specimens.
7. Able to interpret laboratory reports for diagnosis and treatment purpose.
8. Develop a positive attitude towards the role of Pathology and Microbiology in Homoeopathic system

3. Course content and its term-wise distribution

3.1 Contents for Term I

Theory	
Sr. No.	Topic
1.	Introduction to Pathology
2.	General Pathology
3.	Introduction to Microbiology
4.	Sterilisation and Disinfection
5.	Culture medias and methods
6.	Infection and Disease
7.	Human Microbiome
8.	Gram positive bacterias
9.	Introduction to Virology
10.	Introduction to Parasitology
11.	Protozoans
Non –lecture- Practical/Demonstrative	
1.	Demonstration of Instruments
2.	Demonstration of Methods of sterilisation

3.	Demonstration of culture medias
4.	Estimation of haemoglobin
5.	Total count of Red Blood Cells
6.	Total count of White Blood Cells
7.	Bleeding time and clotting time
8.	Blood grouping.
9.	Gram staining
10.	Demonstration of histopathological slides
11.	Demonstration of Pathological specimen/models

3.2 Contents for Term II

Theory	
Sr. No.	Topic
1.	Systemic Pathology
2.	Gram negative bacterias
3.	Acid fast bacterias
4.	Spirochaetes
5.	Virology-DNA,RNA virus

6.	Parasitology –Helminths
7.	Mycology
8.	Diagnostic procedures in Microbiology
Non –lecture- Practical/Demonstrative	
1.	Staining of thin and thick films.
2.	Differential count.
3.	Erythrocyte sedimentation rate-demonstration
4.	Urine examination-physical,chemical and microscopical examination.
5.	Examination of Faeces- demonstration
6.	Hanging drop preparation.- demonstration
7.	Acid fast staining –demonstration
8.	Interpretation of laboratory reports (serological tests, LFT, RFT, TFT etc) and its clinico pathological correlation
9.	Demonstration of common pathological specimens/models from each system
10.	Demonstration of common Pathological slides from each system

4. Teaching hours

4.1 Gross division of teaching hours

Pathology & Microbiology		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	200	80

4.2 Teaching hours theory

Sr. No	Topic	Hours
	Paper I	
1.	Introduction	3
	General Pathology	
1.	Cell Injury and cellular adaptation	10
2.	Inflammation and repair	10
3.	Neoplasia	10
4.	Immunopathology	8
5.	Haemodynamic disorders	10
6.	Environmental and Nutritional diseases	2

	Systemic Pathology	
1.	Diseases of the Haematopoietic system, bone marrow and blood	9
2.	Diseases of the Respiratory system.	5
3.	Diseases of the the oral cavity,salivary glands and gastro intestinal tract	6
4.	Diseases of liver, gall bladder, and biliary ducts	4
5.	Diseases of the Pancreas	1
6.	Diseases of blood vessels and lymphatics	2
7.	Diseases of Cardiovascular system	5
8.	Diseases of kidney and lower urinary tract	6
9.	Diseases of male reproductive system and prostate	1
10.	Diseases of the female genitalia and breast	4
11.	Diseases of the skin and soft tissue	1
12.	Diseases of the musculo-skeletal system.	2
13.	Diseases of Endocrine glands -thyroid	2
14.	Diseases of nervous system	1
	Total	102

	Paper II	
	Microbiology and Parasitology	
1.	General introduction, Bacterial structure, growth and metabolism & genetics	3
2.	Identification and cultivation of bacteria(staining, culture medias, methods)	3
3.	Sterilization and disinfection	2
4.	Infection and disease	2
5.	Gram positive cocci	5
6.	Gram negative cocci	2
7.	Gram positive aerobic bacilli	2
8.	Gram positive anaerobic bacilli	3
9.	Gram negative bacilli	9
10.	Acid Fast Bacterias	4
11.	Spirochaetes	3
12.	Fungi- general characters- cutaneous, systemic mycosis, opportunistic	3
13.	Introduction to parasitology	2
14.	Protozoans	9
15.	Helminths –cestodes, trematodes and nematodes	14
16.	Virology-introduction &,Bacteriophages	2
17.	DNA virus	11
18.	RNA viruses	12
19.	Emerging and re-emerging diseases	2
20.	Human Microbiome- homoeopathic concept	3
21.	Diagnostic procedures in Microbiology	2
	Total	98

4.3 Teaching hours Non-lecture

Sl. No.	Practicals	60 hrs
1.	Demonstration of common and latest equipments used in pathology and microbiology laboratory	4
2.	Estimation of haemoglobin (by acidometer)	2
3.	Total count of Red Blood Cells	2
4.	Total count of White Blood Cells,	2
5.	Bleeding time and Clotting time.	2
6.	Blood grouping.	2
7.	Staining of thin and thick films- demonstration	2
8.	Differential count of WBC	2
9.	Erythrocyte sedimentation rate -demonstration	2
10.	Urine examination physical, chemical and microscopical examination.	4
11.	Examination of Faeces- demonstration of physical, chemical (occult blood)and microscopical for ova and protozoa.	2
12.	Demonstration of Methods of sterilisation	2

13.	Common culture medias- demonstration	1
14.	Gram staining	2
15.	Acid fast staining – demonstration	2
16.	Hanging drop preparation.- demonstration	2
17.	Interpretation of laboratory reports (serological tests, LFT, RFT, TFT etc) and its clinico pathological correlation.	5
18.	Demonstration of common pathological specimens/models	10
19.	Demonstration of common histopathological slides	10
	Demonstrative Activities	20
1.	Seminar/tutorials/ Symposium	8
2.	PBL/CBL	6
3.	Group discussion	6

5. Content mapping (competencies tables)

5.1. Introduction to Pathology-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomU G-Path M.1.1	KS	K	Basic definitions	Define the terms “Pathology”, “Pathophysiology”, “Health”, “Disease”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M.1.2	KS	K	Branches of Pathology	State the branches of Pathology	C1	MK	Lecture Slide presentation	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M.1.3	KS	K	Contributions of important scientists to Pathology	List the contribution of important scientists to Pathology	C1	NK	Lecture Slide presentation	Viva Voce MCQ	NA	
HomU G-Path M.1.4	KS	K	Common terms for study of diseases	Enumerate the common terms for study of diseases	C1	MK	Lecture Slide presentation	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M.1.5	KS	K	Definition of health as per Homoeopathic philosophy	Define Health according to Homoeopathic concept – Aphorism -9	C1	MK	Lecture Slide presentation	Viva Voce MCQ	Viva Voce MCQ	Organon of Medicine

HomU G-Path M.1.6	KS	K	Definition of disease as per Homoeopathic philosophy	Define Disease according to Homoeopathic concept- Aphorism -11	C1	MK	Lecture Slide presentation	Viva Voce MCQ	Viva Voce MCQ	Organon of Medicine
HomU G-Path M.1.7	KS	K	Homoeopathic concept of evolution of disease and cure	Describe the Homoeopathic concept of evolution of disease and cure	C1	MK	Lecture Slide presentation	Viva Voce SAQ	Viva Voce SAQ	Organon of Medicine

5.2. Cell injury and cellular adaptation-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomU G-Path M 2.1	KS	K	Definition of Cell injury	Define the term “Cell injury”	C 1	MK	Lecture Slide presentation	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M 2.2	KS	K	Etiology of cell injury	Describe the causes of cell injury	C 1	MK	Lecture Slide presentation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ	
HomU G-Path M 2.3	KS	KH	Cellular response to injurious stimuli	Describe the types of cellular response to injurious stimuli and stress.	C 2	MK	Lecture Slide presentation	Viva Voce MCQ	Viva Voce SAQ MCQ	

HomU G-Path M 2.4	KS	K	Cellular adaptation	Define the term “cellular adaptation”	C 1	MK	Lecture	Viva Voce SAQ	Viva Voce SAQ LAQ	
HomU G-Path M 2.5	KS	K		Discuss the various types of cellular adaptation with examples	C 1	MK	Lecture Slide present ation	Viva Voce MCQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.6	KS	K	Atrophy	Define the term “atrophy”	C 1	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.7	KS	KH		Explain the etiopathogenesis atrophy with examples	C 2	MK	Lecture Slide present ation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.8	KS	KH		Describe the morphologic features of atrophied cell	C 2	MK	Lecture Slide present ation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.9	KS	K	Hyperplasia	Define the term “Hyperplasia”	C 1	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	

HomU G-Path M 2.10	KS	KH		Describe types of hyperplasia with examples	C 2	MK	Lecture Slide presentation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.11	KS	KH		Discuss the morphologic features of hyperplasia	C 2	MK	Lecture Slide presentation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.12	KS	K	Hypertrophy	Define the term hypertrophy	C 1	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.13	KS	KH		Describe the types of hypertrophy with examples.	C 2	MK	Lecture Slide presentation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.14	KS	KH		Describe the morphologic features of hypertrophy	C 2	MK	Lecture Slide presentation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.15	KS	KH	Differences between Hypertrophy and Hyperplasia	Enumerate differences between Hypertrophy and Hyperplasia	C 2	MK	Lecture Slide presentation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	

HomU G-Path M 2.16	KS	K	Metaplasia	Define the term “Metaplasia”	C 1	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.17	KS	KH		Describe the types of metaplasia with examples.	C 2	MK	Lecture Slide present ation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.18	KS	K	Dysplasia	Define the term “Dysplasia”	C 1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.19	KS	KH		Explain the cytological changes in Dysplasia	C 2	MK	Lecture Slide present ation	Viva Voce MCQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.20	KS	KH	Biochemical and ultra structural changes in reversible cell injury	Describe the sequential biochemical and ultrastructural changes in reversible cell injury due to Ischaemia and hypoxia	C 2	MK	Lecture Slide present ation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M 2.21	KS	KH	Biochemical and ultrastructural changes in Irreversible cell injury	Describe the sequential biochemical and ultrastructural changes in irreversible cell injury due to Ischaemia and hypoxia	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce SAQ MCQ LAQ	

HomU G-Path M 2.22	KS	KH	Pathogenesis of cell injury	Describe the pathogenesis of Free Radical-mediated cell injury	C 2	MK	Lecture Slide present ation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ	
HomU G-Path M 2.23	KS	K	Morphology of Reversible cell injury	Enumerate the common morphologic forms of reversible cell injury	C1	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.24	KS	K	Hydropic change	Define the term “Hydropic change”	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.25	KS	KH	Hydrophic change	Describe the etiopathogenesis of Hydropic change	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.26	KS	KH		Describe morphology of hydropic change with an example	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.27	KS	K	Fatty change	Define the term “Fatty change”	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M 2.28	KS	KH		Describe the etiopathogenesis of Fatty change	C 2	MK	Lecture Slide presentation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.29	KS	KH		Describe morphology of Fatty change in various organs	C 2	MK	Lecture Slide presentation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.30	KS	KH	Types of mucoid change with examples	Describe the types of mucoid change with examples	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	
HomU G-Path M 2.31	KS	KH	Types of Hyaline change with examples	Describe the types of hyaline change with examples	C 2	MK	Lecture Slide presentation	Viva Voce MCQ SAQ	Viva Voce MCQ	
HomU G-Path M 2.32	KS	K	Morphological forms of Irreversible cell injury	List the Morphological forms of Irreversible cell injury	C 1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M 2.33	KS	K	Necrosis	Define the term “Necrosis”	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M 2.34	KS	K		Describe the types of Necrosis with examples	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.3 5	KS	K	Coagulative Necrosis	Describe the etiopathogenesis of Coagulative necrosis	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.3 6	KS	KH		Describe themorphological features of Coagulative necrosis in affected organs	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.3 7	KS	KH	Liquefactive necrosis	Describe the etiopathogenesis of liquefactive necrosis	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.3 8	KS	KH		Describe the morphological features of liquefactive necrosis in affected organs	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.39	KS	KH	Differences between coagulative necrosis and liquefactive necrosis	Enumerate differences between coagulative necrosis and liquefactive necrosis	C 2	MK	Lecture Slide present ation	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ	

HomU G-Path M 2.40	KS	KH	Caseous necrosis	Describe the etiopathogenesis caseous necrosis	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.41	KS	KH		Describe themorphological features of caseous necrosis inaffected organs	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.42	KS	KH	Fat necrosis	Describe the etiopathogenesis, morphological features of fat necrosis	C2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.43	KS	KH	Fibrinod necrosis	Describe the etiopathogenesis, microscopic features of fibrinod necrosis	C2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.4 4	KS	K	Gangrene	Define the term “Gangrene”	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
HomU G-Path M 2.4 5	KS	K		State the types of gangrene	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery

HomU G-Path M 2.4 6	KS	KH	Dry gangrene	Explain the etiopathogenesis morphological features of dry gangrene with examples	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
HomU G-Path M 2.4 7	KS	KH	Wet gangrene	Describe the etiopathogenesis morphological features of wet gangrene with examples	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
HomU G-Path M 2.4 8	KS	KH	Differences between dry gangrene and wet gangrene	Enumerate the differences between dry gangrene and wet gangrene	C 2	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ	
HomU G-Path M 2.49	KS	KH	Etiopathology of Gas gangrene	Explain the etiopathogenesis and morphological features of Gas gangrene	C 2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M 2.50	KS	K	Pathological calcification	Define the term “Pathological calcification”	C 1	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.51	KS	KH		Enumerate the types of pathological calcification	C 1	MK	Lecture Slide present ation	MCQ Viva Voce	MCQ Viva Voce	

HomU G-Path M 2.52	KS	KH		Describe the etiopathogenesis of Dystrophic calcification with examples	C 2	MK	Lecture Slide presentation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.53	KS	KH		Describe the etiopathogenesis of Metastatic calcification with examples	C 2	MK	Lecture Slide presentation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.54	KS	KH		Enumerate the differences between Dystrophic calcification and Metastatic calcification	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.55	KS	K	Apoptosis	Define the term “Apoptosis”	C 1	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.56	KS	KH		Describe the role of apoptosis in pathologic processes with examples	C 2	DK	Lecture Slide presentation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M 2.57	KS	K	Intracellular accumulation	Define the term “Intracellular accumulations”	C 1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	

HomU G-Path M 2.58	KS	KH		Enumerate the types of abnormal intracellular accumulations with examples	C 2	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M 2.59	KS	K	Definition of Xanthomas, “Russell bodies”, “Mallory body”, “Brown atrophy”, “Heart failure cells”	Define the terms “Xanthomas”, “Russell bodies”, “Mallory body”, “Brown atrophy”, “Heart failure cells”	C 1	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	

5.3. Inflammation and repair-

Sl.No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomU G-Path M.3.1	KS	K	Inflammation	Define the term “Inflammation”	C 1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology
HomU G-Path M.3.2	KS	K	Causes of inflammation	State the Causes of inflammation	C 1	MK	Lecture	Viva Voce SAQ	Viva Voce SAQ	
HomU G-Path M.3.3	KS	K	Types of inflammation	State the types of Inflammation	C 1	MK	Lecture	Viva Voce MCQ	SAQ Viva Voce MCQ	

HomU G-Path M.3.4	KS	K	Cardinal signs of inflammation	State the cardinal signs of inflammation	C 1	MK	Lecture	Viva Voce MCQ	SAQ Viva Voce MCQ	
HomU G-Path M.3.5	KS	K	Definition of Acute inflammation”	Define the term “Acute inflammation”	C 1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
Hom UG- Path M.3.6	KS	KH	Vascular events of the acute inflammation	Describe the mechanism of vascular events in acute inflammatory response	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M.3.7	KS	KH	Cellular phase of acute inflammation	Describe the steps of cellular phase of acute inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M.3.8	KS	KH	Process of Phagocytosis	Describe the three processes of Phagocytosis in cellular phase of acute inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.3.9	KS	K	Chemical mediators of inflammation	List the Chemical mediators of inflammation	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M II.3.10	KS	KH	Role of cell derived Chemical mediators	State the various sources and functions of cell derived chemical mediators of inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M.3.11	KS	KH	Role of plasma derived Chemical mediators	State the various sources and functions of Plasma derived chemical mediators of inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.3.12	KS	KH	Inflammatory cells	Describe the functions of cells participating in acute and chronic inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.3.13	KS	KH	Giant cells	Describe the three types of macrophages derived giant cells	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.3.14	KS	K	Morphologic Patterns of Acute Inflammation	State the Morphologic Patterns of Acute Inflammation	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.3.15	KS	KH	Classification of inflammatory lesion	Describe the classification of inflammatory lesion based on duration, type of exudates, and anatomic location affected in acute inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	
HomU G-Path M.3.16	KS	KH	Systemic effects of inflammation	Describe the systemic effects of acute inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	

HomU G-Path M.3.17	KS	KH	Outcomes of Acute Inflammation	Describe the end result of Acute Inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	
HomU G-Path M.3.18	KS	K	Chronic inflammation	Define the term “chronic inflammation”	CI	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.3.19	KS	K	Types of chronic inflammation	Mention the types of chronic inflammation	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.3.20	KS	KH	Morphologic Features of chronic inflammation	Describe the general features of chronic inflammation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.3.21	KS	KH	Granulomatous inflammation	Describe chronic non-specific inflammation with examples	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G- PathM. 3.22	KS	KH	Granuloma	Describe the mechanism of evolution of a granuloma	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	

Hom UG- Path M 3.23	KS	KH		Describe the morphology of granuloma	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M 3.24	KS	K	Examples of granulomatous inflammation	State common examples of granulomatous inflammation	C1	MK	lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M 3.25	KS	KH	Systemic effects of chronic inflammation	State the systemic effects of chronic inflammation	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	
HomU G-Path M.3.26	KS	K	Definition of Healing	Define the term “Healing”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.3.27	KS	KH	Repair and regeneration	Describe the processes involved in repair and regeneration	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.3.28	KS	KH	Wound healing by primary intention	Describe Wound healing by primary intention	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery

HomU G-Path M.3.29	KS	KH	Wound healing by secondary intention	Describe Wound healing by secondary intention	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
HomU G-Path M.3.30	KS	KH	Complications in healing of skin wounds	Describe the complications in healing of skin wounds	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Surgery
HomU G-Path M.3.31	KS	K	Wound healing	Discuss difference in wound healing by primary and secondary intention	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.3.32	KS	K	Factors modifying the healing process	Explain the process of Fracture Healing	CI	NK	Lecture	Viva Voce	NA	
HomU G-Path M.3.33	KS	KH	Homoeopathic aspect in inflammation	Correlate the events of inflammation and outcome of various types of inflammation with miasm and representation in repertory and different MateriaMedica.	C 2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	OM, MM, Repertory

5.4. Haemodynamic disorders

Sl. No.	Domains of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomU G-Path M.4.1	KS	K	Definition of Oedema.	Define the term “Oedema”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology
HomU G-Path M.4.2	KS	KH	Types of Oedema.	Describe the pathogenesis of oedema	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.4.3	KS	KH	Transudate and exudate	Enumerate the differences between transudate and exudate	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.4.4	KS	KH	Etiopathogenesis of Oedema	Describe the etiopathogenesis of various types of oedema with its clinical correlation	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.4.5	KS	K	Definition of Hyperaemia	Define the term “Active Hyperemia”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	

HomU G-Path M.4.6	KS	K	Definition of Venous congestion	Define the term “Venous congestion” or “Passive hyperaemia”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M.4.7	KS	KH	Chronic venous congestion	Describe the mechanisms involved in chronic venous congestion of different organs	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.4.8	KS	KH		Explain morphology of Chronic Venous Congestion in Lung	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.4.9	KS	K	Definitions	Define the terms “Haemorrhage”, “Haematoma”, “Ecchymosis”, “Purpuras”, “Petechiae”,	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Forensic medicine
HomU G-Path M.4.10	KS	K	Shock	Define the term “Shock”	C1	MK	Lecture	Viva Voce MCQS AQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M 4.11	KS	K		Classify shock based on aetiology	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
Hom UG- Path M 4.12	KS	KH		Describe the pathogenesis of various types of shock	C2	MK	Lecture	Viva Voce MCQS AQ	Viva Voce MCQ SAQ LAQ	

Hom UG- Path M 4.13	KS	KH		Describe the stages of shock	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
Hom UG- Path M.4.14	KS	K	Thrombosis	Define the term “Thrombosis” ;“Thrombus” .	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M.4.15	KS	K		Enumerate the primary events in Thrombogenesis-Virchow’s triad	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M.4.16	KS	KH		Describe the etio-pathogenesis of thrombosis	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
Hom UG- Path M.4.17	KS	KH		Describe the morphologic features of thrombi	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M.4.18	KS	KH		Describe the fate of thrombus	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	

Hom UG- Path M.4.19	KS	KH	Clinical effects of thrombi	Describe the clinical effects of various types of thrombi	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M.4.20	KS	K	Embolism	Define the term “Embolism”, “Embolus”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
Hom UG- Path M 4.21	KS	K		Describe the various types of Emboli	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M 4.22	KS	KH	Etiopathogenesi s of Pulmonary thromboembolis m	Describe the aetiopathogenesis of Pulmonary thromboembolism	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M 4.23	KS	KH	Pathogenesis of Thromboemboli sm	Describe the consequences of pulmonary thromboembolism	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Practice of medicine
Hom UG- Path M 4.24	KS	KH	Pathogenesis of fat embolism	Describe the pathogenesis of fat embolism	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	

Hom UG- Path M.4.25	KS	KH	Pathogenesis of air embolism	Describe the pathogenesis of air embolism	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ	
Hom UG- Path M.4.26	KS	KH	Pathogenesis of amniotic fluid embolism	Describe the pathogenesis amniotic fluid embolism	C2	NK	Lecture	NA		
Hom UG- Path M.4.27	KS	K	Ischaemia	Define the term “Ischaemia”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M.4.28	KS	KH		Describe the etiopathogenesis of Ischaemia	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M.4.29	KS	KH		Describe the factors determining severity of Ischaemic injury	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M.4.30	KS	K	Infarction	Define the term “Infarction”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
Hom UG- Path M.4.31	KS	KH		Describe the etiopathogenesis of Infarction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Practice of medicine

Hom UG- Path M.4.32	KS	K		State the types of Infract	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	

5.5. Immunopathology-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priorit y	TL MM	Assessment		Integration
								F	S	
HomU G-Path M.5.1	KS	K	Definition of Immunity	Define the term “Immunity”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology
HomU G-Path M.5.2	KS	K	Types of immunity	State the types of immunity	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology
HomU G-Path M.5.3	KS	KH	Components of Innate immunity	Describe the four components of Innate immunity	C2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Physiology
HomU G-Path M.5.4	KS	KH	Functions of Innate immunity	Describe the functions of Innate immunity	C2	MK	Lecture Slide present ation	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Physiology

HomU G-Path M.5.5	KS	K	Definition of Adaptive immunity”	Define the term “Adaptive immunity”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.6	KS	K	Classification of Adaptive immunity	Classify Adaptive immunity with examples for each type	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.7	KS	KH	Features of Active immunity	Describe the features of Active immunity	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.8	KS	KH	Features of Passive immunity	Describe the features of Passive immunity	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.9	KS	K	Local immunity	Explain Local immunity	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.10	KS	K	Herd immunity	Explain Herd immunity	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.11	KS	K	Organs of immune system	State the organs of immune system	C1	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	Physiology

HomU G-Path M.5.12	KS	K	Cells and Organs of Immune system	State the cells of the immune system	C1	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	Physiology
HomU G-Path M.5.13	KS	KH	Humoral immunity	Explain the mechanism of humoral immunity	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Physiology
HomU G-Path M.5.14	KS	KH	Differences between Primary and Secondary immune response	Enumerate the differences between Primary and Secondary immune response”	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.15	KS	KH	Mechanism of cell mediated immunity	Describe the mechanism of cell mediated immunity	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.16	KS	K	Definition of “Antigen”	Define the term “Antigen”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology
HomU G-Path M.5.17	KS	K	Definition of “Antibody”, “Immunoglobu lin”	Define the terms “Antibody”, “Immunoglobulin”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology

HomU G-Path M.5.18	KS	K	Immunoglobulin and their function	State the types of Immunoglobulin classes and their function.	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.19	KS	KH	Biological functions of Complement	Describe the biological functions of Complement	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.20	KS	K	Types of antigen-antibody reaction with examples	Discuss the types of antigen-antibody reactions with examples	C1	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.21	KS	K	Definition of Hypersensitivity	Define the term "Hypersensitivity"	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.22	KS	K	Types of hypersensitivity reactions	List the types of hypersensitivity reactions	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.23	KS	KH	Type I Hypersensitivity	Describe the mechanism of type I hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M.5.24	KS	KH	Type I Hypersensitivity reaction with examples	Describe the examples of type I hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.25	KS	KH	Type II Hypersensitivity reaction	Describe the mechanism of type II hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.26	KS	KH	Type II Hypersensitivity reaction – examples	Describe the examples of type II hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.27	KS	KH	Type III Hypersensitivity reaction	Describe the mechanism of type III hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.28	KS	KH	Type III Hypersensitivity reaction – examples	Describe the examples of type III hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M.5.29	KS	KH	Type IV Hypersensitivity reaction	Describe the mechanism of type IV hypersensitivity reaction	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.30	KS	KH	Type IV Hypersensitivity reaction – examples	Describe the examples of type IV hypersensitivity reaction	C2	MK	Lecture	Viva Voce SAQ MCQ	Viva Voce SAQ MCQ LAQ	
HomU G-Path M.5.31	KS	K	Autoimmunity	Define the term “Autoimmunity”	C1	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.32	KS	KH		Describe the pathogenesis of autoimmunity	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.33	KS	K	Autoimmune diseases	State the autoimmune diseases	C1	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.34	KS	K	Amyloidosis	Define the term “Amyloidosis”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.35	KS	K		Classify amyloidosis	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M.5.36	KS	KH		Describe the pathogenesis of amyloidosis	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.5.37	KS	KH		Describe the features of amyloidosis of various organs .	C2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.5.38	KS	K	Homoeopathic concept of immunity	Explain the concept of immunity and hypersensitivity and correlate it with the Homoeopathic concepts of susceptibility	C1	NK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Organon of Medicine

5.6. Neoplasia-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomU G-Path M.6.1	KS	K	Definition of Neoplasia	Define the term “Neoplasia”	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.2	KS	K	Nomenclature of tumours	Explain the nomenclature of tumours	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	

HomU G-Path M.6.3	KS	K	Classification of tumours	Classify tumours based on histogenesis and anticipated behaviour	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.4	KS	K	Special categories of tumours	State the special categories of tumours with examples	C 1	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.5	KS	K	Characteristics of benign and malignant neoplasms	State the characteristics of tumours	C 1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.6	KS	KH	Differentiating features of benign and malignant neoplasms	Differentiate benign and malignant neoplasms based on the clinical and gross features	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.7	KS	KH		Differentiate benign and malignant neoplasms based on microscopic features	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.8	KS	K	Definition of “Differentiation”, “Anaplasia”	Define the terms “Differentiation”, “Anaplasia”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	

HomU G-Path M.6.9	KS	KH	Differentiating features of benign and malignant neoplasms	Differentiate benign and malignant neoplasms based on their rate of growth	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.10	KS	KH		Differentiate benign and malignant neoplasms based on their spread - local invasion and metastasis	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.17	KS	K	Definition of Metastasis	Define the term “Metastasis”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.18	KS	K	Routes of Metastasis	Discuss the routes of Metastasis with examples	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	Surgery
HomU G-Path M.6.19	KS	KH	Lymphatic spread of malignant tumours	Describe the mechanism of lymphatic spread of malignant tumours	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.20	KS	KH	Haematogenous metastasis	Describe the mechanism of Haematogenous spread of malignant tumours	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	

HomU G-Path M.6.21	KS	KH	Spread of cancer along body cavities and natural passages	Describe the mechanism of spread of cancer along body cavities and natural passages	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.22	KS	KH	Molecular basis of cancer	Describe Molecular basis of cancer	C2	NK	Lecture	NA	NA	
HomU G-Path M.6.23	KS	K	Definition of Carcinogenesis , Carcinogen	Define the terms “Carcinogenesis”, “Carcinogen”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ	
HomU G-Path M.6.24	KS	K	Carcinogens	Enumerate the various types of carcinogens	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.25	KS	KH	Chemical Carcinogenesis	Describe the three sequential stages in chemical carcinogenesis	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ LAQ	
HomU G-Path M.6.26	KS	KH	Physical carcinogenesis	Describe the mechanism of physical carcinogenesis	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	

HomU G-Path M.6.27	KS	KH	Biological carcinogenesis	Describe the mechanism of biological carcinogenesis	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.28	KS	KH	Effects of tumour on the host	Describe the effects of tumour on the host	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.29	KS	K	Definition of Paraneoplastic syndromes	Define the term “Paraneoplastic syndromes”	C1	MK	Lecture	Viva Voce MCQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.30	KS	KH	Paraneoplastic syndromes	State the various clinical syndromes included in Paraneoplastic syndromes	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.31	KS	KH	Definition of “Grading”, “Staging”	Define the terms “Grading”, “Staging”	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Surgery
HomU G-Path M.6.32	KS	KH	Tumour grading	Explain about the grading of tumour.	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Surgery
HomU G-Path M.6.33	KS	KH	Staging tumours of	Explain about the staging of tumour	C2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Surgery

HomU G-Path M.6.34	KS	K	Laboratory Diagnosis of Cancer	State the various methods of Laboratory diagnosis of tumours	C1	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.35	KS	K	Tumour markers	State the important liquid based biomarkers in tumour diagnosis	C1	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	
HomU G-Path M.6.36	KS	KH	Homoeopathic concept	Discuss about the miasmatic concept of neoplastic disorder	C 2	DK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	OM,MM,Re pertory

5.7. Environmental and nutritional diseases-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priorit y	TL MM	Assessment		Integration
								F	S	
HomU G-Path M.7.1	KS	KH	Obesity	Define the term “Obesity”	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine
HomU G-Path M.7.2	KS	KH	Obesity	Describe the etiopathogenesis of Obesity	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine
HomU G-Path M.7.3	KS	KH	Pathogenesis of protein energy malnutrition	Describe the pathogenesis of protein energy malnutrition	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine

HomU G-Path M.7.4	KS	KH	Difference between Kwashiorkor and marasmus	Enumerate the differences between Kwashiorkor and Marasmus	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine
HomU G-Path M.7.5	KS	KH	Vitamin A	Describe the lesions in Vitamin A deficiency	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine
HomU G-Path M.7.6	KS	KH	Vitamin C	Describe the lesions in Vitamin C deficiency	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine
HomU G-Path M.7.7	KS	KH	Vitamin D	Describe the lesions in Vitamin D deficiency	C 2	MK	Lecture	Viva Voce MCQ SAQ	Viva Voce MCQ SAQ	Physiology Community medicine
HomU G-Path M.7.8	KS	KH	Vitamin E	Describe the lesions in Vitamin E deficiency	C 2	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology Community medicine
HomU G-Path M7.9	KS	KH	Vitamin K	Describe the lesions in Vitamin K deficiency	C 2	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology Community medicine
HomU G-Path M.7.10	KS	KH	Vitamin B1	Describe the lesions in Vitamin B1(Thiamine) deficiency	C 2	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology Community medicine
HomU G-Path M.7.11	KS	KH	Vitamin B2	Describe the lesions in Vitamin B2 (Riboflavin) deficiency	C 2	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology Community medicine

HomU G-Path M.7.12	KS	KH	Vitamin B3	Describe the lesions in Vitamin B3 (Niacin) deficiency	C 2	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology , Community medicine
HomU G-Path M.7.13	KS	KH	Vitamin B6	Describe the lesions in Vitamin B 6 (Pyridoxine) deficiency	C 2	DK	Lecture	Viva Voce MCQ	Viva Voce MCQ	Physiology , Community medicine

5.8. Diseases of the haematopoietic system, bone marrow and blood-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMU G-Path M. 8.1	KS	K	Red cell disorders	Define the term “Anaemia” Megaloblastic Anaemia”	C 1	MK	Lecture	Viva MCQ	SAQ Viva voce MCQ	Physiology
HOMU G-Path M. 8.2	KS	KH	Classification of Anaemia	State the patho-physiologic classification of anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ SAQ Viva .MCQ	Physiology
HOMU G-Path M. 8.3	KS	K		State the morphologic classification of anaemia	C 1	MK	Lecture	Viva voce, MCQ	LAQS AQ. Viva MCQ	Physiology
HOMU G-Path M. 8.4	KS	KH		Explain the scheme of laboratory investigations for anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ, SAQ. Viva . MCQ	Physiology Practice of medicine
HOMU G-Path M. 8.5	KS	K	Iron deficiency Anaemia	Define Iron deficiency Anaemia	C 1	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Physiology

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMU G-Path M. 8.6	KS	KH		Describe the etio-pathogenesis of Iron deficiency anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ SAQ. Viva . MCQ	
HOMU G-Path M. 8.7	KS	KH		Describe the laboratory findings of iron deficiency anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ SAQ Viva MCQ	Practice of medicine
HOMU G-Path M. 8.8	KS	KH	Megaloblastic Anaemia	Describe the etio-pathogenesis of Megaloblastic anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ SAQ Viva MCQ	
HOMU G-Path M. 8.9	KS	KH		Describe the laboratory diagnosis of Megaloblastic Anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.10	KS	K	Pernicious Anaemia	Define Pernicious Anaemia	C 1	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.11	KS	KH		Discuss the etio- pathogenesis of Pernicious Anaemia	C 2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.12	KS	KH		Discuss the laboratory diagnosis of Pernicious Anaemia	C 2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.13	KS	K	Haemolytic Anaemia	Define the term “Haemolytic Anaemia”	C 1	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
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HOMU G-Path M. 8.14	KS	KH		Classify Haemolytic Anaemias	C2	MK	Lecture	Viva voce, MCQ	LAQ SAQ. Viva . MCQ	
HOMU G-Path M. 8.15	KS	KH		Describe laboratory evaluation of Haemolytic Anaemia	C 2	MK	Lecture	Viva voce, MCQ	LAQ SAQ. Viva . MCQ	
HOMU G-Path M. 8.16	KS	K	types of Haemoglobinopathies	Classify Haemoglobinopathies	C 1	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.17	KS	K	Sickle cell Anaemia	Define Sickle cell Anaemia	C 1	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.18	KS	KH		Discuss the etio- pathogenesis of sickle cell anaemia	C2	DK	Lecture	Viva voce, MCQ	LAQS AQ. Viva . MCQ	
HOMU G-Path M. 8.19	KS	KH		Discuss the laboratory findings of sickle cell anaemia	C 2	DK	Lecture	Viva voce, MCQ	LAQS AQ. Viva . MCQ	
HOMU G-Path M. 8.20	KS	K	Thalassemia	Define Thalassemia	C 1	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMU G-Path M. 8.21	KS	KH		Classify Thalassaemia	C 2	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.22	KS	KH		Discuss the pathophysiology of anaemia in Thalassemia	C 2	MK	Lecture	Viva voce, MCQ	LAQS AQ. Viva . MCQ	
HOMU G-Path M. 8.23	KS	KH		Describe the laboratory findings of Thalassaemia.	C 2	MK	Lecture	Viva voce, MCQ	LAQS AQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.24	KS	K	Aplastic anaemia.	Define the term “Aplastic anaemia”	C 1	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.25	KS	KH	.	State the etiology of Aplastic anaemia.	C 2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.26	KS	KH		Describe laboratory findings of Aplastic anaemia.	C 2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.27	KS	K	Polycythaemia	Define Polycythaemia	C 1	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMU G-Path M. 8.28	KS	KH	Classification of Polycythaemia	Classify Polycythaemia on the basis of etiology	C2	DK	Lecture ,	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.29	KS	KH	laboratory diagnosis of Polycythaemia	Describe laboratory features of Polycythaemia	C2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.29	KS	K	WBC disorders	Define the terms “Leukocytosis” “Leukopenia”, “Leukaemoid reaction”, “Leukaemias”	C 1	MK	Lecture	Viva voce, MCQ	Viva MCQ	
HOMU G-Path M. 8.30	KS	KH	Leukaemia	Classify Leukaemias	C2	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.31	KS	K		Describe the aetiology of Leukaemia	C1	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.32	KS	KH	Leukaemia	Describe the laboratory diagnosis of Chronic Myeloid Leukaemia	C 2	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.33	KS	KH		Describe the laboratory diagnosis of Acute Myeloid Leukaemia	C 2	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMU G-Path M. 8.34	KS	KH	Haemorrhagic disorders	Describe the laboratory diagnosis of Acute lymphoblastic Leukaemia	C 2	MK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.35	KS	K		State the aetiology of bleeding disorders	C 1	MK	Lecture	Viva SAQ MCQ	Viva SAQ MCQ	
HOMU G-Path M. 8.36	KS	K		Define Haemophilia A	C 1	MK	Lecture	Viva MCQ	Viva MCQ	
HOMU G-Path M. 8.37	KS	K		Describe the laboratory features of Haemophilia A	C 1	MK	Lecture	Viva MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.38	KS	K		Define the terms “Thrombocytopenia”, “Thrombocytosis”	C 1	MK	Lecture	Viva MCQ	Viva . MCQ	
HOMU G-Path M. 8.39	KS	K		State the causes of Thrombocytopenia	C 1	MK	Lecture	Viva SAQ MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.40	KS	KH	Plasma cell myeloma	Define multiple myeloma.	C 2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMU G-Path M. 8.41	KS	KH	Plasma cell myeloma	Describe the laboratory diagnosis of Multiple myeloma	C 2	DK	Lecture	Viva voce, MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.42	KS	K	Hodgkin's lymphoma	Discuss features of Hodgkin's lymphoma	C1	DK	Lecture	Viva SAQ MCQ	SAQ. Viva . MCQ	Practice of medicine
HOMU G-Path M. 8.43	KS	K		Explain the appearance of Reed Sternberg cell in tissues	C 1	DK	Lecture	Viva SAQ MCQ	SAQ. Viva . MCQ	
HOMU G-Path M. 8.44	KS	K		Discuss features of Non Hodgkin's lymphoma	C 1	NK	Lecture	Viva SAQ MCQ	NA	Practice of medicine
HOMU G-Path M. 8.45	KS	K	Splenomegaly	State the causes of Splenomegaly	C1	DK	Lecture	Viva SAQ MCQ	Viva SAQ MCQ	

5.9. Diseases of the Respiratory System

I. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 9.1	KS	K	Pulmonary Tuberculosis	Describe the three components of Primary complex or Ghon complex	C 1	MK	Lecture	Viva LAQ SAQ MCQ	LAQ SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.2	KS	K		Describe the fate of primary tuberculosis	C1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ Viva MCQ	
HOMUG-Path M. 9.3	KS	K		Describe the morphology of Secondary pulmonary tuberculosis	C1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ Viva MCQ	
HOMUG-Path M. 9.4	KS	K		Enumerate the differences between Primary tuberculosis and Secondary tuberculosis	C1	MK	Lecture	Viva SAQ MCQ	LAQ Viva SAQ MCQ	
HOMUG-Path M. 9.5	KS	K		Describe the fate of secondary pulmonary tuberculosis	C1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ Viva MCQ	
HOMUG-Path M. 9.6	KS	K		Discuss the diagnosis of pulmonary tuberculosis	C1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.7	KS	K	Pneumonia	Define the term “Pneumonia”	C1	MK	Lecture	Viva MCQ	Viva MCQ	

I. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 9.8	KS	K		State the Anatomic classification of Pneumonia	C1	MK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.9	KS	K		State the Aetiologic classification of Pneumonia	C1	MK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.11	KS	KH		Discuss the morphologic features of lobar Pneumonia	C 2	MK	Lecture	Viva LAQ SAQ MCQ	LAQ SAQ Viva MCQ	
HOMUG-Path M. 9.12	KS	K		Discuss the morphologic features of bronchopneumonia	C1	MK	Lecture	Viva SAQ MCQ	Viva SAQ MCQ	
HOMUG-Path M. 9.16	KS	KH		State the complications of Pneumonia	C2	MK	Lecture	Viva voce, MCQ	SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.17	KS	K	Lung abscess	Define the term “Lung abscess”	C1	MK	Lecture	Viva MCQ	Viva MCQ	
HOMUG-Path M. 9.18	KS	KH		Describe aetiopathogenesis of lung abscess	C 2	MK	Lecture	Viva SAQ MCQ	Viva MCQ	Practice of medicine
HOMUG-Path M. 9.19	KS	KH		Explain the morphology of lung abscess	C2	DK	Lecture	Viva SAQ MCQ	Viva MCQ	
HOMUG-Path M. 9.20	KS	K	Obstructive lung diseases	Classify chronic obstructive lung diseases	C1	MK	Lecture	Viva SAQ MCQ	LAQ Viva SAQ MCQ	

I. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 9.21	KS	K	Chronic bronchitis.	Define the term “Chronic Bronchitis”	C1	MK	Lecture	Viva MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.22	KS	KH		Describe the etio-pathogenesis of chronic bronchitis	C2	MK	Lecture	Viva LAQ SAQ MCQ	LAQ SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.23	KS	KH		Describe the morphologic features of chronic bronchitis.	C 2	DK	Lecture	Viva SAQ MCQ	LAQ SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.24	KS	K	Emphysema	Define the term “Emphysema”	C1	MK	Lecture	Viva MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.25	KS	K		Classify Emphysema	C1	MK	Lecture	Viva voce, MCQ	LAQ Viva SAQ MCQ	
HOMUG-Path M. 9.26	KS	KH		Explain the aetio-pathogenesis of Emphysema	C2	MK	Lecture	Viva SAQ MCQ	LAQ Viva SAQ MCQ	Practice of medicine
HOMUG-Path M. 9.27	KS	K	Emphysema	Describe the morphologic features of emphysema.	C1	DK	Lecture	Viva SAQ MCQ	LAQ Viva SAQ MCQ	Practice of medicine
HOMUG-Path M. 9.28	KS	K	Bronchial Asthma	Define the term “Bronchial Asthma”	C1	MK	Lecture	Viva MCQ	SAQ Viva MCQ	

I. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 9.29	KS	K		Classify Bronchial Asthma	C1	MK	Lecture	Viva SAQ MCQ	LAQ Viva SAQ MCQ	
HOMUG-Path M. 9.30	KS	K		Enumerate the differences between Extrinsic Asthma and Intrinsic Asthma	C1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.31	KS	KH		Describe the morphologic features of Bronchial asthma	C 2	MK	Lecture	Viva SAQ MCQ	LAQ Viva SAQ MCQ	
HOMUG-Path M. 9.32	KS	K	Bronchiectasis	Define the term “Bronchiectasis”	C1	MK	Lecture	Viva voce, MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.33	KS	KH		Describe the aetiopathogenesis of bronchiectasis	C 2	MK	Lecture	Viva voce, MCQ	SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.34	KS	K		Describe the morphology of bronchiectasis	C1	MK	Lecture	Viva voce, MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.35	KS	K	Pneumoconiosis	Define the term “Pneumoconioses”	C1	DK	Lecture	Viva MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.36	KS	K		Classify Pneumoconiosis	C1	DK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.37	KS	KH	coal worker’s pneumoconiosis.	Describe the etio-pathogenesis of coal worker’s pneumoconiosis.	C2	DK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	Practice of medicine

I. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 9.38	KS	K	Lung cancer	Describe the morphologic features of coal worker's pneumoconiosis.	C1	DK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.39	KS	K		Describe the aetiology of Lung cancer	C1	DK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	Practice of medicine
HOMUG-Path M. 9.40	KS	K		Describe the morphology of lung cancer	C1	DK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.41	KS	K		Explain the spread of lung cancer	C1	DK	Lecture	Viva SAQ MCQ	SAQ Viva MCQ	
HOMUG-Path M. 9.42	KS	KH		Describe the clinical features of lung cancer	C 2	NK	Lecture	Viva SAQ MCQ	NA	Practice of medicine, Surgery

5.10. Diseases of the oral cavity and salivary glands and gastrointestinal tract-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 10.1	KS	K	Oral leukoplakia	Definition of "Stomatitis", "Glossitis"	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 10.2	KS	K		Define the term "Oral leucoplakia"	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 10.3	KS	K		Describe the aetiology of Oral Leukoplakia	C 1	DK	Lecture	Viva SAQ MCQ	SAQ, MCQ, Viva	Practice of medicine, Surgery

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 10.4	KS	K		Describe the morphologic features of oral leukoplakia	C 1	NK	Lecture	Viva SAQ MCQ	SAQ, MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 10.5	KS	K	Diseases of GI system	Define reflux oesophagitis.	C1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 10.6	KS	KH	Reflux esophagitis	Describe the aetiopathogenesis of Reflux esophagitis	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M. 10.7	KS	KH		Describe the morphology of Reflux Oesophagitis	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ MCQ Viva	
HOMUG-Path M. 10.8	KS	KH	Barrett's oesophagus	Describe the aetiopathogenesis, of Barrett oesophagus	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva voce	Practice of medicine, Surgery
HOMUG-Path M. 10.9	KS	K		Describe the morphology of Barret oesophagus	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.10	KS	K	Carcinoma oesophagus	Describe the aetiology of carcinoma oesophagus	C 1	NK	Lecture	NA	NA	Practice of medicine, Surgery

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 10.11	KS	K		Describe the morphology of Carcinoma of oesophagus	C 1	NK	Lecture	Viva SAQ MCQ	NA	
HOMUG-Path M. 10.12	KS	KH		Describe the spread of Carcinoma oesophagus.	C2	NK	Lecture	Viva SAQ MCQ	NA	Practice of medicine, Surgery
HOMUG-Path M. 10.13	KS	K	Gastritis	Classify Gastritis	C 1	MK	Lecture	Viva SAQ MCQ	Viva SAQ MCQ	
HOMUG-Path M. 10.14	KS	K	Gastritis	Describe the aetiopathogenesis of Acute gastritis	C 1	MK	Lecture	Viva SAQ MCQ	Viva MCQ	Practice of medicine, Surgery
HOMUG-Path M. 10.15	KS	K		Describe the aetiopathogenesis of Chronic gastritis	C 1	MK	Lecture	Viva SAQ MCQ	Viva MCQ	
HOMUG-Path M. 10.16	KS	K	Peptic ulcer	Define the term “Peptic ulcer”	C 1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 10.17	KS	KH		Describe the aetiopathogenesis of chronic peptic ulcer	C 2	MK	Lecture	Viva SAQ MCQ	SAQ MCQ Viva LAQ	Practice of medicine, Surgery

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 10.18	KS	KH		Describe the morphology of chronic peptic ulcer	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 10.19	KS	KH		Describe the complications of Peptic ulcer	C2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 10.20	KS	KH		Discuss differences between gastric ulcer and duodenal ulcers.	C2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.21	KS	K	gastric carcinoma,	Describe the aetiology of Gastric carcinoma	C 1	DK	Lecture	Viva SAQ MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 10.22	KS	K	gastric carcinoma,	Describe morphology of gastric carcinoma	C 1	DK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 10.23	KS	K		Describe the spread of gastric carcinoma.	C 1	DK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.24	KS	K	Acute appendicitis	Define the term “Acute appendicitis”	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 10.25	KS	KH		Describe the etio-pathogenesis of acute appendicitis	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ MCQ Viva	Practice of medicine, Surgery

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 10.26	KS	KH		Describe the morphology of Acute appendicitis	C2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ MCQ Viva	
HOMUG-Path M. 10.27	KS	KH	Inflammatory bowel disease	Describe the aetio-pathogenesis of Inflammatory bowel disease	C 2	MK	Lecture	Viva SAQ MCQ	SAQ, MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 10.28	KS	K		Describe the morphologic features of Crohn's disease	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M. 10.29	KS	K		Describe the morphologic features of Ulcerative colitis	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.30	KS	K	Inflammatory bowel disease	Enumerate the differences between Crohn's disease and Ulcerative Colitis.	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.31	KS	K		Discuss the complications of Inflammatory bowel disease	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.32	KS	K	Carcinoma Colon	Describe the aetiology of Colorectal cancer	C 1	DK	Lecture	Viva MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine, Surgery

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 10.33	KS	K		Describe the morphology of Colorectal cancer	C 1	DK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.34	KS	K		Describe the spread of Colorectal cancer	C 1	DK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 10.35	KS	K	Intestinal tuberculosis	Describe the pathology of Intestinal tuberculosis	C 1	DK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	

5.11. Diseases of liver, gall bladder and biliary ducts-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 11.1	KS	K	Liver Function Tests	Discuss the liver function tests alongwith clinical significance of each	C 1	MK	Lecture	OSPE Viva MCQ	OSPEL AQ SAQ MCQ Viva	
HOMUG-Path M. 11.2	KS	K	Jaundice	Define the term “Jaundice”	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 11.3	KS	K		State the pathophysiologic classification of jaundice.	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 11.4	KS	K	Cholestasis	Define Cholestasis	C 1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 11.5	KS	K	Alcoholic Liver Disease	Define the term “Alcoholic liver disease”	C 1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 11.6	KS	K		Explain the pathogenesis of alcoholic liver disease	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	
HOMUG-Path M. 11.7	KS	K		Describe the morphologic spectrum of alcoholic liver disease	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 11.8	KS	K	Liver Cirrhosis	Define the term “Liver cirrhosis”	C 1	MK	Lecture	Viva voce, MCQ	LAQ SAQ, MCQViva	
HOMUG-Path M. 11.9	KS	K	Liver Cirrhosis	Classify Cirrhosis based on morphology and aetiology	C 1	DK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQViva	Practice of medicine
HOMUG-Path M. 11.10	KS	KH		Describe the morphology of Alcoholic cirrhosis	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQViva	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 11.11	KS	K	Hepatocellular Carcinomas	State the aetiology of Hepatocellular Carcinomas	C 1	DK	Lecture	Viva SAQ MCQ	Viva SAQ MCQ	
HOMUG-Path M. 11.12	KS	K		Describe the morphology of hepatocellular carcinoma.	C 1	DK	Lecture	Viva SAQ MCQ	Viva SAQ MCQ	Practice of medicine, Surgery
HOMUG-Path M. 11.13	KS	K	Cholelithiasis.	State the risk factors of cholelithiasis.	C 1	MK	Lecture	Viva SAQ MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 11.14	KS	KH		Describe the pathogenesis of cholelithiasis/ gall stones	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 11.15	KS	K		Describe the various types of gall stones	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	

5.12. Diseases of the pancreas-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 12.1	KS	K	Acute Pancreatitis	Define the term “Acute pancreatitis”	C 1	MK	Lecture	Viva MCQ	MCQ, Viva	
HOMUG-Path M. 12.2	KS	KH		Describe the aetio-pathogenesis of acute pancreatitis	C 2	MK	Lecture	Viva MCQ	MCQ, Viva	Practice of medicine, Surgery

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 12.3	KS	K		State the morphologic features of acute pancreatitis.	C 1	MK	Lecture	Viva voce, SAQ MCQ	MCQ, Viva voce	
HOMUG-Path M. 12.4	KS	K	Chronic Pancreatitis	Define the term “Chronic pancreatitis”	C 1	DK	Lecture	Viva voce, MCQ	MCQ, Viva	
HOMUG-Path M. 12.5	KS	KH		Describe the aetio-pathogenesis of chronic Pancreatitis	C 2	DK	Lecture	Viva voce, SAQ MCQ	MCQ, Viva voce	Practice of medicine, Surgery
HOMUG-Path M. 12.6	KS	K		State the morphologic features of Chronic Pancreatitis.	C 1	DK	Lecture	Viva voce, SAQ MCQ	MCQ, Viva	
HOMUG-Path M. 12.7	KS	K	Diabetes mellitus	Define the term “Diabetes mellitus”	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 12.8	KS	K		Enumerate the aetiologic classification of diabetes mellitus	C 1	DK	Lecture	Viva SAQ MCQ	MCQ Viva SAQ	
HOMUG-Path M. 12.9	KS	K		Describe the pathogenesis of Type1 diabetes mellitus	C 1	DK	Lecture	Viva MCQ SAQ	MCQ Viva SAQ	Practice of medicine
HOMUG-Path M. 12.10	KS	K		Describe the pathogenesis of Type 2 diabetes mellitus	C 1	DK	Lecture	Viva MCQ SAQ	MCQ Viva SAQ	Practice of medicine
HOMUG-Path M. 12.11	KS	K		Discuss the laboratory diagnosis of Diabetes Mellitus	C 1	MK	Lecture	Viva MCQ SAQ	LAQ MCQ Viva	Practice of medicine

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
									SAQ	
HOMUG-Path M. 12.12	KS	K		Describe the Acute metabolic complications of diabetes mellitus	C 1	MK	Lecture	Viva MCQ SAQ	LAQ MCQ Viva SAQ	Practice of medicine
HOMUG-Path M. 12.13	KS	K		Describe the Late systemic complications of diabetes mellitus	C 1	MK	Lecture	Viva MCQ SAQ	LAQ MCQ Viva SAQ	

5.13. Diseases of blood vessels and lymphatics-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 13.1	KS	K	Arteriosclerosis	Define Arteriosclerosis	C 1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 13.2	KS	K		State the types of Arteriosclerosis	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 13.3	KS	K	Atherosclerosis	Define the term "Atherosclerosis"	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 13.4	KS	KH		Describe the aetiology of Atherosclerosis	C 2	MK	Lecture	Viva MCQ SAQ	LAQ SAQ MCQ Viva	Practice of medicine

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 13.5	KS	KH	Atherosclerosis	Describe the pathogenesis of Atherosclerosis	C 2	MK	Lecture	Viva MCQ SAQ	LAQ SAQ MCQ Viva	
HOMUG-Path M.13.6	KS	K		Describe the morphologic features of Atherosclerosis	C 1	MK	Lecture	Viva MCQ SAQ LAQ	LAQ SAQ, MCQ, Viva	
HOMUG-PathM.13.7	KS	K	Hypertension.	Define the term “Hypertension”	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 13.8	KS	K		Enumerate the aetiologic classification of Hypertension	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 13.9	KS	KH		Describe the aetio-of pathogenesis of Primary/essential Hypertension	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 13.10	KS	KH		Describe the aetio-pathogenesis of Secondary Hypertension	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M. 13.11	KS	KH		State the major effects of systemic hypertension on the organs	C 2	MK	Lecture	Viva voce, SAQ MCQ	LAQ SAQ, MCQ, Viva voce	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 13.12	KS	K	Aneurysm	Define the term “Aneurysm”	C 1	DK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 13.13	KS	K		Classify Aneurysm	C 1	DK	Lecture	Viva voce, MCQ, SAQ	LAQ, SAQ, MCQ, Viva voce	
HOMUG-Path M. 13.14	KS	KH	Aneurysm	Describe the clinical effects of aneurysms	C 2	DK	Lecture	Viva voce, MCQ, SAQ	LAQ, SAQ, MCQ, Viva voce	
HOMUG-Path M. 13.15	KS	K	Tumors of blood vessels	State the benign tumours of blood vessels	C 1	NK	Lecture	Viva voce, MCQ	NA	
HOMUG-Path M. 13.16	KS	K		State the malignant tumours of blood vessels	C 1	NK	Lecture	Viva voce, MCQ	NA	
HOMUG-Path M. 13.17	KS	K		Define the term “Lymphangitis”	C 1	NK	Lecture	Viva voce, MCQ	Viva MCQ	

5.14. Diseases of cardiovascular system-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 14.1	KS	K	Ischaemic Heart Disease	Define the term “Ischaemic Heart Disease”	C 1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HomUG-Path M. 14.2	KS	KH		Describe the etio-pathogenesis of Ischaemic Heart Disease	C 2	MK	Lecture	Viva MCQ SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HomUG-Path M. 14.3	KS	K		State the effects of Myocardial ischaemia	C 1	MK	Lecture	Viva MCQ SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HomUG-Path M. 14.4	KS	K	Angina Pectoris	Define the term “Angina Pectoris”	C 1	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva	
HomUG-Path M. 14.5	KS	K		Describe Stable or Typical angina	C 1	MK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	
HomUG-Path M. 14.6	KS	K		Explain Prinzmetal’s variant Angina	C 1	MK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	
HomUG-Path M. 14.7	KS	K		Describe Unstable or Crescendo angina.	C 1	MK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 14.8	KS	KH	Myocardial Infarction.	Describe the aetio-pathogenesis of Myocardial Infarction.	C 2	MK	Lecture	Viva voce, MCQ, SAQ	LAQ, SAQ, MCQ, Viva voce	Practice of medicine
HomUG-Path M. 14.9	KS	KH		Describe the gross changes in Myocardial infarction	C 2	DK	Lecture	Viva SAQ, MCQ	LAQ, SAQ, MCQ, Viva	
HomUG-Path M. 14.10	KS	KH		Describe the microscopic changes in Myocardial infarction	C 2	DK	Lecture	Viva SAQ, MCQ	LAQ, SAQ, MCQ, Viva	
HomUG-Path M. 14.11	KS	KH		Describe the diagnosis of Myocardial Infarction.	C 2	MK	Lecture	Viva voce, MCQ, SAQ	LAQ, SAQ, MCQ, Viva voce	Practice of medicine
HomUG-Path M. 14.12	KS	K	Rheumatic heartdisease.	Define the terms “Rheumatic fever”, “Rheumatic heart disease”	C 1	MK	Lecture	Viva voce, MCQ	MCQ, Viva voce	
HomUG-Path M. 14.13	KS	KH		Describe etio-pathogenesis of Rheumatic heart disease.	C 2	MK	Lecture	Viva voce, MCQ, SAQ	LAQ, SAQ, MCQ, Viva voce	Practice of medicine
HomUG-Path M. 14.14	KS	K		Describe the Cardiac lesions of Rheumatic heart disease	C 1	MK	Lecture	Viva voce, MCQ, SAQ	LAQ, SAQ, MCQ, Viva voce	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 14.15	KS	K	Rheumatic heart disease.	Describe the extra-cardiac lesions in Rheumatic heart disease.	C 1	MK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	
HomUG-Path M. 14.16	KS	K		Enumerate the diagnostic criterion of Rheumatic heartdisease.	C 1	MK	Lecture	Viva voce, MCQ SAQ	LAQS AQ, MCQ, Viva voce	
HomUG-Path M. 14.17	KS	K	Infective Endocarditis	Define the term “Infective endocarditis”	C 1	DK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HomUG-Path M. 14.18	KS	KH	Infective Endocarditis	Describe the aetio-pathogenesis of Infective Endocarditis	C 2	DK	Lecture	Viva MCQ SAQ	SAQ, MCQ, Viva	Practice of medicine
HomUG-Path M. 14.19	KS	K		Describe the morphologic changes of Infective Endocarditis	C 1	NK	Lecture	Viva MCQ SAQ	NA	
HomUG-Path M. 14.20	KS	K		Enumerate the Duke criteria for diagnosis of Infective endocarditis	C 1	NK	Lecture	Viva MCQ SAQ	NA	
HomUG-Path M. 14.21	KS	KH		Define the term “Pericardial effusion”	C 2	MK	Lecture	Viva MCQ	MCQ, Viva	
HomUG-Path . 14.22	KS	KH		Define the term “Pericarditis”	C 2	MK	Lecture	Viva MCQ	MCQ, Viva	Practice of medicine

5.15. Diseases of kidney and lower urinary tract-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 15.1	KS	K	Renal function tests	Discuss renal function tests in detail	C 1	MK	Lecture	Viva MC Q	OSPE LAQ SAQ MCQ Viva voce	Practice of medicine
HOMUG-Path M. 15.2	KS	K	Glomerular disease	Define the term “Glomerulonephritis” “Nephrotic syndrome” “Acute nephritic syndrome”	C 1	MK	Lecture	Viva MC Q SAQ	MCQ Viva SAQ	
HOMUG-Path M. 15.3	KS	K	Acute nephritic syndrome.	Enumerate the aetiology of Acute nephritic syndrome	C 1	DK	Lecture	Viva voce , MC Q SAQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M. 15.4	KS	KH	Acute nephritic syndrome.	Describe the clinical features of Acute nephritic syndrome.	C 2	DK	Lecture	Viva voce , MC Q SAQ	LAQ SAQ, MCQ, Viva voce	Practice of medicine
HOMUG-Path M. 15.5	KS	K	Nephrotic syndrome	Enumerate the causes of Nephrotic syndrome	C 1	DK	Lecture	Viva MC Q SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 15.6	KS	K		Describe the characteristic features of Nephrotic syndrome	C 1	DK	Lecture	Viva MCQ SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 15.7	KS	KH		Enumerate the differences between Nephrotic syndrome and Acute Nephritic syndrome	C 2	MK	Lecture	Viva voce, MCQ SAQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M. 15.8	KS	K	Glomerulonephritis	Define Glomerulonephritis	C 1	DK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 15.9	KS	KH	Acute Post-Streptococcal Glomerulonephritis	Describe the aetio-pathogenesis of Acute post-streptococcal glomerulonephritis.	C 2	MK	Lecture	Viva MCQ SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 15.10	KS	K	Nephrolithiasis	State the types of Renal calculi	C 1	MK	Lecture	Viva voce, MCQ SAQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M.15.11	KS	K	Nephrolithiasis	Describe the etio-pathogenesis of each type of renal stones	C 1	MK	Lecture	Viva MCQ SAQ	LAQ SAQ, MCQ, Viva	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M.15.12	KS	K		Describe the morphology of each type of renal stones	C 1	MK	Lecture	Viva SAQ MCQ	LAQ SAQ MCQ Viva	
HOMUG-Path M.15.13	KS	K	Urinary tract infections	Define the term “Acute pyelonephritis” “ureteritis”, “Cystitis”, “Urethritis”	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M.15.14	KS	K	Renal Cell Carcinoma	Discuss the etiology of Renal Cell Carcinoma	C 1	DK	Lecture	Viva voce , MCQ SAQ	SAQ, MCQ, Viva voce	Practice of medicine, Surgery
HOMUG-Path M.15.15	KS	K		Describe the morphology of Renal Cell Carcinoma	C 1	DK	Lecture	Viva voce , MCQ SAQ	SAQ, MCQ, Viva voce	
HOMUG-Path M.15.16	KS	K	Wilm’s tumour	Describe the morphology of Wilm’s tumour	C 1	NK	Lecture	Viva voce , MCQ SAQ	NA	Practice of medicine, Surgery

5.16. Diseases of male reproductive system-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 16.1	KS	K	Inflammatory diseases	Define the terms “Orchitis”, “Epididymitis”	C 1	MK	Lecture	Viva MCQ	SAQ, MCQ, Viva	
HOMUG-Path M. 16.2	KS	K	Testicular Tumors	Classify testicular tumors	C 1	DK	Lecture	Viva MCQ SAQ	SAQ, MCQ Viva	Practice of medicine, Surgery
HOMUG-Path M. 16.3	KS	K		Discuss the morphology of Germ cell tumors	C 1	DK	Lecture	Viva MCQ SAQ	SAQ, MCQ Viva	
HOMUG-Path M. 16.4	KS	K	Inflammatory diseases	Define the term “Prostatitis”	C 1	NK	Lecture	Viva MCQ	NA	
HOMUG-Path M. 16.5	KS	K		State the types of Prostatitis	C 1	NK	Lecture	Viva MCQ	NA	Practice of medicine, Surgery
HOMUG-Path M. 16.6	KS	KH	Benign Nodular Hyperplasia Of Prostate	Describe the etio-pathogenesis of Benign nodular hyperplasia of prostate	C 2	MK	Lecture	Viva MCQ SAQ	LAQ SAQ MCQ, Viva	Practice of medicine, Surgery
HOMUG-Path M. 16.7	KS	KH		Describe the pathology of Benign nodular hyperplasia of prostate	C 2	MK	Lecture	Viva voce, MCQ SAQ	LAQ SAQ, MCQ, Viva voce	Practice of medicine, Surgery
HOMUG-Path M. 16.8	KS	K	Ca Prostate	Describe the aetiology of Carcinoma of Prostate	C 1	NK	Lecture	Viva voce, MCQ SAQ	NA	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 16.9	KS	KH		Describe the morphology of Carcinoma of Prostate	C 2	NK	Lecture	Viva voce, MCQ SAQ	NA	Practice of medicine, Surgery
HOMUG-Path M. 16.10	KS	KH	Ca Prostate	Explain the spread of Carcinoma of Prostate	C2	NK	Lecture	Viva MCQ SAQ	NA	

5.17. Diseases of the female genitalia and breast-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 17.1	KS	K	Cervicitis	Define the term “Cervicitis”	C 1	DK	Lecture	Viva MCQ	MCQ, Viva	OBG
HOMUG-Path M. 17.2	KS	K		State the types of Cervicitis	C 1	DK	Lecture	Viva MCQ	MCQ, Viva	
HOMUG-Path M. 17.3	KS	K		Define the term Endometritis.	C 1	DK	Lecture	Viva MCQ SAQ	MCQ Viva	
HOMUG-Path M. 17.4	KS	K		Define the term Endometriosis	C 1	DK	Lecture	Viva MCQ	MCQ, Viva	OBG

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 17.5	KS	KH		Define the term Leiomyomas	C 1	DK	Lecture	Viva MCQ SAQ	MCQ Viva SAQ	OBG
HOMUG-Path M. 17.6	KS	KH		Discuss the morphology of Leiomyoma uterus	C 1	DK	Lecture	Viva MCQ SAQ	MCQ Viva SAQ	OBG
HOMUG-Path M. 17.7	KS	K		Define the term ‘Adenomyosis’	C 1	DK	Lecture	Viva MCQ SAQ	MCQ Viva	OBG
HOMUG-Path M. 17.8	KS	KH	Ovarian Tumors.	Classify ovarian tumours	C 1	MK	Lecture	Viva MCQ SAQ	LAQ MCQ Viva SAQ	OBG
HOMUG-Path M. 17.9	KS	K		Discuss the morphology of germ cell tumors of ovary	C 2	MK	Lecture	Viva MCQ SAQ	LAQ MCQ Viva SAQ	OBG
HOMUG-Path M. 17.10	KS	K		Discuss the morphology of serous tumors of ovary	C 2	MK	Lecture	Viva SAQ MCQ	LAQ SAQ MCQ, Viva	OBG
HOMUG-Path M. 17.11	KS	K		Discuss the morphology of mucinous tumors of ovary	C 2	MK	Lecture	Viva MCQ	LAQ SAQ, MCQ, Viva	OBG
HOMUG-Path M. 17.12	KS	KH		Describe the pathology of Fibroadenoma breast	C 2	MK	Lecture	Viva voce, MCQ	SAQ, MCQ,	

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
								SAQ,	Viva voce	
HOMUG-Path M. 17.13	KS	K	Tumors of breast	Classify breast tumors as per WHO	C 1	MK	Lecture	Viva MCQ SAQ	LAQ MCQ Viva SAQ	Surgery
HOMUG-Path M. 17.14	KS	K		Describe the etiology of Carcinoma Breast	C 1	MK	Lecture	Viva voce, MCQ SAQ	LAQ SAQ, MCQ, Viva voce	Surgery
HOMUG-Path M. 17.15	KS	KH		Describe the morphologic features of Carcinoma Breast	C 2	MK	Lecture	Viva voce, MCQ SAQ	LAQ SAQ, MCQ, Viva voce	

5.18. Diseases of the skin and soft tissue-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 18.1	KS	K	Tumors of skin	State the predisposing conditions of Squamous cell carcinoma	C 1	DK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 18.2	KS	KH		Describe the pathology of squamous cell carcinoma of skin	C 2	DK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	
HOMUG-Path M. 18.3	KS	K		State the pre-disposing factors for basal cell carcinoma (Rodent ulcer)	C 1	NK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	
HOMUG-Path M. 18.4	KS	KH		Describe morphologic features of basal cell carcinoma of skin	C 2	NK	Lecture	Viva voce, MCQ SAQ	SAQ, MCQ, Viva voce	Practice of medicine, Surgery
HOMUG-Path M. 18.5	KS	KH	Soft tissue tumors	Describe morphologic features of lipoma.	C 2	MK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva voce	

5.19. Diseases of the musculo-skeletal system-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 19.1	KS	K	Bone tumors	Classify bone tumors	C 1	DK	Lecture	Viva voce, MCQ	SAQ, MCQ, Viva voce	
HOMUG-Path M. 19.2	KS	K	Bone tumors	Discuss morphology of osteosarcoma	C 1	MK	Lecture	Viva voce, MCQ	LAQ SAQ, MCQ, Viva voce	Practice of medicine
HOMUG-Path M. 19.3	KS	K	Osteo arthritis	Define Osteo Arthritis	C 1	MK	Lecture	Viva voce, MCQ	MCQ, Viva voce	Practice of medicine
HOMUG-Path M. 19.4	KS	K	Rheumatoid arthritis	Define rheumatoid arthritis	C 1	MK	Lecture	Viva voce, MCQ	MCQ, Viva voce	Practice of medicine
HOMUG-Path M. 19.5	KS	K	Gout	Define Gout	C 1	MK	Lecture	Viva voce, MCQ	MCQ, Viva voce	

5.20. Diseases of endocrine glands-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 20.1	KS	KH	Thyroid function tests	Interpret the abnormalities in a panel containing thyroid function tests	C 2	MK	Lecture	Viva MC Q	OSPE MCQ, Viva SAQ	
HOMUG-Path M. 20.2	KS	K	Goitre	Define the term “Goitre”	C 1	MK	Lecture	Viva MC Q	SAQ, MCQ, Viva	
HOMUG-Path M. 20.3	KS	K		Describe the etio-pathogenesis of Goitre	C 2	MK	Lecture	Viva MC Q SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine
HOMUG-Path M. 20.4	KS	K		Classify Goitre on the basis of morphology	C 1	MK	Lecture	Viva voce , MC Q SAQ	LAQ SAQ, MCQ, Viva voce	Practice of medicine
HOMUG-Path M. 20.5	KS	KH	Goitre	Describe the morphology of Colloid Goitre	C 2	MK	Lecture	Viva voce , MC Q SAQ	LAQ SAQ, MCQ, Viva voce	
HOMUG-Path M. 20.6	KS	K		Describe the morphology of Multi-nodular Goitre	C 1	MK	Lecture	Viva MC Q SAQ	LAQ SAQ, MCQ, Viva	Practice of medicine

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 20.7	KS	K	Cushing syndrome	State the aetiologic types of Cushing syndrome	C 1	DK	Lecture	Viva MC Q	MCQ, Viva	Practice of medicine
HOMUG-Path M. 20.8	KS	K		Describe the clinical features of Cushing syndrome	C 1	DK	Lecture	Viva MC Q SAQ	SAQ MCQ, Viva	
HOMUG-Path M. 20.9	KS	K	Gigantism	Describe the features of Gigantism	C 1	DK	Lecture	Viva MC Q SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 20.10	KS	K	Acromegaly	Describe the features of Acromegaly	C 1	DK	Lecture	Viva MC Q SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 20.11	KS	K	Diabetes Insipidus	Describe the features of Diabetes Insipidus	C 1	DK	Lecture	Viva MC Q SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 20.12	KS	K	differences between Diabetes Mellitus and Diabetes Insipidus	Discuss differences between Diabetes Mellitus and Diabetes Insipidus	C 1	DK	Lecture	Viva MC Q SAQ	SAQ, MCQ, Viva	

5.21. Diseases of the nervous system-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HOMUG-Path M. 21.1	KS	K,	Meningitis	Define the term 'Meningitis'	C 1	DK	Lecture	Viva MCQ	MCQ, Viva	
HOMUG-Path M. 21.2	KS	KH		Enumerate the CSF findings in Bacterial meningitis	C 1	DK	Lecture	Viva MCQ SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 21.3	KS	KH		Enumerate the CSF findings in Tubercular meningitis	C 1	DK	Lecture	Viva MCQ SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 21.4	KS	KH		Enumerate the CSF findings in Viral meningitis	C 1	DK	Lecture	Viva MCQ SAQ	SAQ, MCQ, Viva	
HOMUG-Path M. 21.5	KS	K	CNS tumors	Classify CNS tumours	C 1	NK	Lecture	Viva MCQ	NA	

5.22. Introduction to Microbiology-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 22.1	KS	K	Basic definitions	Define the terms “Microbiology”, “Medical Microbiology” “Clinical Microbiology”.	C1	NK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 22.2	KS	K	Contributions of important scientists to Microbiology	List the contribution of important scientists to Microbiology	C1	NK	Lecture	Viva Voce	NA	
HomUG-Path M 22.3	KS	K	Koch’s postulate	State the Koch’s postulate	C1	MK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 22.4	KS	K	Normal Human microbiota	List the anatomical location of normal bacterial flora in the human body	C1	MK	Lecture	MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M. 22.5	KS	KH	Role of normal human microbiota	Explain the role of human microbiota in health and disease.	C2	MK	Lecture	MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 22.6	KS	KH	Role of probiotics	Explain the role of probiotics.	C2	MK	Lecture	MCQ Viva voce	MCQ Viva voce	

5.23. Bacterial structure, growth and nutrition-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG -Path M 23.1	KS	K	Morphology of bacteria	Explain the morphological characteristics of bacteria	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG -Path M 23.2	KS	K	Classificatio n of bacteria	Classify bacteria based on shape	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG -Path M 23.3	KS	KH	Bacterial Cell structure	Describe the detailed structure of the bacterial cell envelope	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG -Path M. 23.4	KS	K	Cell wall appendages	Define flagella	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG -Path M. 23.5	KS	KH		Describe the types of flagellar arrangement in a bacterial cell	C2	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG -Path M. 23.6	KS	KH	Bacterial spore	Describe the structure of bacterial spore	C2	DK	Lecture	Viva voce MCQ SAQ	Viva voce MCQ SAQ	
HomUG -Path M. 23.7	KS	KH		Describe the types of bacterial spores based on shape, position of spores	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	

HomUG -Path M. 23.8	KS	KH	Bacterial growth and nutrition	Describe bacterial growth curve	C2	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG -Path M 23.9	KS	KH		Describe the classification of bacteria based on energy requirements	C2	DK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG -Path M. 23.10	KS	KH		Describe the classification of bacteria based on oxygen requirements	C2	DK	Lecture	Viva voce MCQ	SAQViva voce MCQ	
HomUG -Path M. 23.11	KS	KH		Describe the classification of bacteria based on temperature requirements	C2	DK	Lecture	Viva voce MCQ	Viva voce MCQ	

5.24. Sterilization and disinfection-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG- Path M 24.1	KS	K	Definitions	Define 'Sterilization', "Disinfection", "Asepsis", "Decontamination", "Bactericidal agents", "Bacteriostatic agents"	C1	MK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG- Path M 24.2	KS	K	Methods of sterilization	Describe the various methods of sterilization	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG- Path M 24.3	KS	KH	Physical methods of sterilization	Describe the various physical methods of sterilization	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	

HomUG-Path M 24.4	KS	KH		Describe the procedure of sterilization using hot air oven	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 24.5	KS	KH		Describe the procedure of sterilization using Autoclave	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 24.6	KS	KH		Explain the uses of Pasteurization in the process of sterilization	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 24.7	KS	KH	Chemical methods of sterilization	Discuss on various types of chemical agents of sterilization	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Community medicine
HomUG-Path M 24.8	KS	K		State the characteristics of disinfectant	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Community medicine

5.25. Staining, culture medias and methods-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 25.1	KS	K	Staining methods	Discuss the various staining methods of bacteria	C1	MK	Lecture	MCQ Viva voce	MCQ Viva Voce SAQ	
HomUG-Path M 25.2	KS	KH		Discuss the steps of gram staining	C2	MK	Lecture	MCQ Viva voce	MCQ Viva Voce SAQ	
HomUG-Path M 25.3	KS	KH	Classification of bacteria	Classify bacteria based on gram staining property	C1	MK	Lecture	MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 25.4	KS	K	Staining methods	Discuss differences between gram positive and gram negative bacteria	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 25.5	KS	K	Staining methods	Discuss the steps of Acid fast staining	C1	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva Voce SAQ	
HomUG-Path M 25.6	KS	K	Culture media	Describe types of culture media based on consistency with examples	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 25.7	KS	K		Describe culture media based on constituents with examples	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 25.8	KS	K		Describe culture media based on functional requirement with examples	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	

								Viva voce	Viva voce	
HomUG-Path M 25.9	KS	K	Culture methods	Enumerate various methods used for culturing bacteria.	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 25.10	KS	K		Describe various anaerobic culture methods	C2	DK	Lecture	Not to be assessed	SAQ MCQ Viva voce	

5.26. Infection and disease-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 26.1	KS	K	Infection and Disease	Define the terms” infection” pathogen, pathogenesis, pathogenicity, Virulence”, infectious disease	C1	MK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 26.2	KS	KH		Describe the various types of infections	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 26.3	KS	KH		Describe the sources of infection	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 26.4	KS	KH		Describe the methods of transmission of infection	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	

HomUG-Path M 26.5	KS	K	Virulence of micro-organisms	State the factors influencing virulence of micro-organisms.	C1	MK	Lecture	Viva voce MCQ	LAQ SAQ Viva voce MCQ	
HomUG-Path M 26.6	KS	KH	Exotoxins and Endotoxins	Describe the features of exotoxins	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 26.7	KS	KH		Describe the features of Endotoxins	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 26.8	KS	KH		Differentiate the features of Exotoxins and Endotoxins	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 26.9	KS	K	Classification of infectious diseases	Describe the classification of infectious diseases	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 26.10	KS	K	Nosocomial infection	Define nosocomial infection	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 26.11	KS	K		Discuss some common nosocomial infections.	C1	MK	Lecture	SAQ MCQ	MCQ VIVA	

5.27. Gram positive bacterias-

Sl. No.	Domains of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 27.1	KS	K	Staphylococci	Explain the morphology of Staphylococci	C1	MK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 27.2	KS	K		List the virulence factors of Staphylococcus aureus	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva	
HomUG-Path M 27.3	KS	KH		Explain the pathogenesis of staphylococcus aureus infections	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 27.4	KS	KH		Describe the laboratory diagnosis of staphylococcal infections	C2	DK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Practice of medicine
HomUG-Path M 27.5	KS	K	Pneumococci	Explain the morphology of Pneumococci	C1	MK	Lecture	Viva voce MCQ	SAQ MCQ Viva voce	
HomUG-Path M 27.6	KS	KH		Describe the virulence factors of Pneumococci	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.7	KS	KH		Describe the pathogenesis of Pneumococcus	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 27.8	KS	KH		Describe the laboratory diagnosis of Pneumococcal infections	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	

HomUG-Path M 27.9	KS	K	Streptococci	Explain the morphology of Streptococcus pyogenes	C1	MK	Lecture	Viva voce MCQ SAQ	SAQ MCQ Viva voce	
HomUG-Path M 27.10	KS	KH		Describe the virulence factors of Streptococcus pyogenes	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.11	KS	KH		Explain the pathogenicity of Streptococcus pyogenes	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 27.12	KS	KH		Explain the pathogenesis of post streptococcal sequelae caused by streptococcus pyogenes	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 27.13	KS	KH		Describe the laboratory diagnosis of streptococcal infections	C2	DK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ	
HomUG-Path M 27.14	KS	K	Corynebacterium diphtheriae	Explain the morphology of Corynebacterium diphtheriae	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.15	KS	KH		Describe the pathogenicity of Corynebacterium diphtheriae	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 27.16	KS	K		Describe the laboratory diagnosis of diphtheria	C1	NK	Lecture	NA	NA	Practice of medicine

HomUG-Path M 27.17	KS	K	Bacillus anthracis	Explain the morphology of Bacillus anthracis	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.18	KS	KH		Describe the pathogenicity of Bacillus anthracis	C2	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 27.19	KS	KH		Describe the clinical features of Human anthrax	C2	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.20	KS	KH		Describe the laboratory diagnosis of Human anthrax	C2	NK	Lecture	Not to be assessed	NA	
HomUG-Path M 27.21	KS	K	Bacillus cereus	Discuss the clinical manifestations of Bacillus cereus	C1	DK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 27.22	KS	K	Clostridium tetani	Explain the morphology of Clostridium tetani	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.23	KS	KH		Describe pathogenesis of Clostridium tetani	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 27.24	KS	KH		Explain the Clinical manifestation of tetanus	C2	DK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	Community medicine, Practice of medicine

HomUG-Path M 27.25	KS	K		Describe the Laboratory diagnosis of tetanus	C1	NK	Lecture	NA	NA	
HomUG-Path M 27.26	KS	K	Clostridium perfringens	Explain the morphology of Clostridium perfringens	C1	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 27.27	KS	KH		Describe the clinical manifestation of Clostridium perfringens	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.28	KS	K		Describe laboratory diagnosis of Clostridium perfringens	C1	NK	Lecture	NA	NA	
HomUG-Path M 27.29	KS	K	Clostridium botulinum	Explain the morphology of Clostridium botulinum	C1	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 27.30	KS	KH		Describe pathogenicity of Clostridium botulinum	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 27.31	KS	K		Describe laboratory diagnosis of Clostridium botulinum	C1	NK	Lecture	NA	NA	
HomUG-Path M 27.32	KS	KH	Clostridium Difficile	Describe the pathogenicity of Clostridium difficile	C2	NK	Lecture	NA	NA	

5.28. Gram negative bacterias-

Sl.No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 28.1	KS	K	Neisseria gonorrhoeae	Explain the morphology of Neisseria gonorrhoeae	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 28.2	KS	KH		Describe the pathogenesis of Neisseria gonorrhoeae	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 28.3	KS	K		Describe the laboratory diagnosis of Neisseria gonorrhoeae	C1	NK	Lecture	NA		
HomUG-Path M 28.4	KS	K	Neisseria meningitidis	Explain the morphology of Neisseria meningitidis	C1	MK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 28.5	KS	KH		Describe the clinical spectrum of meningococcal infections	C2	MK	Lecture	SAQ Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 28.6	KS	K		Describe the laboratory diagnosis of Neisseria meningitidis	C1	NK	Lecture	NA		
HomUG-Path M 28.7	KS	K	Escherichia coli	Explain the morphology of Escherichia coli	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 28.8	KS	KH		Describe the virulence factors of Escherichia coli	C2	MK	Lecture	SAQ MCQ	MCQ Viva Voce	

HomUG-Path M 28.9	KS	KH		Describe the pathogenicity of Escherichia coli	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 28.10	KS	KH		Describe the clinical syndromes caused by Escherichia coli	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 28.11	KS	KH		Describe the laboratory diagnosis of Escherichia coli	C2	MK	Lecture	Viva voce MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 28.12	KS	KH	Shigella	Describe the pathogenicity of Shigella	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 28.13	KS	KH		Describe the clinical manifestations of Shigellosis.	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 28.14	KS	K		Describe the laboratory diagnosis of Shigellosis.	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 28.15	KS	K	Salmonellae	Explain the morphology of Salmonellae	C1	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 28.16	KS	KH		Describe the antigenic structure of Salmonellae	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	

HomUG-Path M 28.17	KS	KH		State the clinical syndromes caused by Salmonellae in humans	C2	MK	Lecture	Viva voce MCQ	Viva voce MCQ SAQ LAQ	Community medicine Practice of medicine
HomUG-Path M 28.18	KS	KH		Describe the pathogenesis and clinical manifestations of Enteric fever	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 28.19	KS	KH		Explain the laboratory diagnosis of Salmonella infection	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	Practice of medicine
HomUG-Path M 28.20	KS	K	Klebsiella	Describe the morphology of Klebsiella pneumonia	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 28.21	KS	KH		Describe the pathogenicity of Klebsiella pneumoniae	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 28.22	KS	K		Describe the laboratory diagnosis of Klebsiella pneumoniae	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 28.23	KS	KH	Proteus	Describe the pathogenicity of Proteus bacilli	C2	NK	Lecture	Not to be assessed		
HomUG-Path M 28.24	KS	KH	Yersinia	Describe the pathogenicity of Yersinia pestis	C2	NK	Lecture			
HomUG-Path M 28.25	KS	K	Vibrio cholera	Explain the morphology of Vibrio cholera	C1	MK	Lecture	Viva voce MCQ	MCQ Viva voce	

HomUG-Path M 28.26	KS	KH		Describe pathogenesis and clinical features of cholera	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Community medicine, Practice of medicine
HomUG-Path M 28.27	KS	KH		Describe the laboratory diagnosis of Cholera	C1	DK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 28.28	KS	KH	Pseudomonas	Describe the pathogenicity of pseudomonas aeruginosa	C1	NK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 28.29	KS	K	H.influenzae	State the diseases caused by H.influenzae	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 28.30	KS	K		Describe the laboratory diagnosis of H.influenzae	C1	NK	Lecture	Not to be assessed		
HomUG-Path M 28.31	KS	K	Bordetella pertussis	Explain the morphology of Bordetella pertussis	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 28.32	KS	KH		Describe the clinical manifestation of B.pertussis	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	Community medicine Practice of medicine
HomUG-Path M 28.33	KS	K		Describe the laboratory diagnosis of Bordetella Pertussis	C1	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	

HomUG-Path M 28.34	KS	K	Brucella	Explain the morphology of Brucellae	C1	DK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 28.35	KS	KH		Describe the pathogenesis of Brucellosis.	C2	DK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 28.36	KS	K		Describe the laboratory diagnosis of Brucellae	C1	NK	Lecture	NA	NA	
HomUG-Path M 28.37	KS	K	Helicobacter pylori	Describe the morphology of Helicobacter pylori	C1	NK	Lecture	NA	NA	
HomUG-Path M 28.38	KS	KH		Describe the pathogenicity of Helicobacter pylori infection	C2	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 28.39	KS	K		Describe the laboratory diagnosis of Helicobacter pylori infection	C1	NK	Lecture	NA	NA	
HomUG-Path M 28.40	KS	K	Rickettsiae	Discuss the human diseases caused by Rickettsiae group of organism	C1	DK	Lecture	MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 28.41	KS	K	Chlamydia	Describe the diseases caused by chlamydia	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	

5.29. Acid fast bacterias-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 29.1	KS	K	Mycobacterium tuberculosis	Explain the morphology of Mycobacterium tuberculosis	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 29.2	KS	KH		Explain the pathogenesis of Mycobacterium tuberculosis	C2	DK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Community medicine, Practice of medicine
HomUG-Path M. 29.3	KS	KH		Describe the pathology of Primary tuberculosis	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M. 29.4	KS	KH		Explain pathology of Secondary tuberculosis	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M. 29.5	KS	K		Explain laboratory diagnosis of Mycobacterial tuberculosis	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M. 29.6	KS	K	Mycobacterium leprae	Explain the morphology of Mycobacterium leprae	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 29.7	KS	KH		Discuss the pathology of Leprosy	C2	MK	Lecture	Viva voce MCQ	SAQ Viva voce	

									MCQ LAQ	
HomUG-Path M. 29.8	KS	KH		Differentiate between Lepromatous and Tuberculoid leprosy	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ LAQ Viva voce	Community medicine, Practice of medicine
HomUG-Path M. 29.9	KS	K		Describe the laboratory diagnosis of Mycobacterium Leprae	C1	DK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M. 29.10	KS	KH		Discuss Lepromin test	C2	DK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	

5.30. Spirochaetes

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 30.1	KS	K	Treponema pallidum	Explain the morphology of Treponema pallidum	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 30.2	KS	KH		Describe the pathogenesis of Syphilis	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M. 30.3	KS	KH		Describe the clinical manifestations of Syphilis	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Practice of medicine

HomUG-Path M. 30.4	KS	KH		Describe the laboratory diagnosis for syphilis	C2	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ LAQ Viva voce	
HomUG-Path M. 30.5	KS	K	Non venereal treponematoses	State the three distinct forms of non venereal trepanomatoses	C1	NK	Lecture	Not to be assessed NA		
HomUG-Path M. 30.6	KS	K		Describe the features of Endemic syphilis	C1	NK	Lecture			
HomUG-Path M. 30.7	KS	K		Describe the features of Yaws	C1	NK	Lecture			
HomUG-Path M. 30.8	KS	K		Describe the features of Pinta	C1	NK	Lecture			
HomUG-Path M. 30.9	KS	K	Borrelia	Mention the types of Borrelia	C1	NK	Lecture	NA	NA	
HomUG-Path M. 30.10	KS	K		State the diseases caused by Borrelia	C1	NK	Lecture	NA		
HomUG-Path M. 30.11	KS	K	Leptospira	Explain the morphology of Leptospira	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 30.12	KS	KH		Describe pathogenicity of Leptospira	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	

HomUG-Path M. 30.13	KS	KH		Describe the clinical manifestations of Leptospirosis	C2	MK	Lecture	MCQViva voce	MCQVi va voce	

5.31. Fungi

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M. 31.1	KS	K	Fungi	State the characteristics of fungi	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M. 31.2	KS	K		Classify fungi based on morphological forms	C1	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M. 31.3	KS	K		Classify fungi based on type of infection	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M. 31.4	KS	K		Discuss the laboratory diagnosis of fungal infections	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M. 31.5	KS	K		State examples for superficial mycoses	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 31.6	KS	K		State the types of Subcutaneous mycoses	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 31.7	KS	K		State four fungi causing Systemic mycoses	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 31.8	KS	K		State examples of fungi causing Opportunistic Mycoses	C1	DK	Lecture	Viva voce MCQ	Viva voce MCQ	

HomUG-Path M. 31.9	KS	KH		Describe the pathogenesis of Candidiasis	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M. 31.10	KS	KH	Homoeopathic concept	Explain the significance of susceptibility in fungal infections	C2	NK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	Organon of medicine

5.32. Parasitology: Introduction to Parasitology, Protozoans

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 32.1	KS	K	Introduction to parasitology	Define the terms “parasite”, “Host”	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 32.2	KS	K		State the types of parasites with examples	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 32.3	KS	K		State the types of Host with examples	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 32.4	KS	K		List the three categories of host parasite relationship	C1	MK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 32.5	KS	K		Define the terms Symbiosis, Commensalism, Parasitism	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 32.6	KS	K	Protozoa – Intestinal – Entamoeba histolytica	Describe the morphology of Entamoeba histolytica	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	

HomUG-Path M 32.7	KS	KH		Describe the life cycle of Entamoeba histolytica	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 32.8	KS	KH		Describe the clinical manifestations of Entamoeba histolytica	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 32.9	KS	KH		Enumerate the differences between Amoebic dysentery and Bacillary dysentery	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 32.10	KS	K		Describe the laboratory diagnosis of amoebiasis	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 32.11	KS	K	Protozoa – Intestinal - Giardia lamblia	Describe the morphology of Giardia lamblia	C1	DK	Lecture	Viva voce MCQ	SAQViva voce MCQ	
HomUG-Path M 32.12	KS	KH		Describe the life cycle of Giardia lamblia	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 32.13	KS	KH		Describe the pathogenicity and clinical features of Giardia lamblia	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 32.14	KS	K	Protozoa – Urogenital – Trichomonas vaginalis	Describe the morphology of Trichomonas vaginalis	C1	DK	Lecture	Viva voce MCQ	SAQViva voce MCQ	
HomUG-Path M 32.15	KS	KH		Describe the life cycle of Trichomonas vaginalis	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 32.16	KS	KH		Describe the pathogenesis of Trichomonas vaginalis	C2	DK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	OBG

HomUG-Path M 32.17	KS	K	Blood and Tissues – plasmodium species	Explain the life cycle of Plasmodium species	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 32.18	KS	KH		Describe the pathogenesis Plasmodium species	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 32.19	KS	KH		Describe the clinical features of malaria.	C2	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	Community medicine
HomUG-Path M 32.20	KS	K		Explain the laboratory diagnosis of malaria	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 32.21	KS	K	Blood and Tissues – Toxoplasma gondii	Describe the Mode of transmission of Toxoplasma gondii	C1	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 32.22	KS	KH		Describe the Pathogenesis of Toxoplasma gondii	C2	NK	Lecture			
HomUG-Path M 32.23	KS	KH		Describe the Clinical features of human toxoplasmosis	C2	DK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 32.24	KS	K		Describe the Lab diagnosis of human toxoplasmosis	C1	NK	Lecture	Not to be assessed		
HomUG-Path M 32.25	KS	K	Blood and Tissues –	Describe the Trypanosoma brucei	C1	NK	Lecture	SAQ MCQ	MCQ	

HomUG-Path M 32.26	KS	KH	Trypanosoma brucei	Describe the Life cycle of Trypanosoma brucei	C2	DK	Lecture	SAQ MCQ	MCQ	
HomUG-Path M 32.27	KS	KH		Describe the Pathogenecity of Trypanosoma brucei	C2	DK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 32.28	KS	KH		Describe the Clinical features of trypanosomiasis	C2	DK	Lecture	SAQ MCQ Viva voce	SAQMCQ Viva voce	
HomUG-Path M 32.29	KS	K		Describe the Lab diagnosis of trypanosomiasis	C1	NK	Lecture	Not to be assessed		
HomUG-Path M 32.30	KS	K	Blood and Tissues – Trypanosoma Cruzi	Describe the morphology of Trypanosoma Cruzi	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 32.31	KS	K		Describe the Life cycle of Trypanosoma Cruzi	C1	MK	Lecture	SAQ MCQ	SAQ MCQ LAQ	
HomUG-Path M 32.32	KS	KH		Describe the Pathogenicity of Trypanosoma Cruzi	C2	MK	Lecture	SAQ MCQ	SAQ MCQ LAQ	
HomUG-Path M 32.33	KS	KH		Describe the Clinical features of Chagas disease	C2	MK	Lecture	SAQ MCQ	SAQ MCQ LAQ Viva voce	Community medicine
HomUG-Path M 32.34	KS	K		Describe the Lab diagnosis of Chagas disease	C1	CK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	

HomUG-Path M 32.35	KS	K	Blood Tissues and – Leishmania species	Describe the morphology of Leishmania donovani	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 32.36	KS	KH		Describe the Life cycle of Leishmania donovani	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 32.37	KS	KH		Describe the pathogenicity of Leishmania donovani	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 32.38	KS	KH		Describe the clinical features of Leishmaniasis	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 32.39	KS	K		Describe the Laboratory diagnosis of Leishmaniasis.	C1	DK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	

5.33. Helminths-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 33.1	KS	K	Helminths – Cestodes – Echinococcus granulosus	Describe the morphology of Echinococcus granulosus	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 33.2	KS	KH		Describe the life cycle of Echinococcus granulosus	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 33.3	KS	KH		Describe the pathogenesis of Echinococcus granulosus	C2	MK	Lecture	MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 33.4	KS	KH		Describe the clinical features of hydatid disease	C2	MK	Lecture	MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 33.5	KS	K		Describe Laboratory diagnosis of hydatid disease	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 33.6	KS	K	Helminths – Cestodes – Taenia saginata and Taenia solium	Describe the morphological difference between T.saginata and T.solium	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva	
HomUG-Path M 33.7	KS	KH		Describe the life cycle of Taenia saginata	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	
HomUG-Path M 33.8	KS	KH		Describe the life cycle of Taenia solium	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva	

HomUG-Path M 33.9	KS	KH		Describe the pathogenicity and clinical features of taeniasis	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Community medicine
HomUG-Path M 33.10	KS	K		Describe the lab diagnosis of taeniasis.	C1	DK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva	
HomUG-Path M 33.11	KS	K	Helminths – Trematodes – Paragonimuswestermani	Describe the morphology of Paragonimuswestermani	C1	DK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 33.12	KS	K		Describe the life cycle of Paragonimuswestermani	C1	DK	Lecture	SAQ MCQ	MCQ	
HomUG-Path M 33.13	KS	KH		Describe the pathogenicity and clinical features of Paragonimuswestermani	C2	DK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 33.14	KS	K		Describe the lab diagnosis of paragonimiasis	C1	NK	Lecture	Not to be assessed		
HomUG-Path M 33.15	KS	K	Helminths – Trematodes – Schistosoma haematobium	Describe the morphology of Schistosoma haematobium	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 33.16	KS	KH		Describe the life cycle of Schistosoma haematobium	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 33.17	KS	KH		Describe the pathogenicity and clinical features of Bilharziasis	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 33.18	KS	K		Describe the lab diagnosis of Bilharziasis	C1	DK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	

HomUG-Path M 33.19	KS	K	Helminths – Trematodes – F.hepatica	Describe the morphology of Fasciola hepatica	C1	MK	Lecture	SAQ MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 33.20	KS	K		Describe the life cycle of Fasciola hepatica	C1	NK	Lecture	NA	NA	
HomUG-Path M 33.21	KS	KH		Describe the pathogenicity of Fascioliasis	C2	DK	Lecture	MCQ Viva voce	MCQ Viva voce	
HomUG-Path M 33.22	KS	K	Helminths – Nematodes – Ankylostoma duodenale	Describe the morphology of Ancylostoma duodenale	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.23	KS	KH		Describe the life cycle of Ancylostoma duodenale	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.24	KS	KH		Describe the pathogenicity and clinical features of hook worm infection.	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	Community medicine
HomUG-Path M 33.25	KS	K		Describe the laboratory diagnosis of hook worm infection.	C1	DK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.26	KS	K		Describe the morphology of Ascaris lumbricoides	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.27	KS	KH		Describe the life cycle of Ascaris lumbricoides	C2	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	

HomUG-Path M 33.28	KS	KH		Describe the pathogenicity and clinical features of Ascariasis	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.29	KS	K		Describe laboratory diagnosis of Ascariasis	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.30	KS	K	Helminths – Nematodes – Enterobius vermicularis	Describe the morphology of Enterobius vermicularis	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.31	KS	KH		Describe the life cycle of Enterobius vermicularis	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.32	KS	K		Describe the pathogenicity and clinical features of Enterobiasis	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.33	KS	K		Describe the laboratory diagnosis of Enterobiasis	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.34	KS	K		Describe the morphology of Strongyloides stercoralis	C1	NK	Lecture	NA	NA	
HomUG-Path M 33.35	KS	KH		Describe the life cycle of Strongyloides stercoralis	C1	NK	Lecture	NA	NA	
HomUG-Path M 33.36	KS	KH		List the diseases caused by S. stercoralis	C2	NK	Lecture	NA	NA	

HomUG-Path M 33.37	KS	K	Helminths – Nematodes – Trichuristrichiura	Describe the morphology of Trichuris trichiura	C1	DK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 33.38	KS	KH		Describe life cycle of Trichuris trichiura	C2	DK	Lecture	SAQ MCQ	MCQ	
HomUG-Path M 33.39	KS	KH		Describe the pathogenicity and clinical manifestation of Trichuristrichiura	C2	DK	Lecture	SAQ MCQ	MCQ	
HomUG-Path M 33.40	KS	K		Describe the lab diagnosis of trichuriasis	C1	NK	Lecture	Not to be assessed		
HomUG-Path M 33.41	KS	K	Helminths – Filarial Nematodes – Wuchereriabancrofti	Describe the morphology of Wuchereriabancrofti	C1	MK	Lecture	SAQ MCQViva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.42	KS	KH		Describe the life cycle of Wuchereriabancrofti	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 33.43	KS	KH		Describe pathogenesis of Wuchereriabancrofti	C2	MK	Lecture	SAQ MCQViva voce	LAQ SAQ MCQViva voce	
HomUG-Path M 33.44	KS	K		Describe the lab diagnosis of Wuchereriasis	C1	MK	Lecture	SAQ MCQViva voce	LAQ SAQ MCQViva voce	
HomUG-Path M 33.45	KS	KH	Helminths – Filarial Nematodes – Brugiamalayi	Describe pathogenesis of Brugiamalayi	C2	NK	Lecture	Viva voce MCQ	Viva voce MCQ	

HomUG-Path M 33.46	KS	KH	Loa Loa	Describe pathogenesis of Loa Loa	C2	NK	Lecture	NA	NA	
HomUG-Path M 33.47	KS	KH	Onchocerca volvulus	Describe pathogenesis of Onchocerca volvulus	C2	NK	Lecture	NA	NA	
HomUG-Path M 33.48	KS	KH	Dracunculus medinensis	Describe pathogenesis of Dracunculus medinensis	C2	NK	Lecture	NA	NA	
HomUG-Path M 33.49	KS	KH	Homoeopathic concepts	Explain the Homoeopathic concepts in parasitic infections	C2	DK	Lecture	SAQ MCQ	SAQ MCQ	Organon of medicine
HomUG-Path M 33.50	KS	KH		Explain the application of Homoeopathic concepts in management of parasitic infections	C2	DK	Lecture	SAQ MCQ	SAQ MCQ	Organon of medicine

5.34. Virology : Introduction-

Sl.No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 34.1	KS	K	Virology – Introduction - Structure	Describe the morphology of virus	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 34.2	KS	K	Virology – Introduction – Viral replication	Discuss the steps of viral replication	C1	DK	Lecture	Viva voce MCQ	SAQ Viva voce MCQ	
HomUG-Path M 34.3	KS	K	Virology – Introduction – Viral inclusion bodies	Describe the viral inclusion bodies with examples	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 34.4	KS	K	Pathogenesis of viral infections	Describe the pathogenesis of viral infections	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 34.5	KS	K	Virology – Introduction – Lab diagnosis of Viral infections	Discuss about cultivation of viruses	C1	NK	Lecture	Not to be assessed	Not to be assessed	

HomUG-Path M 34.6	KS	K	Virology – Introduction - Classification	Describe the classification of viruses based on type of nucleic acid	C1	MK	Lecture	SAQ MCQ Viva voce	LAQ SAQ MCQ Viva voce	
HomUG-Path M 34.7	KS	K	Virus host interactions and its Significance in Homoeopathy	State the various virus host interactions	C1	MK	Lecture	SAQ MCQ	MCQ Viva	
HomUG-Path M 34.8	KS	K	Bacteriophages	Explain the morphology of bacteriophage	C1	MK	Lecture	SAQ MCQ Viva voce	SAQ MCQ Viva voce	
HomUG-Path M 34.9	KS	K		Explain the significance of bacteriophages in medical microbiology	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	

5.35. DNA viruses-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 35.1	KS	K	DNA virus – Pox virus-	State the pox virus which infect humans	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 35.2	KS	K		Describe the clinical features of Molluscum contagiosum	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 35.3	KS	K	DNA virus – Papova virus-Human papillomavirus	Discuss the diseases caused by Human Papilloma virus	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	

HomUG-Path M 35.4	KS	KH	DNA virus –Herpes virus- Herpes simplex virus	Explain the pathogenesis of Herpes simplex virus	C2	MK	Lecture	SAQ MCQ	MCQ	
HomUG-Path M 35.5	KS	K		Describe the clinical features of Herpes simplex virus infection	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 35.6	KS	K		Describe the laboratory diagnosis of Herpes virus infection	C1	MK	Lecture	SAQ MCQ	MCQ	
HomUG-Path M 35.7	KS	K	DNA virus –Herpes virus- Varicella-zoster	Describe the pathogenesis of Varicella zoster	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 35.8	KS	KH		Describe the clinical manifestation and complications of Chicken pox	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 35.9	KS	KH		Describe the pathogenesis of Herpes zoster or shingles	C2	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 35.10	KS	K		Explain the laboratory diagnosis of Varicella-zoster infection	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M 35.11	KS	K	DNA virus –Herpes virus- Cytomegaloviruses	Explain the morphology of Cytomegalovirus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 35.12	KS	K		Describe the clinical features of Cytomegalovirus disease	C1	DK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 35.13	KS	K		Explain the laboratory diagnosis of Cytomegalovirus disease	C1	DK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 35.14	KS	K	DNA virus –Herpes virus- Human herpes virus	List the two variants of Human Herpes Virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	

HomUG-Path M 35.15	KS	K		Explain the clinical features of Human Herpes virus	C1	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 35.16	KS	K	DNA virus –Herpes virus-Epstein –Barr virus	List the clinical conditions caused by Epstein-Barr virus	C1	MK	Lecture	Viva voce MCQ	SAQ MCQ Viva voce	
HomUG-Path M 35.17	KS	K		Describe the pathogenesis of Epstein –Barr virus infection	C1	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 35.18	KS	K		Describe the laboratory diagnosis of Epstein-Barr virus infection	C1	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 35.19	KS	KH	DNA virus – Adenoviruses	Describe the pathogenicity and clinical manifestations of Adenoviruses	C2	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 35.20	KS	K		Explain the laboratory diagnosis of Adenovirus disease	C1	DK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 35.21	KS	K	DNA virus –Hepadna virus – Hepatitis B virus	Explain the morphology of Hepatitis B virus	C1	MK	Lecture	SAQ MCQ	SAQ MCQ LAQ	
HomUG-Path M 35.22	KS	K		Describe the mode of transmission of Hepatitis B virus infection	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 35.23	KS	K		Describe the pathogenesis of hepatitis B virus infection	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	

HomUG-Path M 35.24	KS	K		Describe the clinical features of hepatitis B virus infection	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	Community medicine, Practice of medicine
HomUG-Path M 35.25	KS	K		Explain the laboratory diagnosis of Hepatitis B virus infection	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	

5.36. RNA viruses-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 36.1	KS	K	RNA virus – Orthomyxovirus-Influenza virus	Describe the morphology of Influenza virus	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 36.2	KS	KH		Describe the pathogenesis of Influenza virus	C2	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 36.3	KS	K		Describe the clinical features of Influenza virus infection	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	Community medicine, Practice of medicine
HomUG-Path M 36.4	KS	K		Explain the laboratory diagnosis of Influenza virus infection	C1	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 36.5	KS	K	RNA virus – Paramyxovirus-Mumps	Explain the morphology of Mumps virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 36.6	KS	K		Describe the clinical features of mumps	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	Community medicine, Practice of medicine

HomUG-Path M 36.7	KS	K		Explain the complications of Mumps	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 36.8	KS	K		Describe the laboratory diagnosis of Mumps virus infection	C1	NK	Lecture	Not to be assessed		
HomUG-Path M 36.9	KS	K	RNA virus – Paramyxovirus-Measles	Explain the morphology of Measles virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 36.10	KS	KH		Explain the pathogenesis of Measles	C2	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 36.11	KS	K		Describe the clinical features and complications of Measles	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	Community medicine, Practice of medicine
HomUG-Path M 36.12	KS	K		Describe the laboratory diagnosis of Measles virus	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 36.13	KS	K		Explain the morphology of Rubella virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 36.14	KS	K	RNA virus – Paramyxovirus-Rubella virus	Describe the clinical features of Rubella virus infection	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 36.15				Describe the features of congenital Rubella syndrome	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 36.16	KS	K		Explain the laboratory diagnosis of Rubella	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M 36.17	KS	K		Describe the morphology of Respiratory syncytial virus	C1	NK	Lecture	Not to be assessed		

HomUG-Path M 36.18	KS	KH		Describe the clinical features of Respiratory syncytial virus infection	C2	DK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M 36.19	KS	K	RNA virus – Corona virus	Explain the morphology of Coronavirus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 36.20	KS	K		State the types of corona virus infecting humans	C1	MK	Lecture	Viva voce MCQ	LAQ SAQ Viva voce MCQ	
HomUG-Path M 36.21	KS	K		Describe the clinical features of Corona virus disease	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ Viva voce	
HomUG-Path M 36.22	KS	K		Explain the laboratory diagnosis of Corona virus disease	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M 36.23	KS	K	RNA virus – Rhabdovirus – Rabies virus	Explain the morphology of Rabies virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M 36.24	KS	K		Describe the mode of transmission of Rabies	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M. 36.25	KS	K		Describe the pathogenicity of Rabies	C1	MK	Lecture	SAQ MCQ	SAQ MCQ MCQ Viva voce	
HomUG-Path M. 36.26	KS	K		Describe the clinical stages of Rabies	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	Community medicine
HomUG-Path M. 36.27	KS	K		Explain the laboratory diagnosis of human rabies	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	

HomUG-Path M 36.28	KS	K	RNA virus –Picorna virus-Polio virus	Explain the morphology of Polio virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 36.29	KS	K		Describe the pathogenesis of Polio virus infection	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M. 36.30	KS	K		Describe the clinical features of polio	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	Community medicine
HomUG-Path M 36.31	KS	K		Describe the laboratory diagnosis polio	C1	MK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG-Path M. 36.32	KS	K	RNA virus –Arboviruses –	Describe the general features of Arboviruses	C1	NK	Lecture	NA	NA	
HomUG-Path M. 36.33	KS	K		Describe the types of Dengue	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M. 36.34	KS	K		Describe the pathogenesis and clinical classification of Dengue	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	Community medicine, Practice of medicine
HomUG-Path M 36.35	KS	K		Explain the laboratory diagnosis of Dengue	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M. 36.36	KS	K	RNA virus –Arbo virus – Chikungunya virus	Describe the clinical features of Chikungunya	C1	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M. 36.37	KS	K		Explain the laboratory diagnosis of Chikungunya	C1	MK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M. 36.38	KS	K	RNA virus –Arbo virus – Yellow fever	Describe the clinical features of Yellow fever	C1	NK	Lecture	Not to be assessed		

HomUG-Path M.36.39	KS	K	RNA viruses – Arbo virus – Japanese encephalitis -	Describe the clinical features of Japanese encephalitis	C1	DK	Lecture	SAQ MCQ	MCQ Viva voce	
HomUG-Path M.36.40	KS	K	RNA viruses – Retro virus – HIV	Explain the morphology of Human immunodeficiency virus	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M.36.41	KS	K		State the major antigens of HIV	C1	MK	Lecture	Viva voce MCQ	LAQ SAQ Viva voce MCQ	
HomUG-Path M.36.42	KS	K		Describe the pathogenesis of HIV infection	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	
HomUG-Path M.36.43	KS	K		Describe the clinical features of HIV infection	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	Practice of medicine
HomUG-Path M.36.44	KS	KH		Describe confirmatory tests for diagnosis of HIV and AIDS	C1	MK	Lecture	SAQ MCQ	LAQ SAQ MCQ	Practice of medicine
HomUG-Path M.36.45	KS	K	RNA viruses – Hepatitis virus – HAV	Describe the morphology of Hepatitis A virus	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M.36.46	KS	K		Describe the pathogenesis of type A Hepatitis	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M.36.47	KS	K		Describe the clinical features of type A hepatitis	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	

HomUG-Path M. 36.48	KS	K		Describe the laboratory diagnosis of type A hepatitis	C1	MK	Lecture	SAQ MCQ	SAQ MCQ Viva voce	
HomUG-Path M. 36.49	KS	K	RNA viruses – Hepatitis virus –C,D,E	Discuss the comparative features of the viral hepatitis type C,D and E viruses	C1	DK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 36.50	KS	K	Emerging/re-emerging infections	Describe the factors contributing to emerging and re-emerging infectious diseases	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	
HomUG-Path M. 36.51	KS	K		State the emerging infections in India	C1	MK	Lecture	Viva voce MCQ	Viva voce MCQ	

5.37. Homoeopathic correlation with microbiology-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-Path M 37.1	KS	K	Homoeopathic correlation	Discuss the correlation of study of microbiology and parasitology with homoeopathic philosophy	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	Organon of medicine
HomUG-Path M 37.2	KS	K		Discuss Homoeopathic prophylaxis	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	Organon of medicine
HomUG-Path M 37.3	KS	K		Discuss genus epidemics	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	Organon of medicine
HomUG-Path M 37.4	KS	K		Discuss the correlation of study of microbiology and parasitology with	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	Materia medica

			homoeopathic materiamedica						
HomUG- Path M 37.5	KS	K	Discuss the correlation of study of microbiology and parasitologywith Repertory	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	
HomUG- Path M 37.6	KS	K	Discuss the significance of study of microbiology and parasitologyfor homoeopathic physician	C1	DK	Lecture	SAQ MCQ	SAQ MCQ	Organon of medicine

5.38. Practicals and demonstration-

Sl. No.	Content	Competency/ Outcome	Entry behaviour	Specific Learning Objectives	Learner activity	Assessment
HomU G-Path M38.1	Blood grouping-A B O Grouping – Slide technique	Learner should be able to perform the blood grouping test of the blood sample	ABO blood group system RH blood group system	1.Perform estimation of blood group and Rh system using slide method 2.Interpret the results of experiment to determine the blood group and Rh grouping of blood sample.	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.2	Estimation of Haemoglobin	Learner should be able to perform the estimation of Haemoglobin with accuracy and interpret the results	Normal Haemoglobin content in children, adult males, Adult females	1. Perform estimation of Haemoglobin using Sahli's haemoglobinometer 2. Interpret of Haemoglobin concentration of the blood sample	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.3	Red Blood Cell Count	Learner should be able to perform the RBC count with accuracy and interpret the results	Normal values of RBC count in children, Adult males, Adult females	1. Perform the counting of RBC using haemocytometer 2. Calculate total RBC count of blood sample.	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record practical record	Viva voce OSPE Checklist

HomU G-Path M38.4	Total White blood cell count	Learner should be able to do the WBC count with accuracy and interpret the results	Normal values of WBC count in children, Adultmales, Adult females	1. Perform the counting of WBC using haemocytometer 2. Calculate total WBC count of blood sample.	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.5	Differential count and morphology	Learner should be able to perform the Differential count with accuracy and interpret the results	Normal values in percentage of each type of white blood cell. Morphology of various WBC	1. Examine the blood smear for counting of differential leucocyte count. 2. Calculate the differential leukocyte count of blood sample.	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.6	Erythrocyte sedimentation rate [Demonstration]	Learner should be able to explain the significance of ESR and interpret the results	Stages of sedimentation of RBCs Normal values of ESR	1. Observe the experiment using Westergren method. 2. Interpret the value of ESR of blood sample	1.Observe the procedure 2.Make entries into the pathology practical record	NA
HomU G-Path M38.7	Erythrocyte sedimentation rate [Demonstration]	Learner should be able to describe the significance of ESR and interpret the results	Stages of sedimentation of RBCs Normal values of ESR	1. Observe the experiment using Wintrobe method. 2. Interpret the value of ESR of blood sample	1.Observe the procedure 2.Make entries into the pathology practical record	NA
HomU G-Path M38.8	Bleeding time – Duke's method	Learner should be able to perform with accuracy and reliability the bleeding time of the given sample of blood	Normal value of Bleeding time	1. Perform the experiment using Duke's method 2. Calculate the bleeding time of blood sample.	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record practical record	Viva voce OSPE Checklist

HomU G-Path M38.9	Clotting time- fingertip method	Learner should be able to perform with accuracy and reliability the clotting time of the given sample of blood	Factors involved in blood clotting Sequence in clotting mechanism Normal value of clotting time	1. Perform the experiment using fingertip method 2. Calculate the clotting time of blood sample.	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.10	Staining of thick and thin films [Demonstration]	Learner should be able to explain the procedure of staining of thin film,	Principle and technique of preparation of Staining of thick films	Observe the procedure of staining of thin blood film	1.Observe the procedure as per the methodology 2.Make entries into the pathology practical record	NA
HomU G-Path M38.11	Staining of thick and thick films [Demonstration]	Learner should be able to explain the procedure of staining of thick film,	Principle and technique of preparation of Staining of thin films	Observe the procedure of staining of thick blood film	1.Observe the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.12	Platelet count [Demonstration]	Learner should be able to describe the significance of platelet count and interpret the results	Normal value of Platelet count Principle and technique of counting of Platelet	1. Observe the experiment of counting of Platelet of blood sample 2. Calculate platelet count of blood sample	1.Observe the procedure as per the methodology 2.Make entries into the pathology practical record	NA
HomU G-Path M38.13	Urine examination: Physical examination	Learner should be able to perform physical examination of urine with logical interpretation of results	Principle and technique of Physical examination of urine Clinical significance of physical examination of urine	1. Perform the physical examination of urine sample 2. Interpret the results	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist

HomU G-Path M38.14	Urine examination: Chemical examination	Learner should be able to perform chemical examination of given sample of urine with logical interpretation of results	Principle and technique of Chemical examination of urine Clinical significance of chemical examination of urine	1. Perform the chemical examination of urine for presence of glucose, proteins, ketones, bile derivatives and blood 2. Interpret the results	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.15	Urine examination: Microscopic examination	Learner should be able to do microscopic examination of urine and interpret the results	Principle and technique of microscopic examination of urine Clinical significance of microscopic examination of urine	1. Perform the microscopical examination of urine sample 2. Interpret the results	1.Perform the procedure as per the methodology 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38.16	Examination of Faeces:Physical [Demonstartion]	Learner should be able to describe the procedure of physical examination of faeces	Principle and technique of physical examination of faeces Clinical significance of physical examination of faeces	1. Observe the procedure of physical examination of faeces 2. Interpret the results of Physical Examination of Faeces	1.Observe the procedure 2.Make entries into pathology practical record	NA
HomU G-Path M38.17	Examination of Faeces:Microscopic for ova and protozoa [Demonstration]	Learner should be able to describe the procedure of microscopical examination of faeces and interpret the results	Principle and technique of microscopic examination of faeces Clinical significance of microscopic examination of faeces	1. Observe the procedure of microscopical examination of faeces for ova and protozoa 2. Interpret the results of microscopical Examination of Faeces	1.Observe the procedure 2.Make entries into pathology practical record	NA

HomU G-Path M38.18	Examination of Faeces:Chemical (occult blood) [Demonstration]	Learner should be able to describe the procedure of chemical examination of faeces and interpret the results	Principle and technique of chemical examination of faeces Clinical significance of chemical examination of faeces	1. Observe the procedure of chemical examination of faeces 2. Interpret the results of chemical Examination of Faeces	1.Observe the procedure 2.Make entries into pathology practical record	NA
HomU G-Path M38.19	Semen analysis [Demonstration]	Learner should be able to list the physical characteristics and microscopic features of semen	Principle and technique of Semen analysis Clinical significance of semen analysis	1. Observe the procedure of examination of semen 2. Interpret the results of the test	1.Observe the procedure 2.Make entries into pathology practical record	Not to be assessed
HomU G-Path M38.20	Microbiology: Use of microscope	Learner should be familiar with the different parts of microscope and their uses	Parts of compound microscope	1. Identify the different parts of microscope 2. Learn the function of each part	1.Will use and familiarise with the parts of microscope 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38. 21	Microbiology: Demonstration of Methods of sterilisation: Using Hot air oven, Autoclave,	Learner should be able to explain the methods of sterilization using Hot air oven, Autoclave,	Agents of sterilization Principles of dry heat and moist heat in process of sterilization	1. Observe the method of sterilization using hot air oven 2. Observe the method of sterilization using autoclave 3. Observe the method of sterilization using flaming	1.Observe the procedure 2.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38. 22	Microbiology: Motility preparation [Demonstration]	Learner should be able to explain the procedure of motility preparation	Principle and technique of Motility preparation	1. Observe the procedure of Motility preparation 2. Interpret the results	1.Observe the procedure 2.Make entries into and pathology practical record	Not to be assessed

HomU G-Path M38. 23	Microbiology: Gram staining	Learner should be able to stain the given smear by gram stain and examine under microscope and interpret the results	Principle and technique of Gram staining	1. Perform gram staining on the given sample 2. Observe under the microscope 3. Interpret the results.	1.Perform the procedure 2.Make entries into pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38. 24	Microbiology: Acid fast staining [Demonstration]	Learner should be able to list the steps in Acid fast staining	Principle and technique of Acid fast staining	1. To observe the procedure of Acid fast staining 2. To observe the slide for presence of acid fast bacteria .	1.Observe the procedure 2.Make entries into the pathology practical record	Not to be assessed
HomU G-Path M38. 25	Common culture medias: Preparation of common culture media [Demonstration]	Learner should be able to list the ingredients of culture medias	Principle and technique of culture media preparation	Observe the steps of preparation of common culture media	1.Observe the procedure 2.Make entries into the pathology practical record	Not to be assessed
Spotters						
HomU G-Path M38. 26	Commonly used instruments / Equipments in pathology laboratory: 1.Haemoglobinometer 2.RBC pipette 3.WBC pipette 4.Neubauer's chamber 5.ESR tubes:Wintrobe Westergren 6.Urinometer	Awareness of application and method of use of instruments,equipments in laboratory	Enumerate the commonly used instruments in laboratory and its use	- Identify the instrument / Equipment - Enumerate the purpose/ use/utility of the instrument / Equipment	1.Identify,describe the parts and list the uses of the instrument / Equipment 2.Make entries into the pathology practical record	OSPE Checklist

	7.Hot air oven 8.Autoclave 9.Incubator 10.Petri dish 11.Centrifuge 12.Waterbath 13.Inoculating loop etc.					
HomU G-Path M38. 27	Interpretation of laboratory reports and its clinical pathological correlation Complete Haemogram Urine reports Liver function tests Renal function tests Thyroid function tests Lipid profile Diabetic profile Serum cardiac biomarkers Enzyme markers for necrosis Serological tests, etc.	Learner should be able to interpret the values in the given laboratory reports	Significance of interpretation of laboratory tests for diagnosis	- Identify whether laboratory report is normal or abnormal in relation to physiological values - Identify the probable reason for abnormal values in laboratory report and its clinical significance	1.Study the laboratory reports 2.Interpret the values in the laboratory reports 3.Make entries into the pathology practical record	Viva voce OSPE Checklist
HomU G-Path M38. 28	Exposure to latest equipment:Auto-analyzer, Cell counter, ELISA reader etc. [Demonstration]	Learner should be able to explain the utility of latest equipment	De novo topic	- Identify the equipment - Observe the functioning of the Equipment	1.Observe the procedure 2.Make entries into the pathology practical record	Not to be assessed

HomU G-Path M38. 29	Histopathology: (a) Demonstration of common slides Any 15	Learner should be able to do identify the slide and mention its distinguishing features	Histopathological changes of particular condition.	• Observe the histopathology slide • Identify the distinguishing features of the given histopathology slide	1. Identify the histopathology slide based on identification points. 2. Make entries into the pathology practical record	OSPE Checklist
HomU G-Path M38. 30	(b) Demonstration of gross pathological specimens / models Any 15	Learner should be able to identify the gross specimen	Gross pathological changes in specimen as per General pathology and Systemic pathology topics	• Identify the specimen • List three characteristic identification features of the specimen	1. Identify the gross pathological specimen based on identification points. 2. Make entries into the pathology practical record	OSPE Checklist

6. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Clinical demonstration
Group discussion	Practicals /Experiential learning
Integrated lectures	Problem based discussion
	Case based learning
	Tutorials/Seminars/Symposium
	Assignments
	Library reference
	Self-learning

Details of assessment

6.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Second Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		20 Marks Viva	100 Marks Practical/ Viva i) Viva voce -50 marks ii) Practical – 50 marks	20 Marks Viva	200 marks theory	200 marks Practical+ Viva+ IA

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

7.1 Number of papers and Mark Distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment*	Grand Total
1	HomUG-Path M	02	200 marks [*]	100 marks	80 marks	20 marks (Marks of PA I + TT I + PA II)	400 marks

***Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 140 X 20

7.2 Paper Layout

Summative assessment (FUE):

Theory- 200 marks

Paper I (100 Mark)		
General Pathology and Systemic Pathology		
1.	LAQ	50
2.	SAQ	40
3.	MCQ	10
Paper II (100)		
Microbiology and Parasitology		
1.	LAQ	50
2.	SAQ	40
3.	MCQ	10

7.3 Theme-wise distribution of questions for theory exam paper I

PAPER – 1						
Theme	Topics	Term	Marks	LAQ's	SAQ's	MCQ's
A	Cell Injury and cellular adaptation, Inflammation and repair and Homoeopathic concept	I	21	Yes	Yes	Yes
B	Neoplasia ,Immunopathology and Homoeopathic concept	I	21	Yes	Yes	Yes
C	Haemodynamic disorders ,Environmental and Nutritional diseases and Homoeopathic concept	I	17	Yes	Yes	Yes
D	Diseases of the haemopoetic system, bone marrow and blood, CVS system blood vessels and lymphatics	II	17	Yes	Yes	Yes
E	Diseases of Respiratory , GIT, Liver and gall bladder, Pancreas , kidney and lower urinary tract,Endocrine glands	II	17	Yes	Yes	Yes
F	Diseases of male and female reproductive system, skin and soft tissue, nervous, Musculo-skeletal system	II	7	No	Yes	Yes

7.4 Distribution of questions for theory exam paper II

PAPER – 2						
Theme	Topics	Term	Marks	LAQ's	SAQ's	MCQ's
A	Bacteriology introduction, Human microbiome, Infection and diseases ,culture medias and methods ,Sterilisation and disinfection.	I	12	No	Yes	Yes
B	Gram positive bacterias	I	17	Yes	Yes	Yes
C	Parasites-protozoans , Virology introduction	I	17	Yes	Yes	Yes
D	Gram negative bacterias, Acid fast bacterias ,Spirochaetes	II	21	Yes	Yes	Yes
E	DNA & RNA Viruses	II	17	Yes	Yes	Yes
F	Fungi and parasites –helminthes, Diagnostic procedures in Microbiology, Homoeopathic concept	II	16	Yes	Yes	Yes

7.5 Question paper blue print Paper I

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7.4 for themes)
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory	1. Theme A 2. Theme B 3. Theme C 4. Theme C 5. Theme D 6. Theme D 7. Theme E

		8. Theme E 9. Theme F 10. Theme F
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory	1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme D 7. Theme E 8. Theme F
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory	1. Theme A 2. Theme B 3. Theme C 4. Theme D 5. Theme E

7.7 Question paper blue print Paper II

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 7.4 for themes)
Q1	Multiple Choice Questions (MCQ) 10 Questions 1 mark each All compulsory	1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme C 7. Theme D 8. Theme E 9. Theme E 10. Theme F
Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory	1. Theme A 2. Theme A 3. Theme B 4. Theme C 5. Theme D 6. Theme D 7. Theme E 8. Theme F
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory	1. Theme B 2. Theme C 3. Theme D 4. Theme E 5. Theme F

7.8 Details of practical assessment

[illegible]

For Examiner:

Sr. No	Key	Max. Marks
1.	Identify whether laboratory report is normal or abnormal in relation to physiological values	2
2.	Discuss the probable reason for abnormal values in laboratory report and its clinical significance	3

STATION # 02 (UNOBSERVED STATION)

For Organizer:

TOPIC SPECIFICATION: Identification of Histopathological slide(5 nos)

SAMPLE MATERIAL:Histopathological slide

For Candidate:

Max. Marks: 05 Time Allowed: 03minutes for each slide

Task: Carefully identify the spotter -Histopathological slide and answer the following questions:

- Identify the histopathology slide (2)
- List three features of the given histopathology slide (3)

For Examiner:

Sr. No	Key	Max. Marks
1.	Identify the histopathology slide	2
2.	•List three features of the given histopathology slide	3

STATION # 03 (UNOBSERVED STATION)**For Organizer:****TOPIC SPECIFICATION: Identification of appliances: (2 nos)****SAMPLE MATERIAL:Appliances****For Candidate:****Max. Marks: 05 Time Allowed: 03minutes- for each spotter****Task:** Carefully identify the spotter -Appliance and answer the following questions:

- Identify the spotter (1)
- Description of the appliance (2)
- Uses of the appliance (2)

For Examiner:

Sr. No	Key	Max. Marks
1.	Identification	1
2.	Description	2
3.	Uses	2

STATION # 04 (UNOBSERVED STATION)**For Organizer:****TOPIC SPECIFICATION: Gross specimens/models(2 nos)****SAMPLE MATERIAL:** Gross specimen /model**For Candidate:****Max. Marks: 05 Time Allowed: 03minutes -for each spotter****Task:** Carefully identify the specimen/model and answer the following questions:

- Identify the specimen (2)
- List three characteristic features of the specimen (3)

For Examiner:

Sr. No	Key	Max. Marks
1.	Specimen identification	2
2.	three characteristic features of the specimen	3

STATION # 05(UNOBSERVED STATION)

For Organizer:

TOPIC SPECIFICATION: Spotter-disinfectant

SAMPLE MATERIAL: disinfectant

For Candidate:

Max. Marks: 05 Time Allowed: 03minutes.

Task: Carefully identify the spotter –disinfectant and answer the following questions:

- Identify the disinfectant (2)
- Enumerate the uses of the disinfectant (3)

For Examiner:

Sr. No	Key	Max. Marks
1.	Identify the disinfectant	2
2.	Enumerate the uses of the disinfectant	3

STATION # 06 (OBSERVED STATION)

For Organizer:

TOPIC SPECIFICATION: Practical (haematology/urine/gram staining)

SAMPLE MATERIAL:Blood /Urine/Smearred slide

For Candidate:

Max.Marks: 25 Time Allowed: 30minutes.

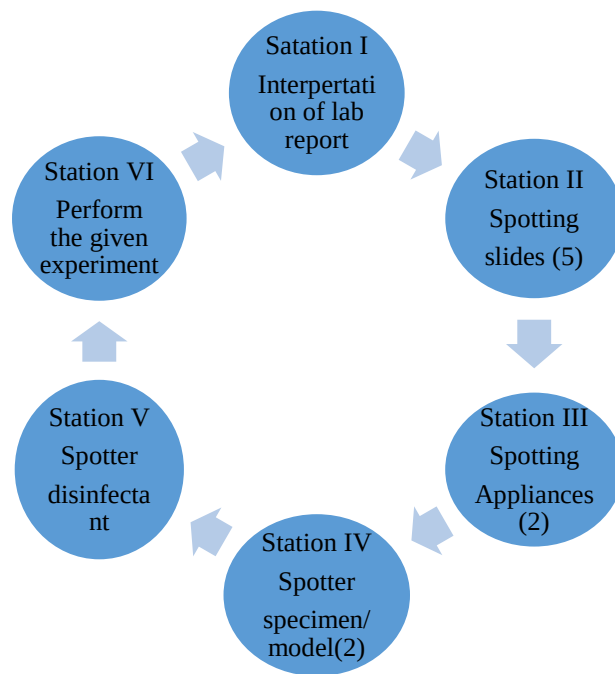
Task: Carefully perform the experiment given

- Write the procedure and perform the experiment (15)
- Write the result obtained and its Discussion (10)

For Examiner:

Sr. No	Key	Max. Marks
1.	Procedural and Practical skills	15
2.	Result and Discussion	10

OSPE STATIONS



9. List of recommended text/reference books

Theory

1. Harsh Mohan (2023), *Textbook of Pathology* (9th Edition). Jaypee Publisher (CBME)
2. Vinay Kumar and Abul K Abbas(2023) ,*Robbins & Kumar Basic Pathology* (11th SAE), Elsevier
3. Apurba S Sastry , Sandhya Bhat (2023), *Essentials of Medical Microbiology* (4th Edition), ARYA Publications. (CBME) CBS publihers.
4. Ananthanarayan.R and Jayaram Paniker CK (2022), *Ananthanarayan and Paniker's Textbook of Microbiology* (12th Edition),Universities Press (CBME)
5. Chatterjee K D, (2023), *Parasitology (Protozoology and Helminthology)*, (13th Edition),CBS publihers.
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2. Santosh Kumar Mondal , (2024) *Pathology Practicals With OSPE*, (2nd Edition), CBS Publishers. (CBME)
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4. Dr Baveja C P(2021), *Practical Microbiology for MBBS*, (5th Edition),ARYA Publications

10. List of contributors :

I. Dr.Gopika .R.S

Professor & HoD Dept of Pathology and Microbiology
Sarada Krishna Homoeopathic Medical College ,KK dist, Tamil Nadu.

II. Dr.Shahida A S

Dean, Faculty of Homoeopathy RGUHS
Professor & HoD Dept of Pathology and Microbiology
Govt Homoeopathic Medical College ,Bangalore

III. Dr Sapna Gupta

Professor & HoD Dept of Pathology and Microbiology
Nehru Homoeopathic Medical College and Hospital ,
Govt of NCT of Delhi

Subject: Homoeopathic Materia Medica

Subject code: HomUG-HMM-II

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1. Preamble

Homoeopathic Materia Medica is the study of the action of drugs on healthy human being as a whole taking into consideration individual susceptibility and its reaction to various circumstances and time. A good prescription by a Homoeopath mainly depends upon the case receiving, processing and a sound knowledge of Homoeopathic Materia Medica.

Each drug in Materia Medica not only has its own personality with its mental and physical constitution but also has its own affinity to an area, direction, spread, tissue, organ; system. Study of a drug in context of altered sensation, function and structure covers the Pathology caused by it, which is also expressed in the pathogenesis of the drugs. Materia Medica also has symptoms from Toxicological and Clinical proving. All this knowledge is of utmost importance in order to apply the remedies in various clinical conditions. This can be achieved only by integrating the study of Materia Medica with other parallel subjects taught during the course.

Apart from the source books of Materia Medica there are different types of Materia Medica constructed on different philosophical backgrounds by different authors. Materia Medica also forms the platform of various repertories. Therefore, it becomes very important for a student of Homoeopathy to learn the plan and construction of all the basic Materia Medica in order to understand their practical utility in practice.

It is also important to keep in mind that the end point of the teaching of HMM is not to burden the student with information of a greater number of remedies but to equip with an approach which will help to develop the vision towards self-guided study and apply the knowledge in practice.

This self-directed learning can ultimately lead to a critical approach of studying Materia Medica hence empowering evidence-based practice and initiate the process of lifelong learning. Exploring Materia Medica is an endless journey as newer illnesses will keep on emerging and newer drugs or undiscovered facets of existing drugs will be needed to explore for managing these situations.

2. Course outcomes

- i. To grasp the basic concept and philosophy of Homeopathic Materia Medica based on Hahnemannian directions
- ii. To understand the different sources and types of Materia Medica
- iii. To mould Homoeopathic students by equipping them to readily grasp the symptoms of the sick individual corresponding to the symptoms of the drug.
- iv. To understand the drug with its pharmacological data, adaptability, sphere of action, along with characteristic sensations and functions both at level of mind and body along with doctrine of signatures.
- v. To construct the portrait of the drug with its predisposition, disposition both mental and physical, diathesis and disease expression with Miasmatic correlation and its susceptibility expression at various times taking in to consideration of the environment around him/ her.
- vi. To understand the drug from its therapeutic application in various pathological conditions and allied clinical subjects like practice of medicine, surgery, obstetrics and gynaecology.
- vii. To understand the group characteristics of the drugs and the individualizing symptoms of the individual remedies of the group.
- viii. To differentiate medicines arising from the reportorial process and to arrive at an appropriate similimum.
- ix. To grasp the concept of remedy relationship and its application in practice
- x. To understand the Miasmatic expressions and evolution in a given drug
- xi. To understand and apply the bio-chemic system of medicine in practice
- xii. To understand and apply the utility of mother tinctures in practice

3. Learning objectives

At the end of BHMS II course, the students should be able to-

- i. Discuss the different approaches for studying Homoeopathic Materia Medica.
- ii. Understand the drug picture of medicines in the syllabus of II BHMS in context of its pharmacological data, constitution, temperament, sphere of action, pathogenesis, ailments from, modalities, mentals, physical generals and particulars, miasm and relationship with other remedies including the doctrine of Signature.
- iii. Integrate the knowledge of Anatomy, Physiology, Pharmacy, Psychology, Organon of Medicine, Pathology and Toxicology for the understanding of a particular drug.
- iv. Compare and contrast symptoms of similar remedies of I and II BHMS syllabus.
- v. Demonstrate the steps of case taking as per guidelines given in Organon of medicine.
- vi. Demonstrate basic physical examination skills.
- vii. Recognise the importance of interpretation of basic investigations in a given case.
- viii. Analyse the symptoms of a case to categorize them as Mentals, Physical Generals and Particulars.
- ix. Recognise the PQRS of a drug in the case taken.

4. Course content and its term-wise distribution(theory)

4.1 Introductory lectures

- 4.1.1** Assessment of Entry Behaviour for I BHMS syllabus
- 4.1.2** Different approaches for studying Homoeopathic Materia Medica
- 4.1.3** Integrating the knowledge of Pathology, Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in a better understanding of Homoeopathic Materia Medica

4.2 Homoeopathic medicines:

1. Acetic Acid	17.Cactus Grandiflorus	33. Helleborus Niger
2. ActeaRacemosa	18. Calcarea Arsenicosa	34. Hyoscyamus Niger
3. Aesculus Hippocastanum	19.Calcarea Iodata	35. Kali Bichromicum
4. AgaricusMuscarius	20. Camphora	36. Kali Bromatum
5. Agnus Castus	21. Cannabis Indica	37. KaliCarbonicum
6. Alumina	22. Cannabis Sativa	38.Natrum Carbonicum
7. Ambra Grisea	23. Cantharis	39. Nux Moschata
8. AnacardiumOrientalis	24. Cardus Marianus	40. Opium
9. Antimonium Arsenicosum	25. Causticum	41. Petroleum
10. ApocynumCannabinum	26. Ceanothus Americanus	42. Phosphorus
11. Arsenicum Iodatum	27. Chelidonium Majus	43. Secale Cornutum
12. Argentum Nitricum	28. Chininum Arsenicosum	44. Sepia
13. BaptisiaTinctoria	29. Digitalis Purpurea	45. Stramonium
14. Berberis Vulgaris	30. Echinacea Angustifolia	46. Thuja Occidentalis
15. Bellis Perennis	31. Equisatum Hyemale	47. Urtica Urens
16. Bromium	32. Ferrum Metallicum	48. Veratrum Album

4.3 Content for Term I

4.3.1 Introductory Lectures:

4.3.1.1 Assessment of Entry Behavior for I BHMS syllabus

4.3.1.1.1 Different approaches for studying Homoeopathic Materia Medica

4.3.1.2 Integrating the knowledge of Pathology, Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in better understanding of Homoeopathic Materia Medica

4.3.2 Homoeopathic medicines:

1. Acetic Acid	9. Cardus Marianus	17. Kali Bromatum
2. Aesculus Hippocastanum	10. Causticum	18. Kali Carbonicum
3. Agaricus Muscarius	11. Ceanothus Americanus	19. Natrum Carbonicum
4. Alumina	12. Chelidonium Majus	20. Opium
5. Anacardium Orientalis	13. Chininum Arsenicosum	21. Thuja Occidentalis
6. Apocynum Cannabinum	14. EchinaceaAngustifolia	22. Urtica Urens
7. Baptisia Tinctoria	15. Helleborus Niger	
8. Bellis Perrenis	16. Kali Bichromicum	

4.4 Contents for Term II:

Homoeopathic medicines:

1. Actea Racemosa	11. Calcarea Iodatum	21. Petroleum
2. Agnus Castus	12. Camphora	22. Phosphorus
3. Ambra Grisea	13. Cannabis Indica	23. Secale Cornuatum
4. AntimoniumArsenicosum	14. Cannabis Sativa	24. Sepia
5. Argentum Nitricum	15. Cantheris	25. Stramonium
6. Arsenicum Iodatum	16. DigitalisPurpurea	26. Veratrum Album
7. Berbers Vulgaris	17. EquisatumHyemale	
8. Bromium	18. Ferrum Metallicum	
9. Cactus Grandifloria	19. Hyoscyamus Niger	
10. Calcarea Aarsenicosum	20. Nux Moschata	

Non-lectures shall be equally distributed to both term I and II, as per the feasibility of individual institution

5. Teaching hours

5.1. Gross division of teaching hours

Homoeopathic Materia Medica		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	150	100

5.2. Teaching hours theory

S. No.	List of Topics	Hours
1.	Assessment of Entry Behavior of I BHMS syllabus	2
2.	Different approaches for studying Homoeopathic Materia Medica	4
3.	Integrating the knowledge of Pathology and Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in better understanding of Homoeopathic Materia Medica	2
4.	Study of Drug pictures (Term I)	70
5.	Study of Drug pictures (Term II)	72
	Total	150

5.3. Teaching hours Non-lecture

Sr. No	Non-Lecture Teaching Learning methods	Term	Time Allotted per Activity (Hours)
1	Clinical(to be integrated with topics under Pathology, Practice of Medicine, Surgery and ObGy)	I & II	75
2	Demonstrattion	I & II	25 (Distribution as mentioned below)
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/ Case Based Learning		10
2(c)	Assignment/ Symposium / Group discussion		5
	Total		100

6. Content mapping (competencies table)

6.1 Competencies table theory

Sl. No.	Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/ media	Assessment		Integration
								Formative	Summative	
HomUG-HMM-II-1.	K & S PC HO	KH K	Assessment of Entry Behaviour of I BHMS syllabus	Recall the knowledge of I BHMS syllabus for Materia Medica	C1	MK	Group Discussion	MCQ, viva	MCQ SAQ LAQ	Spiral integration with Homoeopathic Materia Medica Vertical integration with Anatomy, Physiology, Pharmacy, Psychology, Organon)
HomUG-HMM-II-2.1			Different approaches for studying Homoeopathic Materia medica	Enumerate the different approaches for studying Homoeopathic Materia medica	C2	MK	Lecture PPT	MCQ Assignm ent	SAQ	Horizontal integration with subjects of Pathology , Toxicology , Physiology Organon , Anatomy , Psychology and Homoeopathic pharmacy
HomUG-HMM-II-2.2				Explore the scope and limitation of each approaches for studying Homoeopathic Materia Medica			Library references	Project viva		

Sl. No.	Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/ media	Assessment		Integration
								Formative	Summative	
HomUG-HMM-II-3.			Integrating the knowledge of Pathology, Toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in better understanding of Homoeopathic Materia medica	Integrate the knowledge of Pathology, toxicology, Practice of Medicine, Surgery and Gynaecology-Obstetrics in understanding the evolution of symptoms of remedies	C2	MK	Lecture Team teaching	MCQ Assignm ent Project viva	SAQ	Horizontal integration with subjects of Pathology Toxicology , and Organon
HomUG-HMM-II-4.1	K & S PC HO	KH K	Individual Homoeopathic medicines	Mention the common name, source/ family/kingdom and the prover	C1	NK	Lecture/ Specimen	MCQ Viva	MCQ	Vertical integration with Pharmacy
HomUG-HMM-II-4.2				Correlate with doctrine of signature	C2	NK	Lecture/ Specimen	MCQ Viva	MCQ	Vertical integration with Pharmacy and Physiology
HomUG-HMM-II-4.3				List the sphere of action	C1	MK	Lecture Self – learning	Assignm ent Project	LAQ SAQ MCQ	Horizontal

Sl. No.	Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/ media	Assessment		Integration
								Formative	Summative	
								MCQ	Viva	Integration with Pathology, Toxicology,
HomUG-HMM-II-4.4				Narrate the 'ailments from'	C1		Small Group Discussion	Viva		ObGy,PM, Surgery and Organon
HomUG-HMM-II-4.5				Describe the constitution and temperament	C1		Black Board			Vertical integration with Anatomy Pharmacy , Psychology and Physiology
HomUG-HMM-II-4.6				Explain the mental symptoms	C1		PPT			
HomUG-HMM-II-4.7				Explain the physical generals	C1		Handouts Role play			
HomUG-HMM-II-4.8				Outline the general modalities	C1		PBL			
HomUG-HMM-II-4.9				Describe the particular symptoms and modalities	C2					
HomUG-HMM-II-4.10				Correlate pathogenesis with knowledge of Toxicology, Pathology, Practice of Medicine, Surgery and	C2					

Sl. No.	Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/ media	Assessment		Integration
								Formative	Summative	
				Gynaecology-Obstetrics and miasm						
HomUG-HMM-II-4.11				Mention the Relationships of medicines	C2					
HomUG-HMM-II-4.12				Compare and contrast from the related remedies of First and Second BHMS Syllabus	C2					

6.2 Competencies table practical/clinical

S. No.	Domain of Competency	Millers Level:	Content	SLO/ Outcome	Blooms Domain / Guilbert's Level	Priority	T-L Methods/media	Assessment		Integration
								Formative	Summative	
HomUG-HMM-II-5.1	K & S PC HO CS	SH KH	Case taking	Demonstrate the steps of case taking as per guidelines given in Organon of medicine.	P/A2	MK	Demonstration Checklist	CBD Small project	Clinical performance	Horizontal Integration with Pathology, ObGy, Surgery, Practice of Medicine and Organon
HomUG-HMM-II-5.2	PBLI Prf		Clinical examination	Demonstrate the basic clinical examination skills	P/A2					
HomUG-HMM-II-5.3			Interpretation of investigation	Recognise the importance of interpretation of basic investigations.	C2					
HomUG-HMM-II-5.4			Case analysis	Analyse the symptoms to segregate the characteristic Mentals, Physical General and Particulars	C2					

7. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
	Tutorials
	Seminars
	Symposium
	Assignments
	Library reference
	Self-learning

8. Details of assessment

8.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Second Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical/ Viva i) Viva voce -25 marks ii) Clinical performance – 25 marks (Case Taking and analysis of symptoms)	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

PA: Periodical Assessment; TT: Term Test; FUE: Final University Examinations; IA: Internal Assessment

8.2 Number of papers and marks distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment**	Grand Total
1	HomUG-HMM-II	01	100 marks*	50 marks i) Journal -10 marks (Five acute and 5 chronic cases) ii) Case taking and analysis of symptoms --- 40 marks	40 marks	10 marks (Marks of PA I + TT I + PA II)	200marks

***30 % of questions shall be from I BHMS syllabus and 70 % of questions shall be from II BHMS syllabus.**

****Method of calculation of Internal Assessment marks for Final University Examination:**

Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10

8.3 Paper Layout

Summative assessment (FUE): Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

8.4 Distribution of questions for theory exam

Sr. No	Paper			D Type of Questions		
				MCQ (1 Mark)	SAQ (5 Marks)	LAQ (10 Marks)
	A List of Topics	B Term	C Marks			
1	BHMS I Syllabus	-	Refer to table 8.5 below	05	03	01
2	Different approaches for studying Homoeopathic Materia Medica	I		0	01	0
3	Integrating the knowledge of Pathology and Toxicology in better understanding of Homoeopathic Materia Medica	I		0	0	0
4	Homoeopathic Medicines of II BHMS (48)	I&II		05	04	04

8.5 Theme-wise distribution:

Theme	Topics	Term	Marks	MCQ's	SAQ's	LAQ's
A-D	BHMS I Syllabus	-	30	5	3	1
E	Different approaches for studying Homoeopathic Materia Medica	I	5	0	1	0
F	Homoeopathic Medicines of II BHMS (48)	I&II	65	5	4	4

8.6 Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer table 8.5 for themes)
Q1	Multiple Choice Questions(MCQ) 10 Questions 1 mark each All compulsory Must know part: 7 MCQ Desirable to know: 2 MCQ. Nice to know: 1 MCQ	1. Theme A-D 2. Theme A-D 3. Theme A-D 4. Theme A-D 5. Theme A-D 6. Theme F 7. Theme F 8. Theme F 9. Theme F 10. Theme F

Q2	Short answer Questions (SAQ) Eight Questions 5 Marks Each All compulsory Must Know part: 6 SAQ Desirable to Know: 2 SAQ	1. Theme A-D 2. Theme A-D 3. Theme A-D 4. Theme E 5. Theme F 6. Theme F 7. Theme F 8. Theme F
Q3	Long answer Questions (LAQ) Five Questions 10 marks each All compulsory All questions on Must Know No Questions on Nice to Know and Desirable to Know	1. Theme A-D 2. Theme F 3. Theme F 4. Theme F 5. Theme F

9. List of recommended text/reference books

- Allen H.C. (2005). Keynotes Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes, (Reprint edition), B.Jain Publishers, New Delhi
- Choudhuri N.M. (2006). A Study On Materia Medica Enriched with real case studies, (Reprint revised edition), B.Jain Publishers, New Delhi.
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- Farrington E.A. (2005), Comparative Materia Medica. (Reprint edition.) B.Jain Publishers, New Delhi.
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- All source books.

10. List of contributors

I. Dr. Swati Bhagwat

MD (Hom)

Professor & HOD Department of HMM, PG and Ph.D guide

Dr G.D. Pol foundation YMT Homoeopathic medical college and PG institute, Kharghar, Navi Mumbai

II. Dr Vijaykrishna V

MD (Hom), (Ph.D)

Professor and PG guide Department of HMM

Government Homoeopathic Medical College, Bangalore, RGUHS Karnataka.

III. Dr. Prastuti Jaiswal

Lecturer, Community Medicine

Pt. Jawahar Lal Nehru State Homoeopathic Medical College and Hospital, Lakhanpur, Khyora, Kanp

Subject: Practice of Medicine

Subject code: HomUG PM-I

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1. Preamble

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics.

Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of illness. The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and Repertory in dealing with the disease conditions should be actively taught.

Life style disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

2. Course outcomes

- i. Develop as a sound homoeopathic clinician who can function indifferent clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.
- ii. Able to correlate the disease conditions with the basics of anatomy, physiology, biochemistry and pathology.
- iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.
- iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.
- v. Ability to make a rational assessment of prognosis and general management of different disease conditions.

- vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.
- vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

3. Learning objectives

At the end of BHMS II course, the students should be able to-

- i. Clinico-pathological evaluation of common signs and symptoms with miasmatic integration.
 - a. Understanding Common Signs and Symptoms:** By the end of the course, students will be proficient in recognizing and evaluating common signs and symptoms presented by patients, utilizing a holistic approach that integrates clinical and pathophysiological processes involved.
 - b. Diagnostic Competence:** Through case-based learning and clinical exposure, students will develop the skills necessary to conduct comprehensive clinico-pathological evaluations, to identify underlying disease tendencies and susceptibilities.
 - c. Therapeutic Proficiency:** Students will be able to select Homoeopathic remedies based on the disease expression.
- ii. Infectious Diseases general outline and introduction and common expression and investigation; Water & Electrolyte Disturbances, Acid Base Metabolism
 - a. Comprehensive Understanding:** Students will acquire a comprehensive understanding of the principles of infectious diseases, including their aetiology, pathogenesis, epidemiology, and clinical manifestations, within the context of homeopathic philosophy.
 - b. Recognition of Common Infections:** Through case studies and practical sessions, students will learn to identify common infectious diseases encountered in clinical practice, integrating homeopathic principles with conventional approaches to diagnosis.
 - c. Diagnostic Approach:** Students will develop proficiency in employing diagnostic methods relevant to infectious diseases, including physical examination findings, laboratory tests, and imaging studies, while considering holistic aspects of the patient's health.

4. Course content and its term-wise distribution

Theory	Non-lectures (Clinical/Demonstrative)
Term I	
1. Clinico - pathological evaluation of common signs and symptoms with miasmatic integration* 2. Introduction to Medical genetics*	Clinical: 10 Demonstrative: 2
Term II	
1. Immunity & Susceptibility - General considerations* 2. Infectious Diseases and Tropical Diseases*	Clinical: 10 Demonstrative: 2

**Refer clause 5.4 and tables 5.4.1 – 5.4.5 for detailed content (topics breakup)*

5. Teaching hours

5.1. Gross division of teaching hours

Practice of Medicine			
Year	Teaching hours- Lectures	Teaching hours- Non-lectures	Total
II BHMS	80	24	104

5.2. Teaching hours theory

Sr. No.	Topic	Hours
1	Clinico - pathological evaluation of common signs and symptoms with miasmatic integration	35
2	Immunity & Susceptibility - General considerations	5
3	Introduction to Medical genetics	5
4	Infectious Diseases and Tropical Diseases	35
Total		80

5.3. Teaching hours Non-lecture

Sr. No.	Non-lectures	Hours
	Clinical	
1	Approach to Patient: a) Doctor & Patient: General Principles of History Taking b) Physical Examination General Principles c) Differential Diagnosis: The beginning of management plan	3
2	General Assessment: a) Psychological Assessment b) Nutritional Assessment	3
3	General Physical Examination Skill	14
	Demonstrative	
4	Case Based / Problem Based Discussion on any of the topic of II BHMS Syllabus topic to be conducted <i>[as per availability of the case material or patient]</i>	4
Total		24

5.4. Distribution of teaching hours with breakup of each topic

5.4.1. Clinico - pathological evaluation of Common signs and symptoms with miasmatic integration

Cardinal Manifestations and Presentation of Diseases with relevant investigations

(Ref: Harison's Principles of Internal Medicine 21stEd)

Sr. No.	Topic	Topic breakup	Hours
1	Pain	1) Pain: Pathophysiology, types of pain	4
		2) Chest Discomfort	
		3) Abdominal Pain	
		4) Headache	
		5) Back and Neck Pain	
2	Alterations in Body Temperature	6) Fever: Definition, types of fever, aetiology, pathophysiology, physical examination, investigations and management	3
		7) Fever and Rash: Definition of rash, Approach - causes and its presentation, examinations, investigations and management	
		8) Fever of Unknown Origin: Definition, types, aetiology and epidemiology, diagnostic tests, differential diagnosis and management	
3	Neurological Symptoms	9) Syncope: Definition, classification and its aetiology and its pathophysiology, clinical features as per the types, investigations, management	6
		10) Dizziness and Vertigo: Definition, clinical approach with its pathophysiology and management	
		11) Fatigue: Definition, differential diagnosis, clinical approach and management	

Sr. No.	Topic	Topic breakup	Hours
		12) Neurologic Causes of Weakness and Paralysis: Definition [Weakness, Paralysis, Tone, Spasticity, Rigidity, Paratonia, flaccidity, Fasciculations], Pathogenesis [Upper Motor Neuron Weakness, Lower Motor Neuron Weakness, Neuromuscular Junction Weakness, Myopathic Weakness, & Psychogenic Weakness], Distribution and its approach.	
		13) Numbness, Tingling, and Sensory Loss: Definition, pathophysiology and differential diagnosis	
		14) Gait Disorders, Imbalance, and Falls: a) Anatomy and physiology related to Gait balance. b) Definition, pathophysiology and clinical significance related to different types of gait disorders. c) Definition, pathophysiology and clinical manifestation of disorders of balance. d) Assessment for the patient with falls.	
		15) Confusion and Delirium: Definition, epidemiology, risk factors, pathogenesis, clinical features, physical examinations, investigations, diagnostic criteria, differential diagnosis and general management.	
		16) Coma and disorders of consciousness: Definition, stages, Diagnostic approach: History, aetiology and its differential diagnosis, neurological examinations, investigations, management and prognosis	
		17) Dementia: Definition, functional anatomy of dementia, aetiology and its differential diagnosis, Diagnostic approach: History physical & neurological examinations,	

Sr. No.	Topic	Topic breakup	Hours
4	Circulatory and Respiratory Dysfunctions	cognitive and neuropsychiatric examination, investigations and management	6
		18) Aphasia, Memory Loss, and Other Cognitive Disorders: Definition, applied anatomy, clinical examination	
		19) Sleep Disorders: Physiology of sleep and wakefulness, approach to sleep disorders and treatment; evaluation of insomnia and its treatment	
		20) Dyspnoea: Definition, epidemiology, mechanisms underlying dyspnoea, assessment, differential diagnosis; Clinical approach: history, physical examination, investigations and management.	
		21) Cough: Definition, mechanism of cough, impaired cough, aetiology, classification, assessment of chronic cough, differential diagnosis, approach: history, physical examination, investigations and management.	
4	Circulatory and Respiratory Dysfunctions	22) Haemoptysis: Definition, understanding anatomy & physiology of it, aetiopathogenesis, evaluation of haemoptysis: history, physical examination, diagnostic evaluation, and management.	6
		23) Hypoxia and Cyanosis: a) Hypoxia: Definition, response to hypoxia, aetiology, pathophysiology, adaptation to hypoxia. b) Cyanosis: Definition, types, differential diagnosis with its aetiology, approach to cyanosis.	
		24) Oedema: Definition, aetiopathogenesis, differential diagnosis – Generalized and Localized oedema;	

Sr. No.	Topic	Topic breakup	Hours
		distribution of oedema; Approach: History taking, Clinical examination and investigations.	
		25) Palpitations: Definition, aetiopathogenesis, differential diagnosis, Approach: History taking, Clinical examination, investigations and management.	
5	Abdominal/GIT Dysfunctions	26) Dysphagia: Definition, physiology of swallowing, pathophysiology; Approach: history taking, Clinical examination, diagnostic procedures and management.	6
		27) Nausea, Vomiting and Indigestion: Definition, mechanism, causes & differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		28) Diarrhoea and Constipation: Definition, Normal physiology, types and causes, differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		29) Dysentery: Definition, causes, differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		30) Unintentional Weight Loss: Definition, physiology of weight regulation with aging, causes and differential diagnosis, assessment and testing, management.	
		31) Gastrointestinal Bleeding: Definition, source of the bleeding and its causes and its mechanism, Approach: history taking, differentiation of UGIB & LGIB - its assessment, evaluation and management.	

Sr. No.	Topic	Topic breakup	Hours
		32) Jaundice: Definition, clinical evaluation, metabolism of bilirubin, aetiopathogenesis, classification and its causes, differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		33) Abdominal Swelling & Ascites: Definition, causes, differential diagnosis, Approach: history taking, Clinical examination, investigations and its evaluation. Ascites: Definition, aetiopathogenesis, evaluation, management and complications.	
6	Renal and Urinary Tract Dysfunctions	34) Interstitial Cystitis / Bladder Pain Syndrome: Definition, aetiopathogenesis, clinical presentation, investigations, diagnostic evaluation, management, complication and prognosis.	4
		35) Dysuria: Definitions, aetiology, pathophysiology, assessment and diagnostic evaluation.	
		36) Azotaemia and Urinary Abnormalities: Definitions, aetiology, pathophysiology, assessment and diagnostic evaluation.	
		37) Fluid and Electrolyte Imbalance: Causes, pathophysiological evaluation, Investigations	
7	Haematological alterations	38) Anaemia: Definition, applied anatomy & physiology of RBC, regulation of its production; classification, clinical presentation; Approach: History taking, clinical examination, investigations and diagnostic evaluation	4
		39) Leucocytosis & Leukopenia: Definition, Aetiology, differential diagnosis.	

Sr. No.	Topic	Topic breakup	Hours
		40) <i>Bleeding diatheses: Bleeding & Thrombosis:</i> Definitions, applied anatomy & physiology of Haemostasis, aetiology of disorder of haemostasis, clinical presentation and history taking, clinical examination, laboratory evaluation.	
		41) <i>Interpretation of Peripheral Blood Smears</i>	
8	Psychological symptoms	42) Causes of asthenia, anxiety, sadness, thought disorders and delusions, perceptual disorders and hallucinations and relevant investigations	2
Total			35

5.4.2 Medical genetics:

Sr. No.	Topic lecture	Hours
1	Cytogenetics - definition, classification of chromosomal abnormality	1
2	Down's Syndrome	1
3	Turner's & Klinefelter's Syndrome	
4	Cystic fibrosis, Huntington's disease & Marfan's syndrome	1
5	Poly cystic kidney disease	
6	Neoplasia	1
7	Rare diseases – basic concept	
8	Integrating concept of Genetics with Homoeopathy	1
Total		5

5.4.3 Immunological factors in disease with concept of susceptibility:

Sr. No.	Topic lecture	Hours
1	Introduction and Primary & Secondary Immunodeficiency States	1
2	Hypersensitivity reactions: I, II, III, IV	1
3	Autoimmune diseases	1
4	Transplants, Graft rejection	
5	HIV	1
6	Integrating concept of Immunity with Homoeopathy: Susceptibility	1
TOTAL		5

5.4.4 For study of infectious and tropical diseases: Emphasis shall be on the following headings:

- i. Definition
- ii. Causative agents
- iii. Epidemiology
- iv. Pathogenesis
- v. Clinical features
- vi. Investigations
- vii. Diagnostic features
- viii. Differential Diagnosis
- ix. Complications
- x. Management
- xi. Prevention
- xii. Prognosis
- xiii. Homoeopathic classification of disease with its reasons
- xiv. Repertorial coverage / reference related to the disease
- xv. Homoeopathic therapeutics to the disease

Sr. No.	Topic Lecture	Hours
1	Herpes simplex viruses [HSV] infections	1
2	Varicella-zoster virus (VZV) infection	1
3	Epstein-Barr virus [EBV] Infections	1
4	Poliovirus Infections	1
5	Measles	1
6	Mumps	1
7	Rabies	1
8	Dengue	1
9	Japanese B Encephalitis	1
10	BIRD FLU	2
11	Influenza A H1N1 virus	
12	Chikungunya	
13	COVID 19 Virus Infection	1
14	Yellow fever	1
15	Smallpox (variola) - poxvirus infection	1
16	HIV Infection	1
17	Zika virus infection	1
18	Rickettsial infection	
19	Staphylococcal, streptococcal infections	1
20	Typhoid Fever	1
21	Gastroenteritis	1
22	Cholera	1
23	Tetanus	1
24	Anthrax, brucellosis, plague	1
25	Leprosy	1
26	Sexually Transmitted Disease, Syphilis	1

Sr. No.	Topic Lecture	Hours
27	Amoebiasis, Amoebic Liver Abscess	1
28	Filariasis / Worm infestations	1
29	Malaria & Kalazar	1
30	Leptospirosis	1
31	Tuberculosis	1
32	Extra pulmonary tuberculosis	1
33	Diphtheria	1
34	Pertussis (whooping cough)	1
35	Therapeutics of Infectious Disorders	3
TOTAL		35

5.4.5 Teaching hours distribution to clinical / practical / demonstrative activities (Non-lectures):

Sr. No.	Non-lectures	Hours
1	Approach to Patient: d) Doctor & Patient: General Principal of History Taking e) Physical Examination General Principal f) Differential Diagnosis: The beginning of management plan	3
2	General Assessment: c) Psychiatric Assessment d) Nutritional Assessment	3
3	General Examination Skill:	14
	i.) Temp recording and its documentation and interpretation	1
	ii.) Pulse examination at different site and its documentation and interpretation	
	iii.) RR examination and its documentation and interpretation	1
	iv.) BP Recoding and its documentation and its interpretation	
	v.) Height measurement and its documentation and interpretation	1

Sr. No.	Non-lectures	Hours
	vi.) Weight measurement and its documentation and interpretation	1
	vii.) BMI and Nutrition Assessment and its documentation and interpretation	
	viii.) Observation of Appearance, Built, and assessing Body proportion: Documentation and interpretation	
	ix.) Observation of Gait and its Assessment& documentation	
	x.) Observation of Decubitus and its assessment& documentation	
	xi.) Ear examination and its documentation and interpretation	3
	xii.) Nose examination and its documentation and interpretation	
	xiii.) Throat examination and its documentation and interpretation	
	xiv.) Eye examination and its documentation and interpretation	2
	xv.) Face examination and its documentation and interpretation	2
	xvi.) Mouth examination and its documentation and interpretation	
	xvii.) Lymph Nodes examination at different sites and documentation and interpretation	3
	xviii.) Nails examination and its documentation and interpretation	
	xix.) Skin examination and its documentation and interpretation	
4	Case Based / Problem Based Discussion on any of the following topic to be conducted <i>[as per availability of the case material or patient]</i>	4
	a) Approach to Case of Fever with any system presenting symptoms [GIT / RS / Skin / Renal / MSS etc.]	
	b) Approach to Case presenting with Neurological Symptoms	
	c) Approach to Case presenting with Circulatory and / or Respiratory Symptoms	
	d) Approach to Case presenting with Abdominal/GIT Symptoms	
	e) Approach to Case presenting with Renal and Urinary Tract symptoms	
	f) Approach to Case presenting with Haematological symptoms	
	g) Approach to Case presenting with psychological symptoms	

6. Content mapping (competencies tables)

6.1. Competency tables for clinico-pathological evaluation of common signs and symptoms with miasmatic integration:

6.1.1. Pain-

Sl. No	Domain of Competency	Millers Level:	Content	SLO	Blooms Domain/ Guilbert 's Level	Priority -	T-L Methods	Assessment		Integration
								Formative	Summative	
HomU G-PM I.1.1	K&S	K	Define pain and its types	1. Define pain and 2. Differentiate between acute and chronic pain	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.2		KH	Differentiate between types of pain	Differentiate between nociceptive, neuropathic, and inflammatory pain	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.3			Role of inflammation in pain	Describe how inflammation contributes to pain sensation and hypersensitivity	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.4		K	Define chest discomfort and its significance	1. define chest discomfort and 2. explain its importance in diagnosing	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology

				various conditions						
HomU G-PM I.1.5		KH	Describe the common causes of chest discomfort	Describe the common etiologies of chest discomfort, such as angina, heartburn, and musculoskeletal pain	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.6		K	Define abdominal discomfort and its significance	1. Define abdominal discomfort and 2. Explain its importance in diagnosing various conditions	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.7		KH	Describe the common causes of abdominal discomfort	Describe the common etiologies of abdominal discomfort, such as gastritis, appendicitis, and constipation	C2	Must Know	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology

HomU G-PM I.1.8		K	Define headache and its types	1. define headache and 2. differentiate between primary and secondary headaches	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.9		KH	Describe the common causes of headache	Describe the common etiologies of headache, such as tension-type headache, migraine, and cluster headache	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.10		K	Define back and neck pain and their types	1. define back and neck pain and 2. differentiate between mechanical and non-mechanical causes	C1	MK	Lecture, Group discussion	Quiz, Written test	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.11		KH	Describe the common causes of back and neck pain	Describe the common etiologies of back and neck pain, such as muscle strain, disc herniation, and osteoarthritis	C2	MK	Lecture, Group discussion	Quiz, Written test	SAQ, MCQ	Anatomy, Physiology

HomU G-PM I.1.12	HO	K	Define the principles of homoeopathic management of pain	define homoeopathic principles for pain management, emphasizing 1. individualization and 2. similars	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Organon and Homoeopathic Philosophy
HomU G-PM I.1.13		KH	Describe the concept of the simillimum in homoeopathy	Describe how remedies are selected based on symptom similarity in pain management	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Organon and Homoeopathic Philosophy
HomU G-PM I.1.14			Explain the role of repertories in homoeopathic prescribing	Discuss repertory usage to find the most suitable remedy for pain	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Repertory
HomU G-PM I.1.15		SH	Demonstrate the process of selecting a homoeopathic remedy	Demonstrate remedy selection based on totality symptoms in case of pain	P2	MK	Case studies	OSCE, Practical exam	Bedside examination, Viva voce	Materia Medica
HomU G-PM I.1.16		KH	Explain the principles of case management in homoeopathy	Discuss posology in pain treatment	C2	Must Know	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Organon, Homoeopathic Pharmacy

6.1.2. Fever-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.2.1	K&S	K	Define fever and its significance	Define fever and explain its role in the body's immune response	C1	MK	Lecture, Group discussion	Quiz, Written test		Physiology, Pathology
HomU G-PM I.2.2		KH	Describe the types of fever and their characteristics	Describe different types of fever, such as intermittent and continuous	C2	MK	Lecture, Group discussion	Quiz, Written test		Physiology, Pathology
HomU G-PM I.2.3			Explain the causes of fever	Explain the causes of fever, including infection and inflammation	C2	MK	Lecture, Group discussion	Quiz, Written test		Microbiology, Immunology
HomU G-PM I.2.4		K	Define the different types of fever (e.g., intermittent, remittent, continuous, relapsing).	Explain the characteristics and patterns of different types of fever.	C1	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases

HomU G-PM I.2.5		KH	Describe the etiology of each type of fever.	Explain the underlying causes of intermittent, remittent, continuous, and relapsing fevers.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.6			Discuss the clinical manifestations and symptoms associated with each type of fever.	Identify the clinical features and presentations of intermittent, remittent, continuous, and relapsing fevers.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.7		K	Define fever with rash.	Explain the clinical presentation of fever accompanied by a rash.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases, Dermatology
HomU G-PM I.2.8		K	Identify the common causes of fever with rash (e.g., viral infections, bacterial infections, allergic reactions).	Describe the etiological factors contributing to the development of fever with rash.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases, Dermatology

HomU G-PM I.2.9		KH	Discuss the differential diagnosis of fever with rash.	Explain the process of differentiating between various infectious and non-infectious causes of fever with rash.	C2	Must Know	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases, Dermatology
HomU G-PM I.2.10		K	Define Fever of Unknown Origin (FUO).	Explain the criteria/definition of FUO.	C1	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.11		KH	Discuss the etiology and pathophysiology of FUO.	Describe the possible causes and underlying mechanisms of FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.12			Identify the diagnostic approach to FUO.	Explain the stepwise approach to diagnosing and investigating FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.13			Discuss the differential diagnosis of FUO.	Explain how to differentiate between various causes of FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases

HomU G-PM I.2.14			Describe the management strategies for FUO.	Explain the treatment options and approaches for patients with FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.15		K	Describe the fever totality.	Define how to erect a fever totality	C1	MK	Lecture, Small group discussion	Tutorials, Assignments		Organon, Repertory
HomU G-PM I.2.16		KH	Discuss the characteristic indications of various indicated drugs	List the PQRS symptoms of a drug in Fever	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory & Viva voce	Materia Medica

6.1.3. Neurological Symptoms-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.3.1	K&S	K	Define the pathophysiology of neurological symptoms (e.g., weakness, numbness, tingling).	Explain the underlying mechanisms that lead to neurological symptoms.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	MCQs	Anatomy, Physiology, Neurology
HomU G-PM I.3.2		KH	Describe the neuroanatomical basis of common neurological symptoms.	Explain how specific neurological structures are involved in producing symptoms such as weakness or sensory changes.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Anatomy, Physiology, Neurology
HomU G-PM I.3.3			Discuss the pathophysiological processes underlying various neurological conditions.	Explain how different diseases and disorders affect the nervous system to produce specific symptoms.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology, Pathology

HomU G-PM I.3.4			Identify the role of neurotransmitters and receptors in neurological symptoms.	Explain how alterations in neurotransmission can lead to neurological symptoms.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology, Pathology
HomU G-PM I.3.5	K&S	KH	Define the principles of management for neurological symptoms.	Explain the basic approaches to managing common neurological symptoms.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology
HomU G-PM I.3.6		K	Describe the complete symptom	Define the symptom under LSMC	C1	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	LAQ, SAQ, Viva voce	Organon
HomU G-PM I.3.7		S	Demonstrate the process of selecting a homoeopathic remedy for neurological symptoms based on totality of symptoms	Student should be able to demonstrate how to select a homoeopathic remedy based on the totality of symptoms in a case of neurological symptoms	P2	MK	Lecture, Small group discussion	Assignments, Tutorials	SAQ, MCQs	Materia medica

HomU G-PM I.3.8		KH	Discuss the characteristic indications of various indicated drugs	List the PQRS symptoms of a drug in different Neurological symptoms	C1	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, Viva voce	Materia medica

6.1.4. Circulatory and Respiratory Dysfunctions

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.4.1	K&S	K	Define dyspnea.	Define dyspnea as the sensation of difficult or uncomfortable breathing, often described as shortness of breath.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology
HomU G-PM I.4.2		KK	Describe the physiology of dyspnea.	Explain the physiological mechanisms that contribute to the sensation of dyspnea, including neural and mechanical factors.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology

HomU G-PM I.4.3			Discuss the etiology of dyspnea.	Explain the various conditions and diseases that can cause dyspnea, such as respiratory disorders, cardiovascular diseases, or metabolic conditions.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology, Pathology
HomU G-PM I.4.4			Identify the clinical evaluation and diagnostic approach for patients presenting with dyspnea.	Explain the steps involved in assessing and diagnosing patients with dyspnea, including history taking, physical examination, and diagnostic tests.	C2	MK	Lecture, Small group discussion	Observations, Simulations	OSCE, Bedside examination	Clinical Medicine
HomU G-PM I.4.5		K	Define cough.	Define cough as a protective reflex that helps clear the airways of mucus, irritants, or foreign particles.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	Written examination, Objective Structured Clinical Examination (OSCE)	Clinical Medicine
HomU G-PM I.4.6		KH	Describe the physiology of cough.	Explain the neural and mechanical processes involved in the	C2	MK	Lecture, Small group	Case studies, Role-playing	OSCE, Practical examination	Clinical Medicine

				generation of a cough reflex.			discussion			
HomU G-PM I.4.7			Discuss the different types of cough.	Explain the characteristics and classification of cough, such as acute, subacute, or chronic.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Pathology
HomU G-PM I.4.8			Identify the common causes of cough.	Describe the etiology and pathophysiology of cough, including respiratory infections, asthma, and GERD.	C2	MK	Lecture, Small group discussion	Presentations, Group projects	Written examination, Case-based discussion	Physiology, Pathology
HomU G-PM I.4.9	K&S		Describe the characteristics of different types of cough.	Explain the differences between dry, wet, productive, and non-productive coughs, and their potential underlying causes.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	Written examination, OSCE	
HomU G-PM I.4.10		K	Define hemoptysis.	Define hemoptysis as the expectoration of blood that originates from the respiratory tract.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	Written examination, OSCE	Pathology

HomU G-PM I.4.11		KH	Describe the etiology of hemoptysis.	Explain the various causes of hemoptysis, including respiratory infections, pulmonary embolism, and lung cancer.	C2	MK	Lecture, Small group discussion	Case studies, Role-playing	OSCE, Practical examination	Pathology
HomU G-PM I.4.12			Discuss the clinical evaluation and diagnostic approach for patients presenting with hemoptysis.	Explain the steps involved in evaluating patients with hemoptysis, including history taking, physical examination, and diagnostic tests.	C2	MK	Lecture, Small group discussion	Observations, Simulations	OSCE, Practical examination	Pathology
HomU G-PM I.4.13	K&S		Discuss the complications associated with hemoptysis.	Explain the potential complications of hemoptysis, such as respiratory compromise or hemorrhagic shock, and their management.	C2	MK	Lecture, Small group discussion	Problem-based learning, Assignments	MCQs, Short-answer questions	Pathology

HomU G-PM I.4.14		K	Define hypoxia and cyanosis.	Define hypoxia as a condition characterized by insufficient oxygen supply to tissues and cyanosis as a bluish discoloration of the skin and mucous membranes due to deoxygenated hemoglobin.	C1	MK	Lecture, Small group discussion	Quizzes	Written examination, Objective Structured Clinical Examination (OSCE)	Pulmonology, Cardiology, Critical Care Medicine
HomU G-PM I.4.15		KH	Describe the pathophysiology of hypoxia and cyanosis.	Explain the mechanisms that lead to hypoxia and cyanosis, including impaired oxygen delivery or utilization.	C2	MK	Lecture, Small group discussion	Case studies	OSCE, Practical examination	Pulmonology, Cardiology, Critical Care Medicine
HomU G-PM I.4.16			Discuss the common causes of hypoxia and cyanosis.	Explain the various conditions and diseases that can manifest with hypoxia and cyanosis, such as respiratory disorders, cardiac conditions, or anemia.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Pulmonology, Cardiology, Critical Care Medicine

HomU G-PM I.4.17	PC		Discuss the clinical evaluation and diagnostic approach for patients presenting with hypoxia and cyanosis.	Explain the steps involved in evaluating patients with hypoxia and cyanosis, including history taking, physical examination, and diagnostic tests.	C2	MK	Lecture, Small group discussion	Tutorials, Group projects	OSCE, Practical examination	Pulmonology, Cardiology, Critical Care Medicine
HomU G-PM I.4.18		K	Define edema.	Define edema as the accumulation of excessive fluid in the interstitial spaces, leading to swelling and tissue enlargement.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Cardiology, Nephrology, Internal Medicine
HomU G-PM I.4.19		KH	Describe the pathophysiology of edema.	Explain the mechanisms involved in the development of edema, including changes in hydrostatic pressure, oncotic pressure, and capillary permeability.	C2	MK	Lecture, Small group discussion	Case studies, MCQs	LAQ, SAQ	Cardiology, Nephrology, Internal Medicine

HomU G-PM I.4.20			Discuss the causes and classification of edema.	Explain the various factors that can lead to edema, such as heart failure, kidney disease, liver cirrhosis, and venous insufficiency. Classify edema based on its location and underlying cause.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, SAQ, LAQ	Cardiology, Nephrology, Internal Medicine
HomU G-PM I.4.21			Describe the pathophysiology of edema.	Explain the mechanisms that lead to the accumulation of fluid in tissues, including increased capillary permeability and impaired lymphatic drainage.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	SAQ, LAQ	Cardiology, Nephrology, Internal Medicine
HomU G-PM I.4.22			Identify the clinical features of edema.	Describe the signs and symptoms associated with edema, including swelling, pitting, and changes in skin texture.	C2	MK	Lecture, Small group discussion	Presentations, Group projects, Assignments	SAQ, LAQ	Cardiology, Nephrology, Internal Medicine

HomU G-PM I.4.23		K	Define palpitations.	Define palpitations as the sensation of a rapid, irregular, or forceful heartbeat that may be felt in the chest, throat, or neck.	C1	MK	Lecture, Small group discussion	Quizzes	SAQ	Cardiology, Internal Medicine
HomU G-PM I.4.24		KH	Describe the pathophysiology of palpitations.	Explain the mechanisms that can lead to palpitations, including cardiac arrhythmias, structural heart disease, and stimulant use.	C2	MK	Lecture, Small group discussion	Assignments	SAQ, MCQs	Cardiology, Internal Medicine
HomU G-PM I.4.25			Discuss the common causes of palpitations.	Explain the various conditions and factors that can cause palpitations, such as atrial fibrillation, ventricular tachycardia, anxiety, and caffeine intake.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments, MCQs	MCQs, Short-answer questions	Cardiology, Internal Medicine

HomU G-PM I.4.26			Identify the clinical features of palpitations.	Describe the signs and symptoms associated with palpitations, including palpitations at rest, palpitations with exertion, and associated dizziness or syncope.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments, MCQs	MCQs, Short-answer questions	Cardiology, Internal Medicine
HomU G-PM I.4.27		K	Define the principles of homoeopathic management	Students should be able to define the basic principles of homoeopathic treatment	C1	MK	Lecture, Group discussion	Quiz, Assignments	SAQ	Homoeopathic Materia Medica
HomU G-PM I.4.28		KH	Describe the concept of the simillimum in homoeopathy	Students should be able to describe how the selection of the simillimum is based on the totality of symptoms in homoeopathic treatment	C2	MK	Lecture, Group discussion	Quiz, Assignments	SAQ	Homoeopathic Materia Medica
HomU G-PM I.4.29		SH	Demonstrate the process of selecting a homoeopathic remedy based	Students should be able to demonstrate how to select a homoeopathic remedy based on	C4	MK	Case studies	Quiz, Assignments	SAQ	Homoeopathic Materia Medica, Repertory

			on totality of symptoms	the totality of symptoms						
HomU G-PM I.4.30		KH	Explain the principles of case management in homoeopathy	Students should be able to discuss the principles of case management, including the importance of follow-up and potency selection	C5	MK	Lecture, Group discussion	Quiz, Assignments	LAQ	Homoeopathic Materia Medica

6.1.5. Abdominal/GIT Dysfunctions

Sl.No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.5.1	K&S	KH	Describe the common causes of GIT dysfunctions.	Explain how factors such as diet, lifestyle, stress, and genetics can contribute to the development of GIT dysfunctions.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Pathology, Microbiology, PSM
HomU G-PM I.5.2			Discuss the pathophysiological mechanisms underlying GIT dysfunctions.	Explain how disturbances in gastrointestinal motility, secretion, and	C2	MK	Lecture, Small group discussion	Case studies, MCQ	LAQ, SAQ	Physiology, Pathology

				absorption can lead to symptoms of GIT dysfunctions.						
HomU G-PM I.5.3			Identify the risk factors associated with GIT dysfunctions.	Describe how factors such as age, gender, diet, and medication use can increase the risk of developing GIT dysfunctions.	C2	DK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Physiology, Pathology
HomU G-PM I.5.4			Explain the role of inflammation in GIT dysfunctions.	Describe how inflammatory processes can contribute to conditions such as gastritis, enteritis, and colitis.	C2	MK	Lecture, Small group discussion	MCQ, Assignments	SAQ	Pathology, Microbiology
HomU G-PM I.5.5			Discuss the role of the microbiome in GIT health.	Explain how alterations in the gut microbiome can impact GIT function and contribute to the development of GIT dysfunctions.	C2	DK	Lecture, Small group discussion	Tutorials, Group projects	LAQ, SAQ	Physiology, Pathology

HomU G-PM I.5.6			Describe the pathophysiology of dysphagia.	Explain how dysphagia can result from structural abnormalities, neurological disorders, or muscular dysfunction.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	LAQ, SAQ	Physiology, Pathology
HomU G-PM I.5.7			Discuss the common causes of dysphagia.	Explain how conditions such as esophageal strictures, achalasia, and neurological diseases can lead to dysphagia.	C2	MK	Lecture, Small group discussion	Case studies	SSQ	Pathology
HomU G-PM I.5.8			Identify the key symptoms and clinical features of dysphagia.	Describe how symptoms such as difficulty swallowing, pain with swallowing, and regurgitation can help diagnose dysphagia.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine

HomU G-PM I.5.9	HO		Discuss the role of homoeopathic remedies in the management of dysphagia.	Explain how remedies such as Lachesis, Phosphorus, and Belladonna can be used to treat symptoms of dysphagia.	C2	MK	Lecture, Small group discussion	Assignments	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.11			Describe the pathophysiology of nausea and vomiting.	Explain how various triggers, such as chemical stimulation, sensory input, and central nervous system disorders, can lead to nausea and vomiting.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	MCQs, Short-answer questions	Physiology, Pathology
HomU G-PM I.5.12			Discuss the common causes of nausea and vomiting.	Explain how conditions such as gastroenteritis, motion sickness, and pregnancy can cause nausea and vomiting.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Physiology, Pathology

HomU G-PM I.5.13			Identify the key symptoms and clinical features of nausea and vomiting.	Describe how symptoms such as retching, hypersalivation, and pallor can help diagnose nausea and vomiting.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.14	HO		Discuss the role of homoeopathic remedies in the management of nausea and vomiting.	Explain how remedies such as Ipecacuanha, Nux vomica, and Cocculus indicus can be used to treat symptoms of nausea and vomiting.	C2	MK	Lecture, Small group discussion	Observations, Assignments	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.15	K&S		Describe the importance of hydration and dietary modifications in the management of nausea and vomiting.	Explain how maintaining hydration and following a bland diet can help alleviate symptoms of nausea and vomiting.	C2	DK	Lecture, Small group discussion	Tutorials, Group projects	MCQs, Short-answer questions	Physiology

HomU G-PM I.5.16			Define diarrhea and its characteristics.	Define diarrhea as the passage of loose or watery stools three or more times a day, often accompanied by abdominal cramping, bloating, and urgency.	C1	MK	Lecture, Small group discussion	MCQ	SAQ	Physiology
HomU G-PM I.5.17			Describe the pathophysiology of diarrhea.	Explain how disturbances in gastrointestinal motility, secretion, and absorption can lead to diarrhea.	C2	MK	Lecture, Small group discussion	MCQ, Assignments	LAQ, SAQ	Physiology. Pathology
HomU G-PM I.5.18			Discuss the common causes of diarrhea.	Explain how infections, dietary factors, medications, and stress can contribute to the development of diarrhea.	C2	MK	Lecture, Small group discussion	Case studies	SAQ	Pathology, Microbiology
HomU G-PM I.5.19			Identify the key symptoms and clinical features of diarrhea.	Describe how symptoms such as loose stools, abdominal cramping, and	C2	MK	Lecture, Small group	SAQ, LAQ	LAQ, SAQ	Clinical medicine

				dehydration can help diagnose diarrhea.			discussion			
HomU G-PM I.5.20	HO		Discuss the role of homoeopathic remedies in the management of diarrhea.	Explain how remedies such as Podophyllum, Arsenicum album, and Chamomilla can be used to treat symptoms of diarrhea.	C2	MK	Lecture, Small group discussion	Assignments, MCQ	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.21	K&S		Describe the importance of fluid and electrolyte management in the management of diarrhea.	Explain how maintaining hydration and electrolyte balance is crucial in the treatment of diarrhea.	C2	MK	Lecture, Small group discussion	Tutorials, Group projects	LAQ, SAQ	Physiology
HomU G-PM I.5.22			Define constipation and its characteristics.	Define constipation as infrequent bowel movements or difficulty passing stools, often associated with hard, dry stools and straining.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology

HomU G-PM I.5.23			Describe the pathophysiology of constipation.	Explain how factors such as slow colonic transit, pelvic floor dysfunction, and lifestyle factors can contribute to constipation.	C2	MK	Lecture, Small group discussion	Tutorials, Group projects	LAQ, SAQ	Physiology
HomU G-PM I.5.24			Discuss the common causes of constipation.	Explain how factors such as inadequate dietary fiber, dehydration, sedentary lifestyle, and certain medications can cause constipation.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	MCQs, Short-answer questions	Physiology
HomU G-PM I.5.25			Identify the key symptoms and clinical features of constipation.	Describe how symptoms such as straining, lumpy or hard stools, and a feeling of incomplete evacuation can help diagnose constipation.	C2	MK	Lecture, Small group discussion	MCQ, Assignments	MCQs, Short-answer questions	Clinical medicine

HomU G-PM I.5.26	HO		Discuss the role of homoeopathic remedies in the management of constipation.	Explain how remedies such as Bryonia, Nuxvomica, and Lycopodium can be used to treat symptoms of constipation.	C2	MK	Lecture, Small group discussion	Observations	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.27	K&S		Describe the importance of lifestyle modifications in the management of constipation.	Explain how dietary changes, increased physical activity, and regular bowel habits can help alleviate constipation.	C2	DK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Physiology
HomU G-PM I.5.28			Define dysentery and its characteristics.	Define dysentery as a type of diarrhea that contains blood or mucus, often accompanied by abdominal pain and fever.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology
HomU G-PM I.5.29			Describe the pathophysiology of dysentery.	Explain how infections, particularly bacterial and parasitic, can lead to	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Pathology

				inflammation of the intestines and the characteristic symptoms of dysentery.						
HomU G-PM I.5.30			Discuss the common causes of dysentery.	Explain how pathogens such as Shigella, Salmonella, and Entamoeba histolytica can cause dysentery.	C2	MK	Lecture, Small group discussion	Case studies	SAQ	Pathology
HomU G-PM I.5.31			Identify the key symptoms and clinical features of dysentery.	Describe how symptoms such as bloody diarrhea, abdominal cramps, and tenesmus can help diagnose dysentery.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.32	HO		Discuss the role of homoeopathic remedies in the management of dysentery.	Explain how remedies such as Merc sol, Aloe socotrina, and Podophyllum can be used to treat symptoms of dysentery.	C2	MK	Lecture, Small group discussion	Observations	MCQs, Short-answer questions	Homoeopathic Materia Medica

HomU G-PM I.5.33	K&S		Describe the importance of hydration and electrolyte management in the management of dysentery.	Explain how maintaining hydration and electrolyte balance is crucial in the treatment of dysentery.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Physiology
HomU G-PM I.5.34			Define unintentional weight loss and its significance.	Define unintentional weight loss as a decrease in body weight that occurs without purposeful dieting or exercise, often indicating an underlying health issue.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology
HomU G-PM I.5.35			Describe the pathophysiology of unintentional weight loss.	Explain how various factors, such as increased metabolism, reduced nutrient absorption, and chronic inflammation, can lead to unintentional weight loss.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ, MCQ	Physiology

HomU G-PM I.5.36			Discuss the common causes of unintentional weight loss.	Explain how conditions such as cancer, gastrointestinal disorders, hyperthyroidism, and depression can cause unintentional weight loss.	C2	MK	Lecture, Small group discussion	Case studies	SAQ	Physiology, Pathology
HomU G-PM I.5.37			Identify the key symptoms and clinical features associated with unintentional weight loss.	Describe how symptoms such as fatigue, weakness, and changes in appetite can help diagnose unintentional weight loss.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.38	HO		Discuss the role of homoeopathic remedies in the management of unintentional weight loss.	Explain how remedies such as Calcarea carbonica, Natrum muriaticum, and Phosphorus can be used to address underlying causes of unintentional weight loss.	C2	MK	Lecture, Small group discussion	Assignments	MCQs, Short-answer questions	Homoeopathic Materia Medica

HomU G-PM I.5.39	K&S		Describe the importance of a comprehensive evaluation in the management of unintentional weight loss.	Explain how assessing medical history, conducting physical examinations, and performing diagnostic tests are essential in identifying the cause of unintentional weight loss.	C2	DK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Clinical medicine
HomU G-PM I.5.40			Describe the pathophysiology of gastrointestinal bleeding	Explain the mechanisms by which various conditions, such as peptic ulcers, esophageal varices, and inflammatory bowel disease, can lead to GI bleeding.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Pathology
HomU G-PM I.5.41			Discuss the risk factors associated with GI bleeding	Identify and explain the risk factors, such as NSAID use, alcohol consumption, and coagulopathy,	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Physiology, Pathology

				that can predispose individuals to GI bleeding.						
HomU G-PM I.5.42			Explain the clinical presentation of GI bleeding	Describe the signs and symptoms, such as hematemesis, melena, and hematochezia, that are indicative of GI bleeding.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.43	HO		Describe the common homoeopathic remedies used in the management of GI bleeding	Explain the indications for remedies such as Phosphorus, Hamamelis, and Ferrummetallicum in treating various causes of GI bleeding.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Homoeopathic Tteria Medica
HomU G-PM I.5.44			Explain the concept of miasmatic prescribing in homeopathy	Describe how miasmatic factors are considered in chronic cases of GI bleeding for long-term management.	C2	DK	Lecture, Small group discussion	Observations, Simulations	SAQ	Organon

HomU G-PM I.5.45			Define jaundice and its clinical significance	Define jaundice as the yellow discoloration of the skin and mucous membranes due to elevated bilirubin levels and explain its importance in clinical diagnosis.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology, Pathology
HomU G-PM I.5.46			Describe the pathophysiology of jaundice	Explain the mechanisms of hyperbilirubinaemia, including hemolysis, hepatocellular dysfunction, and biliary obstruction, leading to jaundice.	C2	MK	Lecture, Small group discussion	Case studies, Role-playing	LAQ, SAQ	Physiology, Surgery
HomU G-PM I.5.47			Discuss the causes of jaundice	Identify and explain the various etiologies of jaundice, including viral hepatitis, alcoholic liver disease, and biliary tract obstruction.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Physiology, Surgery

HomU G-PM I.5.48			Explain the clinical features of jaundice	Describe the signs and symptoms of jaundice, such as yellowing of the skin, dark urine, and pale stools, and their significance in diagnosis.	C2	MK	Lecture, Small group discussion	Observations, Simulations	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.49	HO		Describe the common homoeopathic remedies used in the management of jaundice	Explain the indications for remedies such as Chelidonium, Lycopodium, and Natrum sulphuricum in treating jaundice.	C2	MK	Lecture, Small group discussion	Case studies, Role-playing	MCQs, Short-answer questions	Homoeopathic Tertia Medica
HomU G-PM I.5.50	K&S		Define ascites and its clinical significance	Define ascites as the abnormal accumulation of fluid in the peritoneal cavity and its importance in clinical diagnosis.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Anatomy, Physiology

HomU G-PM I.5.51			Describe the pathophysiology of ascites	Explain the mechanisms of fluid accumulation in ascites, including portal hypertension, hypoalbuminemia, and lymphatic obstruction.	C2	MK	Lecture, Small group discussion	Case studies, Role-playing	LAQ, SAQ	Physiology, Pathology
HomU G-PM I.5.52			Discuss the causes of ascites	Identify the various etiologies of ascites, including liver cirrhosis, heart failure, and malignancy.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Pathology
HomU G-PM I.5.53			Explain the clinical features of ascites	Describe the signs and symptoms of ascites, such as abdominal distension and shifting dullness, and their significance in diagnosis.	C2	MK	Lecture, Small group discussion	Observations, Simulations	LAQ, SAQ	Surgery, Clinical Medicine

HomU G-PM I.5.54			Differentiate between transudative and exudative ascites	Define transudative and exudative ascites and the pathophysiological differences between them.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Pathology
HomU G-PM I.5.55			Discuss the classification of ascites based on the underlying cause	Explain the categorization of ascites as cirrhotic, cardiac, malignant, and tuberculous based on the underlying disease process.	C2	MK	Lecture, Small group discussion	#NAME?	MCQs, Short-answer questions	Pathology
HomU G-PM I.5.56			Describe the grading of ascites based on severity	Explain the use of imaging modalities, such as ultrasound, in grading ascites from mild to severe based on fluid accumulation.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Pathology, Surgery
HomU G-PM I.5.57			Explain the role of ascitic fluid analysis in diagnosis	Describe the use of ascitic fluid analysis, including cell count, albumin gradient, and	C2	MK	Lecture, Small group discussion	Presentations, Group projects	SAQ	Physiology, Laboratory Medicine

				culture, in diagnosing the cause of ascites.						
HomU G-PM I.5.58	HO		Describe the common homoeopathic remedies used in the management of ascites	Explain the indications for remedies such as Apis mellifica, Lycopodium, and Carduus marianus in treating ascites.	C2	MK	Lecture, Small group discussi on	Case studies,	MCQs, Short- answer questions	Homoeopathic Materia Medica

6.1.6. Renal and Urinary Tract Dysfunctions

Sl. No.	Domain of Compet ency	Millers Level	Content	SLO	Blooms Domai n/ Guilbe rt's Level	Priori ty	T-L Metho ds	Assessment		Integration
								F	S	
HomU G-PM I.6.1	K&S	K	Define the terms "renal dysfunction" and "urinary tract dysfunction"	Students should be able to define these terms and differentiate between dysfunction of the kidneys and the urinary tract	C1	MK	Lecture , Group discuss ion	MCQ, Written test	SAQ	Anatomy, Pathology

HomU G-PM I.6.2			Identify the various causes of renal dysfunction	Students should be able to list the factors that can lead to dysfunction of the kidneys	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ	Medicine, Pathology
HomU G-PM I.6.3			Identify the various causes of urinary tract dysfunction	Students should be able to list the factors that can lead to dysfunction of the urinary tract	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ	Medicine, Pathology
HomU G-PM I.6.4		KH	Describe the underlying pathophysiology of renal dysfunction	Students should be able to describe the pathophysiological processes involved in renal dysfunction	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ	Physiology, Pathology
HomU G-PM I.6.5		K	Define the terms "cystitis" and "bladder pain syndrome"	Students should be able to define these terms and differentiate between them	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Surgery
HomU G-PM I.6.6			Describe the symptoms and clinical presentation of cystitis/bladder pain syndrome	Students should be able to list the common symptoms associated with cystitis and bladder pain syndrome	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Surgery, Urology

HomU G-PM I.6.7	HO	KH	Discuss the causes and risk factors associated with cystitis/bladder pain syndrome	Students should be able to discuss the various factors that can lead to the development of cystitis and bladder pain syndrome	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Urology
HomU G-PM I.6.8			Describe the principles of homoeopathic management for cystitis/bladder pain syndrome	Students should be able to describe the basic principles of homoeopathic treatment for cystitis and bladder pain syndrome	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.9		SH	Demonstrate the process of selecting a homoeopathic remedy for cystitis/bladder pain syndrome based on the totality of symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of cystitis/bladder pain syndrome	P2	MK	Role-playing , Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica

HomU G-PM I.6.10	K&S	K	Define the term "dysuria" and differentiate it from other urinary symptoms	Students should be able to define dysuria with its characteristic features	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Urology
HomU G-PM I.6.11			Describe the various causes of dysuria	Students should be able to list the factors that can lead to the development of dysuria	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Urology
HomU G-PM I.6.12		KH	Explain the underlying pathophysiology of dysuria	Students should be able to explain the pathological processes that cause dysuria	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology
HomU G-PM I.6.13			Discuss the clinical features and presentation of dysuria	Students should be able to describe the common symptoms and signs associated with dysuria	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Surgery, Pathology
HomU G-PM I.6.14	HO		Explain the principles of homoeopathic management for dysuria	Students should be able to describe the basic principles of homoeopathic treatment for dysuria	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica

HomU G-PM I.6.15			Demonstrate the process of selecting a homoeopathic remedy for dysuria based on the totality of symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of dysuria	P2	MK	Role-playing , Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.16	K&S	K	Define the term "azotemia" and explain its significance	Students should be able to 1.defineazotemia and 2. understand its clinical implications	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology, Nephrology
HomU G-PM I.6.17			Describe the various causes and mechanisms leading to the development of azotemia	Students should be able to list the factors that can lead to the development of azotemia	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Nephrology
HomU G-PM I.6.18		KH	Explain the underlying pathophysiologic al processes involved in the development of azotemia	Students should be able to explain the pathological processes that lead to elevated blood urea nitrogen (BUN) and creatinine levels in azotemia	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology, Nephrology

HomU G-PM I.6.19			Discuss the clinical presentation and signs associated with azotemia	Students should be able to describe the common clinical manifestations of azotemia	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Nephrology
HomU G-PM I.6.20			Discuss the diagnostic tests and procedures used to evaluate and diagnose azotemia	Students should be able to discuss the clinical investigations used to evaluate azotemia	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Laboratory Medicine, Nephrology
HomU G-PM I.6.21	HO		Explain the principles of homoeopathic management for azotemia	Students should be able to describe the basic principles of homoeopathic treatment for azotemia	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.22			Demonstrate the process of selecting a homoeopathic remedy for azotemia based on the totality of symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of azotemia	P2	MK	Role-playing , Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
KHom UG-PM I.6.23		K	Define the terms "fluid imbalance" and "electrolyte imbalance"	Students should be able to define these terms	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology

HomU G-PM I.6.24			Describe the various causes and factors contributing to fluid and electrolyte imbalances	Students should be able to list the factors that lead to the development of fluid and electrolyte imbalances	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Medicine, Physiology
HomU G-PM I.6.25		KH	Explain the underlying pathophysiological processes involved in the development of fluid and electrolyte imbalances	Students should be able to explain the pathological mechanisms that lead to fluid and electrolyte imbalance	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology
HomU G-PM I.6.26			Discuss the clinical signs and symptoms associated with fluid and electrolyte imbalances	Students should be able to describe the common clinical manifestations seen in patients with fluid and electrolyte imbalances	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology
HomU G-PM I.6.27			Identify the various risk factors that predispose individuals to the development of	Students should be able to discuss the factors that influence the fluid and	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology

			fluid and electrolyte imbalances	electrolyte imbalances						
HomU G-PM I.6.28	HO		Explain the principles of homoeopathic management for fluid and electrolyte imbalances	Students should be able to describe the basic principles of homoeopathic treatment for fluid and electrolyte imbalances	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.29			Demonstrate the process of selecting a homoeopathic remedy for fluid and electrolyte imbalance based on symptoms	Students should be able to demonstrate how to select a homoeopathic remedy in case of fluid and electrolyte imbalance	P2	MK	Role-playing , Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.30	K&S		Discuss the impact of lifestyle factors such as diet and fluid intake on fluid and electrolyte balance	Students should be able to discuss how lifestyle changes can help manage fluid and electrolyte imbalances	C2	NK	Lecture , Group discussion	MCQ, Written test	LAQ, SAQ, MCQ	Nutrition, Lifestyle Medicine

6.1.7. Hematological alterations-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.7.1	K&S	K	Define the terminologies used.	Students should be able to define following hematological alterations with their characteristics	C1	MK	Lecture, Group discussion	Quiz, Written test	MCQ, SAQ	Physiology, Pathology
7.1a				1. Anemia,						
7.1a				2. Leukocytosis,						
7.1a				3. Leucopenia,						
7.1a				4. Bleeding diatheses						
HomU G-PM I.7.2		KH	Identify the various risk factors that predispose individuals to the development of hematological alterations	Students should be able to discuss the factors that increase the likelihood of developing the above hematological alterations	C2	MK	Lecture, Group discussion	Quiz, Written test	MCQ, SAQ	Physiology, Pathology

HomU G-PM I.7.3			Explain the underlying pathophysiological processes involved in the development of hematological alterations	Students should be able to explain the pathological mechanisms that lead to the following hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	MCQ, SAQ	Physiology, Pathology
7.3a				1. Anemia,						
7.3a				2. Leukocytosis,						
7.3a				3. Leucopenia,						
7.3a				4. Bleeding diatheses						
HomU G-PM I.7.4			Discuss the common signs and symptoms associated with hematological alterations	Students should be able to describe the typical clinical manifestations observed in patients with following hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	MCQ, LAQ, SAQ	Pathology, Hematology
7.4a				1. Anemia,						
7.4a				2. Leukocytosis,						
7.4a				3. Leucopenia,						
7.4a				4. Bleeding diatheses						

HomU G-PM I.7.5			Discuss the diagnostic tests and procedures used to evaluate and diagnose hematological alterations	Students should be able to discuss the various tests and procedures used to evaluate hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	MCQ, SAQ	Pathology, Laboratory Medicine, Hematology
HomU G-PM I.7.6			Explain the principles of homoeopathic management for hematological alterations	Students should be able to describe the basic principles of homoeopathic treatment for hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	SAQ	Organon of Medicine
HomU G-PM I.7.7			Explain how homoeopathic remedies are selected for hematological alterations	Students should be able to explain the process of selection of homoeopathic remedies for hematological alterations	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	SAQ	Organon, Materia medica
HomU G-PM I.7.8		SH	Demonstrate the process of selecting a homoeopathic remedy for hematological alterations based on symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of hematological dysfunction	P2	MK	Group Discussion, Case study	Assignments	SAQ	Organon, Materia medica

6.1.8. Psychological symptoms-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain / Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.8.1	K&S	K	Define the terms "psychological symptoms" and explain their relevance	1. Psychological disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life. 2. These disorders create distress for the person experiencing the symptoms. 3. They can be temporary or lifelong, and affect how you think, feel, and behave	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.2			Define the term "fatigue" and explain its relevance	Define fatigue and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.3			Describe the various factors and conditions that can lead to fatigue	List the factors that can contribute to the onset of fatigue	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine

HomU G-PM I.8.4		KH	Explain the underlying physiological processes involved in the development of fatigue	Explain the physiological mechanisms that underlie the manifestation of fatigue	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.5		K	Define the term "asthenia"	Define asthenia and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.6			Describe the various factors and conditions that can lead to asthenia	List the factors that can contribute to the onset of asthenia	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.7		KH	Explain the underlying physiological processes involved in the development of asthenia	Explain the physiological mechanisms that underlie the manifestation of asthenia	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.8		K	Define the term "anxiety"	Define anxiety and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.9			Describe the various factors and conditions that can lead to anxiety	List the factors that can contribute to the onset of anxiety	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology

HomU G-PM I.8.10		KH	Explain the underlying physiological processes involved in the development of anxiety	Explain the physiological mechanisms that underlie the manifestation of anxiety	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Psyc
HomU G-PM I.8.11		K	Define the term "sadness"	Define sadness and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.12		KH	Describe the various factors and conditions that can lead to sadness	List the factors that can contribute to the onset of sadness	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.13		K	Define the term "disorders of thought" and explain its relevance	Define disorders of thought and understand their significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.14		KH	Describe the various factors and conditions that can lead to disorders of thought	List the factors that can contribute to the onset of disorders of thought	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.15		K	Define the term "disorders of perception" and explain its relevance	Define disorders of perception and their significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology

HomU G-PM I.8.16		KH	Describe the various factors and conditions that can lead to disorders of perception	List the factors that can contribute to the onset of disorders of perception	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.17		K	Define the term "sleep disorders" and explain its relevance	Define sleep disorders.	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.18		KH	Describe the various factors and conditions that can lead to sleep disorders	List the factors that can contribute to the onset of sleep disorders	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.19			Explain the underlying physiological processes involved in the development of sleep disorders	Explain the physiological mechanisms that underlie the manifestation of sleep disorders	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Psychiatry

6.2. Competency tables for immunity and susceptibility – general considerations

6.2.1. Introduction and primary & secondary immunodeficiency states-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.9.1	K&S	K	Explanation of primary and secondary immunodeficiency states	Understanding the difference between primary and secondary immunodeficiency	C1	MK	Lecture, Discussion	Quizzes, Written test	SAQ	Physiology, Pathology, Microbiology
HomU G-PM I.9.2			Overview of common genetic and acquired causes	Recognition of common primary immunodeficiency disorders	C2	MK	Cases, Group work	Quizzes, Written test	MCQ, SAQ	Pathology, Microbiology
HomU G-PM I.9.3		KH	Description of clinical signs and symptoms	Identification of clinical features suggestive of immunodeficiency	C2	MK	Group Discussion, Assignments	Quizzes, Written test, Tutorials	MCQ, SAQ	Pathology, Microbiology
HomU G-PM I.9.4			Description of therapeutic interventions and preventive measures	Demonstration of appropriate management plans for immunodeficiency disorders	C3	DK	Debates	Tutorials	SAQ	Pathology, Microbiology

6.2.2. Hypersensitivity reactions: I,II,III,IV-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.10.1	K&S	K	Explanation of hypersensitivity reaction types	Understanding the classification and mechanisms of hypersensitivity reactions	C1	MK	Lecture, Discussion	MCQ	SAQ	Pathology, Microbiology
01a				Type I hypersensitivity reactions						
01b				Type II hypersensitivity reactions						
01c				Type III hypersensitivity reactions						
01d				Type IV hypersensitivity reactions						
HomU G-PM I.10.2			Overview of common allergens and mediators such as IgE, histamine, and cytokines	Recognition of allergens and mediators associated with type I hypersensitivity	C2	MK	Group discussion	Assignments, MCQ	SAQ	Pathology, Microbiology

HomU G-PM I.10.3		KH	Explanation of IgE-mediated mast cell degranulation	Understanding the sequence of events leading to type I hypersensitivity reactions	C2	NK	Lecture, Group Discussion	Assignments, MCQ	SAQ	Physiology, Pathology
HomU G-PM I.10.4			Description of allergic rhinitis, asthma, anaphylaxis, and atopic dermatitis	Identification of clinical features suggestive of type I hypersensitivity	C2	MK	Lectures, Group discussion	MCQ	SAQ, Bedside examination	Physiology, Pathology, Clinical medicine
HomU G-PM I.10.5			Explanation of skin prick tests and serum IgE assays	Application of diagnostic strategies for type I hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ	Physiology, Pathology, Clinical medicine
HomU G-PM I.10.6		K	Overview of common antigens and antibodies such as blood group antigens and autoantibodies	Identify common antigens and antibodies involved in type II hypersensitivity reactions	C1	MK	Lecture	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.10.7		KH	Explanation of antibody-mediated cell destruction and complement activation	Understanding the sequence of events leading to type II hypersensitivity reactions	C2	MK	Lecture	Assignments, MCQ	SAQ	Physiology, Pathology

HomU G-PM I.10.8			Description of autoimmune hemolytic anemia, Goodpasture syndrome, and hemolytic disease of the newborn	Identification of clinical features suggestive of type II hypersensitivity	C2	MK	Lecture, case based learning	Assignments, MCQ	SAQ, Viva voce	Pathology, clinical medicine
HomU G-PM I.10.9			Explanation of direct and indirect Coombs tests	Application of diagnostic strategies for type II hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ, Viva voce	Physiology, pathology
HomU G-PM I.10.10		K	Overview of common antigens and antibodies such as immune complexes and autoantibodies	Identify common antigens and antibodies involved in type III hypersensitivity reactions	C1	MK	Lecture	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.10.11		KH	Explanation of immune complex deposition and complement activation	Understanding the sequence of events leading to type III hypersensitivity reactions	C2	MK	Lecture	Assignments, MCQ	SAQ	Physiology, Pathology

HomU G-PM I.10.12			Description of serum sickness, Arthus reaction, and systemic lupus erythematosus	Identification of clinical features suggestive of type III hypersensitivity	C2	MK	Lecture, case based learning	Assignments, MCQ	SAQ, Viva voce	Pathology, clinical medicine
HomU G-PM I.10.13			Explanation of laboratory tests such as complement levels and immunofluorescence	Application of diagnostic strategies for type III hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ, Viva voce	Physiology, pathology
HomU G-PM I.10.14		K	Overview of common antigens and cells such as haptens and T cells	Identify common antigens and cells involved in type IV hypersensitivity reactions	C1	MK	Lecture	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.10.15		KH	Explanation of T cell-mediated inflammation and cytokine release	Understanding the sequence of events leading to type IV hypersensitivity reactions	C2	MK	Lecture	Assignments, MCQ	SAQ	Physiology, Pathology
HomU G-PM I.10.16			Description of contact dermatitis, tuberculin reaction, and	Identification of clinical features suggestive of type IV	C2	MK	Lecture, case based	Assignments, MCQ	SAQ, Viva voce	Pathology, clinical medicine

			autoimmune diseases	hypersensitivity			learning			
HomU G-PM I.10.17			Explanation of patch testing and lymphocyte proliferation assays	Application of diagnostic strategies for type IV hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ, Viva voce	Physiology, pathology

6.2.3. Autoimmune Diseases-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.11.1	K&S	K	Explanation of autoimmune disease etiology and pathogenesis	Understanding the basics of autoimmune diseases and their mechanisms	C1	MK	Lecture, Discussion	MCQ	SAQ	Pathology, Microbiology
HomU G-PM I.11.2			Overview of common autoimmune disorders such as rheumatoid arthritis, systemic lupus erythematosus, and multiple sclerosis	Recognition of autoimmune diseases and their clinical presentations	C1	MK	Lecture, Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology, Clinical medicine

HomU G-PM I.11.3		KH	Explanation of immune dysregulation in autoimmune disorders	Understanding the involvement of autoantibodies and T cells in autoimmune pathophysiology	C2	MK	Problem-based learning	Tutorials, MCQ	SAQ, Viva voce	Physiology, pathology
HomU G-PM I.11.4			Description of systemic symptoms and organ involvement in autoimmune disorders	Identification of systemic and organ-specific manifestations of autoimmune diseases	C2	MK	Lecture, Discussion	Tutorials, MCQ	SAQ, Viva voce	Pathology, Clinical medicine

6.2.4. HIV Disease-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.12.1	K&S	K	Explanation of HIV virus and its transmission	Understanding the basics of HIV/AIDS and its causative agent	C1	MK	Lecture, Group Discussion	MCQ	SAQ	Pathology, Microbiology

HomU G-PM I.12.2			Overview of HIV transmission routes such as sexual contact, blood exposure, and vertical transmission	Identify common risk factors and modes of transmission for HIV infection	C1	MK	Lecture, Group Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology, PSM
HomU G-PM I.12.3		KH	Explanation of HIV progression from acute infection to AIDS	Understanding the stages and clinical course of HIV disease	C2	MK	Lectures, case based learning	Tutorials, Assignments, MCQ	SAQ, Viva voce	Clinical medicine
HomU G-PM I.12.4			Description of HIV-related symptoms and AIDS-defining illnesses	Identification of clinical features suggestive of HIV infection and AIDS	C2	MK	Workshops, Case-based learning	Assignments, MCQ	SAQ, Viva voce	Clinical medicine
HomU G-PM I.12.5			Explanation of HIV replication and immune depletion	Understand the pathophysiology of HIV infection and its effects on the immune system	C2	DK	Lectures, Group Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.12.6		SH	Description of HIV prevention methods and harm reduction approaches	Demonstration of appropriate prevention strategies for HIV infection	P2	DK	Seminars	Tutorials, Assignments, MCQ	SAQ, Viva voce	Community outreach programs on HIV prevention

6.2.5. Transplants and graft rejection-

Sl. No	Domain of Competency	Millers Level	Content	SLO	Blooms Domain / Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.13.1	K&S	K	Explanation of transplantation and immune response against grafts	Understanding the basics of transplantation and graft rejection	C1	MK	Lecture, Group Discussion	MCQ	SAQ	Pathology, Microbiology
HomU G-PM I.13.2			Overview of different types of transplants and their sources	Recognition of various transplantation methods and their differences	C1	MK	Lecture, Group Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.13.3		KH	Explanation of the alloimmune response and mechanisms of graft rejection	Understanding the immune-mediated rejection process	C2	MK	Lectures, case based learning	Tutorials, Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.13.4			Description of acute and chronic rejection symptoms	Identification of clinical features suggestive of graft rejection	C2	MK	Workshops, Case-based learning	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology

6.2.6. Homoeopathic relation of immunity and susceptibility-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert 's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.14.1	K&S	K	Overview of factors such as genetic predisposition, miasmatic influence, and constitutional characteristics	Recognition of factors influencing individual's susceptibility according to homeopathic principles	C2	MK	Lecture, Group Discussion	Case presentations, MCQ	SAQ, Viva voce	Organon and Hom. Philosophy
HomU G-PM I.14.3		KH	Description of the individualized approach in homeopathy	Identification of the importance of individualization in homeopathic treatment based on susceptibility	C2	MK	Lectures, Case-based learning	Quiz competitions, Tutorials	SAQ, Bedside examination	Organon and Hom. Philosophy
HomU G-PM I.14.4			Explanation of homeopathic remedies and constitutional treatment for improving vitality	Explain the role of homeopathic treatment strategies in enhancing immunity	C2	DK	Problem-solving scenarios, Group discussions	Case presentation, Guided discussions	Viva voce	Organon and Hom. Philosophy

HomU G-PM I.14.5			Description of the principle of similars and its role in strengthening immunity	Discuss the concept of the similimum in homeopathy and its relation to immunity and susceptibility	C2	DK	Group Discussions	Tutorials, Assignments		Organon and Hom. Philosophy
HomU G-PM I.14.6		SH	Analysis of patient outcomes and changes in susceptibility following homeopathic treatment	Evaluation of the effectiveness of homeopathic interventions on immunity	P1	DK	Patient encounters - OPD		Objective Structured Clinical Examination (OSCE)	Organon and Hom. Philosophy

6.3.Competency tables for medical genetics – an introduction

6.3.1. Introduction-

Sl. No.	Domain of Competency	Miller's Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomUG -PM I.15.1	K&S	K	Explanation of medical genetics and its scope	Understanding the definition and scope of medical genetics	C1	MK	Lecture, Discussion	MCQ	SAQ	Physiology, Biochemistry ,
HomUG -PM I.15.2			Overview of Mendelian principles, non-Mendelian inheritance, and genetic variation	Identify the basic principles of inheritance	C2	MK	Lecture, Discussion	MCQ, Assignemnts	Viva voce	Physiology, Pathology
HomUG -PM I.15.3		KH	Explanation of DNA structure, gene expression, and regulation	Describe the structure and function of DNA and genes	C2	MK	Problem-based learning	Assignments , MCQ	SAQ ,	Physiology, Biochemistry

HomUG -PM I.15.4			Description of inheritance patterns (autosomal dominant, autosomal recessive, X-linked, etc.) and common genetic disorders	Describe the patterns of inheritance and genetic disorders	C2	MK	Interactive workshops , Case-based learning	MCQ, Assignments	SAQ	Pathology, Clinical medicine
HomUG -PM I.15.5			Explanation of genetic testing methods, indications, and implications	Application of genetic counseling principles	C3	DK	Problem-solving scenarios, Group Discussion	Tutorials, MCQ	SAQ , Viva voce	Biochemistry , Clinical Medicine
HomUG -PM I.15.6		Shows how	Description of ELSI (ethical, legal, and social implications) issues in clinical practice	Demonstration of understanding ELSI principles	P1	DK	Seminars	Tutorials, Assignments		Clinical Medicine, PSM

6.3.2. Cytogenetics-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.16.1	K&S	K	Explanation of cytogenetics and its role in studying chromosomes and their abnormalities	Understanding the definition and scope of cytogenetics	C1	MK	Lecture, Discussion	MCQ	SAQ	Pathology
HomU G-PM I.16.2			Overview of chromosome structure, function, and organization	Identify the basic structure and function of chromosomes	C1	MK	Lecture, Discussion	MCQ, Assignments	Viva voce	Biochemistry, pathology
HomU G-PM I.16.3		KH	Explanation of cytogenetic techniques such as karyotyping, FISH, and chromosomal microarray	Understanding the principles and applications of cytogenetic methods	C2	MK	Lecture, Assignments	Assignments, MCQ	SAQ,	Pathology

HomU G-PM I.16.4			Description of different types of chromosomal abnormalities (numerical and structural) and their subtypes (e.g., trisomy, translocation, deletion)	Identification and categorization of chromosomal abnormalities	C2	MK	Workshops, Case-based learning	MCQ, Assignments	SAQ	Pathology
HomU G-PM I.16.5			Explanation of inheritance patterns for chromosomal abnormalities (e.g., autosomal dominant, autosomal recessive, X-linked)	Recognize patterns of inheritance for chromosomal abnormalities	C2	MK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Physiology, Biochemistry, pathology

6.3.3. Down's Syndrome-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert 's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.17.1	K&S	K	Explanation of Down's Syndrome, its causes, and characteristics	Understanding the definition and basic features of Down's Syndrome	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology
HomU G-PM I.17.2		KH	Overview of trisomy 21 and the genetic mechanisms leading to Down's Syndrome	Describe the genetic basis of Down's Syndrome	C2	MK	Lecture, Discussion	MCQ, Assignemnts	SAQ, Viva voce	Pathology
HomU G-PM I.17.3		Knows how	Description of physical characteristics , developmental delays, and medical issues associated with Down's Syndrome	Identification of clinical features suggestive of Down's Syndrome	C3	MK	Lecture, Assgnments	Assignments, MCQ	SAQ, MCQ	Pathology, Paediatrics

HomU G-PM I.17.4		Knows how	Explanation of prevalence, risk factors, and screening methods for Down's Syndrome	Application of knowledge regarding Down's Syndrome epidemiology and risk assessment	C4	DK	Workshops	MCQ, Assignments	SAQ	Pathology, ObG, PSM, Paediatrics
HomU G-PM I.17.5		Shows how	Description of medical interventions, therapies, and support services for individuals with Down's Syndrome	Discuss the medical and developmental management of individuals with Down's Syndrome	C5	DK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Paediatrics

6.3.4. Turner's Syndrome-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.18.1	K&S	K	Explanation of Turner's Syndrome, its causes, and characteristics	Understanding the definition and basic features of Turner's Syndrome	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology

HomU G-PM I.18.2		KH	Overview of monosomy X and the genetic mechanisms leading to Turner's Syndrome	Describe the genetic basis of Turner's Syndrome	C2	MK	Lecture, Discussion	MCQ, Assignemnts	SAQ, Viva voce	Pathology
HomU G-PM I.18.3			Description of physical characteristics, developmental issues, and medical conditions associated with Turner's Syndrome	Identification of clinical features suggestive of Turner's Syndrome	C3	MK	Lecture, Assignments	Assignments, MCQ	SAQ, MCQ	Pathology, Paediatrics
HomU G-PM I.18.4			Explanation of prevalence, risk factors, and screening methods for Turner's Syndrome	Understand the epidemiology and risk factors for Turner's Syndrome	C4	DK	Workshops	MCQ, Assignments	SAQ	Pathology, ObG, PSM, Paediatrics
HomU G-PM I.18.5			Description of medical interventions, hormone therapy, and support	Discuss the medical and developmental management of	C5	DK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Paediatrics

			services for individuals with Turner's Syndrome	individuals with Turner's Syndrome						

6.3.5. Klinefelter's Syndrome-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert 's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.19.1	K&S	K	Explanation of Klinefelter's Syndrome, its causes, and characteristics	Understanding the definition and basic features of Klinefelter's Syndrome	C1	MK	Lecture, Discussion	Quizzes , Class participation	SAQ	Pathology
HomU G-PM I.19.2		KH	Overview of aneuploidy (47, XXY) and the genetic mechanisms leading to Klinefelter's Syndrome	Describe the genetic basis of Klinefelter's Syndrome	C2	MK	Lecture, Discussion	MCQ, Assignments	SAQ, Viva voce	Pathology

HomU G-PM I.19.3			Description of physical characteristics, developmental issues, and medical conditions associated with Klinefelter's Syndrome	Identification of clinical features suggestive of Klinefelter's Syndrome	C3	MK	Lecture, Assgnments	Assignments, MCQ	SAQ, MCQ	Pathology , Paediatrics
HomU G-PM I.19.4			Explanation of prevalence, risk factors, and screening methods for Klinefelter's Syndrome	Understand the epidemiology and risk factors for Klinefelter's Syndrome	C4	DK	Workshops	MCQ, Assignments	SAQ	Pathology , ObG, PSM, Paediatrics
HomU G-PM I.19.5			Description of medical interventions, hormone therapy, and support services for individuals with Klinefelter's Syndrome	Discuss the medical and developmental management of individuals with Klinefelter's Syndrome	C5	DK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Paediatrics

6.3.6. Cystic Fibrosis-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.20.1	K&S	K	Explanation of CF, its causes, and characteristics	Understanding the definition and basic features of CF	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology
HomU G-PM I.20.2			Overview of mutations in the CFTR gene and their effects on chloride transport	Describe the genetic basis of CF	C1	MK	Lecture, Discussion	MCQ, Assignments	SAQ, Viva voce	Pathology
HomU G-PM I.20.3		KH	Description of respiratory, digestive, and other symptoms associated with CF	Identification of clinical features suggestive of CF	C2	MK	Lecture, Assignments	Assignments, MCQ	SAQ, MCQ	Pathology, Paediatrics
HomU G-PM I.20.4			Explanation of the mechanisms leading to mucus buildup and organ damage in CF	Understanding the pathophysiological processes underlying CF	C2	MK	Workshops	MCQ, Assignments	SAQ	Pathology, ObG, PSM, Paediatrics

HomU G-PM I.20.5			Description of treatment modalities including airway clearance techniques, medications, and nutritional support	Discuss the medical management of CF	C2	DK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Paediatrics

6.3.7. Huntington's disease-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.21.1	K&S	K	Explanation of HD, its causes, and characteristics	Understanding the definition and basic features of HD	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology
HomU G-PM I.21.2			Overview of the mutation in the HTT gene and its inheritance pattern	Describe the genetic basis of HD	C1	MK	Lecture, Discussion	MCQ, Assignments	SAQ, Viva voce	Pathology

HomU G-PM I.21.3		KH	Description of motor, cognitive, and psychiatric symptoms associated with HD	Identification of clinical features suggestive of HD	C2	MK	Lecture, Assignments	Assignments, MCQ	SAQ, MCQ	Pathology, Paediatrics
HomU G-PM I.21.4			Explanation of the mechanisms leading to neuronal dysfunction and degeneration in HD	Understanding the physiological processes underlying HD	C2	MK	Workshops	MCQ, Assignments	SAQ	Pathology, ObG, PSM, Paediatrics
HomU G-PM I.21.5			Explanation of genetic counseling services, predictive testing, and family planning options for HD	Explain the importance of genetic counseling and testing in HD	C2	DK	Workshop, Seminar	Tutorials, assignment		Psychology, PSM

6.3.8. Marfan's syndrome-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.22.1	K&S	K	Explanation of Marfan Syndrome, its causes, and characteristics	Understanding the definition and basic features of Marfan Syndrome	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology
HomU G-PM I.22.2			Overview of mutations in the FBN1 gene and their effects on connective tissue	Describe the genetic basis of Marfan Syndrome	C1	MK	Lecture, Discussion	MCQ, Assignments	SAQ, Viva voce	Pathology
HomU G-PM I.22.3		KH	Description of skeletal, cardiovascular, and ocular manifestations associated with Marfan Syndrome	Identification of clinical features suggestive of Marfan Syndrome	C2	MK	Lecture, Assignments	Assignments, MCQ	SAQ, MCQ	Pathology, Paediatrics
HomU G-PM I.22.4			Explanation of the mechanisms leading to connective tissue abnormalities and organ dysfunction in Marfan Syndrome	Understanding the pathophysiological processes underlying Marfan Syndrome	C2	MK	Workshops	MCQ, Assignments	SAQ	Pathology, ObG, PSM, Paediatrics

HomU G-PM I.22.5			Description of treatments including medications, surgery, and lifestyle modifications for managing Marfan Syndrome symptoms	Discuss the medical management of Marfan Syndrome	C2	DK	Interactive workshops , Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Paediatrics
HomU G-PM I.22.6			Explanation of genetic counseling services, family screening, and prenatal testing for Marfan Syndrome	Explain the importance of genetic counseling and screening in Marfan Syndrome	C2	DK	Workshop , Seminar	Tutorials, assignments		Psychology, PSM

6.3.9. Polycystic kidney disease-

Sl. No.	Competency	Millers Level:	Content	SLO	Blooms Domain / Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.23.1	K&S	K	Explanation of PKD, its causes, and characteristics	Understanding the definition and basic features of PKD	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology

HomU G-PM I.23.2			Overview of mutations in the PKD1 and PKD2 genes and their effects on kidney development	Describe the genetic basis of PKD	C1	MK	Lecture, Discussion	MCQ, Assignments	SAQ, Viva voce	Pathology
HomU G-PM I.23.3		KH	Description of renal and extrarenal manifestations associated with PKD	Identification of clinical features suggestive of PKD	C2	MK	Lecture, Assignments	Assignments, MCQ	SAQ, MCQ	Pathology, Paediatrics
HomU G-PM I.23.4			Explanation of the mechanisms leading to cyst formation, kidney enlargement, and renal dysfunction in PKD	Understanding the physiological processes underlying PKD	C2	MK	Workshops	MCQ, Assignments	SAQ	Pathology, ObG, PSM, Paediatrics
HomU G-PM I.23.5			Description of treatments including blood pressure control, pain management, and dialysis/transplantation for managing PKD complications	Discuss the medical management of PKD	C2	DK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Paediatrics

HomU G-PM I.23.6			Explanation of genetic counseling services, family screening, and prenatal testing for PKD	Explain the importance of genetic counseling and screening in PKD	C2	DK	Workshop , Seminar	Tutorials, assignments		Psychology, PSM

6.3.10. Neoplasia-

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.24.1	K&S	K	Explanation of neoplasia, its definition, and characteristics	Understanding the definition and basic features of neoplasia	C1	MK	Lecture, Discussion	Quizzes, Class participation	SAQ	Pathology
HomU G-PM I.24.2			Overview of benign and malignant neoplasms, including carcinomas, sarcomas, and hematologic malignancies	Recognition of different types of neoplasms based on histological and molecular characteristics	C1	MK	Lecture, Discussion	MCQ, Assignments	SAQ, Viva voce	Pathology

HomU G-PM I.24.3		KH	Description of the multistep process of carcinogenesis, including initiation, promotion, and progression	Understanding the molecular and cellular events leading to the development of cancer	C2	MK	Lecture, Assignments	Assignments, MCQ	SAQ, MCQ	Pathology
HomU G-PM I.24.4			Identification of environmental, genetic, and lifestyle factors contributing to cancer risk	Recognition of modifiable and non-modifiable risk factors for cancer	C2	MK	Workshops	MCQ, Assignments	SAQ	PSM, Clinical medicine
HomU G-PM I.24.5			Description of screening tests and preventive measures for various types of cancer	Discuss the principles of cancer screening and prevention	C2	DK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	PSM, Clinical medicine
HomU G-PM I.24.6			Description of common signs and symptoms associated with cancer, including pain, weight loss, and fatigue	Identification of clinical features suggestive of cancer	C2	MK	Interactive workshops, Case-based learning	Tutorials, MCQ	SAQ, Viva voce	Clinical medicine

HomUG-PM I.24.7			Explanation of diagnostic tests such as imaging, biopsy, and tumor markers used in cancer diagnosis	Discuss the diagnostic workup for cancer	C2	DK	Assignments	Tutorials, MCQ	SAQ, Viva voce	Clinical Medicine, Radiology, Laboratory medicine, Pathology

6.4. Competency Tables for Infectious Diseases and Tropical Diseases

Sl. No.	Domain of Competency	Miller's Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomUG-PM I.25.1	K&S	K	Herpes simplex viruses [HSV] infections	Define Herpes simplex viruses [HSV] infections	C1	MK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Morphology Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Community Medicine, Paediatrics, Dermatology
				Discuss etiopathogenesis for HSV Infections	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of HSV Infections	C2	MK	Lecture, field visit			Community Medicine
				Explain how HSV Infections	C2	MK	Lecture, field visit			Community Medicine

			spreads from person to person						
			Describe the different clinical spectrum of HSV Infections	C2	MK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from different clinical spectrum of HSV Infections	C1	MK	Lecture, Case Based			
		KH	Enumerate the diagnostic features for HSV Infections	C1	MK	Lecture, Case Based			
			Describe the differential diagnosis of HSV Infections	C2	MK	Lecture, Case Based			
		K	Describe the potential complications of HSV Infections	C2	MK	Lecture, Case Based			
		KH	Discuss the prognosis of HSV Infections	C2	MK	Lecture, Case Based			
									Pathology

				Summarize the treatment and management options for HSV Infections	C2	MK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for the HSV Infections	C1	MK	Lecture, Case Based			Materia Medica
		KH		Describe the strategies to prevent HSV Infections transmission	C2	MK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.2	K&S	K	Varicella-zoster virus (VZV) infection	Define Varicella-zoster virus infection (VZV)	C1	MK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Morphology Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Community Medicine, Pediatrics, Dermatology
				Discuss etiopathogenesis for Varicella-zoster virus (VZV) infection	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of Varicella-zoster virus (VZV) infection	C2	MK	Lecture, field visit			Community Medicine

			Explain how Varicella-zoster virus (VZV) infection spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
			Describe the different clinical spectrum of Varicella-zoster virus (VZV) infection	C2	MK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from Varicella-zoster virus (VZV) infection	C1	MK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features for Varicella-zoster virus (VZV) infection	C1	MK	Lecture, Case Based			
			Describe the differential diagnosis of Varicella-zoster virus (VZV) infection	C2	MK	Lecture, Case Based			

			Describe the potential complications arising from Varicella-zoster virus (VZV) infection as per the different clinical spectrum	C2	MK	Lecture, Case Based			
			Discuss the prognosis of different clinical spectrum of Varicella-zoster virus (VZV) infection	C2	MK	Lecture, Case Based			
			Summarize the treatment and management options for different clinical spectrum of Varicella-zoster virus (VZV) infection	C2	MK	Lecture, Case Based			Organon
		K	Enumerate the indications of homoeopathic medicines for different clinical spectrum of Varicella-zoster	C1	MK	Lecture, Case Based			Materia Medica

				virus (VZV) infection						
		KH		Describe the strategies to prevent Varicella-zoster virus (VZV) infection	C2	MK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.3	K&S	K	Epstein-Barr virus [EBV] Infections	Define EBV Infections	C1	MK	Lecture, Multimedia presentation, Assignment - Literature Review	MCQ, Quiz, Viva	LQ, SQ, MCQ, Viva	Pathology, Community Medicine, Pediatrics, Dermatology
				Discuss etiopathogenesis for EBV Infections	C2	MK	Lecture			
				Identify the epidemiology dimension of EBV Infections	C2	MK	Lecture, field visit			Community Medicine
				Explain how EBV Infections spreads from person to person	C2	MK	Lecture, field visit			Community Medicine

				Describe the clinical presentations of EBV Infections - infectious mononucleosis	C2	MK	Lecture			
				State the investigations to be done for the patient suffering from EBV Infections	C1	MK	Lecture			Pathology
		KH		Enumerate the diagnostic features for EBV Infections	C1	MK	Lecture			
		K		Describe the differential diagnosis of EBV Infections	C2	MK	Lecture			
				Describe the potential complications of EBV Infections	C2	MK	Lecture			
				KH	Discuss the prognosis of EBV Infections	C2	MK			Lecture
				Summarize the treatment and management options for EBV Infections	C2	MK	Lecture			Organon

		K		Enumerate the indications of homoeopathic medicines for the EBV Infections	C1	MK	Lecture			Materia Medica
		KH		Describe the strategies to prevent EBV Infections transmission	C2	MK	Lecture			Community Medicine
HomUG -PM I.25.4	K&S	K	Poliovirus Infections	Define Poliovirus Infections	C1	DK	Lecture, Multimedia presentation, Assignment - Literature Review	MCQ, Quiz, Viva	LQ, SQ, MCQ, Viva	Pathology, Community Medicine, Pediatrics, Dermatology
				Discuss etiopathogenesis for Poliovirus Infections	C2	DK	Lecture, Case Based			
				Identify the epidemiology dimension of Poliovirus Infections	C2	DK	Lecture, field visit			Community Medicine
				Describe the clinical presentations of Poliovirus Infections	C2	DK	Lecture, Case Based			

				State the investigations to be done for the patient suffering from Poliovirus Infections	C1	DK	Lecture, Case Based			Pathology
		KH		Enumerate the diagnostic features for Poliovirus Infections	C1	DK	Lecture, Case Based			
				Describe the differential diagnosis of Poliovirus Infections	C2	DK	Lecture, Case Based			
		K		Describe the potential complications of Poliovirus Infections	C2	DK	Lecture, Case Based			
		KH		Discuss the prognosis of Poliovirus Infections	C2	DK	Lecture, Case Based			
				Summarize the treatment and management options for Poliovirus Infections	C2	DK	Lecture, Case Based			Organon, Immunology

		K		Enumerate the indications of homoeopathic medicines for the Poliovirus Infections	C1	DK	Lecture, Case Based			Materia Medica
		KH		Describe the strategies to prevent Poliovirus Infections transmission	C2	MK	Lecture, Case Based			Community Medicine, Immunology
HomUG -PM I.25.5	K&S	K	Measles	Define Measles	C1	MK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Morphology Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Virology Community Medicine
				Discuss etiopathogenesis for measles	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of measles	C2	MK	Lecture, field visit			Community Medicine
				Explain how measles Infections spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the clinical features of measles	C2	MK	Lecture, Case Based			

				State the investigations to be done for the patient suffering from Measles	C1	MK	Lecture, Case Based			Pathology
		KH		Enumerate the diagnostic features for Measles	C1	MK	Lecture, Case Based			
		K		Describe the potential complications of measles	C2	MK	Lecture, Case Based			
		KH		Describe the differential diagnosis of measles	C2	MK	Lecture, Case Based			
				Discuss the prognosis of Measles	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for Measles	C2	MK	Lecture, Case Based			Organon, Immunology
		K		Enumerate the indications of homoeopathic medicines for the Measles	C1	MK	Lecture, Case Based			Materia Medica

		KH		Describe the strategies to prevent Measles	C1	MK	Lecture, Case Based			Community Medicine, Immunology
HomUG-PM I.25.6	K&S	K	Mumps	Define Mumps	C1	MK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Morphology Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Virology Community Medicine
				Discuss etiopathogenesis for Mumps	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of mumps	C2	MK	Lecture, field visit			Community Medicine
				Explain how mumps infections spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the clinical manifestations of Mumps	C2	MK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from Mumps	C1	MK	Lecture, Case Based			Pathology

		KH		Enumerate the diagnostic features for Mumps	C1	MK	Lecture, Case Based			
		K		Describe the potential complications of Mumps	C2	MK	Lecture, Case Based			
		KH		Describe the differential diagnosis of Mumps	C2	MK	Lecture, Case Based			
				Discuss the prognosis of Mumps	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for Measles	C2	MK	Lecture, Case Based			Organon, Immunology
		K		Enumerate the indications of homoeopathic medicines for the Mumps	C1	MK	Lecture, Case Based			Materia Medica
		K		Describe the strategies to prevent Mumps	C1	MK	Lecture, Case Based			Community Medicine, Immunology

HomUG -PM I.25.7	K&S	K	Rabies	Define Rabies	C1	DK	Lecture, Multimedia presentation, Assignment - Literature Review	MCQ, Quiz, Viva	SQ, MCQ, Viva	Pathology, Virology Community Medicine
				Discuss etiopathogenesis for Rabies	C2	DK	Lecture			
				Identify the epidemiology dimension of mumps	C2	DK	Lecture			Community Medicine
				Explain how rabies infections spreads from person to person	C2	DK	Lecture			Community Medicine
				Describe the different clinical spectrum of Rabies	C2	DK	Lecture			
				State the investigations to be done for the patient suffering from Rabies	C1	DK	Lecture			Pathology
		KH		Enumerate the diagnostic features for different	C1	DK	Lecture			

				spectrum of Rabies						
		K		Describe the potential complications of Rabies	C2	DK	Lecture			
		KH		Describe the differential diagnosis of Rabies	C2	DK	Lecture			
				Discuss the prognosis of Rabies	C2	DK	Lecture			
				Summarize the treatment and management options for Rabies	C2	DK	Lecture			Organon, Immunology
		K		Enumerate the indications of homoeopathic medicines for the Rabies	C1	DK	Lecture			Materia Medica
		K		Describe the strategies to prevent Rabies	C1	DK	Lecture			Community Medicine, Immunology
HomUG -PM I.25.8	K&S	K	Dengue Virus Infection	Define Dengue	C1	MK	Lecture, Multimedia presentatio	MCQ, Quiz, Case	LQ, SQ, MCQ	Pathology, Virology,

							n, Case Based	based, Viva	Case Based Viva	Community Medicine
				Discuss etiopathogenesis for dengue infection	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of dengue infection	C2	MK	Lecture, field visit			Community Medicine
				State the risk factors and high risk patients for dengue infection	C1	MK	Lecture, Case Based			
				Describe the different clinical spectrum of dengue infection	C2	MK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from Dengue infection	C1	MK	Lecture, Case Based			Pathology
		KH		Enumerate the diagnostic features for dengue infection	C1	MK	Lecture, Case Based			

		K		Describe the complications of dengue infections as per the different clinical spectrum	C2	MK	Lecture, Case Based			
		KH		Describe the differential diagnosis of dengue infection	C2	MK	Lecture, Case Based			
				Discuss the prognosis of dengue infection as per the different clinical spectrum	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for dengue infection	C2	MK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for the dengue infections as per the different clinical spectrum	C1	MK	Lecture, Case Based			Materia Medica
		K		Describe the preventive strategies for the dengue infection	C1	MK	Lecture, Case Based			Community Medicine

HomUG -PM I.25.9	K&S	K	Japanese encephalitis virus [JEV] Infection	Define JEV Infection	C1	NK	Lecture, Multimedia presentation, Assignment - Literature Review	MCQ, Quiz, Viva	SQ, MCQ , Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for JEV infection	C2	NK	Lecture			
				Identify the epidemiology dimension of JEV infection	C2	NK	Lecture			Community Medicine
				Explain how JEV infections spreads from person to person	C2	NK	Lecture			Community Medicine
				Describe the different clinical spectrum of JEV infection	C2	NK	Lecture			
				State the investigations to be done for the patient suffering from JEV infection	C1	NK	Lecture			Pathology

		KH		Enumerate the diagnostic features for different spectrum of JEV infection	C1	NK	Lecture			
		K		Describe the potential complications of JEV infection	C2	NK	Lecture			
		KH		Describe the differential diagnosis of JEV infection	C2	NK	Lecture			
				Discuss the prognosis of JEV infection	C2	NK	Lecture			
				Summarize the treatment and management options for JEV infection	C2	NK	Lecture			Organon
		K		Enumerate the indications of homoeopathic medicines for the JEV infection	C1	NK	Lecture			Materia Medica
				Describe the strategies to prevent JEV infection	C1	NK	Lecture			Community Medicine

HomUG -PM I.25.10	K&S	K	BIRD FLU	Define BIRD FLU Infection	C1	NK	Lecture, Multimedia presentatio n, Assignmen t - Literature Review	MCQ, Quiz, Viva	SQ, MCQ , Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogeneis for BIRD FLU infection	C2	NK	Lecture			
				Identify the epidemiology dimension of BIRD FLU infection	C2	NK	Lecture, field visit			Community Medicine
				Explain how BIRD FLU Infections spreads from person to person	C2	NK	Lecture, field visit			Community Medicine
				Describe the clinical sprectrum of BIRD FLU infection	C2	NK	Lecture			
				State the investigations to be done for the patient suffering	C1	NK	Lecture			Pathology

				from BIRD FLU infection						
		KH		Enumerate the diagnostic features for different spectrum of BIRD FLU infection	C1	NK	Lecture			
		K		Describe the potential complications of BIRD FLU infection	C2	NK	Lecture			
		KH		Describe the differential diagnosis of BIRD FLU infection	C2	NK	Lecture			
				Discuss the prognosis of BIRD FLU infection	C2	NK	Lecture			
				Summarize the treatment and management options for BIRD FLU infection	C2	NK	Lecture			Organon

		K		Enumerate the indications of homoeopathic medicines for the BIRD FLU infection	C1	NK	Lecture			Materia Medica
				Describe the strategies to prevent JEV infection	C1	NK	Lecture			Community Medicine
HomUG -PM I.25.11	K&S	K	Influenza A H1N1 virus	Define Influenza A H1N1 virus Infection - Swine Flu	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Viva	SQ, MCQ , Case Based , Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of Influenza A H1N1 virus Infection	C2	MK	Lecture, field visit			Community Medicine

			Explain how iH1N1 Infections spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
			Describe the clinical spectrum of Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from Influenza A H1N1 virus Infection	C1	MK	Lecture, Case Based			Pathology
		K	Enumerate the diagnostic features for different spectrum of Influenza A H1N1 virus Infection	C1	MK	Lecture, Case Based			
		K	Describe the potential complications of Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			

		KH		Describe the differential diagnosis of Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			
				Discuss the prognosis of Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for the Influenza A H1N1 virus Infection	C1	MK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent Influenza A H1N1 virus Infection	C1	MK	Lecture, Case Based			Community Medicine

HomUG -PM I.25.12	K&S	K	Chikungunya virus Infection	Define Chikungunya virus Infection - Chikungunya virus Disease	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Viva	SQ, MCQ, Case Based, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for Chikungunya virus Infection	C2	MK	Lecture, Case Based			
				Identify the epidemiological dimensions of Chikungunya virus Infection, and Explain how it spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the clinical features of Chikungunya virus Infection	C2	MK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from Chikungunya virus Infection	C1	MK	Lecture, Case Based			Pathology

		KH		Enumerate the diagnostic features for Chikungunya virus Infection	C1	MK	Lecture, Case Based			
		K		Describe the potential complications of Influenza A H1N1 virus Infection	C2	MK	Lecture, Case Based			
		KH		Describe the differential diagnosis of Chikungunya virus Infection	C2	MK	Lecture, Case Based			
				Discuss the prognosis of Chikungunya virus Infection	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for Chikungunya virus Infection	C2	MK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for the Chikungunya virus Infection	C1	MK	Lecture, Case Based			Materia Medica

				Describe the strategies to prevent Chikungunya virus Infection	C1	MK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.13	K&S	K	COVID 19 Virus Infection	Define COVID 19 Virus Infection	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Viva	SQ, MCQ, Case Based, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for COVID 19 Virus Infection	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of COVID 19 Virus Infection	C2	MK	Lecture, field visit			Community Medicine
				Explain how COVID 19 Virus Infections spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the different clinical spectrum of	C2	MK	Lecture, Case Based			

				COVID 19 Virus Infection						
				State the investigations to be done for the patient suffering from different clinical spectrum of COVID 19 Virus Infection	C1	MK	Lecture, Case Based			Pathology
		KH		Enumerate the diagnostic features for different spectrum of COVID 19 Virus Infection	C1	MK	Lecture, Case Based			
		K		Describe the potential complications of COVID 19 Virus Infection	C2	MK	Lecture, Case Based			
		KH		Describe the differential diagnosis of COVID 19 Virus Infection	C2	MK	Lecture, Case Based			
				Discuss the prognosis of	C2	MK	Lecture, Case Based			

		K		COVID 19 Virus Infection						
				Summarize the treatment and management options for COVID 19 Virus Infection	C2	MK	Lecture, Case Based			
				Enumerate the indications of homoeopathic medicines for the COVID 19 Virus Infection	C1	MK	Lecture, Case Based			
				Describe the strategies to prevent COVID 19 Virus Infection	C1	MK	Lecture, Case Based			
HomUG -PM I.25.14	K&S	K	Yellow Fever virus [YFV] Infection	Define Yellow Fever virus [YFV] Infection	C1	NK	Lecture, Multimedia presentation	MCQ, Quiz, Viva	SQ, MCQ, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogeneis for Yellow Fever virus [YFV] Infection	C2	NK	Lecture, Case Based			

			Identify the epidemiology dimension of Yellow Fever virus [YFV] Infection	C2	NK	Lecture, field visit			Community Medicine
			Explain how Yellow Fever virus [YFV] Infection spreads from person to person	C2	NK	Lecture, field visit			Community Medicine
			Describe the clinical spectrum of Yellow Fever virus [YFV] Infection	C2	NK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from Yellow Fever virus [YFV] Infection	C1	NK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features for Yellow Fever virus [YFV] Infection	C1	NK	Lecture, Case Based			

		K		Describe the potential complications of Yellow Fever virus [YFV] Infection	C2	NK	Lecture, Case Based			
		K		Describe the differential diagnosis of Yellow Fever virus [YFV] Infection	C2	NK	Lecture, Case Based			
				Discuss the prognosis of Yellow Fever virus [YFV] Infection	C2	NK	Lecture, Case Based			
				Summarize the treatment and management options for Yellow Fever virus [YFV] Infection	C2	NK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for the Yellow Fever virus [YFV] Infection	C1	NK	Lecture, Case Based			Materia Medica

				Describe the strategies to prevent Yellow Fever virus [YFV] Infection	C1	NK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.15	K&S	K	Smallpox (variola) poxvirus infection	Define Smallpox (variola) - poxvirus infection	C1	NK	Lecture, Multimedia presentation, Assignment - Literature Review	MCQ, Quiz, Viva	SQ, MCQ, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for Smallpox (variola) - poxvirus infection	C2	NK	Lecture			
				Identify the epidemiology dimension of Smallpox (variola) - poxvirus infection	C2	NK	Lecture			Community Medicine
				Explain how Smallpox (variola) - poxvirus infection spreads	C2	NK	Lecture			Community Medicine

				from person to person						
				Describe the clinical spectrum of Smallpox (variola) - poxvirus infection	C2	NK	Lecture			
				State the investigations to be done for the patient suffering from clinical spectrum of Smallpox (variola) - poxvirus infection	C1	NK	Lecture			Pathology
		KH		Enumerate the diagnostic features of Smallpox (variola) - poxvirus infection	C1	NK	Lecture			
		K		Describe the potential complications of Smallpox (variola) - poxvirus infection	C2	NK	Lecture			

		KH		Describe the differential diagnosis of Smallpox (variola) - poxvirus infection	C2	NK	Lecture			
				Discuss the prognosis of Smallpox (variola) - poxvirus infection	C2	NK	Lecture			
				Summarize the treatment and management options for Smallpox (variola) - poxvirus infection	C2	NK	Lecture			Organon
		K		Enumerate the indications of homoeopathic medicines for the different stages related to Smallpox (variola) - poxvirus infection	C1	NK	Lecture			Materia Medica

				Describe the strategies to prevent Smallpox (variola) - poxvirus infection	C1	NK	Lecture			Community Medicine
HomUG-PM I.25.16	K&S	K	HIV Infection	Define the terms "HIV Infection" and "AIDS Syndrome"	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Chart, Model, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for HIV Infection	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of HIV Infection	C2	MK	Lecture, field visit			Community Medicine
				Explain how HIV Infections spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the different clinical spectrum of HIV Infection	C2	MK	Lecture, Case Based			

			State the investigations to be done for the patient suffering from different clinical spectrum of HIV Infection	C1	MK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features for different spectrum of HIV Infection	C1	MK	Lecture, Case Based			
		K	Describe the potential complications of HIV Infection	C2	MK	Lecture, Case Based			
		KH	Describe the differential diagnosis of HIV Infection	C2	MK	Lecture, Case Based			
			Discuss the prognosis of HIV Infection	C2	MK	Lecture, Case Based			
			Summarize the treatment and management options for HIV Infection	C2	MK	Lecture, Case Based			Organon, Immunology

		K		Enumerate the indications of homoeopathic medicines for the HIV Infection	C1	MK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent HIV Infection	C1	MK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.17	K&S	K	Zika virus infection	Define Zika virus infection	C1	NK	Lecture, Multimedia presentation	MCQ, Quiz, Viva	SQ, MCQ, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for Zika virus infection	C2	NK	Lecture			
				Identify the epidemiology dimension of Zika virus infection	C2	NK	Lecture			Community Medicine
				Explain how Zika virus infection spreads from person to person	C2	NK	Lecture			Community Medicine
				Describe the different clinical spectrum of Zika virus infection	C2	NK	Lecture			

				State the investigations to be done for the patient suffering from clinical spectrum of Zika virus infection	C1	NK	Lecture			Pathology
		KH		Enumerate the diagnostic features for Zika virus infection	C1	NK	Lecture			
		K		Describe the potential complications of Zika virus infection	C2	NK	Lecture			
		KH		Describe the differential diagnosis of Zika virus infection	C2	NK	Lecture			
				Discuss the prognosis of Zika virus infection	C2	NK	Lecture			
				Summarize the treatment and management options for Zika virus infection	C2	NK	Lecture			Organon

		K		Enumerate the indications of homoeopathic medicines for the Zika virus infection	C1	NK	Lecture			Materia Medica
				Describe the strategies to prevent HIV Infection	C1	NK	Lecture			Community Medicine
HomUG-PM I.25.18	K&S	K	Rickettsial infection	Define Rickettsial infection	C1	NK	Lecture, Multimedia presentation	MCQ, Quiz, Viva	SQ, MCQ, Viva	Pathology, Virology, Community Medicine
				Discuss etiopathogenesis for Rickettsial infection	C2	NK	Lecture			
				Identify the epidemiology dimension of Rickettsial infection	C2	NK	Lecture			Community Medicine
				Explain how Rickettsial infection spreads from person to person	C2	NK	Lecture			Community Medicine
				Describe the common clinical spectrum of Rickettsial infection	C2	NK	Lecture			

			State the investigations to be done for the patient suffering from different clinical spectrum of Rickettsial infection	C1	NK	Lecture			Pathology
		KH	Enumerate the diagnostic features for different spectrum of Rickettsial infection	C1	NK	Lecture			
		K	Describe the potential complications of Rickettsial infection	C2	NK	Lecture			
		KH	Describe the differential diagnosis of Rickettsial infection	C2	NK	Lecture			
			Discuss the prognosis of Rickettsial infection	C2	NK	Lecture			

				Summarize the treatment and management options for Rickettsial infection	C2	NK	Lecture			Organon
		K		Enumerate the indications of homoeopathic medicines for the Rickettsial infection	C1	NK	Lecture			Materia Medica
				Describe the strategies to prevent Rickettsial infection	C1	NK	Lecture			Community Medicine
HomUG -PM I.25.19	K&S	K	Staphylococcus aureus infection	Define Staphylococcus aureus infection	C1	DK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Morphology Chart, Viva	SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine
				State the factors predisposing to S. aureus colonisation and its infections / disease	C1	DK	Lecture, Case Based			
				Discuss etiopathogenesis for S. aureus infection	C2	DK	Lecture, Case Based			

				Identify the epidemiology dimension of S. aureus infection	C2	DK	Lecture, field visit			Community Medicine
				Explain how S. aureus infection spreads from person to person	C2	DK	Lecture, field visit			Community Medicine
				Enumerate the common clinical illness caused by S. aureus infection	C1	DK	Lecture, Case Based			
				Describe the clinical manifestation of common clinical illness which are caused by S. aureus infection	C2	DK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from common clinical illness caused by S. aureus infection	C1	DK	Lecture, Case Based			Pathology

		KH		Enumerate the diagnostic features for common clinical illness caused by S. aureus infection	C1	DK	Lecture, Case Based				
		K		Describe the potential complications of common clinical illness caused by S. aureus infection	C2	DK	Lecture, Case Based				
		KH		Describe the differential diagnosis of common clinical illness caused by S. aureus infection	C2	DK	Lecture, Case Based				
				Discuss the prognosis of common clinical illness caused by S. aureus infection	C2	DK	Lecture, Case Based				
				Summarize the treatment and management options for common clinical	C2	DK	Lecture, Case Based			Organon	

				illness caused by S. aureus infection						
		K		Enumerate the indications of homoeopathic medicines for the common clinical illness caused by S. aureus infection	C1	DK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent common clinical illness caused by S. aureus infection	C1	DK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.20	K&S	K	Streptococcal infections	Define Streptococcal infections	C1	DK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Morphology Chart, Viva	SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Streptococcal infections	C2	DK	Lecture, Case Based			
				Identify the epidemiology dimension of Streptococcal infections	C2	DK	Lecture, field visit			Community Medicine

			Explain how Streptococcal infections spreads from person to person	C2	DK	Lecture, field visit			Community Medicine
			Enumerate the common clinical illness caused by Streptococcal infections	C1	DK	Lecture, Case Based			
			Describe the clinical manifestation of comon clinical illness which are caused by Streptococcal infections	C2	DK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from common clinical illness caused by Streptococcal infections	C1	DK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features for common clinical illness caused by S. aureus infection	C1	DK	Lecture, Case Based			

		K		Describe the potential complications of common clinical illness caused by S. aureus infection	C2	DK	Lecture, Case Based			
		KH		Describe the differential diagnosis of common clinical illness caused by Streptococcal infections	C2	DK	Lecture, Case Based			
				Discuss the prognosis of common clinical illness caused by S. aureus infection	C2	DK	Lecture, Case Based			
				Summarize the treatment and management options for common clinical illness caused by Streptococcal infection	C2	DK	Lecture, Case Based			Organon

		K		Enumerate the indications of homoeopathic medicines for the common clinical illness caused by Streptococcal infection	C1	DK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent common clinical illness caused by Streptococcal infection	C1	DK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.21	K&S	K	Typhoid Fever	Define Typhoid Fever	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Typhoid Fever	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of Typhoid Fever	C2	MK	Lecture, field visit			Community Medicine

			Explain how Typhoid Fever spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
			Describe the clinical course of clinical manifestation of Typhoid Fever	C2	MK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from Typhoid Fever	C1	MK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features for Typhoid Fever	C1	MK	Lecture, Case Based			
		K	Describe the potential complications of Typhoid Fever	C2	MK	Lecture, Case Based			
		KH	Describe the differential diagnosis of Typhoid Fever	C2	MK	Lecture, Case Based			
			Discuss the prognosis of Typhoid Fever	C2	MK	Lecture, Case Based			

		K		Summarize the treatment and management options for Typhoid Fever	C2	MK	Lecture, Case Based			Organon
				Enumerate the indications of homoeopathic medicines for Typhoid Fever	C1	MK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent Typhoid Fever	C1	MK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.22	K&S	K	Acute Viral Gastroenteritis	Define Acute Viral Gastroenteritis	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Viva	SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Acute Viral Gastroenteritis	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of Acute Viral Gastroenteritis	C2	MK	Lecture, field visit			Community Medicine

				Explain how infection of Acute Viral Gastroenteritis spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the clinical manifestation of Acute Viral Gastroenteritis	C2	MK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from Acute Viral Gastroenteritis	C1	MK	Lecture, Case Based			Pathology
			KH	Enumerate the diagnostic features for Acute Viral Gastroenteritis	C1	MK	Lecture, Case Based			
			K	Describe the potential complications of Acute Viral Gastroenteritis	C2	MK	Lecture, Case Based			
			KH	Describe the differential diagnosis of Acute Viral Gastroenteritis	C2	MK	Lecture, Case Based			

		K		Discuss the prognosis of Acute Viral Gastroenteritis	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for Acute Viral Gastroenteritis	C2	MK	Lecture, Case Based			
				Enumerate the indications of homoeopathic medicines for Acute Viral Gastroenteritis	C1	MK	Lecture, Case Based			
				Describe the strategies to prevent Acute Viral Gastroenteritis	C1	MK	Lecture, Case Based			
HomUG -PM I.25.23	K&S	K	Cholera	Define Cholera	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case based, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine

			Discuss etiopathogenesis for Cholera	C2	MK	Lecture, Case Based			
			Identify the epidemiology dimension of Cholera	C2	MK	Lecture, field visit			Community Medicine
			Explain how infection of Cholera spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
			Describe the clinical manifestation of Cholera	C2	MK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from Cholera	C1	MK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features for Cholera	C1	MK	Lecture, Case Based			
		K	Describe the potential complications of Cholera	C2	MK	Lecture, Case Based			
		KH	Describe the differential	C2	MK	Lecture, Case Based			

				diagnosis of Cholera						
				Discuss the prognosis of Cholera	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for Cholera	C2	MK	Lecture, Case Based			
				Enumerate the indications of homoeopathic medicines for Cholera	C1	MK	Lecture, Case Based			Organon
				Describe the strategies to prevent Cholera	C1	MK	Lecture, Case Based			Materia Medica
HomUG -PM I.25.24	K&S	K	Tetanus	Define Tetanus	C1	NK	Lecture, Multimedia presentation	MCQ, Quiz, Viva	SQ, MCQ, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Tetanus	C2	NK	Lecture			
				Describe the clinical manifestation of Tetanus	C2	NK	Lecture			

		KH		Enumerate the diagnostic features for Tetanus	C1	NK	Lecture			
		K		Describe the potential complications of Tetanus	C2	NK	Lecture			
		KH		Describe the differential diagnosis of Tetanus	C2	NK	Lecture			
				Discuss the prognosis of Tetanus	C2	NK	Lecture			
				Summarize the treatment and management options for Tetanus	C2	NK	Lecture			Organon
		K		Enumerate the indications of homoeopathic medicines for Tetanus	C1	NK	Lecture			Materia Medica
				Describe the strategies to prevent and / or prophylaxis in the wound management of Tetanus	C1	NK	Lecture			Community Medicine

HomUG -PM I.25.25	K&S	K	Anthrax	Define Anthrax	C1	NK	Lecture, Multimedia presentation	MCQ, Quiz, Viva	SQ, MCQ , Viva	Pathology, Bacteriology Community Medicine
				Discuss etiopathogenesis for Anthrax	C2	NK	Lecture			
				Identify the epidemiology dimension of Anthrax	C2	NK	Lecture			Community Medicine
				Explain how infection of Anthrax spreads from person to person	C2	NK	Lecture			Community Medicine
				Describe the clinical manifestation of Anthrax / brucellosis / plague	C2	NK	Lecture			
				State the investigations to be done for the patient suffering from Anthrax	C1	NK	Lecture			Pathology
		KH		Enumerate the diagnostic features for Anthrax	C1	NK	Lecture			

		K		Describe the potential complications of Anthrax	C2	NK	Lecture			
		KH		Describe the differential diagnosis of Anthrax	C2	NK	Lecture			
				Discuss the prognosis of Anthrax	C2	NK	Lecture			
				Summarize the treatment and management options for Anthrax	C2	NK	Lecture			Organon
		K		Enumerate the indications of homoeopathic medicines for Anthrax	C1	NK	Lecture			Materia Medica
				Describe the strategies to prevent Anthrax	C1	NK	Lecture			Community Medicine
HomUG -PM I.25.26	K&S	K	Brucellosis	Define Brucellosis	C1	NK	Lecture, Multimedia presentation	MCQ, Quiz, Viva	SQ, MCQ , Viva	Pathology, Bacteriology Community Medicine
				Discuss etiopathogeneis for Brucellosis	C2	NK	Lecture			

			Identify the epidemiology dimension of Brucellosis	C2	NK	Lecture			Community Medicine
			Explain how infection of Brucellosis spreads from person to person	C2	NK	Lecture			Community Medicine
			Describe the clinical manifestation of Brucellosis	C2	NK	Lecture			
			State the investigations to be done for the patient suffering from Brucellosis	C1	NK	Lecture			Pathology
		KH	Enumerate the diagnostic features for Brucellosis	C1	NK	Lecture			
		K	Describe the potential complications of Brucellosis	C2	NK	Lecture			
		KH	Describe the differential diagnosis of Brucellosis	C2	NK	Lecture			

		K		Discuss the prognosis of Brucellosis	C2	NK	Lecture			
				Summarize the treatment and management options for Brucellosis	C2	NK	Lecture			
				Enumerate the indications of homoeopathic medicines for Brucellosis	C1	NK	Lecture			
				Describe the strategies to prevent Brucellosis	C1	NK	Lecture			
HomUG -PM I.25.27	K&S	K	Plague	Define Plague	C1	DK	Lecture, Multimedia presentation, Assignment - Literature Review	MCQ, Quiz, Viva	LQ, SQ, MCQ, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Plague	C2	DK	Lecture			
				Identify the epidemiology dimension of Plague	C2	DK	Lecture			Community Medicine

			Explain how infection of Plague spreads from person to person	C2	DK	Lecture			Community Medicine
			Describe the clinical manifestation of Plague	C2	DK	Lecture			
			State the investigations to be done for the patient suffering from Plague	C1	DK	Lecture			Pathology
		KH	Enumerate the diagnostic features for Plague	C1	DK	Lecture			
		K	Describe the potential complications of Plague	C2	DK	Lecture			
		KH	Describe the differential diagnosis of Plague	C2	DK	Lecture			
			Discuss the prognosis of Plague	C2	DK	Lecture			

		K		Summarize the treatment and management options for Plague	C2	DK	Lecture			Organon
				Enumerate the indications of homoeopathic medicines for Plague	C1	DK	Lecture			Materia Medica
				Describe the strategies to prevent Plague	C1	DK	Lecture			Community Medicine
HomUG-PM I.25.28	K&S	K	Leprosy	Define Leprosy	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case Based, Model, Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Leprosy	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of Leprosy	C2	MK	Lecture, field visit			Community Medicine
				Explain how infection of Leprosy spreads from person to person	C2	MK	Lecture, field visit			Community Medicine

				Describe the different clinical manifestation of different types of Leprosy	C2	MK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from Leprosy	C1	MK	Lecture, Case Based			Pathology
		KH		Enumerate the diagnostic features for different types of Leprosy	C1	MK	Lecture, Case Based			
		K		Describe the potential complications of different types of Leprosy	C2	MK	Lecture, Case Based			
		KH		Describe the differential diagnosis of different types of Leprosy	C2	MK	Lecture, Case Based			
				Discuss the prognosis of different types of Leprosy	C2	MK	Lecture, Case Based			

				Summarize the treatment and management options for different types of Leprosy	C2	MK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for different types of Leprosy	C1	MK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent different types of Leprosy	C1	MK	Lecture, Case Based			Community Medicine
HomUG -PM I.25.29	K&S	K	Tuberculosis	Define Tuberculosis	C1	MK	Lecture, Multimedia presentation, Case based, Assignment - Literature Review	MCQ, Quiz, Case Based, Model, Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Bacteriology, Community Medicine
				Discuss etiopathogenesis for Tuberculosis	C2	MK	Lecture, Case Based			
				Identify the epidemiology dimension of Tuberculosis	C2	MK	Lecture, field visit			Community Medicine

				Explain how infection of Tuberculosis spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
				Describe the different clinical manifestation of different types of Tuberculosis	C2	MK	Lecture, Case Based			
				State the investigations to be done for the patient suffering from different types of Tuberculosis	C1	MK	Lecture, Case Based			Pathology
			KH	Enumerate the diagnostic features of different types of Tuberculosis	C1	MK	Lecture, Case Based			
			K	Describe the potential complications of of different types of Tuberculosis	C2	MK	Lecture, Case Based			
			KH	Describe the differential diagnosis of of different types of Tuberculosis	C2	MK	Lecture, Case Based			

		K		Discuss the prognosis of different types of Tuberculosis	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for different types of Tuberculosis	C2	MK	Lecture, Case Based			
				Enumerate the indications of homoeopathic medicines for different types of Tuberculosis	C1	MK	Lecture, Case Based			
				Describe the strategies to prevent different types of Tuberculosis	C1	MK	Lecture, Case Based			
HomUG -PM I.25.30	K&S	K	Malaria Fever	Define Malaria Fever	C1	MK	Lecture, Multimedia presentation, Case Based	MCQ, Quiz, Case Based, Model, Chart, Viva	LQ, SQ, MCQ, Case Based, Viva	Pathology, Parasitology, Community Medicine
				Discuss etiopathogenesis for different types of Malaria Fever	C2	MK	Lecture, Case Based			

			Identify the epidemiology dimension of Malaria Fever	C2	MK	Lecture, field visit			Community Medicine
			Explain how infection of Malaria spreads from person to person	C2	MK	Lecture, field visit			Community Medicine
			Describe the different clinical manifestation of different types of Malaria Fever	C2	MK	Lecture, Case Based			
			State the investigations to be done for the patient suffering from different types of Malaria Fever	C1	MK	Lecture, Case Based			Pathology
		KH	Enumerate the diagnostic features of different types of Malaria Fever	C1	MK	Lecture, Case Based			
		K	Describe the potential complications of different types of Malaria Fever	C2	MK	Lecture, Case Based			

		KH		Describe the differential diagnosis of different types of Malaria Fever	C2	MK	Lecture, Case Based			
				Discuss the prognosis of different types of Malaria Fever	C2	MK	Lecture, Case Based			
				Summarize the treatment and management options for different types of Malaria Fever	C2	MK	Lecture, Case Based			Organon
		K		Enumerate the indications of homoeopathic medicines for different types of Malaria Fever	C1	MK	Lecture, Case Based			Materia Medica
				Describe the strategies to prevent different types of Malaria Fever	C1	MK	Lecture, Case Based			Community Medicine

6.5. Competency Tables for Bedside Clinics

Sl. No.	Domain of Competency	Miller's Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomUG-PM I.26.1	K&S	SH	Taking patient history including chief complaints, present illness, past medical history, family history, and personal history	Demonstration of effective communication and questioning skills	A1/2	MK	Simulated patient encounters	Observation of history-taking sessions, Peer feedback	OSCE	Case discussions with clinical preceptors
HomUG-PM I.26.2	PC		Conducting a systematic physical examination including general examination, systemic examination, and regional examination	Demonstration of proficiency in physical examination techniques	P2	MK	Simulation, Bedside demonstrations	Observation of physical examination sessions, Peer feedback	OSCE	Clinical rotations with supervision

HomU G-PM I.26.3			Analyzing patient history, physical examination findings, and relevant investigations to develop a list of possible diagnoses	Demonstration of critical thinking and clinical reasoning skills	P2/A2	MK	Case-based discussions, Problem-solving scenarios	Case analyses, Guided discussions	Viva voce, Bedside examination	Interactive case-based learning with faculty
HomU G-PM I.26.4			Developing appropriate management strategies including pharmacological, non-pharmacological, and lifestyle interventions	Demonstration of knowledge of evidence-based medicine and treatment guidelines	P2/A2	MK	Small group discussions, Clinical case presentations	Group Discussions	OSCE	Clinical rotations with treatment planning exercises
HomU G-PM I.26.5			Demonstrating empathetic communication, active listening, and professionalism in patient interactions and team communication	Demonstration of interpersonal and communication skills	A2	MK	Simulated patient encounters	Observation of communication skills, Peer feedback	OSCE	Communication exercises

HomU G-PM I.26.6			Recording patient history, examination findings, assessments, and management plans in a clear and organized manner	Demonstration of effective documentation skills	P3	MK	Charting exercises, Case note writing	Review of documentation, Peer feedback	OSCE	Clinical rotations with documentation review
HomU G-PM I.26.7			Adhering to professional standards, maintaining patient confidentiality, and respecting patient autonomy and diversity	Demonstration of ethical decision-making and professionalism	A3	MK	Group Discussions	Observations of professional conduct, Peer evaluations	OSCE	Reflection exercises and discussions

7. Teaching learning methods

Lectures	Non-lectures (clinical / practical / demonstrative)
Classroom lectures with oral presentation/ AV aid	Clinical Demonstration
Integrated teaching	Case Based Discussion
	PBL - Problem Based Learning
	Simulation – with mannequins
	OSCE – Objective Structure Clinical Examination
	Mini-CEX - mini clinical evaluation exercise
	Seminar: Integrated Medical Education Seminar
	Tutorials: Small Group Projects
	Chart and Model
	Assignment

8. Details of assessment

Note- The assessment in II BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during II BHMS will be added to the marks of IA in the IV BHMS University Examination.

Overall Scheme of Internal Assessment (IA)**

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
II BHMS/ Practice of Medicine	20 Marks Viva- A	100 Marks Clinical/Practical and Viva - E i) Viva voce -50 marks ii) Clinical/practical*- 50	20 Marks Viva- B	100 Marks Clinical/Practical and Viva - F i) Viva voce -50 marks ii) Clinical/practical*- 50

****Practical Examinations:***

- Case taking: 20 Marks for case taking, including history, symptoms of patient in detail.
- Examination skills: 10 marks for the proper demonstration of skills.
- Bedside Q n A session: 15 marks for demonstrating understanding of concepts and for applying knowledge to identify the problem.
- Spotters: 5 marks (Instruments: Identification and Indications; Reports: Observations, Causes, Diagnosis/Differential Diagnosis)

****Method of Calculation of Internal Assessment Marks in II BHMS for Final University Examination to be held in IV BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

9. List of recommended text/reference books

- Alagappan, R. (2017). *Manual of Practical Medicine* (6th ed.). Jaypee Brothers Medical Publishers (P) Ltd.
- Penman I.D., Ralston S.H., Strachan M.W.J., & Hobson R. (2022). *Davidson's Principles and Practice of Medicine* (24th ed.) Elsevier Health Sciences.
- Anudeep, B. A. P. (2022). *Insider's guide to clinical medicine* (2nd ed.) Jaypee Brothers Medical (P) Ltd.
- Golwala, A. F., & Vakil, R. J. (2008). *Physical diagnosis A textbook of symptoms and signs* (16th ed.). Media Promoters & Publishers.
- Glynn, M., & Drake, W. M. (2017). *Hutchison's clinical methods: An Integrated Approach to Clinical Practice*. Saunders.
- *Harrison's principles of internal medicine (2vols)* (21st ed.). (2022). McGraw-Hill.
- Bickley. (2016). *Bates' pocket guide to physical exam & history taking* (8th ed.). Wolters Kluwer India Pvt. Ltd.
- Dover, A. R., Innes, J. A., & Fairhurst, K. (2023). *Macleod's clinical examination international edition*. (15th ed.). Elsevier.
- Allen, H. C. (1998). *Therapeutics of intermittent fever*. B. Jain Publishers
- Bell, J. B. (2016). *The homeopathic therapeutics of diarrhea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels (Classic reprint)*. Forgotten Books.

- Boericke, W. (2022). *New Manual of Homoeopathic Materia Medica and Repertory with Relationship of Remedies: Including Indian Drugs, Nosodes Uncommon, Rare Remedies, Mother Tinctures, Relationship, Sides of the Body, Drug Affinities and List of Abbreviation* (3rd ed.). B Jain Publishers Pvt Limited.
- Hahnemann, S. (2004). *Organon of Medicine*. B Jain Publishers Pvt Limited.
- Lilienthal, S. (2005). *Homoeopathic therapeutics*. B Jain Pub Pvt Limited.
- Nash, E. B. (2002). *Leaders in homoeopathic therapeutics*. B Jain Pub Pvt Limited.
- Tyler, M. L. (1993). *Pointers to the common remedies*. B. Jain Publishers

10. List of contributors:

A. Dr Dilipkumar G. Nandha

MD (Hom), MBA (Edu. Mgt.)

Professor and HOD, [Class – I], Dept of Practice of Medicine,
Government Homoeopathic Medical College & Hospital,
Dethali, Ta: Siddpur, Dist: Patan – 384151, Gujarat
M: 9376939631, email: drdgnandha@gmail.com

B. Dr M K Kamath, MD(Hom)

Professor and HOD, Dept of Practice of Medicine
Father Muller Homoeopathic Medical College & Hospital,
University Road, Deralakatte, Mangalore 575018

Subject name: Gynaecology and Obstetrics

Subject code: HomUG-ObGy-I

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1. Preamble

Obstetrics stands at the forefront of maternal health, emphasizing the care and well-being of expectant mothers throughout pregnancy, childbirth, and the postpartum period. From prenatal care to labour and delivery, obstetricians play a pivotal role in ensuring safe pregnancies and healthy births. Gynaecology encompasses the diagnosis and treatment of conditions affecting the female reproductive system, from adolescence through menopause, including menstrual disorders, fertility concerns, sexually transmitted infections, and gynecological cancers. Infant care extends beyond the moment of birth, encompassing the critical early stage of a newborn's life. From breastfeeding guidance to newborn screening and immunization.

The fields of Obstetrics, Infant care and Gynaecology intersect to provide holistic care to women across the reproductive lifespan. By addressing the physical, emotional and social aspects of women's health, healthcare providers empower individuals to make informed decisions about their bodies and well-being. In the realm of obstetrics and gynaecology, homoeopathy offers a holistic approach that seeks to address the physical, emotional and spiritual aspects of women's health.

Homoeopathy, a system of medicine based on the principle of "like cures like" and individualized treatment, can play a significant role in promoting well-being and managing various conditions in obstetrics and gynaecology. Homoeopathy offers safe and gentle remedies to support women throughout pregnancy. From alleviating common discomforts such as nausea, fatigue, and back pain to addressing emotional concerns like anxiety and mood swings, homoeopathic treatments can provide relief without adverse effects on the developing fetus. Additionally, homoeopathy can aid in preparing the mother's body for labor and delivery, promoting a smooth and natural

In the postpartum period, homeopathy offers support for new mothers as they navigate the physical and emotional changes following childbirth, and breastfeeding difficulties, promote lactation, and support the overall recovery of the mother. Homeopathy provides a holistic approach to managing various gynaecological conditions, including menstrual disorders, hormonal imbalances, polycystic ovarian syndrome (PCOS), endometriosis, and menopausal symptoms. Homeopathy considers the individual's unique constitution and emotional state.

In conclusion, homoeopathy offers a holistic and patient-centred approach to obstetrics and gynaecology, addressing the physical, emotional, and spiritual aspects of women's health.

2. Course outcomes

At the end of BHMS II course, the students should be able to-

- i. Understand applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, menopause and in different stages of womanhood.
- ii. Learn skills in case taking, physical examination, diagnostic procedures and managements of benign and malignant conditions, trauma, infections and inflammations related with female genitalia, and pre-malignancy screening procedures.
- iii. Integrate the various knowledges to get a holistic understanding of disease evolution and approach to disease diagnosis and management.
- iv. Understand developmental anomalies, uterine displacements and Sex and intersexuality
- v. Understand the causes related with male and female Infertility, their diagnosis, Artificial Reproductive Techniques and skill in Homoeopathic management along with population dynamics and control of Conception.
- vi. Know skills required in case taking, clinical examination and common diagnostic modalities in Gynecology and Obstetrics.
- vii. Understand the process of normal pregnancy and minor ailments during pregnancy
- viii. Comprehend the process of diagnosis of normal pregnancy, prenatal, antenatal, postnatal maternal and fetal surveillance, care of newborn, care of puerperium
- ix. Understanding common problems during abnormal pregnancy and labour to manage it through Homoeopathic perspective including scope, limitations and timely referral.
- x. Comprehending postnatal, puerperal care, diseases of fetus, new-born and medico legal aspects with Homoeopathic perspective.
- xi. Learning general and homoeopathic management of common Gynecological and Obstetric conditions

3. Learning objectives

At the end of the II BHMS course the student shall able to:

1. Understand the applied anatomy, endocrinology and physiology including abnormality of female reproductive system during puberty, menstruation, menopause and in different stages womanhood.
2. Integrate the knowledge with Anatomy, Physiology, Organon of medicine, Practice of medicine and Homoeopathic materia medica to get a holisti
3. c understanding of disease evolution and approach to disease diagnosis and management.
4. Discuss the developmental anomalies, Uterine displacements and Sex and intersexuality to understand the Predisposition including fundamental miasm, personality type known to develop particular disease, causation and modifying factors like exciting and maintaining factors.
5. Acquire skill in case taking, clinical examination and common diagnostic modalities in Gynaecology and Obstetrics.
6. Describe anatomical, physiological, endocrinological changes and minor ailments during pregnancy
7. Understand prenatal, antenatal, postnatal maternal and foetal surveillance, care of new-born, care of puerperium
8. Integrate the knowledge with Organon of medicine and Homoeopathic Materia medica for eradicating genetic dyscrasias in the mother and foetus.
9. Describe the mechanism and stages of normal labour, and intra-partum management.
10. Discuss general and Homoeopathic management for the related conditions through integration with repertorisation and therapeutics.

4. Course content and its term-wise distribution

4.1 Unit 1: Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of Topics	Term
1.a	Introduction to Gynaecology with Definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books	I
1.b	A review of the applied anatomy of female reproductive system, development and Developmental anomalies	I
1.c	A review of the applied physiology of female reproductive system - Puberty, Menstruation and its disorders including, amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, epimenorrhoea, AUB, Postmenopausal bleeding and menopause with related ailments and its scope and management in Homoeopathy and integrate wherever necessary with other disciplines	I
1.d	Gynaecological Case taking, physical examination, investigation and approach to clinical diagnosis and Differential diagnosis.	I
1.e	Epidemiology -Predisposition including fundamental miasm: personality type known to develop particular disease	I
1.f	Uterine displacements – Prolapse, Retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective.	II
1.g	Sex & Intersexuality- Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook.	II
1.h	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Gynecology.	II

4.2 . Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

Sl. No.	List of topics	Term
2.a	Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy, Therapeutics and Repertorisation.	I
2.b	Fundamentals of reproduction	I
2.c	Development of intra uterine pregnancy	I
2.d	Diagnosis of pregnancy, investigations & examinations, applied anatomy & physiology, Normal pregnancy – physiological changes	I
2.e	Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homoeopathy	I
2.f	Common conditions such as Vomiting, backache, constipation in pregnancy and Homoeopathic management	I
2.g	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic scope and management	II
2.h	Postnatal & puerperal cure - scope and limitation of management in Homoeopathy	II
2.i	Care of new born in homoeopathic point of view	II
2.j	General and Homoeopathic Management, repertorisation, therapeutics, posology, Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and new-born care.	II
2.k	Important Investigations for diagnosis in Obstetrics	II

5. Teaching hours

5.1. Gross division of teaching hours

Gynaecology and Obstetrics		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	100	24

5.2. Teaching hours theory

5.2.1 Unit 1: Gynaecology and Homoeopathic Therapeutics

Sl. No.	List of topics	Lecture hours
1.a	Introduction to Gynecology with definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books	02 hrs.
1.b	A review of the applied anatomy of the female reproductive system.	03 hrs.
	Developmental anomalies	03 hrs.
1.c	A review of the applied physiology of the female reproductive system	02 hrs.
	HPO axis & Menstruation	
	Puberty	03 hrs.
	Disorders of Menstruation including – Amenorrhoea, Dysmenorrhoea, Menorrhagia, Metrorrhagia, Epimenorrhoea, AUB.	09 hrs.
	Post-Menopausal Bleeding & Menopause with related ailments	05 hrs.

1.d	Gynaecological case taking, Physical examination, investigation and approach to clinical diagnosis and differential diagnosis.	04 hrs.
1.e	Epidemiology – Predisposition including fundamental miasm; personality type known to develop particular disease.	04 hrs.
1.f	Uterine displacements- Prolapse, retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective	08 hrs.
1.g	Sex & Intersexuality – Knowledge and scope to eradicate genetic dyscrasians, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook	05 hrs.
1.h	Correlate homoeopathic remedies, Therapeutics, posology. Formulation of prognostic criteria and prognosis related to Gynaecological conditions.	02 hrs
Total		50 hrs.

5.2.2. Unit 2: Obstetrics, new born care & Homoeopathic therapeutics

Sl. No.	List of topics	Teaching hours
2.a	Introduction to Obstetrics and Newborn Care Related with Homoeopathic Philosophy. Therapeutics and Repertorisation.	02 hr.
2.b	Fundamentals of reproduction	04 hrs.
2.c	Development of intrauterine pregnancy- Placenta and foetus.	04 hrs.
2.d.	Diagnosis of pregnancy: Investigations & examinations, applied anatomy & physiology, Normal pregnancy – Physiological changes.	07 hrs.
2.e	Antenatal care – aims, objectives, visits, advice, procedures, investigations, identifying high-risk cases, scope and limitation of management in Homeopathy	06 hrs.

2.f	Vomiting in pregnancy	04 hrs.
2.g	Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage and management	08 hrs.
2.h	Postnatal & puerperal cure – scope and limitation of management in Homoeopathy	06 hrs.
2.i	Care of New-born in a homoeopathic point of view	04 hrs.
2.j	Correlate homoeopathic remedies, Therapeutics, posology. formulation of prognostic criteria and prognosis related to Obstetrical conditions	02 hrs.
2.k	Important investigations for diagnosis in Obstetrics	03 hrs.
Total		50 hrs.

5.2.3. Teaching hours Non-lecture

S. No.	Non lecture activity	Hours
1.	Clinical	
a.	Gynaecological Case taking	04
b.	Obstetrical Case taking	04
c.	Gynaecological Examination	04
d.	Obstetrical Examination	04
e.	Investigations, Diagnosis , D/D	04
2.	Demonstrative	
a.	Problem based / Case based learning- Foetal skull & maternal pelvis Demonstration of labour in Mannequin - skill lab	04
	Total	24

6. Content mapping (competencies tables)

Unit 1: Gynaecology & Homoeopathic therapeutics

6.1. Introduction to Gynecology with definition of Hahnemannian classification of disease. Importance in the review of the Homoeopathic literature, Therapeutics and Repertory source books

Sl. No.	Domain of Competency	Miller's level	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 1.1	K & S	K	Introduction to Gynecology	Define Gynaecology	C1	MK	Lecture Small group discussion	MCQ		
HomUG-ObGy-1 1.2	K & S	K	History of Gynaecology	Discuss the history of Gynaecology	C1	NK	Lecture Small group discussion	MCQ		
HomUG-ObGy-1 1.3	H O	KH	Hahnemannian classification of disease.	Classify diseases according to Hahnemann	C1	MK	Lecture Small group discussion	MCQ		Organon of Medicine
HomUG-ObGy-1 1.4	H O	KH	Homoeopathic literature	Discuss the Homoeopathic case taking in female complaints as per Organon of Medicine	C I	MK	Lecture/ Integrated Small Group discussion CBL	MCQ/		Organon of Medicine

HomUG-ObGy-1 1.5	H O	KH		Discuss Hahnemann's concept of case taking in females according to different Homoeopathic authors	C1	MK	Lecture/ Small group discussion CBL PBL	MCQ/		Organon of Medicine
HomUG-ObGy-1 1.6	H O	KH	Materia Medica & Therapeutics Materia	Discuss the list of indicated medicines for the gynaecological conditions	C2	MK	Lecture / small group discussion PBL CBL	MCQ	SAQ	Materia Medica,
HomUG-ObGy-1 1.7	H O	KH		Discuss the characteristic indication of medicines mention in the list	C2	MK	Lecture / small group discussion PBL CBL	MCQ	SAQ	Materia Medica,
HomUG-ObGy-1 1.8	H O	KH		Discuss the differentiation of the remedies	C2	MK	Lecture / small group discussion PBL CBL	MCQ	SAQ	Materia Medica, Pathology
HomUG-ObGy-1 1.9	H O	KH		Discuss the remedy relationship wherever applicable	C2	MK	Lecture / small group discussion PBL CBL	MCQ		Materia Medica, Pathology
HomUG-ObGy-1 1.10	H O	KH	Repertory	Describe the selection of repertories in different gynaecological conditions	C2	MK	Lecture / small group discussion PBL CBL	MCQ		Repertory

HomUG-ObGy-1 1.11	H O	KH		Explain how to convert symptoms into rubrics from different repertories in gynaecological conditions	C2	MK	Lecture / small group discussion PBL CBL	MCQ		Repertory
HomUG-ObGy-1 1.12	H O	KH		Explain the selection of rubrics from different gynaecological conditions.	C2	MK	Lecture / small group discussion PBL CBL	MCQ		Repertory

6.2.1. Review of the applied anatomy of the female reproductive system.: Development of genital tract, malformations and their clinical significance

Sl. No.	Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG -ObGy-I- 2.1	K & S	K	External genitalia organs	Name the external genitalia organs	C I	MK	Small group discussion Models	MCQ		
HomUG -ObGy-I 2.2	K & S	K	Internal genitalia organs	Name the internal genitalia organs.	C I	MK	Small group discussion Charts	MCQ		
HomUG -ObGy-I- 2.3	K & S	KH	Internal genitalia organs	Draw and label the anatomy of the uterus	P2	MK	Small group discussion Charts	MCQ		

HomUG-ObGy-I-2.4	K & S	K	Internal genitalia organs	Name the blood supply of the uterus	C I	MK	Small group discussion Charts	MCQ		
Hom-UG ObGy-I-2.5	K & S	KH	Internal genitalia organs	Draw & Label the normal anatomy of the fallopian tubes.	P2	MK	Small group discussion Chars	MCQ	SAQ	
HomUG-ObGy-I-2.6	K & S	KH	Gonads	Draw & Label the normal anatomy of the ovarian structures	P2	MK	Small group discussion Charts	MCQ	SAQ	
HomUG-ObGy-I-2.7	K & S	K	Pelvic fascia, cellular tissues & ligaments	Name the pelvic floor muscles, ligaments and fascia.	C I	MK	Small group discussion Charts	MCQ	SAQ	
HomUG-ObGy-I-2.8	K & S	K	Malformation of the vagina	Discuss the vaginal abnormalities	CI	MK	Small group discussion Charts	MCQ		
HomUG-ObGy-I-2.9	K & S	K		Describe the clinical features of vaginal abnormalities	CI	MK	Small group discussion CBL CBL	MCQ		
HomUG-ObGy-I-2.10	K & S	K	Malformation of the vagina	List the vaginal mal-developments	CI	MK	Small group discussion	MCQ		
Hom-UG-ObGy-I-2.11	K & S	K		Discuss the aetiological factors for vaginal mal-development	CI	MK	Lecture Small group discussion Tutorials	MCQ		

HomUG-ObGy-I-2.12	K & S	KH	Malformation of the uterus	Describe the various malformations of the uterus.	CI	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-I-2.13	K & S	K		Discuss the clinical features of uterine anomalies	CI	MK	Small group discussion CBL	MCQ	SAQ	
HomUG-ObGy-I-2.14	K & S	K	Malformation of the ovaries	List the anomalies of the ovaries	C2	MK	Lecture Small group discussion	MCQ		
HomUG-ObGy-I-2.15	K & S	K	Malformation of the fallopian tubes	List the anomalies of the fallopian tubes	C2	MK	Lecture Small group discussion	MCQ		

6.3. A review of the applied physiology of female reproductive system - Puberty, Menstruation and its disorders including, amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, epimenorrhoea, AUB, Postmenopausal bleeding and menopause with related ailments and its scope and management in Homoeopathy and integrate wherever necessary with other disciplines.

Sl. No.	Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-I-3.1	K & S	K	Endocrinology in puberty	List the hormones of Hypothalamus.	C1	MK	Lecture Small group discussion	MCQ		Physiology
HomUG-ObGy-I-3.2	K & S	K		List the functions of hormones of Hypothalamus	C1	MK	Lecture Small group discussion Tutorials	MCQ		Physiology
HomUG-ObGy-I-3.3	K & S	K	Endocrinology in puberty	Name the hormones of Anterior Pituitary.	C1	MK	Lecture Small group discussion Tutorials	MCQ		Physiology
HomUG-ObGy-I-3.4	K & S	K		List the functions of Anterior Pituitary hormones	C1	MK	Lecture Small group discussion Tutorials	MCQ		Physiology
HomUG-ObGy-I-3.5	K & S	K		Name the hormones of Posterior Pituitary	C1	MK	Lecture Small group discussion Tutorials	MCQ		Physiology

HomUG -ObGy-I- 3.6	K & S	K		List the functions of Posterior Pituitary hormones	C1	MK	Lecture Small group discussion Tutorials	MCQ		Physiology
HomUG -ObGy-I- 3.7	K & S	K	Endocrinology in puberty	Name the hormones of Ovary	C1	MK	Lecture Small group discussion.	MCQ		Physiology
HomUG -ObGy-I- 3.8	K & S	K	Endocrinology in puberty	List the functions of ovarian hormones.	C1	MK	Lecture Small group discussion	MCQ	SAQ	Physiology
HomUG -ObGy-I- 3.9	K & S	K		Discuss the Importance of HPO axis during Foetal life, Puberty & at Menopause	C1	MK	Lecture Small group discussion	MCQ	SAQ	Physiology
HomUG -ObGy-I- 3.10	K & S	K	Physiology of Menstruation	Define Menstruation	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	Physiology
HomUG - ObGy-I- 3.11	K & S	K		What are the Phases of Menstruation	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	Physiology
HomUG- ObGy- 13.12	K & S	K	Hormonal changes during each phase of menstruation	Discuss the Hormonal Changes during each Phase of Menstruation	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	Physiology
HomUG- ObGy-I 3.13	K & S	K	Uterine changes during each phase of menstruation	Describe the Ovarian Changes during each phase of Menstruation	C1	MK	Lecture Small group discussion		SAQ	Physiology

HomUG-ObGy-I-3.14	K & S	K		Describe the Uterine Changes occurs during each phase of Menstruation	C1	MK	Lecture Small group discussion Tutorials		SAQ	Physiology
HomUG-ObGy-I-3.15	K & S	K	Puberty	Define puberty	C1	MK	Lecture Small group discussion	MCQ		
HomUG-ObGy-I-3.16	K & S	K	Precocious puberty	Describe the Pubertal changes as per Tanner's Classification	C1	MK	Lecture Small group discussion Tutorials		SAQ	
HomUG-ObGy-I-3.17	K & S	K		Define Precocious puberty	C1	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-I-3.18	K & S	K		Discuss the causes of Precocious puberty	C1	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-I-3.19	K & S	K		Find the diagnostic features of Precocious puberty	C1	MK	Lecture Small group discussion CBL CBL	MCQ		
Hom-UG ObGy-I-3.20	K & S	K	Delayed puberty	Define Delayed puberty	C1	MK	Lecture Small group discussion	MCQ		

HomUG-ObGy-I-3.21	K & S	K		Discuss the causes for Delayed puberty	C1	MK	Lecture Small group discussion		SAQ	
HomUG-ObGy-I-3.22	K & S	K		Discuss the characteristic features of delayed puberty	C1	MK	Lecture Small group discussion Tutorials		SAQ	
HomUG-ObGy-I-3.23	K & S	K	Menorrhagia	Define puberty menorrhagia	C1	MK	Lecture Small group discussion	MCQ		
Hom-UG-ObGy-I-3.24	K & S	K		Discuss the causes of Puberty menorrhagia	C1	MK	Lecture Small group discussion		SAQ	
HomUG-ObGy-I-3.25	K & S	K		Discuss the Diagnostic features of Puberty menorrhagia	C1	MK	Lecture Small group discussion CBL PBL	MCQ		
HomUG-ObGy-I-3.26	H O	K	Materia medica Therapeutics	Discuss the Homoeopathic remedies for delayed puberty	C1	MK	Lecture Small group discussion CBL PBL		SAQ	Materia medica
HomUG-ObGy-I-3.27	H O	K		Discuss the Homoeopathic remedies for puberty menorrhagia	C1	MK	Lecture Small group discussion CBL PBL		SAQ	Materia medica

HomUG -ObGy-I- 3.28	H O	K		Discuss the characteristic features of the indicated remedies	C1	MK	Lecture Small group discussion CBL PBL		SAQ	Materia medica
HomUG -ObGy-I- 3.29	H O	K	Management	Explain the management for Anomalies of Gonadal Function	C1	MK	Lecture Small group discussion CBL CBL	MCQ		Organon of medicine
HomUG -ObGy-I- 3.26	K & S	K	Amenorrhoea	Define Amenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	
HomUG -ObGy-I- 3.30	K & S	KH		Classify Amenorrhoea	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG -ObGy-I- 3.31	K & S	K		Define Primary Amenorrhoea	C1	MK	Lecture Small group discussion CBL PBL	MCQ	SAQ	
HomUG -ObGy-I- 3.32	K & S	K	Primary amenorrhoea	Describe the causes of Primary amenorrhoea	C2	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG -ObGy-I- 3.33	K & S	K	Secondary amenorrhoea	Define Secondary amenorrhoea	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	

HomUG-ObGy-I-3.34	K & S	K		Describe the causes of Secondary amenorrhoea	CI	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-I-3.35	K & S	K	Cryptomenorrhoea	Define Cryptomenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	
HomUG-ObGy-I-3.36	K & S	K		Discuss the causes of Cryptomenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	
HomUG-ObGy-I-3.37	K & S	Shows	Examinations	Demonstrate the general physical, systemic and per vaginal examination in Primary amenorrhoea	P3	MK	Clinical examinations CBL PBL			
HomUG-ObGy-I-3.38	K & S	KH	Investigations	Explain the clinical, laboratory and radiological investigations done in Primary amenorrhoea	C2	MK	Lecture Small group discussion CBL			
HomUG-ObGy-I-3.39	K & S	KH		Discuss clinical, laboratory and radiological investigations done in secondary amenorrhoea	C2	MK	Lecture Small group discussion CBL CBL	MCQ		

HomUG-ObGy-I-3.40	H O	KH	Management	Discuss the general management for Primary amenorrhoea	C2	MK	Lecture Small group discussion CBL	MCQ/		
HomUG-ObGy-I-3.41	H O	KH	Homoeopathic Materia medica & therapeutics	Discuss the Homoeopathic remedies for Primary amenorrhoea	C2	MK	Small group discussion PBL CBL	MCQ		Materia medica
HomUG-ObGy-I-3.42	H O	KH		Discuss the Homeopathic remedies for Secondary Amenorrhoea	C2	MK	Lecture Small group discussion CBL Tutorials	MCQ		Materia Medica
HomUG-ObGy-I-3.43	H O	K		Discuss the characteristic features of the indicated remedies	C2	MK	Lecture Small group discussion PBL CBL	MCQ		Materia Medica
HomUG-ObGy-I-3.44	K & S	K	Hypomenorrhoea	Define Hypomenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ		
HomUG-ObGy-I-3.45	K & S	K		Discuss the Causes of Hypomenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	
HomUG-ObGy-I-3.46	K & S	K	Oligomenorrhoea	Define Oligomenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	

HomUG-ObGy-I-3.47	K & S	K	Polymenorrhoea	Discuss the causes of Oligomenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	
HomUG-ObGy-I-3.48	K & S	K		Define Polymenorrhoea	C1	MK	Lecture Small group discussion CBL	MCQ		
HomUG-ObGy-I-3.49	K & S	K		Discuss the causes of Polymenorrhoea	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.50	K & S	K	Metrorrhagia	Define Metrorrhagia	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ		
HomUG-ObGy-I-3.51	K & S	KH		Discuss the causes of Metrorrhagia	C1	MK	Lecture Small group discussion Tutorials CBL	MCQ	SAQ	
HomUG-ObGy-I-3.52	K & S	K	Menorrhagia	Define menorrhagia	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ		
HomUG-ObGy-I-3.53	K & S	K		Discuss the causes of menorrhagia	C1	MK	Lecture Small group discussion Tutorials CBL	MCQ	SAQ	
HomUG-ObGy-I-3.54	K & S	K	AUB	Define Abnormal Uterine Bleeding	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ		

HomUG-ObGy-I-3.55	K & S	KH		Classify Abnormal Uterine Bleeding	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.56	K & S	KH		Discuss the causes of AUB	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.57	K & S	KH	Investigations for AUB	Discuss the important investigation to be done in AUB	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.58	K & S	KH	Management of AUB	Explain the general Management of AUB	C2	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.59	K & S	K	Metropathia haemorrhagica	Define Metropathia haemorrhagica	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ		
HomUG-ObGy-I-3.60	K & S	KH		Discuss the causes of metropathia hemorrhagica	C1	MK	Lecture Small group discussion CBL Tutorials		SAQ	
HomUG-ObGy-I-3.61	H O	KH	Homoeopathic materia medica & therapeutics	Discuss the homoeopathic remedies for AUB	C1	MK	Lecture Small group discussion CBL Tutorials		SAQ	Materia Medica

HomUG-ObGy-I-3.62	H O	KH		Discuss the characteristic features of the indicated remedies	C1	MK	Lecture Small group discussion Tutorials CBL PBL		SAQ	Materia Medica
HomUG-ObGy-I-3.63	K & S	K	Dysmenorrhoea	Define dysmenorrhoea	C1	MK	Lecture Small group discussion Tutorials CBL PBL	MCQ	SAQ	
HomUG-ObGy-I-3.64	K & S	KH		Classify dysmenorrhoea	C1	MK	Lecture Small group discussion Tutorials	SAQ/MCQ	SAQ	
HomUG-ObGy-I-3.65	K & S	KH		Discuss the causes of Primary Dysmenorrhoea	C1	MK	Lecture Small group discussion Tutorials	SAQ/MCQ	SAQ	
HomUG-ObGy-I-3.66	K & S	KH		Discuss the causes of Secondary dysmenorrhoea	C I		Lecture Small group discussion CBL Tutorials		SAQ	
HomUG-ObGy-I-3.67	K & S	KH		Discuss the clinical features Primary Dysmenorrhoea	C1	MK	Lecture Small group discussion Tutorials CBL PBL	MCQ	SAQ	
HomUG-ObGy-I-3.68	K & S	KH	Dysmenorrhoea	Discuss the clinical features Secondary Dysmenorrhoea	C1	MK	Lecture Small group discussion Tutorials CBL PBL	MCQ	SAQ	

HomUG-ObGy-I-3.69	K & S	KH		Differentiate Primary and Secondary Dysmenorrhoea	C1	MK	Small group discussion Tutorials CBL PBL	MCQ	SAQ	
HomUG-ObGy-I-3.70	K & S	K		Define Mittelschmerz's syndrome	C1	MK	Lecture Small group discussion CBL PBL	MCQ	SAQ	
HomUG-ObGy-I-3.71	K & S	KH		Discuss the causes for Mittelschmerz's syndrome	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.72	K & S	KH		Discuss the general Management of Dysmenorrhoea	C2	MK	Small group discussion Tutorials CBL PBL	MCQ	SAQ	
HomUG-ObGy-I-3.73	H O	KH	Homoeopathic materia medica & therapeutics	Discuss the homoeopathic remedies in Spasmodic dysmenorrhoea	C2	MK	Small group discussion Tutorials CBL PBL	MCQ	SAQ	Materia Medica
HomUG-ObGy-I-3.74	H O	KH		Discuss the homoeopathic remedies in Congestive dysmenorrhoea	C2	MK	Small group discussion Tutorials PBL CBL	MCQ	SAQ	Materia Medica

HomUG-ObGy-I-3.75	H O	KH		Discuss the homoeopathic remedies in Membranous dysmenorrhoea	C2	MK	Small group discussion Tutorials CBL CBL	MCQ	SAQ	Materia Medica
HomU-G ObGy-I-3.76	H O	KH		Discuss the characteristic features of indicated remedies in dysmenorrhoea	C2	MK	Lecture Small group discussion Tutorials CBL PBL	MCQ	SAQ	Materia Medica
HomUG-ObGy-I-3.77	K & S	K	PMS	Define Premenstrual Syndrome	C1	MK	Lecture Small group discussion Tutorials CBL PBL	MCQ	SAQ	
HomUG-ObGy-I-3.78	K & S	KH		Discuss the causes for premenstrual syndrome	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.79	K & S	K		Discuss the clinical features of premenstrual syndrome	C1	MK	Lecture Small group discussion CBL PBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.80	K & S	KH		Discuss the general management of premenstrual Syndrome	C1	MK	Lecture Small group discussion Tutorials CBL	MCQ	SAQ	

HomUG-ObGy-I-3.81	H O	KH	Homoeopathic materia medica & therapeutics	Explain the Homoeopathic remedies in Premenstrual complaints	C1	MK	Small group discussion Tutorials CBL PBL	MCQ	SAQ	Materia Medica
HomUG-ObGy-I-3.82	H O	KH		Discuss the characteristic features of indicated remedies in Premenstrual complaints	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	Materia Medica
HomUG-ObGy-I-3.83	K & S	K	Menopause	Define Menopause	C1	MK	Lecture Small group discussion Tutorials	MCQ		
HomUG-ObGy-I-3.84	K & S	K		Discuss the Pathophysiology of Menopause	C1	MK	Lecture Small group discussion CBL Tutorials	MCQ	SAQ	
HomUG-ObGy-I-3.85	K & S	K		Discuss the Anatomical Changes taking place during menopause	C1	MK	Lecture Small 0	MCQ	SAQ	
HomUG-ObGy-I-3.86	K & S	K		Discuss the clinical features of menopause	C1	MK	Lecture Small group discussion PBL CBL	SAQ/MCQ		
HomUG-ObGy-I-3.87	K & S	K		Define Menopausal syndrome	C1	MK	Lecture small group discussion PBL CBL	MCQ	SAQ	

HomUG-ObGy-I-3.88	K & S	K		Discuss the anatomical and metabolic changes taking place during menopause	C1	MK	Lecture small group discussion PBL CBL	MCQ	SAQ	C1
HomUG-ObGy-I-3.89	K & S	K	Perimenopause	Define Perimenopause	C1	MK	Lecture small group discussion PBL CBL	MCQ	SAQ	C1
HomUG-ObGy-I-3.90	K & S	K	Artificial menopause	Define Artificial menopause	C1	MK	Lecture small group discussion PBL CBL	MCQ	SAQ	C1
HomUG-ObGy-I-3.91	K & S	K	Premature menopause	Define Premature Menopause	C1	MK	Lecture/ Small group discussion	MCQ		
HomUG-ObGy-I-3.92	K & S	K		Discuss aetiology of Premature Menopause	C1	MK	Lecture/ Small group discussion		SAQ	
HomUG-ObGy-I-3.93	K & S	K	Delayed menopause	Define delayed menopause	C1	MK	Lecture Small group discussion	MCQ		
HomUG-ObGy-I-3.94	K & S	K		Discuss causes of delayed menopause	C1	MK	Lecture Small group discussion		SAQ	
HomUG-ObGy-I-3.95	K & S	KH	Management	Discuss the general management of Menopause	C1	MK	Lecture small group discussion PBL CBL		SAQ	

HomUG-ObGy-I-3.96	K & S	KH	Homoeopathic Materia medica & therapeutics	List the Homoeopathic remedies for Menopause.	C2	MK	Ssmall group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.97	K & S	KH		Discuss the characteristic features of the indicated remedies.	C2	MK	Lecture small group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.98	K & S	K	Postmenopausal bleeding Investigations	Define Postmenopausal bleeding	C1	MK	Lecture/ small group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.99	K & S	KH		Discuss the causes for Postmenopausal bleeding	C1	MK	Lecture small group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.100	K & S	KH		Discuss the important investigations required for postmenopausal bleeding	C2	MK	Lecture/ small group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.101	K & S	KH	Investigations	Discuss what are the investigation required in case of post-menopausal bleeding	C2	MK	Lecture/ small group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.102	K & S	KH	Differential diagnosis	Discuss the differential diagnosis for postmenopausal bleeding	C1	MK	Lecture / small group discussion PBL CBL	MCQ	SAQ	

HomUG-ObGy-I-3.103	K & S	KH	Materia Medica & therapeutics	Discuss the homoeopathic remedies for postmenopausal bleeding	C2	MK	Lecture / small group discussion PBL CBL	MCQ	SAQ	
HomUG-ObGy-I-3.104	K & S	KH		Discuss the characteristic features of the indicated remedies.	C2	MK	Lecture/ small group discussion PBL CBL	MCQ	SAQ	

6.4 Gynaecological case taking, Physical examination, investigation and approach to clinical diagnosis and differential diagnosis

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 4.1	H O	K	Case taking	Discuss the format of history taking in gynaecological conditions.	C 2	MK	Small group discussion CBL			
HomUG-ObGy-1 4.2	H O	Shows		Explain the importance of communication skills while case taking.	P2	MK	Small group discussion CBL			
HomUG-ObGy-1 4.3	H O	KH		Explain the importance of clinical skills in case taking	C I	MK	Small group discussion CBL Clinical examination	VIVA		
HomUG-ObGy-1 4.4	H O	KH		Discuss the Homoeopathic case	C 2	MK	Small group discussion	VIVA		

				taking in female complaints as per Organon of Medicine			Case based learning CBL			
HomUG-ObGy-1 4.5	P C	Does	Physical examination	Demonstrate the general physical examination	P 2	MK	Small group discussion Clinical demonstration	MCQ		
HomUG-ObGy-1 4.6	P C	Does	Abdominal examination	Describe how to perform per abdominal examination.	P 2	MK	Small group discussion Tutorials CBL Bedside	MCQ		
Hom-UG ObGy-1 4.7	P C	Does	Vaginal examination	Describe how to perform per vaginal speculum examination.	P 2	MK	Small group discussion Tutorials CBL Bedside	MCQ		
HomUG-ObGy-1 4.8	K & S	KH	Investigations	Discuss the investigations required in dysmenorrhea	C 2	MK	Small group discussion Tutorials CBL PBL	MCQ		
HomUG-ObGy-1 4.9	K & S	KH		Discuss the investigation required in Amenorrhoea	C 2	MK	Small group discussion Tutorials CBL PBL	MCQ		
HomUG-ObGy-1	K & S	KH		Discuss the investigations	C 2	MK	Small group discussion	MCQ		

4.10				required in AUB case.			Tutorials CBL PBL			
HomUG ObGy-1 4.11	K & S	KH		Discuss the investigation required in malformations of the FGT	C 2	MK	Small group discussion CBL PBL	MCQ		
Hom-UG- ObGy-1 4.12	K & S	KH	Clinical diagnosis	Derive the clinical diagnosis from the signs & symptoms	C 2	MK	Small group discussion CBL PBL	MCQ		
HomUG- ObGy-1 4.13	K & S	KH	Pathological diagnosis	Derive the pathological diagnosis with a help of laboratory and radiological findings.	C 2	MK	Small group discussion CBL PBL	MCQ		
HomUG- ObGy-1 4.14	K & S	KH	Differential diagnosis	Discuss the differential diagnosis with relation to patient history & Signs & Symptoms,	C 2	MK	Small group discussion CBL PBL	MCQ		

6.5 Epidemiology – Predisposition including fundamental miasm; personality type known to develop particular disease

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 5.1	H O	K	Predisposition	Define predisposition	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine
HomUG-ObGy-1 5.2	H O	K		Discuss the relevance of predisposing factors for the disease.	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine
HomUG-ObGy-1 5.3	H O	K	Miasm	Define miasm	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine
HomUG-ObGy-1 5.4	H O	K		Discuss the types of miasms	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine
HomUG-ObGy-1 5.5	H O	K		Discuss the relevance of miasm for the disease conditions	C1	MK	Lecture Small group discussion	MCQ		Organon of medicine

							Tutorials			
HomUG-ObGy-1 5.6	H O	K	Fundamental miasm	Define fundamental miasm	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine
HomUG-ObGy-1 5.7	H O	K		Discuss the relevance of fundamental miasm for the disease	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine
HomUG-ObGy-1 5.8	H O	K	Personality type	Discuss the importance of personality of the patient for developing Disease condition.	C1	MK	Lecture Small group discussion Tutorials	MCQ		Organon of medicine

6.6 Uterine displacements- Prolapse, retroversion and inversion with its exciting and maintaining causes, disease manifestations, prognosis, management and scope in homoeopathic perspective.

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 6.1	K & S	K	Genital Prolapse	Define Genital prolapse	C1	MK	Lecture Small group discussion Charts	MCQ	SAQ	
HomUG-ObGy-1 6.2	K & S	K		Discuss the aetiology of Genital prolapse	C1	MK	Lecture Small group discussion Tutorials Charts	MCQ	SAQ	
HomUG-ObGy-1 6.3	K & S	K		Classify genital prolapses	C1	MK	Lecture Small group discussion Tutorials Charts	MCQ	SAQ	
HomUG-ObGy-1 6.4	K & S	K	Rectocele	Define Rectocele	C1	MK	Lecture Small group discussion Tutorials Charts	MCQ	SAQ	
HomUG-ObGy-1 6.5	K & S	K	Cystocele	Define cystocele	C1	MK	Lecture Small group discussion	MCQ	SAQ	

HomUG-ObGy-1 6.6	K & S	K		Discuss the degrees of cystocele	C1	MK	Lecture Small group discussion CBL	MCQ	SAQ	
HomUG-ObGy-1 6.7	K & S	K	Uterine prolapse	Discuss the degrees of uterine prolapse	C1	MK	Lecture Small group discussion CBL PBL	MCQ	SAQ	
HomUG-ObGy-1 6.8	K & S	K	Genital prolapse	Describe the aetiology of genital prolapse	C1	MK	Lecture Small group discussion Tutorials Charts	MCQ	SAQ	
HomUG-ObGy-1 6.9	K & S	K		Discuss the Clinical Features of Genital prolapse	C2	MK	Lecture Small g Clinical examination CBL CBL	MCQ	SAQ	
HomUG-ObGy-1 6.10	K & S	K		Discuss the Differential Diagnosis of Genital prolapse	C2	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 6.11	K & S	K		Discuss the Prophylaxis of Genital prolapse	C2	MK	Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.12	K & S	K		Discuss the general management for Genital prolapse	C2	DK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1	K & S	K		Define Procidentia	C2	DK	Lecture	MCQ	SAQ	

6.13							Small group discussion Tutorials			
HomUG-ObGy-1 6.14	K & S	K		Discuss the complications of genital prolapse	C2	DK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.15	K & S	K	Homoeopathic Materia medica & therapeutics	Discuss the Homoeopathic remedies for genital prolapse	C2	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.16	K & S	K	Discuss the	Discuss the Characteristic features of indicated remedies.	C2	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.17	K & S	K	Pessary treatment	Define Pessary treatment	C2	MK	Lecture Small group discussion Tutorials Charts	MCQ		
HomUG-ObGy-1 6.18	K & S	K		Discuss the indications & contraindications of pessary treatment	C2	MK	Lecture Small group discussion Tutorials	MCQ/	SAQ	
HomUG-ObGy-1 6.19	K & S	K	Surgical management	List the surgical management for genital prolapse	C2	DK	Lecture Small group discussion	MCQ		
HomUG-ObGy-1 6.20	K & S	K		Define retroversion of uterus	C1	MK	Lecture Small group discussion	MCQ		

HomUG-ObGy-1 6.21	K & S	K	Retroversion	Discuss the causes of retroverted uterus	C2	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 6.22	K & S	K		List the types of retroverted uterus	C1	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 6.23	K & S	K		Discuss the clinical features of retroverted uterus	C1	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 6.24	K & S	K	Retroversion degrees	Discuss the degrees of retroversion of uterus	CI	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 6.25	K & S	K	Differential diagnosis	Discuss the Differential Diagnosis of retroverted uterus	C2	MK	Lecture Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 6.26	K & S	K	Homoeopathic material medica & therapeutics	Discuss the Homoeopathic remedies for retroverted uterus	C2	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.27	K & S	K		Discuss the characteristic features of indicated remedies.	C2	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.28	K & S	K	Inversion	Define inversion of uterus	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.29	K & S	K		Recall the aetiology of inverted uterus	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	

HomUG-ObGy-1 6.30	K & S	K	Scope & Limitation of Homoeopathy	Classify the types of inversion of uterus	C2	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.31	K & S	K		Discuss the Clinical Features of inverted uterus	C1	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.32	K & S	KH		Discuss the scope & limitation of Homoeopathy in inversion of uterus	C2	MK	Lecture Small group discussion Tutorials	MCQ	SAQ	
HomUG-ObGy-1 6.33	K & S	KH	Homoeopathic materia medica & therapeutics	List the Homoeopathic remedies indicated in inversion of uterus	C2	MK	Small group discussion CBL PBL	MCQ	SAQ	

6.7 Sex & Intersexuality – Knowledge and scope to eradicate genetic Dyscrasias, predisposition, miasm and personality types known to develop particular diseases through Homoeopathic outlook

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 7.1	K & S	K	Sex & Intersexuality	Define Klinifelters syndrome	C1	DK	Lecture Small group discussion Tutorials Charts	MCQ		
HomUG -ObGy-1 7.2	K & S	K		Define Inter-sex	C2	DK	Lecture Small group discussion Tutorials Charts	MCQ		
HomUG-ObGy-1 7.3	K & S	K	Turner's syndrome	Explain Turner's syndrome	C1	DK	Lecture Small group discussion Tutorials Charts		SAQ	
HomUG-ObGy-1 7.4	K & S	K	Hermaphrodites	Discuss True Hermaphrodites & mention types	C2	DK	Lecture Small group discussion Tutorials Charts		SAQ	
HomUG-ObGy-1	K & S	K	Male intersex	Discuss the male Inter-sex	C2	DK	Lecture	VIVA		

7.5							Small group discussion Tutorials Charts			
HomUG-ObGy-1 7.6	H O	K	Personality Type	Discuss the relevance of Predisposition with respect to Intersexuality	C2	MK	Small group discussion Tutorials Charts	VIVA		Organon of medicine
HomUG-ObGy-1 7.7	H O	K	H O	Discuss the relevance of miasm with respect to intersexuality.	C2	MK	Lecture Small group discussion Tutorials	VIVA		Organon of medicine
HomUG-ObGy-1 7.8	H O	K	H O	Discuss the relevance of predisposition with respect to intersexuality	C2	MK	Lecture Small group discussion Tutorials	VIVA		Organon of medicine
HomUG-ObGy-1 7.9	H O	K	H O	Discuss the importance of personality of the patient for developing Disease condition	C2	MK	Lecture Small group discussion Tutorials	VIVA		Organon of medicine
HomUG-ObGy-1 7.10	H O	K	Homoeopathic materia medica & therapeutics	Discuss the homoeopathic materia medica therapeutics for Intersexuality	C2	DK	Lecture Small group discussion Tutorials	MCQ		Materia Medica

6.8 General & Homeopathic Management, Repertorisation, Therapeutics, Posology, Formulation of prognostic criteria and prognosis of related topics in Gynaecology

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 8.1	H O	KH	Management	Explain the general management in Dysmenorrhoea	C 2	MK	Lecture Small group discussion Tutorials CBL	Viva	SAQ	
HomUG-ObGy-1 8.2	H O	KH		Explain the general management in Amenorrhoea	C 2	MK	Lecture Small group discussion Tutorials CBL	Viva	SAQ	
HomUG-ObGy-1 8.3	H O	KH		Explain the general management in Genital prolapse	C 2	MK	Lecture Small group discussion Tutorials CBL	VIVA	SAQ	
HomUG-ObGy-1 8.4	H O	KH		Explain the general management in retroversion of the uterus	C 2	MK	Lecture Small group discussion Tutorials CBL	VIVA	SAQ	

HomUG-ObGy-1 8.5	H O	K	Repertory	Discuss the repertory medium used in different gynaecological conditions	C 2	MK	Lecture Small group discussion Tutorials CBL	VIVA		
HomUG-ObGy-1 8.6	H O	KH		Discuss the selection of repertory based on symptoms	C 2	MK	Lecture Small group discussion Tutorials CBL	VIVA		
HomUG-ObGy-1 8.7	H O	K	Homoeopathic Materia medica & therapeutics and posology	Co-relate the homoeopathic remedies, potency selection and repetition of dose in relation to gynaecological conditions	C 2	MK	Lecture Small group discussion Tutorials CBL	VIVA		

Unit 2: Obstetrics, Infant Care & Homoeopathic Therapeutics

6.9 Introduction to Obstetrics and Newborn care related with Homoeopathic Philosophy. Therapeutics and Repertorisation

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 9.1	K & S	K	Introduction to Obstetrics	Define Obstetrics	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 9.2	K & S	K	Introduction to newborn care	Define the term New born Infant	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 9.3	K & S	K	Introduction to newborn care	Define Still birth	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 9.4	H O	K	Homoeopathic case taking	Explain the Homoeopathic case taking in female complaints as per Organon of Medicine.	P1	MK	Lecture Tutorials Small group discussion	VIVA		Organon of medicine
HomUG-ObGy-1 9.5	H O	K		Describe the Hahnemann's concept of action of homoeopathic medicines in pregnant women & infants. Foot note aphorism 284	C2	MK	Lecture Small group discussion Tutorials	VIVA		Organon of medicine

HomUG-ObGy-1 9.6	H O	KH	Homoeopathic Materia Medica & Therapeutic source books	Discuss the Homoeopathic Materia Medica with Obstetrics and new born care from source books	C2	MK	Lecture Small group discussion Tutorials	VIVA		Organon of medicine
HomUG-ObGy-1 9.7	H O	K	Repertory	Discuss the repertory medium used in different obstetrical and new born care.	C2	MK	Lecture Small group discussion Tutorials	VIVA		Repertory
HomUG-ObGy-1 9.8	H O	K	Repertory	Discuss the selection of repertory based on symptoms in obstetrics.	C2	MK	Lecture Small group discussion Tutorials CBL	MCQ		Repertory
HomUG-ObGy-1 9.9	H O	K	Repertory	Discuss the selection of repertory based on symptoms in new born care.	C2	MK	Lecture Small group discussion Tutorials CBL	MCQ		Repertory

6.10 Fundamentals of reproduction

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 10.1	K & S	K	Gametogenesis	Define oogenesis	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.2	K & S	KH		Discuss the stages of oogenesis	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 10.3	K & S	KH		Define Spermatogenesis	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.4	K & S	KH		Discuss the stages of spermatogenesis	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 10.5	K & S	KH	Ovulation	Define ovulation	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.6	K & S	K		Describe the mechanism of ovulation	C1	MK	Lecture Tutorials		SAQ	Physiology, Anatomy

							Small group discussion			
HomUG-ObGy-1 10.7	K & S	K		Describe the hormonal regulation of ovulation	C1	MK	Lecture Tutorials Small group discussion		SAQ	Physiology, Anatomy
HomUG-ObGy-1 10.8	K & S	K	Fertilization	Define Fertilization	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.9	K & S	K		Describe Morula	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.10	K & S	K		Describe Blastocyst	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.11	K & S	K	Implantation	Define Implantation	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.12	K & S	K		Discuss the Stages of Implantation	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.13	K & S	K		Discuss the functions of Trophoblast	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1	K & S	K	Decidua	Define Decidua	C1	MK	Lecture Tutorials	MCQ		Physiology, Anatomy

10.14							Small group discussion			
HomUG-ObGy-1 10.15	K & S	K		Define Decidual Reaction	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 10.16	K & S	K		Describe the layers of Decidua	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 10.17	K & S	K		Describe the Functions of Decidua	C1	MK	Lecture Tutorials Small group discussion		SAQ	Physiology, Anatomy
HomUG-ObGy-1 10.18	K & S	K	Chorion & Chorionic Villi	Define Chorion	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
Hom-UG ObGy-1 2.28	K & S	K		Describe the Chorionic Villi	C1	MK	Lecture Tutorials Small group discussion		SAQ	Physiology, Anatomy
HomUG-ObGy-1 10.19	K & S	K	Inner Cell Mass	Describe the development of Inner Cell Mass	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy

6.10.1 Development of Intra Uterine Pregnancy- Placenta and foetus.

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 11.1	K & S	K	Placenta	Define Placenta	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.2	K & S	K		Discuss the development of Placenta	C1	DK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.3	K & S	K		Describe the Placenta at Term	C1	DK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.4	K & S	K		Describe the Structure of Placenta	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.5	K & S	K		Describe the Placental Circulation	C1	MK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.6	K & S	K		Discuss the changes with Placental Ageing	C1	DK	Lecture Tutorials	MCQ		Physiology, Anatomy

							Small group discussion			
HomUG-ObGy-1 11.7	K & S	K		List the Functions of Placenta	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.8	K & S	K		List the Hormones of Placenta	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.9	K & S	K		List Functions of the hormones of Placenta	C1	DK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.10	K & S	K	Foetal Membranes	Describe the Structure of Chorion	C1	DK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.11	K & S	K		Describe Structure of Amnion	C1	DK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.12	K & S	K		List the Functions of Foetal Membranes	C1	DK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1 11.13	K & S	K	Amniotic Cavity, Amniotic Fluid	Discuss the development of Amniotic Cavity	C1	DK	Lecture Tutorials Small group discussion	MCQ		Physiology, Anatomy
HomUG-ObGy-1	K & S	K		Discuss the Circulation of Amniotic Fluid	C1	DK	Lecture Tutorials	MCQ		Physiology, Anatomy

11.14							Small group discussion			
HomUG-ObGy-1 11.15	K & S	K		Discuss the Physical Features of Amniotic Fluid	C1	DK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.16	K & S	K		Discuss the Composition of Amniotic Fluid	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.17	K & S	K		Discuss the Functions of Amniotic Fluid	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	Physiology, Anatomy
HomUG-ObGy-1 11.18	K & S	K	Umbilical Cord	Discuss the development of Umbilical Cord	C1	DK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 11.19	K & S	K		Discuss the Structure of Umbilical Cord	C1	MK	Lecture Tutorials Small group discussion Charts	MCQ		
HomUG-ObGy-1 11.20	K & S	K		Discuss the Characteristics of Umbilical Cord	C1	DK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 11.21	K & S	K	The Foetus	List the periods of Prenatal Development of Foetus	C1	DK	Lecture Tutorials Small group discussion	MCQ		

HomUG-ObGy-1 11.22	K & S	K		Discuss the Criteria for assessment of Growth of Foetus	C1	NK	Lecture Tutorials Small group discussion Charts	MCQ		
HomUG-ObGy-1 11.23	K & S	K		Discuss the Systemic & Physiological changes occurs during intra uterine life.	C1	DK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 11.24	K & S	K		Discuss the Foetal Circulation	C1	MK	Lecture Tutorials Small group discussion Charts	MCQ	SAQ	
HomUG-ObGy-1 11.25	K & S	K		Discuss the changes in Foetal Circulation at birth.	C1	MK	Lecture Tutorials Small group discussion Charts	MCQ	SAQ	
HomUG-ObGy-1 11.26	K & S	K	Foetus in Utero	Define Lie	C1	MK	Lecture Tutorials Small group discussion Clinical	MCQ VIVA		
HomUG-ObGy-1 11.27	K & S	K		Define Presentation	C1	MK	Lecture Tutorials Small group discussion Manikin	MCQ VIVA		
HomUG-ObGy-1 11.28	K & S	K		Define Presenting part	C1	MK	Lecture Tutorials	MCQ VIVA		

							Small group discussion Manikin			
HomUG-ObGy-1 11.29	K & S	K		Define Attitude	C I P 2	MK	Lecture Tutorials Small group discussion Manikin	MCQ VIVA		
HomUG-ObGy-1 11.30	K & S	K		Define Denominator	C1 P 2	MK	Lecture Tutorials Small group discussion Manikin	MCQ VIVA		
HomUG-ObGy-1 11.31	K & S	K		Define Position	Ci P2	MK	Lecture Tutorials Small group discussion Manikin	MCQ VIVA		
HomUG-ObGy-1 11.32	K & S	K	Foetal Skull and Maternal Pelvis	Demonstrate the Areas of Foetal Skull	CI P2	MK	Lecture Tutorials Small group discussion Charts	MCQ VIVA		
HomUG-ObGy-1 11.33	K & S	K		Demonstrate the Sutures of Foetal Skull	C1 P2	MK	Lecture Tutorials Small group discussion Demonstration	MCQ VIVA		
HomUG-ObGy-1 11.34	K & S	K		Demonstrate the Fontanel of Foetal Skull	C1 P2	MK	Lecture Tutorials Small group discussion	MCQ		

							Demonstration			
HomUG-ObGy-1 11.35	K & S	K		Demonstrate the Diameters of Foetal Skull	C1 P2	MK	Lecture Tutorials Small group discussion Demonstration	MCQ	SAQ	
HomUG-ObGy-1 11.36	K & S	K		Define Moulding	C1	MK	Lecture Tutorials Small group discussion	MCQ VIVA		
HomUG-ObGy-1 11.37	K & S	K		Describe Mechanism of Moulding	C1	MK	Lecture Tutorials Small group discussion Charts	MCQ VIVA		
HomUG-ObGy-1 11.38	K & S	K		Discuss the Importance of Moulding	C1	MK	Lecture Tutorials Small group discussion Dummy	VIVA		
HomUG-ObGy-1 11.30	K & S	K		Define Caput Succedaneum	C1	MK	Lecture Tutorials Small group discussion	MCQ VIVA	SAQ	
HomUG-ObGy-1 11.39	K & S	K		Describe Mechanism of formation of Caput Succedaneum	C1	MK	Lecture Tutorials Small group discussion Dummy	MCQ VIVA	SAQ	
HomUG-ObGy-1 11.40	K & S	K		Discuss Importance of Caput Succedaneum	C1	MK	Lecture Tutorials	MCQ VIVA	SAQ	

							Small group discussion Dummy			
HomUG-ObGy-1 11.41	K & S	K		Define False Pelvis	C 1 P 2	MK	Lecture Tutorials Small group discussion Charts	MCQ VIVA		
HomUG-ObGy-1 11.42	K & S	K		Define True Pelvis	C1 P 2	MK	Lecture Tutorials Small group discussion Pelvis	MCQ VIVA		
HomUG-ObGy-1 11.43	K & S	K		Describe the Inlet of the Pelvis	C 1 P 2	MK	Lecture Tutorials Small group discussion Pelvis	MCQ VIVA		
HomUG-ObGy-1 11.44	K & S	K		Demonstrate the diameters of the Pelvis	C1 P2	MK	Lecture Tutorials Small group discussion Pelvis	MCQ		
HomUG-ObGy-1 11.45	K & S	S		Demonstrate Inlet & outlet of the Pelvis	C1 P2	MK	Lecture Tutorials Small group discussion Pelvis	MCQ		
HomUG-ObGy-1 11.46	K & S	S		Demonstrate Mid pelvis	C1	MK	Lecture Tutorials Small group discussion	MCQ		

							Pelvis			
HomUG-ObGy-1 11.47	K & S	S		Demonstrate the anterior and transverse diameters of the pelvic inlet	C 1 P 2	MK	Lecture Tutorials Small group discussion Manikin	MCQ	SAQ	

6.11 Diagnosis of pregnancy, Investigations & examinations, applied anatomy & physiology, Normal pregnancy – Physiological Changes

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 12.1	K & S	K	Diagnosis of Pregnancy	Define Gestational age of Foetus	C1	DK	Lecture Tutorials Small group discussion Manikin	MCQ		
HomUG-ObGy-1 12.2	K & S	K		Define Ovulatory age of Foetus	C1	MK	Lecture Tutorials Small group discussion Manikin	MCQ		
HomUG-ObGy-1 12.3	K & S	K		Discuss the subjective symptoms in 1 st trimester of pregnancy.	C1	MK	Lecture Tutorials Small group discussion Manikin	MCQ		

HomUG-ObGy-1 12.4	K & S	K		Discuss the objective signs in 1 st trimester pregnancy.	C1	MK	Lecture Tutorials Small group discussion Manikin	MCQ	SAQ	
HomUG-ObGy-1 12.5	K & S	K		List the Immunological tests for diagnosis of Pregnancy in 1 st Trimester	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.6	K & S	K		Discuss the subjective symptoms of 2 nd trimester of pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.7	K & S	K		Discuss the objective signs of 2 nd trimester of pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.8	K & S	K		List the investigations of 2 nd trimester of pregnancy	C 2	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.9	K & S	K		Discuss the subjective symptoms of 3 rd trimester of pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1	K & S	K		Discuss the objective signs of 3 rd trimester of pregnancy	C1	MK	Lecture Tutorials	MCQ	SAQ	

12.10							Small group discussion			
HomUG-ObGy-1 12.11	K & S	K		List the investigations of 3 rd trimester of pregnancy	C2	MK	Lecture Tutorials Small group discussion\	MCQ	SAQ	
HomUG-ObGy-1 12.12	K & S	K		Discuss the Differential Diagnosis of Pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.13	K & S	K		List the signs of previous childbirth	C1	DK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 12.14	K & S	K		Describe the methods of calculation of EDD	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.15	K & S	S		Calculate EDD of Pregnant Woman using Nagele's formula	P1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.16	P C	S	Methods of Obstetrical Examination	Demonstrate the Abdominal Examination	P-2	MK	Tutorials Small group discussion Mannikin Bedside	MCQ	SAQ	
HomUG-ObGy-1	P C	K		List the types of Obstetrical grips	C 1 P 2	MK	Lecture Tutorials	MCQ	SAQ	

12.17							Small group discussion			
HomUG-ObGy-1 12.18	P C	S		Demonstrate the Obstetrical grips	C 1 P I	MK	Lecture Tutorials Small group discussion Mannikin Bedside	MCQ		
HomUG-ObGy-1 12.19	P C	PI		Demonstrate the pelvic grips	C 1 P 2	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 12.20	K & S	K		Explain Braxton-Hicks contraction(3)	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.21	K & S	K	Physiological changes during pregnancy	Describe the physiological changes occurs in the genital organs during pregnancy.	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.22	K & S	K		Describe the physiological changes occurring in Breast during pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.23	K & S	K	Cutaneous changes	Discuss the cutaneous changes occurs during pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.24	K & S	K	Weight gain	Discuss the physiological weight gain during pregnancy	C1	MK	Lecture Tutorials	MCQ	SAQ	

							Small group discussion			
HomUG-ObGy-1 12.25	K & S	K	Metabolic	Discuss the metabolic changes occurs during pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.26	K & S	K	Physiological changes	Discuss the haematological changes occurs during pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 12.27	K & S	K	Haematological changes	Discuss the Cardio vascular changes occurs during pregnancy						
HomUG-ObGy-1 12.28	K & S	K	C V S	Discuss the Systemic changes occurs during pregnancy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	

6.12 Antenatal care – aims, objectives, visits, advise, procedures, investigations, identifying high risk cases, scope and limitation of management in Homeopathy

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 13.1	K & S	K	Antenatal care	Define Antenatal Care	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 13.2	K & S	K		Discuss the Aims of Antenatal Care	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 13.3	K & S	K		Discuss the Objectives of Antenatal Care	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 13.4	P C	K		Discuss the procedure at first ANC visit	C1	MK	Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 13.5	P C	K		Discuss the procedure at subsequent visits	C1	MK	Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1	P C	K		Discuss the important Investigations done for	C1	MK	Lecture Tutorials	MCQ	SAQ	

13.6				Clinical Assessment of Foetal well being			Small group discussion			
HomUG-ObGy-1 13.7	K & S	K		Discuss the important Investigations done in Late Pregnancy	C1	DK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 13.8	K & S	K		Discuss the Methods of Prenatal Genetic Screening	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 13.9	K & S	K		Discuss the Invasive procedures for Prenatal Diagnosis	C1	NK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 13.10	K & S	K		List the Non Invasive procedures for Prenatal Diagnosis	C1	NK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 13.11	K & S	K		Explain the antenatal advice given to the mother	C1 P I	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 13.12	K & S	K		Discuss the importance of Antenatal care	C1 P I	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 13.13	K & S	K		Discuss the relevance of Pre-conceptual Counselling	C1	MK	Lecture Tutorials Small group discussion	VIVA		

HomUG-ObGy-1 13.14	P C	KH	Antenatal visits	Discuss the normal antenatal visits during pregnancy	C2	MK	Lecture Tutorials Small group discussion	VIVA		
HomUG-ObGy-1 13.15	P C	KH	Antenatal diet	Discuss the antenatal diet to the pregnant mother	C2	MK	Lecture Tutorials Small group discussion Chart	MCQ		
HomUG-ObGy-1 13.16	H O	KH	Scope of homoeopathy	Discuss the Scope of Homoeopathic management in antenatal complaints	C I P 1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 13.17	H O	KH	Management in Homoeopathy	Discuss the Scope of Homoeopathic management in high risk cases pregnancy	C1 P1	MK	Lecture Tutorials Small group discussion CBL	MCQ VIVA		Organon of Medicine, Materia Medica, Repertory
HomUG-ObGy-1 13.18	H O	K	Scope & Limitations	Discuss the Limitations of Homoeopathic management in high risk pregnancy	C1 P 1	MK	Lecture Tutorials Small group discussion CBL	VIVA		Organon of Medicine, Materia Medica, Repertory

6.13 Common conditions such as Vomiting, backache, constipation in pregnancy and Homoeopathic Management

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 14.1	K & S	K	Vomiting in pregnancy	Define simple vomiting in pregnancy	C1	MK	Lecture/ Integrated teaching/ AV aids	MCQ VIVA		
HomUG-ObGy-1 14.2	K & S	K		Define hyperemesis gravidarum	C1	MK	Lecture/ Integrated teaching/ AV aids	MCQ VIVA		
HomUG-ObGy-1 14.3	K & S	K		List aetiology of Hyperemesis gravidarum	C1	MK	Lecture/ Integrated teaching/ AV aids		LA SAQ	
HomUG-ObGy-1 14.4	K & S	K		Discuss the clinical features of Hyperemesis gravidarum	C1	MK	Lecture/ Integrated teaching/ AV aids		SAQ	
HomUG-ObGy-1 14.5	K & S	K		Explain the Investigations required for Hyperemesis gravidarum	C1	MK	Lecture/ Integrated teaching/ AV aids		SAQ	
HomUG-ObGy-1 14.6	K & S	K		Discuss the Complications of Hyperemesis gravidarum	C1	MK	Lecture/ Integrated teaching/ AV aids		SAQ	

HomUG-ObGy-1 14.7	K & S	K		Discuss the Management of Hyperemesis gravidarum	C1	MK	Lecture/ Integrated teaching/ AV aids		SAQ	
HomUG-ObGy-1 14.8	H O	K	Homoeopathic Management	Discuss the homoeopathic Therapeutics for Hyperemesis Gravidarum	C2	MK	Lecture/ Integrated teaching/ Project Based Learning		SAQ	Materia Medica
HomUG-ObGy-1 14.9	K & S	K	Backache	List the causes of backache during pregnancy	C1	MK	Lecture/ Integrated teaching/ AV aids	MCQ VIVA	SAQ	Physiology
HomUG-ObGy-1 14.10	K & S	K		Discuss the Auxilliary management of backache during pregnancy	C2	MK	Lecture/ Integrated teaching/ AV aids	MCQ VIVA		Physiology
HomUG-ObGy-1 14.11	H O	K	Homoeopathic Management	Discuss the homoeopathic Therapeutics for Backache during Pregnancy	C2	MK	Lecture/ Integrated teaching/ Project Based Learning	MCQ VIVA	SAQ	Materia Medica
HomUG-ObGy-1 14.12	K & S	K	Constipation	Discuss the Physiological cause for constipation during pregnancy	C1	MK	Lecture/ Integrated teaching/ AV aids		SAQ	Physiology
HomUG-ObGy-1 14.13	H O	K	Homoeopathic Management	Discuss the homoeopathic Therapeutics for Constipation during Pregnancy	C2	MK	Lecture/ Integrated teaching/ Project Based Learning	MCQ VIVA	SAQ	Materia Medica
HomUG-ObGy-1 14.14	H O	K		Discuss the homoeopathic Therapeutics for Minor Ailments during Pregnancy	C2	MK	Lecture/ Integrated teaching/ Project Based Learning	MCQ VIVA	SAQ	Materia Medica

6.13.1 Normal labour with its causes of onset, anatomy, physiology, mechanism, stages, events and clinical course in each stage, importance of Homoeopathic Scope and management

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integrated
								Formative	Summative	
HomUG-ObGy-1 15.1	K & S	K	Normal labour	Define Normal labour	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 15.2	K & S			Define Eutocia	C I	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 15.3	K & S	K		Define Abnormal Labour	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 15.4	K & S	K		Discuss the causes of onset of labour	C1	MK	Lecture Tutorials Small group discussion		LA SAQ	Physiology
HomUG-ObGy-1 15.5	K & S	K		Describe the features of True labour pains	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 15.6	K & S	K		Describe the features of False labour pains	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	

HomUG -ObGy-1 15.7	K & S	KH		Differentiate true labour pains from false labour pains	C2	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.8	K & S	K		Describe the characteristic features of pre-term labour	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG -ObGy-1 15.9	K & S	K	Normal labour	Describe the Physiology of Normal Labour	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.10	K & S	K	Stages of labour	Classify the Stages of Normal Labour	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG -ObGy-1 15.11	K & S	K		Describe the Stages of Normal Labour	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.12	K & S	K		Discuss the events taking place in 1 st stage of labour	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.13	K & S	K	Events 1 st , 2 nd and 3 rd stage of labour	Discuss the events taking place in 2 nd stage of labour	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.14	K & S	K		Discuss the events taking place in 3 rd stage of labour	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.15	K & S	K		Discuss the 1 st stage of labour & the duration	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG -ObGy-1 15.16	K & S	K		Discuss the 2 nd stage of labour & the duration	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	

HomUG -ObGy-1 15.17	K & S	K	Stages of 1 st , 2 nd and 3 rd stage of labour	Discuss the 3 rd stage of labour & the duration	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG -ObGy-1 15.18	K & S	K		Discuss the 4 th stage of labour	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG -ObGy-1 15.19	K & S	K		Define Episiotomy	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG -ObGy-1 15.20	K & S	K		Discuss the types of episiotomy	C1	MK	Lecture Tutorials Small group discussion Mannikin	MCQ	SAQ	
HomUG -ObGy-1 15.21	K & S	KH		Discuss the complications of episiotomy	C2	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG -ObGy-1 15.22	K & S	K		Describe the mechanism of labour	C1 P I	MK	Lecture Tutorials Small group discussion Clinical demonstration Mannikin		LA SAQ	
HomUG -ObGy-1 15.23	K & S	K	Episiotomy	Define crowning	C1	MK	Lecture Tutorials Small group discussion Mannikin	MCQ	SAQ	
HomUG -ObGy-1 15.24	K & S	K		Define Restitution	C1	MK	Lecture Tutorials Small group discussion Mannikin	MCQ	SAQ	
HomUG -ObGy-1 15.25	K & S	KH		Discuss the management of 1 st stage of labour	C2	MK	Lecture Tutorials Small group discussion Mannikin		SAQ	

HomUG -ObGy-1 15.26	K & S	KH		Discuss the management of 2 nd stage of labour	C2	MK	Lecture Tutorials Small group discussion Mannikin		SAQ	
HomUG -ObGy-1 15.27	K & S	KH	Mechanism of labour	Discuss the management of 3 rd stage of labour	C2	MK	Lecture Tutorials Small group discussion Mannikin		SAQ	
HomUG -ObGy-1 15.28	K & S	KH	Managemen t of 1 st , 2 nd 3 rd , and 4 th stage of labour	Discuss the management of 4 th stage of labour	C2	MK	Lecture Tutorials Small group discussion Mannikin		SAQ	
HomUG -ObGy-1 15.29	H O	KH	Scope and limitation of homeopathy	Discuss the Scope of Homoeopathic in Labour normal Labour	C2	MK	Lecture Tutorials Small group discussion		LA SAQ	
HomUG -ObGy-1 15.30	H O	K	Scope and limitation of homeopathy	Discuss the limitation of Homoeopathy Labour	C1 P I	MK	Lecture Tutorials Small group discussion		LA SAQ	
HomUG -ObGy-1 15.31	H O	KH	Homoeopat hic Materia medica	Discuss the homoeopathic remedies in labour	C2	MK	Lecture Tutorials Small group discussion	MCQ	LA SAQ	
HomUG -ObGy-1 15.32	H O	KH	&therapeuti cs	Discuss the characteristic features of indicated remedies	C2	MK	Lecture Tutorials Small group discussion	MCQ	LA SAQ	

6.14 Postnatal & puerperal care – scope and limitation of management in Homoeopathy

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 16.1	K & S	K	Postnatal care	Define postnatal care	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.2	K & S	K	Puerperium	Define Puerperium	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.3	K & S	K		Explain the duration of normal puerperium	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.4	K & S	K		Define Involution	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.5	K & S	K		Define Sub-involution	C1	MK	Lecture Tutorials Small group discussion	MCQ		

HomUG-ObGy-1 16.6	K & S	K		Discuss the Anatomical Consideration of Involution of Uterus	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.7	K & S	K		Discuss the Physiological Consideration of Involution of Uterus	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.8	K & S	D		Demonstrate the clinical Assessment of Involution of Uterus	P-1	MK	Lecture Tutorials Small group discussion	MCQ VIVA	SAQ	
HomUG-ObGy-1 16.9	K & S	K		Discuss the Involution of other Pelvic Structures	C1	MK	Lecture Tutorials Small group discussion	VIVA		
HomUG-ObGy-1 16.10	K & S	K		Define lochia	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.11	K & S	K		Describe the types of Lochia	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 16.12	K & S	K		Discuss the composition of lochia	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 16.13	K & S	K		Mention the normal duration of Lochia	C1	MK	Lecture Tutorials Small group discussion	MCQ		

HomUG-ObGy-1 16.14	K & S	K		Discuss the clinical importance of Lochia	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 16.15	K & S	K		Discuss the Normal Physiological changes occurs during puerperium.	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 16.16	K & S	K		Discuss the general management during Puerperium	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 16.17	H O	KH	Homoeopathic Management	Discuss the homoeopathic remedies for puerperium.	C2	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 16.18	H O	KH		Discuss the characteristic features of indicated remedies	C2	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 16.19	K & S	K		Define Lactation	C1	MK	Lecture Tutorials Small group discussion	MCQ VIVA		
HomUG-ObGy-1 16.20	K & S	K		Define Colostrum	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 16.21	K & S	K		List Composition of Colostrum	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	

HomUG-ObGy-1 16.22	K & S	K		Describe the 4 stages in Physiology of Lactation	C1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 16.23	H O	KH	Homoeopathic Management	Discuss the homoeopathic remedies for increasing the milk	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia Medica
HomUG-ObGy-1 16.24	K & S	KH		Discuss the characteristic features of indicated remedy	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia Medica
HomUG-ObGy-1 16.25	K & S	K	Postnatal care	Define Postnatal care	C1	MK	Lecture Tutorials Small group discussion	MCQ		
HomUG-ObGy-1 16.26	K & S	K		Discuss the Objectives of postnatal care	C1	MK	Lecture Tutorials Small group discussion	MCQ	SAQ	
HomUG-ObGy-1 16.27	K & S	S		Demonstrate the procedure of Postnatal examination of the Mother	C1	DK	Lecture Tutorials Small group discussion			
HomUG-ObGy-1 16.28	K & S	S		Demonstrate the procedure of Postnatal examination of the Baby	C1 P I	DK	Lecture Tutorials Small group discussion			
HomUG-ObGy-1 16.29	K & S	K		Discuss the advice given to the postnatal mother	P I	MK	Lecture Tutorials Small group discussion		SAQ	

HomUG-ObGy-1 16.30	H O	KH	Homoeopathic management	Discuss the Scope of Homoeopathic remedies in Postnatal care	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia medica
HomUG-ObGy-1 16.31	H O	K		Discuss the Limitation of Homoeopathic management in postnatal puerperal case	C1 P 1	MK	Lecture Tutorials Small group discussion		SAQ	Organon of medicine

6.15 Care of new born in homoeopathic point of view:

Sl. No.	Domain Competency	Miller	Content	Specific Learning Objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 17.1	K & S	K	New born infant	Define New born infant	C1	MK	Lecture Tutorials Small group discussion	MCQ		Paediatrics
HomUG-ObGy-1 17.2	K & S	K		Explain weaning of infant.	C1 P I	MK	Lecture Tutorials Small group discussion Clinical demonstration	VIVA		

HomUG-ObGy-1 17.3	K & S	K	New born infant	Describe the physical features of new born infant at birth	C 1	MK	Lecture Tutorials Small group discussion Clinical demonstration		SAQ	
HomUG-ObGy-1 17.4	K & S	S		Demonstrate the vital signs of new born infant immediate after birth.	C 1 P I	MK	Lecture Tutorials Small group discussion Manikin Bedside	MCQ		
HomUG-ObGy-1 17.5	K & S	S		Demonstrate the general physical examination findings of new born	C1 P I	MK	Lecture Tutorials Small group discussion Clinical demonstration	MCQ		
HomUG-ObGy-1 17.6	K & S	S		Elicit the reflexes of new born	C1	MK	Lecture Tutorials Small group discussion Clinical bed side demonstration	MCQ		
HomUG-ObGy-1 17.7	K & S	KH		Explain the Immediate care of new born	C1 P I	MK	Lecture Tutorials Small group discussion Manikin Bedside		SAQ	
HomUG-ObGy-1 17.8	K & S	K		Discuss the advantage of breast feeding	C1 P I	MK	Lecture Tutorials Small group discussion		SAQ	

HomUG-ObGy-1 17.9	K & S	K	Breast feeding	Discuss the contraindications for breast feeding	C1 P 1	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 17.10	K & S	KH		Describe the indication for Artificial feeding.	C 2	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 17.11	K & S	KH		Discuss the difficulties faced during breast feeding due to mother & Baby	C2	MK	Lecture Tutorials Small group discussion		SAQ	
HomUG-ObGy-1 17.12	K & S	KH		Discuss the Daily Observation and care of new born	C2	DK	Lecture Tutorials Small group discussion		SAQ	Paediatrics
HomUG-ObGy-1 17.13	K & S	S		Discuss Infant Growth Assessment	C1	NK	Lecture Tutorials Small group discussion		SAQ	Paediatrics
HomUG-ObGy-1 17.14	K & S	K		Define APGAR Score of Newborn	C1	MK	Lecture Tutorials Small group discussion Clinical demonstration	MCQ	SAQ	Paediatrics
HomUG-ObGy-1 17.15	K & S	K		Describe the parameters of APGAR Scoring of New-born	C1 P 1	MK	Lecture Tutorials Small group discussion Clinical demonstration		SAQ	Paediatrics
HomUG-ObGy-1 17.16	K & S	K		Discuss importance of performing APGAR	C1	DK	Lecture Tutorials	MCQ	SAQ	Paediatrics

				Scoring at intervals after birth			Small group discussion			
HomUG-ObGy-1 17.17	H O	KH	Homoeopathic Management	Discuss the Scope of Homoeopathy in New born Care	C2	MK	Lecture Tutorials Small group discussion		SAQ	Organon of medicine
HomUG-ObGy-1 17.18	H O	KH	Homoeopathic Management	Discuss Homoeopathic remedies in new born care	C2	MK	Lecture Tutorials Small group discussion	SAQ		Materia medica
HomUG-ObGy-1 17.19	H O	K		Discuss the characteristic features of indicated remedies	C2	MK	Lecture Tutorials Small group discussion	SAQ		Materia medica

6.16 General and Homoeopathic management, repertorisation, therapeutics, posology. Formulation of prognostic criteria and Prognosis of related topics in Obstetrics and new born care

Sl. No.	Domain Competency	Miller	Content	Specific learning objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integrated
								Formative	Summative	
HomUG-ObGy-1 18.1	H O	KH	Homoeopathic therapeutics	Discuss the Homoeopathic materia medica & therapeutics in Antenatal ailments	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia medica
HomUG-ObGy-1 18.2	H O	KH		List the Homoeopathic remedies commonly used in obstetrics	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia medica
HomUG-ObGy-1 18.3	H O	KH		Discuss the characteristic features of the indicated remedies.	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia medica
HomUG-ObGy-1 18.4	H O	KH		List the Homoeopathic remedies commonly used in New born care	C2	MK	Lecture Tutorials Small group discussion		SAQ	Materia medica
HomUG-ObGy-1 18.5	H O	KH		Discuss the characteristic features of indicated remedies	C2	MK	Lecture Tutorials		SAQ	Materia medica

							Small discussion group			
HomUG-ObGy-1 18.6	H O	KH		Discuss the differentiation of the remedies	C1	MK	Lecture Tutorials Small discussion group	MCQ		Materia medica
HomUG-ObGy-1 18.7	H O	KH		Discuss the remedy relationship wherever applicable	C1	MK	Lecture Tutorials Small discussion group	MCQ		Materia medica
HomUG-ObGy-1 18.8	H O	KH	Repertorisation	Discuss the selection of repertories in Obstetrical care	C-3	MK	Lecture Tutorials Small discussion group	MCQ		Repertory
HomUG-ObGy-1 18.9	H O	KH		Discuss the selection of repertories in New born care	C-3	MK	Lecture Tutorials Small discussion group	MCQ		Repertory
HomUG-ObGy-1 18.10	H O	S		Explain how to convert symptoms into rubrics from different repertories in Obstetricas.	C-3	MK	Lecture Tutorials Small discussion group	MCQ		Repertory
HomUG-ObGy-1 18.11	H O	S		Explain how to convert symptoms into rubrics from different repertories in New born care.	C-3	MK	Lecture Tutorials Small discussion group	MCQ		Repertory
HomUG-ObGy-1 18.12	H O	K		Discuss the selection of repertory based on symptomatology	C-1	MK	Lecture Tutorials Small discussion group	MCQ		Repertory

HomUG-ObGy-1 18.13	H O	KH	Posology	Discuss the selection of similitum based on symptomatology	C1	MK	Lecture Tutorials Small group discussion	MCQ		Organon of medicine
HomUG-ObGy-1 18.14	H O	KH		Describe methods of potency selection	C1	MK	Lecture Tutorials Small group discussion	MCQ		Organon of medicine
HomUG-ObGy-1 18.15	H O	K		Discuss the factors for selection of posology.	C1	MK	Lecture Tutorials Small group discussion	MCQ		Organon of medicine
HomUG-ObGy-1 18.16	H O	K		Discuss the criteria for repetition of doses	C1	MK	Lecture Tutorials Small group discussion	MCQ		Organon of medicine

6.17 Important Investigations for diagnosis in Obstetrics

Sl. No.	Domain Competency	Miller	Content	Specific learning objectives	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								Formative	Summative	
HomUG-ObGy-1 19.1	P C	K	Ultrasonography	Discuss the indications for USG in 1 st trimester.	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.2	P C	K		Discuss the findings of hydatidiform mole in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.3	P C	K		Discuss the finding of abortion in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.4	P C	K		Discuss the findings of normal pregnancy in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology

HomUG-ObGy-1 19.5	P C	K		Discuss the findings of Anterio – posterior diameters of the fetal skull in USG.	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.6	P C	K		Discuss the findings of biparietal (BPD) diameters of the fetal skull in USG.	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.7	P C	K		Discuss the findings of Crown Rump Length in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.8	P C	K		Discuss the findings of Amniotic fluid in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.9	P C	K		Discuss the findings of foetal growth in each trimester in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.10	P C	K		Discuss the findings of Malformations of the foetus in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology

HomUG-ObGy-1 19.11	P C	K		Discuss the findings of malformation of the uterus in USG	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Radiology
HomUG-ObGy-1 19.12	P C	K		Discuss the urine test pregnancy test in amenorrhoea women	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Biochemistry
HomUG-ObGy-1 19.13	P C	K		Discuss the immunological test for pregnancy	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Biochemistry
HomUG-ObGy-1 19.14	P C	K	Blood test	Discuss the conditions where B-HCG tests are done.	C1	DK	Small discussion group Tutorials CBL PBL			Biochemistry
HomUG-ObGy-1 19.15	P C	K		Discuss the importance of Hb in pregnancy.	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Biochemistry
HomUG-ObGy-1 19.16	P C	K		Discuss the importance of blood group & Rh group in pregnancy.	C1	MK	Small discussion group Tutorials CBL PBL	MCQ		Biochemistry

HomUG-ObGy-1 19.17	P C	K		Discuss the importance of FBS, RBS and PPBS in pregnancy	C1	MK	Small group discussion Tutorials CBL PBL	MCQ		
HomUG-ObGy-1 19.18	P C	K		Describe the importance of Thyroid function tests in pregnancy	C1	MK	Small group discussion Tutorials CBL PBL	MCQ		

7 Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
	Assignments
	Library reference
	Self-learning

8 Details of assessment

Note- The assessment in II BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during II BHMS will be added to the marks of IA in the III BHMS University Examination.

Overall Scheme of Internal Assessment (IA)***

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
II BHMS/ Obstetrics & Gynaecology	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
	20 Marks Viva- A	100 Marks Clinical/Practical and Viva - E i) Viva voce -50 marks ii) Clinical/practical*- 50	20 Marks Viva- B	100 Marks Clinical/Practical and Viva - F i) Viva voce -50 marks ii) Clinical/practical**- 50

****Practical Examinations TT I:***

- a) **Case taking:** Recording of case in Obstetrics & Gynaecology. **(20 marks)**
- b) **Demonstration: (15 Marks)**
 - General physical examination
 - Per abdominal examination
 - Pelvic grips
- c) **Lab Investigations:** Suggest the relevant lab investigations for 1st, 2nd and 3rd trimester (**5 marks**)
- d) **Demonstration of foetal skull & Pelvic diameters (10 marks)**

****Practical Examinations TT II:**

- a) **Case taking:** Recording of case taking in Obstetrics & Gynaecology. (20 marks).
- b) **Examination of the patient (10 marks)**
 - General physical examination
 - Breast examination
 - Obstetric examinations
 - Post-natal examinations.
 - New born care examination
- c) **Analysis of the case (5 marks)**
- d) **Journal submission - 5 cases (10 marks)**

Journal shall have following cases with analysis-
Gynaec-3, ANC-1, PNC-1
- e) **Dummy & Pelvis:** Demonstration of fetal skull diameters, Sutures and pelvic diameters. (05 marks)

*****Method of Calculation of Internal Assessment Marks in II BHMS for Final University Examination to be held in III BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

9 List of recommended text/reference books

- Dutta,D.C,(2023).*Text book of Obstetrics*,10thedition, New Central Book Agency Pvt Ltd.,
- Dutta D.C (2020).*Text book of Gynaecology*, 8th edition, New Central Book Agency Pvt Ltd.
- Lilienthal Samuel (Reprint 2003), *Homoeopathic Therapeutics*, 5 edition B Jain Publishers (P) Ltd
- Guernsey H.N. *Principles & Practice of Homoeopathy in Obstetrics & Paediatrics*.
- Minton, *Uterine therapeutics Materia medica& Repertory*, B Jain publishers (P) Ltd.

10 List of contributors:

- I. **Dr. Vilma Meera Dsouza** – Vice Principal, Professor & Hod, Department Of Gynaecology & Obstetrics, Father Muller Homoeopathic Medical College And Hospital, Deralakatte, Mangalore.
- II. **Dr. Neetu Singh** – Professor & Hod, Department Of Gynaecology & Obstetrics, Mangilal Nirban Homoeopathic Medical College And Research Institute, Bikaner, Rajasthan.
- III. **Dr Rekha Thomas** - Professor And Hod, Department Of Gynecology And Obstetrics, Nehru Homoeopathic Medical College And Hospital, New Delhi.

Subject Name: Organon of Medicine and Homeopathic Philosophy

Subject Code: HomUG-OM-II

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1. Preamble

Organon of Medicine with Homoeopathic Philosophy is a central fulcrum around which education and training of a homoeopathic physician revolves. It lays down the foundations of homoeopathic practice, education, training and research. It not only elaborates on the fundamental laws but also how to apply them in practice. It defines the qualities of a healer, guides the homoeopathic physician in inculcating values and attitude and develop skills.

Nature nurtures us. It is well depicted in our science. Therefore, Homoeopathy is in synchronization with nature. The need to keep life force within us well balanced with nature is well established in the Organon of Medicine by Dr Hahnemann. Dr Hahnemann as an ecologist was well ahead of his time. Philosophically, it connects man and his actions to the dynamic forces available in nature, thus bringing to fore the holistic approach. Lateralization of these concepts helps the student to develop insight into various facets of Life & Living. Homoeopathic philosophy orients the students to homoeopathy as an Art & Science. It's comprehensive understanding needs a core competency in logic and the concepts of generalization and individualization. Its treatment of disease process and relating to the concept of miasm makes it a study of the process of scientific investigation.

The biggest challenge in teaching-learning of homoeopathic philosophy is to first understand the fundamentals according to the Master's writing and then demonstrate them in practice. Quality and real time integration with other subjects helps a student to conceive the holistic perceiving of Man and Materia Medica. The concepts and knowledge required by the Physician with operational knowledge of management of patients and their diseases will need horizontal and vertical integration with Homoeopathic subjects and clinical subjects. First BHMS will need horizontal integration with Anatomy, physiology, pharmacy and HMM. Homoeopathic philosophy will have spiral integration with itself and vertical integration with clinical subjects. Second year will need integration with pathology, community medicine, forensic medicine, along with other homoeopathic subjects. Third and fourth year establishes links with clinical subjects, research methodology and pharmacology.

Science is never static. Since the time of Dr.Hahnemann, medical science has advanced by leaps and bounds. Since Homoeopathy is based on principles rooted in nature, they would stand the test of time. However, their application in the changing times and circumstances would find newer avenues to heal. This is an opportunity for a homoeopath to connect the current advances while relating with the fundamental laws. Mastering all this will make him a master healer and will move him towards higher purpose of existence.

2. Course outcomes

At the end of the BHMS program, a student will be able to-

- i. Understand Mission of a Physician & Higher Purpose of Existence as per the Master's thoughts and words
- ii. Understand Hahnemannian concept of man and integrating it with the concept from the bio-psycho-social perspective.
- iii. Know homoeopathy as a Holistic & Individualistic medical science
- iv. Understand the concept of dynamism and vital force to get insight in health, disease, diathesis and disease.
- v. Relate concepts of Prevention, Promotion & Cure with the Hahnemannian approach
- vi. Know the Healer within the Homoeopathic Physician and work towards bringing forth the qualities of healing.
- vii. Understand Philosophy of Life & Health by applying basic fundamental laws of Homoeopathy.
- viii. Understand homoeopathic philosophy in the context of research

3. Learning outcomes

- i. Understanding the evolution of chronic disease in view of pathogenesis
- ii. Knowing Hahnemannian classification of diseases and its importance
- iii. Correlation of Microbiology and Homeopathy with miasms.
- iv. Correlation of laboratory investigation with the evolution of pathology and miasm
- v. Learning the concept of prevention of disease
- vi. Understanding the concept of causation and relating to homoeopathy
- vii. Classification and analysis of symptoms and correlation with repertory.
- viii. Developing a portrait of disease by integrating the Hahnemannian concept

4. Course content and its term-wise distribution

Sl. No.	Topic
Term I	
1.	Natural Disease vs Artificial Disease (Aphorisms 28-33)*
2.	The Correctness of Homoeopathic Therapeutic Law of Nature (Aphorisms 34-51)*
3.	Classification of Diseases (Hahnemannian Classification of Disease) with Introduction to Miasm (Aphorisms 71-82)*
4.	Case Taking (Aphorisms 83-103)*
5.	Homoeopathic Philosophy:
5.1	Symptomatology: Details regarding Symptomatology are to be comprehended by referring to the relevant aphorisms of Organon of medicine and chapters of the books on homoeopathic philosophy.
5.2	Case taking: The purpose of homoeopathic case-taking is not merely the collection of disease symptoms from the patient but comprehending the patient as a whole, with the correct appreciation of the factors responsible for the genesis and maintenance of illness. Hahnemann's concept and method of case-taking, as stated in Organon is to be stressed. Case receiving-perceiving techniques and symptoms-grading needs to be introduced and discussed. The prerequisite of the physical environment & of the physician also needs to be outlined.
5.3	Case processing: This includes-
5.3.1	Analysis of Symptoms
5.3.2	Evaluation of Symptoms
5.3.3	Totality of symptoms
5.3.4	Susceptibility
Term II	
6.	Record Keeping (Aphorism 104)*
7.	Various Systems of Medicine (Aphorisms 52-70)*
8.	Causation: Thorough comprehension of the evolution of disease, taking into account pre-disposing, fundamental, exciting and maintaining causes.
9.	Individuality- individualization- its process
10.	Anamnesis- evolution of disease
11.	Disease-its progress- complex disease relation with miasm
12.	Introduction to the concept of suppression

5. Teaching hours

5.1. Gross division of teaching hours

Organon of Medicine and Homoeopathic Philosophy		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	150	100

5.2 Teaching hours theory

Sl. No	List of Topics	Hours
1.	Natural Disease vs Artificial Disease	05
2	The Correctness of Homoeopathic Therapeutic Law of Nature	20
3	Classification of Diseases with introduction to Miasm	20
4	Case Taking (Aphorisms 83-103)	20
5	Symptomatology	07
6	Case taking (Homoeopathic Philosophy)	12
7	Case processing	15
8	Various systems of Medicine	15
9	Record Keeping	02
10	Causation	15

11	Anamnesis-evolution of disease, Disease its progress-complex disease, Individualization-its process, Susceptibility- types and factors modifying it	16
12	Introduction to the concept of suppression	3
	Total	150

5.3. Teaching hours Non-lecture

Sr. No	Non-Lecture Activity	Term	Time Allotted per Activity (Hours)
1	Clinical(to be integrated with topics under Pathology, Practice of Medicine, Surgery and ObGy)	I & II	75
2	Demonstrative	I & II	25
2(a)	Seminar / Tutorials		10
2(b)	Problem based learning/ Case Based Learning		10
2(c)	Assignment/ Symposium / Group discussion		5
	Total		100

6. Competencies tables

6.1 Natural disease vs artificial disease (Aphorism 28-33)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 1.1	K& S HO	K	Aphorism 28-33 Artificial disease is stronger than Natural disease	Define modus operadi of homoeopathic cure	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ, Viva	Spiral Pharmacy
HomUG-OM-II 1.2				Define and differentiate between Natural and Artificial Disease						
HomUG-OM-II 1.3				Identify factors differentiating Natural & Artificial Disease						
HomUG-OM-II 1.4				Compare the strength of Natural Disease vis-à-vis Artificial Disease						
HomUG-OM-II 1.5				Justify the superiority of Artificial Disease						

6.2 The correctness of Homeopathic therapeutic law of nature(Aphorisms 34-51)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 2.1	K & S HO	K	Aphorism 34-35 Therapeutic Law of Nature	Describe the factors needed to cure a disease	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ, Viva	
HomUG-OM-II 2.2		K	Aphorism 36-42 Discuss what happens when two dissimilar diseases meet in nature	Compare the different scenarios viz. Natural diseases meet, Natural and Artificial Disease meet	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ, Viva	
HomUG-OM-II 2.3		K	Aphorism 43-45 Discuss what happens when two Similar diseases meet in nature	Compare the scenarios viz. Natural diseases meet, Natural and Artificial	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ, Viva	

HomUG-OM-II 2.4	K & S HO	K	Aphorism 45-46 Examples of Homeopathic Cure	List the examples of cure in nature	Cognitive Recall Level I	Must Know	Lecture Small Group Discussion	SAQ	MCQ, SAQ, Viva	
HomUG-OM-II 2.5		K	Aphorism 47-49 Learning from Nature	Discuss the learning from the nature's examples of cure	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	SAQ, LAQ, Viva	
HomUG-OM-II 2.6		K	Aphorism 50 Hazardous Homoeopathic Remedy	Discuss the effect of Natural diseases used for treating similar Natural Diseases	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	SAQ, LAQ, Viva	
HomUG-OM-II 2.7		K	Aphorism 51 Advantage of Homoeopathic medicines	Discuss artificial morbid agents and their advantage over natural diseases	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	SAQ, LAQ, Viva	Pharmacy (V) Materia Medica (V)

6.3 Classification of disease (Hahnemannian classification of disease) with introduction of miasm (Aphorisms 71-82)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 3.1	K & S HO	K	Aphorism 71 Homeopathic System of Medicine	List the points necessary in the operation of curing	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ Viva	Organon (Spiral) Aphorism 3
HomUG-OM-II 3.2				Discuss Hahnemann's classification of disease						
HomUG-OM-II 3.3	K & S HO P C	K H	Aphorism 72 General Survey of Diseases	Define Acute disease Define Chronic disease Illustrate with examples	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ Viva	Organon (Spiral) Vital force
HomUG-OM-II 3.4		K	Aphorism 73 Acute Diseases	List the types of acute diseases Illustrate with examples of each	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	MCQ SAQ Quiz	MCQ SAQ LAQ Viva	Practice of Medicine (H/V)
HomUG-OM-II 3.5		K	Aphorism 74-76 Chronic Diseases	List examples of Chronic diseases Define Iatrogenic Disease with examples Management of Iatrogenic Diseases	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	Modern Pharmacology (H)

HomUG -OM-II 3.6		K	Aphorism 77 Pseudo- chronic Diseases	Define Inappropriately named chronic diseases List the causes of the same Examples	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	
HomUG -OM-II 3.7	K & S HO P C	K	Aphorism 78 True Chronic Diseases	Define and discuss true natural Disease	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	SAQ	MCQ SAQ LAQ Viva	
HomUG -OM-II 3.8		K	Aphorism 79 Syphilis & Sycosis	Define Miasm Recognise the miasms Identify the primary presentation of miasm	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	SAQ	MCQ SAQ LAQ Viva	Pathology (H)
HomUG -OM-II 3.9		K	Aphorism 80-81 Psora	Identify the primary presentation of Psora List the types of presentations of Psora Summarise footnote 77 List the causes that influence transformation of Psora	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	SAQ	MCQ SAQ LAQ Viva	Pathology (H)

HomUG -OM-II 3.10		K	Aphorism 82 Managem ent of Chronic Diseases	Discuss the management of Chronic diseases	Cognitive Understand and interpret Level II	Must Know	Caselet Lecture Small Group Discussion	SAQ	SAQ Viva	

6.4 Case taking (Aphorisms 83-103)

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG -OM-II 4.1	K & S HO P C	K H	Aphorism 83 Prerequisites for case taking	List the prerequisites for case taking Discuss techniques to develop and improve on these	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Case simulation	MCQ SAQ Viva	MCQ SAQ Viva	
HomUG -OM-II 4.2	K & S HO P C P B L C S	K K H S H	Aphorism 84-89 History taking	Explain the steps of case taking Discuss the dos and don'ts of case taking	Cognitive Understand and interpret Problem solving Level II& III	Must Know	Lecture Case simulation Case discussion OPD/IPD in small groups	MCQ SAQ	MCQ SAQ Viva	
HomUG -OM-II 4.3	K & S HO P B L	K H S H D	Aphorism 90 Physician's observation	List the various headings to observe in a patient	Cognitive Understand and	Must Know	Lecture Movies /clips	MCQ SAQ Check-list	MCQ SAQ Viva	Anatomy/ Physiology (Spiral)

				Discuss the importance of these observations Co-relate with Materia Medica and Repertory	interpret Level II Psychomot or Level I & II		Case simulation			Practice of Medicine (Horizontal) Materia Medica (H & S) Repertory (H & S)
HomUG -OM-II 4.4	K & S HO P B L	K K H	Aphorism 91 Original Unmodified Picture	Discuss the importance of noting the original form of disease	Cognitive Understand and interpret Level II	Must Know	Lecture Caselet	MCQ SAQ	MCQ SAQ Viva	
HomUG -OM-II 4.5	K & S P C	K	Aphorism 92 Case taking in acute disease	Discuss the importance of case taking in acute cases	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Caselet	MCQ SAQ	MCQ SAQ Viva	
HomUG -OM-II 4.6	K & S HO P C P B L C S	K K H	Aphorism 93 Obvious cause of the Disease	Discriminate between various causes of sensitive nature Ask relevant questions	Affective Level I	Must Know	Lecture Small Group Discussion Role play	MCQ SAQ	MCQ SAQ Viva	Fundamentals of Psychology (S)
HomUG -OM-II 4.7	K & S HO P C C S	K H	Aphorism 94 General cause of the Disease	Plan the case taking to ascertain the maintaining cause if any	Cognitive Decision /Problem Solving Level III	Must Know	Lecture Small Group Discussion Case simulation OPD/IPD	MCQ SAQ	MCQ SAQ Viva	Aphorism 5 Organon (S)

HomUG -OM-II 4.8	K & S HO P C	K H	Aphorism 95 Case taking in chronic disease	Design the case taking in chronic disease Evaluate the importance of accessory symptoms	Cognitive Decision /Problem Solving Level III	Must Know	Lecture Small Group Discussion Case simulation OPD/IPD	MCQ SAQ	MCQ SAQ LAQ Viva	
HomUG -OM-II 4.9	K & S HO C S	K	Aphorism 96-97 Disposition s of patients in case taking	Differentiate the dispositions of patients while answering Differentiate between Hypochondriac s and Feigners (malingering) Analyse the reasons behind the disposition	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Case simulation OPD/IPD	MCQ SAQ	MCQ SAQ Viva	Fundamentals of Psychology (S) Symptomatology Organon
HomUG -OM-II 4.10	K & S HO P B L C S	K	Aphorism 98 Demands of Case taking	Analyse the answers given by the friends and attendants Compare that with the patient's answer Listen to the patients' answers	Cognitive Understand and interpret Level II Affective Level I	Must Know	Lecture Small Group Discussion Case simulation OPD/IPD	MCQ SAQ	MCQ SAQ Viva	Psychology (S)
HomUG -OM-II 4.11	K & S HO	K	Aphorism 99	Discuss the advantages of case taking in	Cognitive Understand and	Must Know	Lecture	MCQ SAQ	MCQ SAQ Viva	

			Case taking in acute disease	acute diseases vis-à-vis chronic case	interpret Level II		Small Group Discussion			
HomUG-OM-II 4.12	K & S HO P C Community Health	K	Aphorism 100-103 Case taking in epidemic and sporadic disease	Discuss the salient points of case taking in an epidemic or sporadic disease Differentiate between common and characteristic symptom in above cases Discuss the concept of Genus epidemicus	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ SAQ	MCQ SAQ Viva	Organon (S)

6.5 Symptomatology

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 5.1	K & S	K	Define Symptoms and their importance	Define Objective and subjective symptoms	Cognitive Understand and interpret Level II	Must Know	Class room lecture , Group discussions	MCQ SAQ	LAQ	Horizontal with Pathology Vertical with POM, OBG, Surgery
HomUG-OM-II 5.2				Enumerate different types of symptoms						
HomUG-OM-II 5.3		K		Explain symptoms according to Hahnemann's view						
HomUG-OM-II 5.4	K & S	K		Define Totality of symptoms	Cognitive/ Understand & Interpret level II	Must Know	Class room lecture , Group discussions Caselets	MCQ	LAQ VIVA	
HomUG-OM-II 5.5				Explain types of modalities						

HomUG -OM-II 5.6	K & S	K	Define Symptomatology in relevance with Dr. KENT	Understanding the method of forming the TOS for prescribing Identify the nature and value of symptoms	Psychomotor / Problem Solving Level I	Must Know	Caselets P B L	SAQ	LAQ SAQ	Vertical with Repertory
HomUG -OM-II 5.7				Analysis of the case Explain the grade of symptoms of disease						
HomUG -OM-II 5.8				Explain the grade of symptoms of drug						

6.6 Case taking (Homoeopathic Philosophy)

Sl No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 6.1	K & S HO P C	K	Roberts Ch 8 Case Taking	Discuss the essentials needed to be recorded in taking the case	Cognitive/ Level III	Must know	Lecture Tutorials	MCQ SAQ	MCQ SAQ LAQ Viva	Record keeping Organon (S)
HomUG-OM-II 6.2				List the dos and don'ts of case taking						
HomUG-OM-II 6.3				Difference between acute and chronic case taking						
HomUG-OM-II 6.4		K	Case taking Views of stalwarts	Explain View of Dr. J T Kent on Case Taking Explain View of Dr. Stuart Close on Case Taking						

6.7 Case processing

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 7.1	K & S P C	K H S H D	Analysis	Define Analysis Identify different groups to analyse the symptoms Justify the analysis	Cognitive Level III	Must Know	Lecture Small Group Discussion Case simulation OPD/IPD	MCQ SAQ Checklist	MCQ SAQ LAQ	
HomUG-OM-II 7.2			Evaluation	Define Evaluation Justify and defend the evaluated symptoms	Cognitive Level III					
HomUG-OM-II 7.3			Investigation	Discuss the investigation Plan the case	Cognitive Level III					Pathology (H)
HomUG-OM-II 7.4			Diagnosis	Examine the case	Cognitive Level III Psychomotor Level I & II					Practice of Medicine(H)
HomUG-OM-II 7.5	K & S	K	Develop Portrait of Disease by integrating Hahnemannian concept	Define Disease portrait (Kent -Ch- 30), (Roberts- Ch- 9),(Close- Ch- 11, 12)	Cognitive/ Understand & Interpret level II	Must Know	Caselets / Classroom discussion/ DOPS	MCQ SAQ	LAQ	Horizontal with Pathology, Materia Medica, Repertory

6.8 Totality of symptoms

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 8	K & S	K	Develop Portrait of Disease by integrating Hahnemannian concept	Define Disease portrait (Kent -Ch-30), (Roberts-Ch-9),(Close-Ch- 11, 12)	Cognitive/ Understand & Interpret level II	Must Know	Caselets / Classroom discussion/ DOPS	MCQ SAQ	LAQ	Horizontal with Pathology, Materia Medica, Repertory

6.9 Susceptibility

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 9.1	K & S HO P C C B L	K	Susceptibility	Define Susceptibility	Cognitive Level II	Must Know	Lecture	MCQ SAQ		Organon (S)
HomUG-OM-II 9.2				Discuss the factors modifying susceptibility	Cognitive Level II		Small Group Discussion Case based Learning Seminar/ Symposium			
HomUG-OM-II 9.3				Predict the susceptibility of the patient to the drug prescribed	Cognitive Level III					

6.10 Record keeping

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 10.1	K & S HO P C D	K H	Aphorism 104 Record keeping	Discuss the importance of Record keeping Legality of case record	Cognitive Decision /Problem Solving Level III	Must Know	Lecture OPD/ IPD Case simulation Project work	MCQ SAQ	MCQ SAQ LAQ Viva	FMT (H)
HomUG-OM-II 10.2	K & S	K	Define Record Keeping	Define Record Keeping Explain Case Records	Cognitive / Recall	Desire-able to know	Caselets DOPS	MCQ	SAQ	With Repertory

6.11 Various systems of medicine

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 11.1	K & S HO	K	Aphorism 52 Chief Methods of Cure	List and Discuss different methods of Cure	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Seminars	MCQ SAQ Quiz	MCQ SAQ, Viva	Spiral Pharmacy
HomUG-OM-II 11.2		K	Aphorism 53 Homeopathic Method	Discuss the Fundamental Laws	Cognitive Understand and interpret Level II	MustKnow	Lecture Small Group Discussion Seminars	MCQ SAQ Quiz	MCQ, SAQ, LAQ, Viva	ORGANON (Spiral)

			Application of Law of Cure							
HomUG-OM-II 11.3		K	Aphorism 54 Different forms / System of Medicines Allopathic Method	Compare the outcomes of Various theories	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Seminars	MCQ SAQ Quiz	MCQ, SAQ, LAQ, Viva	ORGANON (Spiral)
HomUG-OM-II 11.4	K & S HO	K	Aphorism 55-56 Palliation in Allopathy	Discuss the awareness of public to effect of palliative treatment	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Seminars	MCQ, SAQ	MCQ, SAQ, LAQ, Viva	Modern Pharmacology (V) Medicine (V)
HomUG-OM-II 11.5		K	Aphorism 57-58 Symptomatic Treatment by Contraria	Explain the symptomatic treatment in contraria	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Seminars	MCQ, SAQ	MCQ, SAQ, LAQ, Viva	Modern Pharmacology (V) Medicine (V)
HomUG-OM-II 11.6		K	Aphorism 59 Injurious effects of antipathic Line of Treatment	Analyse the examples of effects of Antipathic line of treatment	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion Seminars	MCQ, SAQ	MCQ, SAQ, LAQ, Viva	Modern Pharmacology (V) Medicine (V)

HomUG-OM-II 11.7	K & S HO	K	Aphorism 60 Palliation in Allopathy	Discuss the Hazard of increasing doses in palliative treatment	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ Viva	Modern Pharmacology (V), Medicine (V), Gynaec (H), Surgery(H)
HomUG-OM-II 11.8		K	Aphorism 61 Utility of Homoeopathic treatment	Compare the utility of Homoeopathic & Allopathic treatment	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ Viva	Modern Pharmacology (V), Medicine (V), Gynaec (H), Surgery(H)
HomUG-OM-II 11.9	K&S HO P C	K	Aphorism 62-63 Reason for injurious nature of the palliative and sole efficacy of homoeopathic medicine	Define Primary and Secondary Action	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, Viva	
HomUG-OM-II 11.10		K H	Aphorism 64 Explanation of Primary and Secondary Action	Differentiate between Primary and Secondary Action	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, Viva	
HomUG-OM-II 11.11		K	Aphorism 65 Examples of Primary and	Illustrate with examples of Primary and	Cognitive Understand and	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, LAQ Viva	Modern Pharmacology (V) Medicine (V)

			Secondary Action	Secondary Actions	interpret Level II					
HomUG-OM-II 11.12	K & S HO	K	Aphorism 66 Secondary Curative Action	Analyse the effect of smallest homoeopathic doses in secondary action	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, LAQ	
HomUG-OM-II 11.13		K	Aphorism 67 Define and explain Suspended Animation	Discuss the use of antipathic line of treatment in specific cases	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, LAQ	
HomUG-OM-II 11.14		KH	Aphorism 68 Analyse the efficacy of Minuteness of Homeopathic medicines in cure	Application of Law of Minimum	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, LAQ	Organon (S)
HomUG-OM-II 11.15	K & S HO	K	Aphorism 69 Hurtfulness of Antipathic Treatment	Evaluate the effect of Antipathic line of treatment	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, LAQ	Modern Pharmacology (H) Medicine (V)
HomUG-OM-II 11.16	K & S HO	K	Aphorism 70 Summary of Homeopathic system of Medicine	List the inferences derived from the Aphorisms 1-70	Cognitive Understand and interpret Level II	Must Know	Lecture Small Group Discussion	MCQ, SAQ	MCQ, SAQ, LAQ	

6.10 Causation

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 12.1	K & S	K	Etiology Concept of Disease	Recall the various concept of disease	Cognitive Level II Understand and Interpret	Must know	Lectures Small group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	Organon (S)
HomUG-OM-II 12.2			Biological Concept of disease	Discuss the biological concept of disease		Desirable to know				Pathology (H)
HomUG-OM-II 12.3	C S		Environmental and Constitutional Factors	Discuss the concept of stress/ strain / Conflict		Must know				Psychology (S) Personality Adaptation
HomUG-OM-II 12.4	P C		Importance of diagnosis in Homeopathy	List the importance of diagnosis in daily practice		Must know				Practice of Medicine (H & V)
HomUG-OM-II 12.5			Concept of causation & relating it with homoeopathy	Define fundamental(miasm), exciting & maintaining cause	Cognitive Level II Understand and Interpret	Must know	Lectures Small group Discussion	MCQ SAQ	MCQ SAQ LAQ Viva	Horizontal with Pathology, Materia Medica, Repertory
HomUG-OM-II 12.6	K & S and Scholarship	K	Classification of Disease	Classification of disease as per Hahnemann and other stalwarts like Sarkar	Cognitive/ Understand & Interpret level II	Must Know	Classroom discussion Case Based Learning	MCQ SAQ	LAQ	

6.11 Introduction to the evolutionary concept of miasm

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integrati on
								F	S	
HomUG-OM-II 13.1	K & S	K	Discovery of Miasm Definition of Miasm Primary basic features of Miasm	Relate to Hahnemann’s journey to discover the concept of miasm in chronic diseases	Cognitiv e Level II Understa nd and Interpret	Desirabl e to know	Lecture Small group discussion	MCQSA Q	MCQ SAQ LAQ Viva	Organon (S)
HomUG-OM-II 13.2	K & S	K	Hahnemann classification of disease	Define Hahnemann’s concept of miasm	Cognitive / Understand & Interpret Level II	Must Know	Class room lecture / Small group Discussions / Caselets	MCQ SAQ	LAQ	Horizontal with Pathology
HomUG-OM-II 13.3			Explain pathological consideration and general survey of disease Hahnemann’s theory of Chronic Disease & bacteriology Acute miasm							
HomUG-OM-II 13.4	K & S	K	Miasm	Explain characteristic of Psora	Cognitive / Understand & Interpret level II	Desirable to know	Classroom discussion/ group discussions	MCQ SAQ	LAQ	
HomUG-OM-II 13.5				Explain characteristic of Sycosis						

HomUG-OM-II 13.6				Explain characteristic of Syphilis Foot note: 74, 76, 77, 78, 79, 80						
HomUG-OM-II 13.7	K & S	K	Understanding chronic disease in view of pathogenesis	Co- relate laboratory investigation with evolution of pathology and miasm	Cognitive / Understand & Interpret level II	Desirable to know	Caselets / Classroom discussion/	MCQ SAQ	LAQ	Horizontal with Pathology
HomUG-OM-II 13.8				Co- relate microbiology & homoeopathy with miasm						
HomUG-OM-II 13.9	K & S	K	Miasm & Pathology	Correlation of homoeopathy to pathology with reference to Dr. Kent, Close, Roberts	Cognitive / Understand & Interpret level II	Nice to know	Classroom discussion/	MCQ SAQ	LAQ	

6.12 Individuality

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 14.1	K & S	K	Life, Health & Disease	Define Individuality	Cognitive Level II Understand and Interpret	Must know	Lecture	MCQ SAQ	MCQ SAQ LAQ Viva	Pathology Practice of Medicine Materia Medica
HomUG-OM-II 14.2				Describe factors contributing to individualise a patient			Small Group Discussion			
HomUG-OM-II 14.3				Discuss with examples			Case based Learning Seminar			

6.13 Anamnesis- evolution of disease

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 15.1	K & S	K	History of Disease and its evolution	Define Anamnesis	Cognitive Level II Understand and Interpret	Must know	Lecture	MCQ SAQ	MCQ SAQ LAQ Viva	Pathology Practice of Medicine Materia Medica
HomUG-OM-II 15.2				Define evolution of disease process and prognosis of disease			Small Group Discussion Case based Learning Seminar			

6.14 Disease-its progress- complex disease relation with miasm

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 16.1	K & S	K	Progression of disease	Define Complex disease	Cognitive Level II Understand and Interpret	Must know	Lecture	SAQ	MCQ, SAQ, LAQ, VIVA	Organon
HomUG-OM-II 16.2				Discuss progression of disease in relation with –			Small Group Discussion			
				Psora (Functional Changes) - Sycosis (Infiltration) - Syphilis (Destruction)			Case based Learning Seminar			

6.15 Introduction to the concept of suppression

Sl. No	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
HomUG-OM-II 17.1	K & S HO P C	K	Suppression Causes Effects and Management	Define Suppression	Cognitive Level II Understand and Interpret	Nice to Know	Lecture Caselet	MCQ SAQ	SAQ	Pathology (H)
HomUG-OM-II 17.2				Enumerate the types and causes of Suppression			Case based Learning			
HomUG-OM-II 17.3				Discuss the effects of Suppression						
HomUG-OM-II 17.4				Explain the management						

7. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical)
Lectures	Clinical demonstration
Small group discussion	Problem based group discussion
Integrated lectures	Case based learning
Assignments	Tutorials
Library reference	Seminars
	Symposium
	Assignments
	Self-learning

There have to be classroom lectures, small group discussions, case discussions where case-based learning (CBL) and problem-based learning (PBL) are especially helpful.

Audiovisual (AV) methods for classroom teaching may be an innovative aid in order to demonstrate the related graphics and animations etc.

In the case of clinical demonstration – DOAP (Demonstration – Observation – Assistance – Performance) is very well applicable.

8. Details of assessment

8.1 Overall Scheme of Assessment (Summative)

Sr. No	Professional Course	Term I (1-6 Months)		Term II (7-12 Months)		
1	Second Professional BHMS	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	FUE (end of 12 months)	
		10 Marks Viva	50 Marks Practical/ Viva i) Viva voce -25 marks	10 Marks Viva	100 marks theory	100 marks (Clinical/practical+ Viva+ IA)

			ii) Clinical performance – 25 marks Case taking and analysis and evaluation			

8.2 Number of papers and marks distribution for Final University Examination (FUE)

Sr. No.	Course Code	Papers	Theory	Practical/ Clinical	Viva Voce	Internal Assessment**	Grand Total
1	HomUG-OM-II	01	100 marks	50 marks i) Case taking- 10 marks ii) Case processing-25 marks iii) Case presentation- 5 marks iv) Journal*-10 marks	40 marks	10 marks (Marks of PA I + TT I + PA II)	200marks

*Journal with 10 cases needs to be maintained by the students which should include Case Taking, Case Processing -Analysis & Evaluation, Investigations, Probable Diagnosis, Classification of disease in that case, Susceptibility

****Method of Calculation of Internal Assessment Marks for Final University Examination:**

Marks of IA- (Marks of PA-1 + Marks of TT + Marks of PA-2) / 70 X 10

8.3 Paper Layout

Summative assessment (FUE):

Theory- 100 marks

MCQ	10 marks
SAQ	40 marks
LAQ	50 marks

8.4 Distribution of questions for theory exam

Sr. No	Paper			D		
				Type of Questions		
	A	B	C	MCQ	SAQ	LAQ
	List of Topics	Term	Marks	(1 Mark)	(5Marks)	(10 Marks)
1	Aphorism 28- 70 and 83-104	I & II	Refer to table 8.5 below	4	2	2
2	Case taking -receiving-perceiving techniques prerequisites of physician, Symptomatology, Analysis, Evaluation, Totality of Symptoms	I & II		2	2	1

3	Classification of disease with introduction to miasm (Aphorism 71-82); Its correlation with pathogenesis and Homoeopathic management	I		2	1	1
4	Anamnesis-evolution of disease, Disease its progress-complex disease, Individualization-its process, Susceptibility: types and factors modifying it	II			2	
5	Causation; Introduction to the concept of suppression	II			1	1

8.5 Theme-wise distribution

No	Chapter/ Topic	Term	Theme	Marks	LAQ	SAQ	MCQ
1	Aphorism 28-104	I & II	A	34	20	10	4
2	Case taking -receiving-perceiving techniques prerequisites of physician, Symptomatology, Analysis, Evaluation, Totality of Symptoms	I&II	B	22	10	10	2
3	Classification of Disease with respect to Pathogenesis, miasm and correlation with homeopathic management	I	C	17	10	5	2
4	Anamnesis-evolution of disease, Disease its progress-complex disease, Individualization-its process, Susceptibility: types and factors modifying it	II	D	12		10	2
5	Causation; Introduction to the concept of suppression	II	E	15	10	5	

8.6 Question paper blueprint

A Question Serial Number	B Type of Question	Question Paper Format (Refer Table 8.5 for themes)
Q.1	Multiple choice Questions (MCQ) 10 Questions 1mark each All compulsory Must know part: 7 Desirable to know :3 Nice to know: Nil	1. Theme A 2. Theme A 3. Theme A 4. Theme A 5. Theme B 6. Theme B 7. Theme C 8. Theme C 9. Theme D 10. Theme D
Q.2.	Short answer Questions (SAQ) 8 Questions 5 marks each All Compulsory Must know part:5 Desirable to Know: 2 Nice to know:1	1. Theme A 2. Theme A 3. Theme B 4. Theme B 5. Theme C 6. Theme D 7. Theme D 8. Theme E
Q.3	Long answer Questions (LAQ) 5 Questions 10 marks each All Compulsory Must know part:3 Desirable to Know: 2 Nice to know:Nil	1. Theme A 2. Theme A 3. Theme B 4. Theme C 5. Theme E

9. List of recommended text/reference books

- Hahnemann Samuel, Organon of Medicine 6th edition translated By W. Boericke
- Hahnemann Samuel, Organon of Medicine 5th&6th combined edition translated By R. E. Dudgeon
- Kent J.T. Lectures on Homoeopathic Philosophy
- Roberts H. A. The Principle and Art of Cure By Homoeopathy
- Close Stuart, The Genius of Homoeopathy Lectures and Essay on Homoeopathic Philosophy
- Sarkar B. K., Commentary on Organon
- Das A. K., *A Treatise on Organon of Medicine*
- Schmidt Pierre, *The Art of Case Taking and Interrogation*
- Goel Sumit, *A study on Organon of Medicine and Homoeopathic Philosophy*

10. List of Contributors

- I. Dr. Prabhakar Devadiga, MD (Hom), Professor and HOD Smt. Chandaben Mohanbhai Patel Homeopathic Medical College, Mumbai, Maharashtra 400056
- II. Dr. S. M. Sharma, MD (Hom) Professor, Department of Organon and Principal, Dr. Madan Pratap Khunteta Homeopathic Medical College, Jaipur, Rajasthan
- III. Dr. Neeraj Gupta, MD (Hom) Officiating Principal and HOD Dr. B. R. Sur Homeopathic Medical College Hospital Research Centre, Nankpura, Moti Baug, New Delhi 110021

Subject Name- Homoeopathic Repertory and Case Taking

Subject Code: HomUG-R-II

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1. Preamble

The repertory is a dictionary or storehouse or an index to the huge mass of symptoms of the Materia Medica. The repertory is organized in a practical form indicating the relative gradation of drugs. Repertories not only contain symptoms of proving but also clinical and pathological symptoms found in the Materia Medica and additions made by authors based on their clinical experience. As no mind can memorize all the symptoms of the Materia Medica with their relative grading, repertories serve as an instrument at the disposal of the physician for sifting through the maze of symptoms of the vast Materia Medica. Case taking is the elementary mode of collecting data from the patient and the principles and techniques of case taking will demand constant updating of knowledge of the disease processes and way of interacting with human beings.

Need of the repertory as a tool arose when the number of remedies went on increasing and it was becoming humanly difficult to remember all the symptoms. A simple solution was to index the symptoms with the name of the drug. Repertories aim at simplifying the work of the physician to find the indicated remedy by eliminating the non-indicated remedies. Repertorisation is not the end but means to arrive to the simillimum and reference to Materia Medica based on sound principles of Philosophy is the final court of appeal.

Each repertory has been compiled on the basis of distinct philosophy, structure and utility. To use these instruments effectively, one must understand thoroughly its conceptual base, construction and utility and limitations. Even though there are a number of repertories, the student at the undergraduate level is expected to learn the philosophy and application of basic core repertories namely Kent, BBCR and BTPB. The subject of Repertory must not be taught in isolation but must be taught in horizontal integration with Anatomy and Physiology in I BHMS, Pathology in II BHMS, Surgery and Gynaecology in III BHMS and Practice of Medicine in IV BHMS and vertically integrated with Materia Medica and Organon and Homoeopathic Philosophy in all the years. Integrated teaching over all the years will help the student to grasp and understand the subjects better and connect repertory to all other subjects.

Similarly, case taking demands virtually integrating all the subjects taught from the I through IV BHMS in the consulting room or at the bedside. The physician can never say that he has learnt all every new patient has a new lesson to teach.

The advent of computerization and resulting software has opened many new avenues to collate and correlate the vast information found in the Materia Medica through the repertories. Continued exploration of these connections will generate new data, new repertories and the new application to existing or new illnesses.

2. Course outcomes

At the end of BHMS course, the learner will be able to:

- i. Explain the need and utility of repertory as a tool to find the similimum and in the study of Materia Medica.
- ii. Describe the philosophical backgrounds, construction, utility and limitation of Kent repertory, BTBP, BBCR, Boericke repertory, other clinical repertories and modern repertories.
- iii. Able to describe the various dimension of case taking and able to demonstrate case taking in moderate and difficult cases.
- iv. Classify the symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms based on different philosophies (DrKent, Dr Boenninghausen, Dr Hahnemann, Garth Boericke).
- v. Choose an appropriate approach for the case, construct the Repertorial Totality and select the appropriate rubrics and technique of repertorisation.
- vi. Identify the medium, method, process and technique of repertorization.
- vii. Display empathy with the patient and family during case taking.
- viii. Communicate to the patient and attendants the need for sharing patient related information for a complete homoeopathic case taking.
- ix. Develop ability to apply different case taking skills.
- x. Search for the appropriate rubrics in different repertory.
- xi. Understanding and evolution of modern repertories, computerized repertories, operate and use software-based repertories for repertorization.

3. Learning objectives

At the end of II BHMS, the learner will be able to:

1. Describe the steps of case taking in acute and chronic cases
2. Perform simple case taking in acute and chronic case under guidance
3. Illustrate the structure of Boericke repertory
4. Locate different pathological rubrics from Boericke repertory and Kent's repertory

4. Course content and its term-wise distribution(theory)

4.1 Case Taking (Term I)

- 4.1.1 Demonstration of Homoeopathic case taking in simple, acute and chronic cases (*refer to the table in **Annex-A** at the end defining category of the cases*)
- 4.1.2 Instructions given in Organon regarding case taking

4.2 Correlation of Repertory with Disease and Pathology (Term II)

- 4.2.1 Introduction to Boericke's repertory
- 4.2.2 Representation of different pathologies and pathogenesis in Boericke and Kent repertory
- 4.2.3 Understanding holistic concept of disease, constitution, diathesis, susceptibility and temperament

5. Teaching hours

5.1. Gross division of teaching hours

Homoeopathic Repertory and Case Taking		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	50	30

5.2. Teaching hours theory

S. No.	List of Topics	Hours (Total 50 hrs)
	Term I	
1.	Demonstration of Homoeopathic case taking in simple acute cases	09
2.	Demonstration of Homoeopathic case taking in simple chronic cases	08
3.	Instruction given in Organon regarding case taking	05
	Total	22
	Term II	
4.	Introduction to Boericke repertory	10
5.	Representation of different pathologies and pathogenesis in Boericke and Kent repertory	06
6.	Understanding holistic concept of disease, constitution, diathesis, susceptibility and temperament	12
	Total	28

5.3. Teaching hours Non-lecture

Sr. No	Non-Lecture Activity	Hours
	Term I	
1	Clinical	15
2	Demonstrative	
2(a)	Seminar / Tutorials	01
2(b)	Problem based learning/ Case Based Learning	02
2(c)	Assignment/ Symposium / Group discussion	02
	Term II	
1	Clinical	05
2	Demonstrative	
2(a)	Seminar / Tutorials	01
2(b)	Problem based learning/ Case Based Learning	01
2(c)	Assignment/ Symposium / Group discussion// Rubric hunting exercises	03
	Total	30

6. Content mapping

6.1. Topic: - Demonstration of Homoeopathic Case Taking in simple acute cases (importance & its application) and instructions given in Organon regarding case taking

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/ Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-2.1	K/HO	Knows	Acquiring knowledge, skill and attitude about patient and doctor communication and examination in simple acute disease	Define an acute Disease	Cognitive/ Level -1 Remembers/ Recalls	Must Know	Lecture Small Group Discussion	SAQ Viva-voce	–	Horizontal integration with Organon of Medicine Spiral Integration in III & IV BHMS
Hom UG-R-II-2.2	K/HO	Knows		Classify diseases as per Hahnemann's Philosophy	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Small Group Discussion	SAQ Viva-voce	–	
Hom UG-R-II-2.3	K/HO	Knows		State the Aphorisms dealing with Acute Case Taking and classification of acute disease	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva-voce	–	
Hom UG-R-II-2.4	K/HO/PC	Knows how		Explain the basic structure of case taking. List the steps of case taking in simple acute cases	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva-voce	–	

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-2.5	K/HO/PC	Shows how		Demonstration of simple acute case taking	Psychomotor Level -1 Interpret/ Decide/ Demonstrate Cognitive/ Level -2 understand/ describe	Desirable	Clinical Class Small Group Discussion (I	SAQ Viva-voce	–	Horizontal integration with Pathology & Practice of Medicine
Hom UG-R-II-2.6	K/HO/PC	Shows how		Observe the skills of clinical examination of simple acute case	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable	Clinical Class Small Group Discussion	SAQ Viva-voce	–	Spiral Integration in III & IV BHMS

6.2. Topic: - Demonstration of Homoeopathic Case Taking in simple Chronic cases (importance & its application) and instructions given in Organon regarding Case Taking

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-2.7	K/HO	Knows	Acquiring knowledge, skill and attitude about	Define a Chronic Disease as per Hahnemann's Philosophy	Cognitive/ Level -1 Remembers/ Recalls	Must Know	Lecture Small Group Discussion	SAQ Viva-voce	–	Horizontal integration with Organon of Medicine,

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-2.8	K/HO	Knows	patient and doctor communication and examination in chronic disease	Classify chronic diseases as per Hahnemann's Philosophy	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Small Group Discussion	SAQ Viva - voce	—	Spiral Integration in III & IV BHMS
Hom UG-R-II-2.9	K/HO	Knows		List the aphorisms dealing with Chronic Case Taking	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva - voce	—	
Hom UG-R-II-2.10	K/HO/PC	Knows how		Explain the basic structure of chronic case taking. List the steps of chronic case taking	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Integrated discussion	SAQ Viva - voce	—	
Hom UG-R-II-2.11	K/HO/PC	Shows how		Demonstration of case taking simple chronic cases	Psychomotor Level -1 Interpret/ Decide/ Demonstrate	Desirable	Lecture/ Clinical Class Small Group Discussion Integrated discussion	SAQ Viva - voce	—	Horizontal integration with Organon of Medicine, Pathology & Practice of Medicine
Hom UG-R-II-2.12	K/HO/PC	Shows how		Observe the skills of clinical examination of simple chronic case	Psychomotor Level -1 Interpret/ Decide/ Demonstrate Cognitive/ Level -2 understand/ describe	Desirable	Clinical Class Small Group Discussion	SAQ Viva - voce	—	Spiral Integration in III & IV BHMS

6.3. Topic: - Introduction to Boericke's Repertory

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-3.1	K/HO	Knows	Acquiring knowledge about Boericke's Repertory	Discuss the life history of Oscar Boericke with reference to his contributions to repertory	Cognitive/ Level -1 Remembers/ Recalls	Nice to Know	Lecture	Viva - voce	—	Horizontal integration with Organon of Medicine
Hom UG-R-II-3.2	K/HO	Knows		Outline the Plan of Boericke's Repertory	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Rubric Hunting	SAQ Viva - voce	—	
Hom UG-R-II-3.3	K/HO	Knows		Describe the Construction of Boericke's Repertory	Cognitive/ Level -1 Remembers/ Recalls	Must know	Lecture Rubric Hunting	SAQ Viva - voce	—	
Hom UG-R-II-3.4	K/HO	Knows		Explain the Importance of knowledge of pathology and clinical medicine for using Boericke's Repertory	Cognitive/ Level -2 Remembers/ Recalls	Desirable to Know	Lecture Rubric Hunting	SAQ Viva - voce	—	Horizontal integration with Organon of Medicine, Pathology, Practice of Medicine Spiral Integration in III & IV BHMS
Hom UG-R-II-3.5	K/HO	Knows how		Mention the Scope, Limitation & adaptability of Boericke's Repertory	Cognitive/ Level -2 Understands	Desirable	Lecture Rubric Hunting	SAQ Viva - voce	—	

6.4. Topic: - Representation of different pathologies and pathogenesis in Boericke and Kent

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-4.1	K/HO	Knows How	Identifying Representation of different pathologies and pathogenesis in Boericke and Kent Repertory	Identify the rubrics representing different pathologies and pathogenesis in Boericke repertory	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	Horizontal integration with Pathology, Practice of Medicine Spiral Integration in III & IV BHMS
Hom UG-R-II-4.2	K/HO	Knows How		Identify the rubrics representing different pathologies and pathogenesis in Kent repertory	Cognitive/ Level -1 Remembers/ Recalls	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	

6.5. Topic: - Understanding holistic concept of disease, miasm, constitution, diathesis, susceptibility and temperament in Boericke and Kent Repertory

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-5.1	K/HO	Knows	Understanding the representation of constitution, diathesis, susceptibility and temperament in Boericke and Kent Repertory	Discuss the holistic concept of Health with relation to the study of repertory	Cognitive/ Level - 1 Understands	Desirable to Know	Lecture	Viva-voce		Horizontal integration with Organon of Medicine, Pathology, Practice of Medicine
Hom UG-R-II-5.2	K/HO	Knows		Discuss the concept of Disease with relation to the study of repertory	Cognitive/ Level - 1 Understands	Desirable to Know	Lecture	Viva-voce		
Hom UG-R-II-5.3	K/HO	Knows		Define Constitution, diathesis, susceptibility & Temperament	Cognitive/ Level - 2 Understands & interpret	Desirable to Know	Lecture	Viva-voce		Spiral Integration in III & IV BHMS

Sl. No.	Domain of Competency	Miller's level	Content	SLO	Bloom/Guilbert	Priority	Teaching-Learning Method/Media	Assessment		Integration
								F	S	
Hom UG-R-II-5.4	K/HO	Knows How		Identify the rubrics representing different constitution, diathesis, susceptibility and temperament in Boericke repertory	Cognitive/ Level - 2 Understands & Interpret	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	
Hom UG-R-II-5.5	K/HO	Knows How		Identify the rubrics representing different constitution, diathesis, susceptibility and temperament in Kent repertory	Cognitive/ Level - 2 Understands & Interpret	Desirable to Know	Lecture Rubric Hunting	MCQ Quiz	–	

7. Teaching Learning Methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lecture	Clinical Class
Small Group Discussion	Rubric hunting exercises
Integrated discussion with subjects of Organon of Medicine, Pathology & Practice of Medicine	Case based learning
	Seminar
	Tutorial
	Group Discussion

8. Details of assessment

Note- The assessment in II BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during II BHMS will be added to the marks of IA in the III BHMS University Examination.

Overall Scheme of Internal Assessment (IA)*

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)
II BHMS/ Repertory	10 Marks Viva- A	50 Marks Clinical/Practical and Viva - E i) Viva voce -25 marks ii) Clinical/practical- 25 a. Recording of Simple acute case - 20 marks b. Analyse the case for acute and chronic disease as per Hahnemann's classification of disease - 05 marks	10 Marks Viva- B	50 Marks Clinical/Practical and Viva – F Viva voce -25 marks i) Clinical/practical- 25 a. Recording of Simple chronic case-15 marks c. Analyse the case for acute and chronic disease as per Hahnemann's classification of disease - 05 marks b. Locate the rubrics for pathologies in Boericke & Kent's repertory- 05 marks

***Method of Calculation of Internal Assessment Marks in II BHMS for Final University Examination to be held in III BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

9. List of recommended text/reference books

- Ahmed Munir R(2016). Fundamentals of repertories: Alchemy of homeopathic methodology.
- Bidwell GI.(1915). How to Use the Repertory.
- Boericke, W. (2003). New manual of homoeopathic materia medica and repertory.
- Hahnemann, S. (2014). Organon of Medicine.
- Kent, J. T. (2008). Lectures on Homeopathic Philosophy.
- Kent, J. T. (2016). Repertory of the homeopathic materia medica.
- Kent, J. T: How to study the Repertory, how to use the Repertory.
- Tiwari SK. (2007). Essentials of Repertorization.

10. List of contributors

- I. Dr. Anoop Nigwekar, Professor &HoD, Repertory, Dr. M.L. Dhawale Memorial Homoeopathic Institute, Palghar, Maharashtra
- II. Dr. Yashasvi Shakdviya, Associate Professor &HoD, Repertory, University College of Homoeopathy, DSRRU, Jodhpur, Rajasthan.
- III. Dr. Lokanath Behera, Associate Professor &HoD, Repertory, National Institute of Homoeopathy, (An Autonomous Institute) Ministry of Ayush, Govt. of India, Block- GE, Sector-III, Salt Lake, Kolkata – 700106

Annexure A (in reference of course content sub clause 4.1.1)

	Simple case	Moderate case	Difficult case
Acute case	A case of acute nature as defined by Hahnemann; which is presenting with complete symptoms of either one location or one system of single malady with no other comorbid conditions. Cases where case processing is easy and constructing totality/ rubric search for reference/ Repertorization is easy.	A case of acute nature as defined by Hahnemann; which is presenting with mixed symptomatology (complete as well incomplete symptoms) of multiple location or of single malady of functional level with other comorbid conditions of functional level. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat more difficult then simple cases.	A case of acute nature as defined by Hahnemann; which is presented with mixed symptomatology of multiple locations with structural changes or a complex disease. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult then moderate cases.
Chronic case	A case of chronic nature as defined by Hahnemann; which is having complete symptoms of either one location or one system of single malady with no other comorbid conditions. Cases where case processing is easy and constructing Repertorial totality/ rubric search/ Repertorization is easy.	A case of chronic nature as defined by Hahnemann; which is presenting with mixed symptomatology (complete as well incomplete symptoms) of multiple locations or of single malady of functional level with other comorbid conditions of functional level. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult then simple cases.	A case of chronic nature as defined by Hahnemann; with mixed symptomatology of multiple locations with structural changes or a complex disease. Cases where case processing needs a certain set of knowledge, skill for construction of totality and rubric search/ Repertorization is somewhat difficult then moderate cases

Subject name – Surgery

Subject code- HomUG -Sur -I

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1. Preamble

Surgery involves addressing acute or chronic injuries, deformities, or diseases through physical intervention such as removal, repair, or reconstruction of a specific part or organ. Specialized fields like ENT, Ophthalmology, Dentistry, and Orthopedics, as well as super specialties like cardiac, neuro, and oncosurgery, have gained prominence.

Homoeopathy has proven to play a significant role in preventing several surgical interventions, provided that the physician can diagnose the condition early and administer the appropriate treatment while also considering supplementary measures. Therefore, a homoeopathic physician should possess a solid understanding of surgery. A student of homoeopathy should be able to diagnose clinical conditions to effectively address the scope and limitations of homoeopathy in surgical cases. It is essential for students to learn the Hahnemannian concept of surgical diseases, chronic diseases, and susceptibility for the effective management of surgical conditions.

The management of surgical cases according to both modern medicine and Organon is a crucial part of the education and training of homoeopathic students. A comprehensive understanding and application of Homoeopathic principles, along with the correct knowledge of Homoeopathic medicines, can extend the use of Homoeopathy to a range of acute and chronic surgical conditions that were previously considered beyond its scope. Understanding surgical conditions enables students to provide continuity of care, particularly when patients transition between surgical interventions and homeopathic management. Equipping homeopathic students with knowledge of surgical conditions allows them to make informed decisions and recommend suitable treatment options, whether surgical or non-surgical. By studying surgical conditions, homeopathic students can offer comprehensive and integrated healthcare to their patients, leading to improved health outcomes and patient satisfaction.

2. Course outcomes

At the end of BHMS course, the student shall be able to-

- i) Diagnose common surgical conditions.
- ii) Understand the role of Homoeopathic treatment in pseudo-surgical and true surgical diseases.
- iii) Record the surgical case history that is complete and relevant to disease identification, help to find the correct Homoeopathic medicine that can be used for treating the condition.

- iv) Understand the fundamentals of examination of a patient with surgical problems.
- v) Demonstrate the ability to perform the bedside clinical procedures and the physical examination that is relevant for diagnosis and management of the disease.
- vi) Demonstrate ability to advise appropriate diagnostic tests (including radio-diagnosis) and interpretation of the test in the individual surgical case.
- vii) Perform basic management procedures of general surgery like wound dressing, ABC management, suturing, transport of the injured and fluid therapy etc.
- viii) Discuss causation, manifestations, management and prognosis of surgical conditions.
- ix) Understand the miasmatic background of surgical disorders, wherever applicable.
- x) Apply Materia medica (therapeutics) and posology in common surgical conditions.
- xi) Understand the use of repertory in Homoeopathic prescriptions for surgical conditions.

3. Learning objectives (to be edited according to the II BHMS content)

At the end of II BHMS course, the learner shall be able to-

- i. Understand surgical case taking.
- ii. Understand common surgical symptomatology and its differential approach.
- iii. Demonstrate the basic management procedures of general surgery. Eg. dressing, ABC management and fluid therapy
- iv. Describe the concepts required to diagnose surgical clinical conditions taught in II BHMS.
- v. Understand the role of examination and investigation in diagnosing surgical disorders.
- vi. Identify referral criteria for medical emergencies and surgical conditions.
- vii. Classify symptoms and integration with repertory.
- viii. Understand applied Materia Medica and posology in common surgical conditions (taught in II BHMS) which can be managed with Homoeopathy.

4. Course content and its term-wise distribution

Sl. No.	Topic
Term I	
1.	Introduction to surgery, Scope and limitations of Homoeopathy in surgical conditions, Surgical diseases explained in relation to organon of medicine
2.	Trauma/Injury; different types of injuries- head injury; road traffic accident; injury to chest and abdomen
3.	Wound and wound healing; scars and keloids
4.	Haemorrhage and blood transfusion
5.	Shock; various types of shock
6.	Fluid, electrolyte and acid- base balance
7.	Burns and Skin grafting
8.	Nutrition
9.	Common surgical infections
Term II	
10.	Special infections
11.	Tumours and Cysts (Swellings)
12.	Hernia
13.	Ulcers
14.	Sinus and fistula

5. Teaching hours

5.1. Gross division of teaching hours

Surgery		
Year	Teaching hours- Lectures	Teaching hours- Non-lectures
II BHMS	92	24

5.2. Teaching hours theory

Sl. No.	Topic	Teaching hours
1.	Introduction to surgery, Scope and limitations of Homoeopathy in surgical conditions	3
2.	Injury – types Head injury; Road traffic accident; injury to chest, abdomen	10
3.	Wound & wound healing; Scar, keloid	5
4.	Haemorrhage Blood transfusion	4
5.	Shock	6
6.	Fluid, electrolytes and acid-base balance	6
7.	Burn, skin grafting	7
8.	Nutrition – consequents of malnutrition in surgical patients, nutritional requirement in surgical patients and methods of providing nutritional support	3
9.	Common surgical infections- Boil, Carbuncle, Abscess, Cellulitis, and erysipelas, Hidradenitis suppurativa, septicaemia, pyaemia	8
10.	Special infections-	8

	Tuberculosis, syphilis, acquired immunodeficiency syndrome, actinomycosis, leprosy, tetanus, infective gangrene	
11.	Concept of swellings- Tumours: Benign-Lipoma, fibroma, adenoma, neuroma, Neurilemmoma, Neurofibroma, Haemangioma Malignant-Carcinoma, sarcoma, fibrosarcoma; naevus, melanoma Cysts – Classification	12
12.	Hernia - Aetiology, General Classification, Abdominal hernias- Basic anatomy, Types, clinical features, management	10
13.	Ulcers	8
14.	Sinus and fistula	2
Total		92

5.3. Teaching hours Non-lecture

Sl No	Clinical	Hours
1	Case taking of surgical case	2
2	Examination of Trauma case, Transport of the injured	2
3	Examination of head injury case	2
4	Examination of wound, suture technique	1
5	Examination of haemorrhagic case	1
6	Examination of shock	1
7	Fluid, electrolytes and acid base balance - Clinical Examination and evaluation	1
8	Burns - Clinical Examination	1
9	Common surgical infections - Clinical Examination	2
10	Special infections - Clinical examination	2
11	Examination of swelling- cysts and tumours	2
12	Examination of hernia	2

13	Examination of ulcer	2
14	Examination of sinus, fistula	1
15	ABC management, wound dressing, fluid therapy	2
	Total	24

6. Content mapping (competencies tables)

6.1. Introduction to Surgery, scope and limitations of Homoeopathy in surgical conditions and surgical case taking -

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 1.1	HO	KH	Introduction to surgery	Describe surgical disease according to Hahnemann. Explain the importance of knowledge of surgical diseases for Homoeopathic practice	C/2	Must know	Lecture Small group discussion	Viva	MCQ SAQ	Organon
Hom UG-Sur-I 1.2	HO	KH	Scope and limitations of Homoeopathy in surgical conditions	Explain scope and limitations of Homoeopathy in surgical conditions	C/2	Must know	Lecture Small group discussion	Viva	SAQ	Organon

Hom UG- Sur-I 1.3	HO	KH	Homoeopathic perspective of surgical diseases	Classification of Disease Hahnemannian: Surgical disease	C/2	Must know	Lecture	Viva	LAQ	Organon
Hom UG- Sur-I 1.4	HO	KH	Homoeopathic perspective of surgical diseases	Explain the nature and significance of surgical disease on the basis of organon of medicine	C/2	Must know	Lecture	Viva	LAQ	Organon
Hom UG- Sur-I 1.5	KS	KH	Case taking of surgical cases	Discuss the steps of case taking in surgical conditions	C/2	Must know	Lecture, small group discussion	Viva	--	Organon Repertory and case taking
Hom UG- Sur-I 1.6	PC	SH	Case taking of surgical case	Observe surgical case taking in clinical set up	P/1	Must know	Observation Small group discussion	DOPS		--

6.2. Trauma/ Injury and examination of trauma case-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 2.1	KS	KH	Types of injury	Classify different types of injury/trauma according to causation and be effects	C/2	Must know	Lecture Audiovisual mode	Viva	MCQ SAQ	FMT
Hom UG-Sur-I 2.2	HO	KH	Homoeopathic therapeutics of injury	List homeopathic remedies that are commonly used for specific types of injuries	C/1	Must know	Lecture Small group discussion	Viva	SAQ	Materia Medica
Hom UG-Sur-I 2.3	KS	KH	Principles in the management of road traffic accident	Describe the components of primary survey in victims of road traffic accidents	C/2	Must know	Lecture/ small group discussion	Viva OSCE	SAQ LAQ	--

				Describe the components of Secondary survey in victims of road traffic accidents	C/2	Must know	Lecture/ small group discussion			
Hom UG-Sur-I 2.4	PBL	SH	Resuscitation in trauma cases	Demonstrate the steps of Basic life support - Initiation of resuscitation Opening of airway Defibrillation High quality CPR Ventilation-compression ratio Vascular access Termination of CPR	P/2	Must know	Skill lab training Audio visual aids DOPS	DOPS Viva	DOPS	---
Hom UG-Sur-I 2.5	KS	KH	Resuscitation of trauma case	Discuss the principles of ATLS – advance trauma care management	C/2	Must know	Skill lab training Audio visual aids Small group discussion DOPS	Viva DOPS	MCQ SAQ LAQ DOPS	--

Hom UG- Sur-I 2.6	KS	KH	Management of trauma case	Discuss the principles of pre-hospital care and causality management of a trauma victim including principles of triage	C/2	Must know	Skill lab training Audio visual aids Small group discussion Small project	Viva OSCE	MCQ SAQ LAQ	--
Hom UG- Sur-I 2.7	PBL	SH	Resuscitation in trauma cases	Demonstrate the steps of Basic life support	P/2	Must know	Skill lab training Audiovisual aid DOPS	Viva OSCE Small project	OSC E	---
Hom UG- Sur-I 2.8	PBL	SH	Management of trauma – Transport of injured	Demonstrate the transport of the injured in simulated setting	P/2	Desirable to know	Skill lab training Audiovisual aid	OSCE	OSC E	

6.3. Head injury; Examination of head injury case-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 3.1	KS	K	Head injury and intracranial pressure	State the Monro Kellie doctrine about intracranial pressure	C/1	Nice to know	Lecture	Viva	SAQ	--
				Enumerate the causes of raised intracranial pressure	C/2	Must know	Lecture		SAQ	
Hom UG-Sur-I 3.2	KS	KH	Head injury pathophysiology, types	Describe Pathophysiology of head injuries	C/2	Must know	Lecture Audiovisual aid Small group discussion Case based discussion	Viva Clinical simulation	MCQ SAQ	
				Explain different types of head injuries like concussion, skull fracture, intracranial haemorrhage and diffuse axonal injuries	C/2	Must know				
Hom UG-Sur-I 3.3	KS	KH	Assessment of head injury	Describe Glasgow coma scale	C/1	Must know	Lecture/ small group discussion	Viva OSCE Mini-CEX	MCQ SAQ LAQ	

				Discuss the neurological assessment of a patient with head injuries	C/2	Must know	Audiovisual mode Clinical simulation			
Hom UG- Sur-I 3.4	KS	KH	Investigations and management of head injury	Enumerate the appropriate investigations to be done in case of head injury	C/2	Must know	Lecture/ small group discussion Audio visual aid	Viva Audiovisual aids	LAQ	Radiology
	HO	KH	Homoeopathic therapeutics for head injury	Discuss the Homoeopathic therapeutics for head injuries	C/1	Must know			SAQ	Materia Medica

6.4. Injury to chest and abdomen; Examination of chest and abdominal injury -

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 4.1	KS	KH	Clinical features, investigations and management of chest injuries	Describe the clinical features of chest injuries	C/2	Must know	Lecture Audiovisual aid Case based studies	Viva OSCE	SAQ LAQ	
				List the appropriate investigations required in a case of chest injury	C/2	Must know				
				Discuss the management of chest injury	C/2	Desirable to know				
Hom UG-Sur-I 4.2	KS	KH	Chest injuries - flail chest and stove-in chest	Define flail chest	C/1	Must know	Lecture Audiovisual aid	Viva	MCQ SAQ	
				Explain the clinical features of flail chest	C/2	Must know				
				Discuss the management of flail chest	C/2	Desirable to know				
				Explain stove-in chest	C/2	Nice to know				

Hom UG- Sur-I 4.3	KS	KH	Chest injuries -tension pneumothorax	Define tension pneumothorax Enumerate the cause of tension pneumothorax Discuss the clinical features of tension pneumothorax Discuss the management of tension pneumothorax	C/1 C/2 C/2 C/2	Must know Must know Must know Must know	Lecture Small group discussion Audiovisual aid Skill lab simulation	Viva OSCE	SAQ LAQ MCQ	
Hom UG- Sur-I 4.4	KS	KH	Chest injury - Thoracotomy	Enumerate the indications for Emergency thoracotomy	C/2	Desirable to know	Lecture	Viva	SAQ	
Hom UG- Sur-I 4.5	KS	KH	Abdominal injury - Clinical features, investigations and management of abdominal injuries	Explain the clinical presentations of blunt abdominal trauma Enumerate the relevant investigations to be advised in a case of blunt abdominal trauma	C/2 C/2	Must know Must know	Lecture Audiovisual aid Small group discussion	Viva OSCE	MCQ SAQ LAQ	

				Discuss the surgical management of blunt abdominal trauma	C/2	Desirable to know				
Hom UG-Sur-I 4.6	KS	KH	Abdominal injuries-splenic trauma	Describe the clinical presentation of splenic trauma	C/2	Must know	Lecture Audio visual aid Small group discussion	Viva OSCE	MCQ SAQ LAQ	
				Discuss the diagnosis of splenic trauma	C/2	Must know				
				Discuss the management of splenic trauma	C/2	Desirable to know				
Hom UG-Sur-I 4.7	KS	KH	Abdominal injuries-Hepatic trauma	Describe the clinical presentation of Hepatic trauma	C/2	Must know	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	
				Discuss the diagnosis of Hepatic trauma	C/2	Must know				
				Discuss the management of Hepatic trauma	C/2	Desirable to know				
Hom UG-Sur-I 4.8	KS	KH	Abdominal injuries-pancreaticoduodenal trauma	Describe the clinical presentation of pancreaticoduodenal trauma	C/2	Must know	Lecture Audiovisual aid	Viva	MCQ SAQ LAQ	

				Discuss the diagnosis of pancreaticoduodenal trauma	C/2	Desirable to know	Small group discussion			
				Discuss the management of pancreaticoduodenal trauma	C/2	Nice to know				
Hom UG- Sur-I 4.9	KS	KH	Abdominal injuries- Renal trauma	Explain the clinical presentations of renal trauma	C/2	Must know	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	
				Discuss the diagnosis of renal trauma	C/2	Desirable to know				
				Discuss the management of renal trauma	C/2	Nice to know				

6.5. Wounds and wound healing; Scar and keloid; Examination of wounds-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 5.1	KS	K	Types of wounds	Discuss various types of closed wounds Discuss various types of open wounds	C/1	Must know Must know	Lecture Small group discussion	Viva	MCQ SAQ	FMT
Hom UG-Sur-I 5.2	KS	KH	Wound healing process and its types	Discuss the various stages of wound healing Discuss the factors affecting the wound healing Discuss the types of wound healing	C/1 C/2 C/2	Must know Desirable to know Must know	Lecture Audiovisual aid Small project	Viva	SAQ MCQ	Pathology
Hom UG-Sur-I 5.3	PBL	SH	Examination of wound	Demonstrate the evaluation and assessment of wound	P/2	Must know	Audiovisual aid Case based discussion DOPS	Viva Clinical performance OSCE		

Hom UG- Sur-I 5.4	KS PBL	KH SH	Wound manageme nt	Describe the principles acute wound management Demonstrate cleaning and dressing of wound	C/2 P/2	Must know	Lecture Audio-video mode Skill lab simulation Clinical Demonstration Wound dressing Audiovisual aid Small group discussion DOPS Small project	Viva Clinical performanc e OSCE	SAQ	--
Hom UG- Sur-I 5.5	KS	K KH KH	Surgical site infections	Classify surgical site infections. Enumerate the risk factors of surgical site infections Discuss the clinical presentation of surgical site infections	C/1 C/2 C/ 2	Must know Must know Must know	Lecture Audiovisual aid Small group	Viva	MCQ SAQ LAQ	Pathology

	HO	KH	Homeopathic management of surgical site infections	Discuss the scope of Homoeopathy in surgical site infections. Discuss the Homeopathic therapeutics for surgical site infections	C/1 C/1	Must know Must know				
Hom UG-Sur-I 5.6	HO	KH	Wound management	Discuss the homoeopathic therapeutics for various types of injuries	C/2	Must know	Lecture	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-I 5.7	PBL	K SH KH	Wound management	Enumerate different types of Suture materials Demonstrate different types of Suture / knotting techniques Discuss the Principles of anastomosis	C/2 P/2 C/2	Desirable to know Nice to know Nice to know	Tutorial Small project Skill lab simulation Audiovisual aid DOAP Tutorial Audiovisual aid	Viva	SAQ	

Hom UG- Sur-I 5.8	KS	KH	Scars and keloid	Describe hypertrophic scar and keloid	C/2	Must know	Lecture	Viva	SAQ	
	HO			Discuss the management of Scars and Keloid along with Homoeopathic Therapeutics	C/2	Must know	Lecture	Viva	SAQ	Materia Medica

6.6. Haemorrhage, blood transfusion; Examination of a haemorrhagic case -

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbe rt	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- Sur-I 6.1	KS	K	Types of haemorrha ge	Enumerate types of haemorrhage	C/2	Must know	Lecture	Viva	MCQ SAQ	
Hom UG- Sur-I 6.2	KS	KH	Manageme nt of haemorrha ge	Explain the basic concepts of hemostasis and mechanism of Haemostasis	C/1	Nice to know	Lecture Audiovisual aid	Viva	SAQ LAQ	Physiology
Hom UG- Sur-I 6.3	HO	KH	Management of haemorrhage with homoeopathy	Discuss homoeopathic therapeutics for haemorrhage	C/2	Must know	Lecture	Viva	SAQ	Materia Medica Repertory

Hom UG- Sur-I 6.4	KS	KH	Blood transfusion and blood products	Enumerate the Indications for blood transfusion	C/1	Must know	Lecture Small group discussion OSCE Small project	Viva	SAQ	Pathology
				Explain the complications of blood transfusion	C/2	Must know		Viva	MCQ SAQ	
				Describe various blood products and appropriate indications for their use	C/2	Desirable to know				
Hom UG- Sur-I 6.5	KS	KH	Examination of haemorrhagic case	Discuss the assessment of patient with haemorrhage	C/1	Must know	Audiovisual aid Clinical demonstration Small group discussion DOPS	Viva OSCE	SAQ	
	PBL	SH		Demonstrate examination of a haemorrhagic case	P/2					
Hom UG- Sur-I 6.6	PBL	S	Blood transfusion procedure	Observe blood transfusion procedure	P/1	Nice to know	Observing blood transfusion procedure	Logbook	--	--

6.7. Shock; Examination of shock -

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom / Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 7.1	KS	KH	Shock types, pathophysiology	Define shock	C/1	Must know	Lecture	Viva	MCQ SAQ LAQ	Pathology Physiology
				Enumerate the various types of shock	C/2	Must know	Lecture			
				Explain the pathophysiology of shock	C/2	Desirable to know	Lecture Audiovisual aid			
Hom UG-Sur-I 7.2	KS	KH	Clinical features, investigations and management of shock	Explain the clinical features of shock	C/2	Must know	Lecture Audiovisual aid Small group discussion	Viva OSCE	MCQ SAQ LAQ	Pathology Practice of Medicine
				Discuss the diagnosis of various types of shock	C/2	Must know				
				Explain the complications of shock.	C/2	Must know				

				Discuss the management of shock	C/2	Must know				
Hom UG-Sur-I 7.3	HO	KH	Homeopathic therapeutics for shock	Discuss the homoeopathic therapeutics for shock	C/1	Must know	Lecture Small group discussion	Viva	SAQ	Materia Medica

6.8. Fluid, electrolyte and acid base balance; Clinical examination and evaluation-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 8.1	KH	K	Fluid, electrolyte and acid base balance	Describe the fluid compartments of the body	C/1	Desirable to know	Tutorial	Viva	MCQ SAQ	Pathology Physiology
Hom UG-Sur-I 8.2	KH	KH	Fluid, electrolyte and acid base balance	Identify the indications of fluid replacement Discuss the methods of estimation and replacement the Fluid and electrolyte in the surgical patient	C/2 C/2	Must know Desirable to know	Lecture Small group discussion Small project	Viva OSCE	SAQ	Biochemistry

Hom UG- Sur-I 8.3	KH	KH	Acid base balance	Enumerate the causes of metabolic acidosis	C/2	Must know	Lecture Small group discussion	Viva	MCQ SAQ	Biochemistry Pathology
				Describe the clinical features and laboratory findings of metabolic acidosis	C/2	Must know				
				Discuss the management of metabolic acidosis	C/2	Must know				
Hom UG- Sur-I 8.4	KH	KH	Acid base balance	Enumerate the causes of metabolic alkalosis	C/2	Must know	Lecture Small group discussion	Viva	MCQ SAQ	Biochemistry Pathology
				Describe the clinical features and laboratory findings of metabolic alkalosis	C/2	Must know				
				Discuss the management of metabolic alkalosis	C/2	Must know				

Hom UG- Sur-I 8.5	KS	KH	Acid base balance	Enumerate the causes of respiratory acidosis Describe the clinical features and laboratory findings of respiratory acidosis Discuss the management of respiratory acidosis	C/2 C/2 C/2	Must know Must know Must know	Lecture Small group discussion	Viva	MCQ SAQ	Biochemistry Pathology
Hom UG- Sur-I 8.6	KS	KH	Acid base balance	Enumerate the causes of respiratory alkalosis Describe the clinical features and laboratory findings of respiratory alkalosis Discuss the management of respiratory alkalosis	C/2 C/2 C/2	Must know Must know Must know	Lecture Audiovisu al aid	Viva	MCQ SAQ	Biochemistry Pathology

Hom UG- Sur-I 8.7	KS	KH	Electrolyte balance – Potassium	Enumerate causes of Hyperkalemia Describe the clinical features and diagnosis of hyperkalemia Discuss the management of Hyperkalemia	C/2 C/2 C/2	Must know Must know Must know	Lecture Small group discussion	Viva	SAQ	Biochemistry Practice of Medicine
Hom UG- Sur-I 8.8	KS	KH	Electrolyte balance – Potassium	Enumerate causes of Hypokalemia Describe the clinical features and diagnosis of hypokalemia Discuss the management of Hypokalemia	C/2 C/2 C/2	Must know Must know Must know	Lecture Small group discussion	Viva	SAQ	Biochemistry Practice of Medicine
Hom UG- Sur-I	KS	KH	Electrolyte balance – Sodium	Enumerate causes of Hypernatremia	C/2	Must know	Lecture	Viva	SAQ	Biochemistry Practice of Medicine

8.9				Describe the clinical features and diagnosis of hypernatremia	C/2	Must know	Small group discussion			
				Discuss the management of Hyponatremia	C/2	Must know				
Hom UG-Sur-I 8.10	KS	KH	Electrolyte balance – Sodium	Enumerate causes of Hyponatremia	C/2	Must know	Lecture Small group discussion	Viva	SAQ	Biochemistry Practice of Medicine
				Describe the clinical features and diagnosis of hyponatremia	C/2	Must know				
				Discuss the management of Hyponatremia	C/2	Must know				
Hom UG-Sur-I 8.11	KS	K	Electrolyte balance – Calcium	Enumerate causes of Hypercalcemia	C/2	Must know	Lecture Small group discussion	Viva	SAQ	Biochemistry Practice of Medicine
				Describe the clinical features and	C/2	Desirable to know				

				diagnosis of hypercalcemia	C/2	Nice to know				
				Discuss the management of Hypercalcemia						
Hom UG- Sur-I 8.12	KS	K	Electrolyte balance – Calcium	Enumerate causes of Hypocalcemia	C/2	Must know	Lecture	Viva	SAQ	Biochemistry Practice of Medicine
				Describe the clinical features and diagnosis of hypocalcemia	C/2	Desirable to know				
				Discuss the management of Hypocalcemia	C/2	Nice to know				

Hom UG- Sur-I 8.13	PBL	KH	Fluid, electrolyte and acid base balance	Describe the assessment of fluid, electrolyte and acid base balance in a surgical case	P/2	Must know	Case demonstrat ion	Clinical performanc e Case based discussion Assignment s	----	
		SH		Fluid replacement therapy	P/2		Skill lab, Simulation Clinical bedside training DOPS		----	

6.9. Burns, skin grafting; Clinical examination-

SL No	Competency	Miller	Content	SLO	Bloom/ Guilbe rt	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- Sur-I 9.1	KS	K	Burns and skin grafting	Describe the pathophysiolo gy of burns	C/2	Must know	Lecture Audiovisual aid Skill lab simulation	Viva OSCE	MCQ SAQ LAQ	Physiology
		KH		Discuss the assessment of burn wound. Assessing size and depth of burns	C/2	Must know				

				Explain the principles of fluid resuscitation in burns cases	C/2	Desirable to know				
				Discuss the management of burn wound	C/2	Must know				
Hom UG-Sur-I 9.2	HO	KH	Burns and skin grafting	Discuss the scope of Homoeopathy in the management of burns Discuss the homoeopathic therapeutics for burns	C/2	Must know	Lecture small group discussion	Viva	SAQ	Materia Medica Repertory
Hom UG-Sur-I 9.3	PBL	SH	Burns and skin grafting	Examination of case of burns Assessment of burn wound	P/2	Desirable to know	Simulation and skill lab training DOPS	Logbook OSCE	--	--

Hom UG- Sur-I 9.4	KS	K	Burns and skin grafting	Enumerate the indications for skin grafting Describe the various types of skin grafting	C/2	Desirable to know	Lecture Audiovisual aid	Viva	SAQ	

6.10. Nutrition-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- Sur-I 10.1	KS	KH	Nutrition	Enumerate the causes of malnutrition in surgical patients	C/1	Must know	Lecture Small group discussion	Viva	SAQ	Physiology
				Discuss the consequences of malnutrition in surgical patient.	C/2	Desirable to know		Viva	SAQ	
Hom UG- Sur-I 10.2	KS	KH	Nutrition	Discuss the nutritional requirements of surgical patients	C/2	Must know	Lecture Audiovisual aid	Viva	SAQ	Physiology

				Explain the methods of providing nutritional support.			Skill lab simulation			
Hom UG-Sur-I 10.3	PBL	SH	Nutrition	Demonstrate various types artificial nutritional support in surgical patients	P/2	Desirable to know	Simulation skill lab Small project DOPS	Viva OSCE DOPS		

6.11. Common surgical infections; Examination of common surgical infections-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 11.1	KS	K	Boil	Define boil	C/1	Must know	Lecture	Viva	MCQ SAQ	Pathology
		KH		Discuss clinical features complications of boil	C/2					
Hom UG-Sur-I 11.2	KS	KH	Carbuncle	Define carbuncle	C/1	Must know	Lecture Audiovisual mode	Viva	MCQ SAQ	Pathology
				Describe the pathology of carbuncle	C/2	Must know				
				Discuss the clinical features complications of carbuncle	C/2	Must know				

Hom UG- Sur-I 11.3	KS	KH	Abscess	Define abscess	C/1	Must know	Lecture Audiovisual aid	Viva	MCQ SAQ	Pathology
				Enumerate the various types of abscesses	C/2					
				Explain clinical features of abscess	C/2					
				Discuss the management of abscess	C/2					
Hom UG- Sur-I 11.4	KS	KH	Cellulitis and erysipelas	Define cellulitis	C/1	Must know	Lecture Audiovisual aid	Viva	SAQ MCQ	Pathology
				Explain clinical features of cellulitis	C/2	Must know				
				Define erysipelas	C/1	Must know				
				Explain the clinical features of erysipelas	C/2	Must know				

				Discuss the difference between cellulitis and erysipelas	C/2	Must know				
Hom UG-Sur-I 11.5	KS	KH	Hidradenitis suppurativa	Discuss the pathology of Hidradenitis suppurativa Explain the clinical features of Hidradenitis suppurativa	C/2 C/2	Must know Must know	Lecture	Viva	SAQ MCQ	Pathology
Hom UG-Sur-I 11.6	KS	K	Septicaemia and pyaemia	Define septicaemia. Enumerate the causes of septicemia discuss the clinical features of septicaemia	C/1 C/2	Must know Must know	Lecture Small group discussion	Viva	LAQ SAQ MCQ	Pathology
Hom UG-Sur-I 11.7	KS	K	Systemic inflammatory response syndrome	Define systemic inflammatory response syndrome (SIRS)	C/1	Must know	Lecture Audiovisual aid	Viva	LAQ SAQ MCQ	Pathology

		KH		Discuss the pathophysiology of SIRS	C/2	Desirable to know				
Hom UG-Sur-I 11.8	PBL	SH	Common surgical infections	Demonstrate the examination of a case of common surgical infections like boil, carbuncle, cellulitis, erysipelas, hidradenitis suppurativa etc	P/2	Must know	Small group discussion Clinical demonstration DOPS	Viva OSCE DOPS	Case based discussion Log book	
Hom UG-Sur-I 11.9	HO	K	Common surgical infections	Discuss the therapeutics with specific indications for common surgical infections like boil, carbuncle, cellulitis, erysipelas and hidradenitis suppurativa	C/2	Must know	Lecture	Viva	SAQ MCQ	Materia Medica Repertory

Hom UG- Sur-I 11.10	HO	KH	Common surgical infections Septicaemia and pyaemia	Discuss the role of Homoeopathy in septicemia and pyaemia Discuss the homoeopathic therapeutics for septicemia and pyaemia	C/2	Must know	Lecture Small group discussion	Viva	SAQ	Materia Medica Repertory

6.12. Special infections; Clinical examination-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Gilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- Sur-I 12.1	KS	KH	Tuberculosis	Describe the pathology of tuberculosis	C/1	Desirable to know	Lecture Audiovisual aid Small group discussion	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine
				Explain the clinical features of tuberculosis	C/2	Must know				
					C/2	Must know				

				Discuss the diagnosis of tuberculosis						
Hom UG-Sur-I 12.2	KS	KH	Syphilis	Describe the pathology of syphilis Explain the types and clinical features of Syphilis	C/1 C/2	Desirable to know Must know	Lecture Audiovisual aid	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine
Hom UG-Sur-I 12.3	KS	KH	AIDS	Discuss the pathogenesis of AIDS Explain the clinical features of AIDS	C/1 C/2	Desirable to know Must know	Lecture	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine
Hom UG-Sur-I 12.4	KS	KH	Actinomycosis	Discuss the pathogenesis of Actinomycosis Describe the clinical features of Actinomycosis	C/2 C/2	Desirable to know Must know	Lecture	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine
Hom UG-Sur-I 12.5	KS	KH	Leprosy	Discuss the pathogenesis of leprosy	C/1	Desirable to know	Lecture	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine

				Explain the types and clinical features of leprosy	C/2	Must know				
Hom UG-Sur-I 12.6	KS	KH	Tetanus	Discuss the pathogenesis of Tetanus	C/1	Desirable to know	Lecture	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine
				Explain the clinical features of Tetanus	C/2	Must know				
Hom UG-Sur-I 12.7	KS	KH	Infective gangrene	Define gangrene.	C/1	Must know	Lecture Audiovisual aid Small group discussion Case based discussion	Viva	LAQ SAQ MCQ	Pathology Practice of Medicine
				Enumerate the causes of gangrene	C/2	Must know				
				Discuss the clinical types of gangrene.	C/2	Must know				
				Describe the clinical features	C/2	Must know				
				Discuss the management of gangrene	C/2	Must know				

Hom UG- Sur-I 12.8	HO	K	Special infections	Discuss the homoeopathic therapeutics for special infections like Tuberculosis, Syphilis, AIDS, Actinomycosis, Leprosy and tetanus	C/2	Must know	Lecture/ small group discussion	Viva	SAQ MCQ	Materia Medica Repertory
Hom UG- Sur-I 12.9	HO	KH	Special infections – gangrene	Discuss the Homoeopathi c therapeutics for Gangrene	C/1	Must know	Lecture/ small group discussion	Viva	SAQ MCQ	Materia Medica Repertory
Hom UG- Sur-I 12.1 0	PBL	SH	Special infections – gangrene	Demonstrate the Examination of case of gangrene	P/2	Must know	Clinical demonstration Audiovisual aid Skill lab training	Case based discussio n OCSE	OSCE	

6.13. Concept of swelling- Tumours and Cysts; Clinical examination of swelling-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- Sur-I 13.1	KS	K	Swelling concept	Define Tumour	C/1	Must Know	Lecture	Viva	MCQ	Pathology

Hom UG- Sur-I 13.2	KS	KH	Tumours	Discuss the differences between benign and malignant tumours Differentiate different tumours like sarcoma, Fibrosarcoma, Naevus, Melanoma etc	C/2	Must Know	Lecture Audiovisual aid	Viva	SAQ LAQ	Pathology
Hom UG- Sur-I 13.3	HO	K	Tumours	Discuss Homoeopathic Therapeutics of Tumour	C/2	Must Know	Lecture	Viva	MCQ SAQ	Pathology Organon: Miasm Materia Medica
Hom UG- Sur-I 13.4	KS	K	Cyst	Define Cyst	C/1	Must Know	Lecture	Viva	MCQ	Pathology
Hom UG- Sur-I 13.5	KS	KH	Cyst	Explain Types of Cyst	C/2	Must Know	Lecture Audiovisual aid	Viva	SAQ LAQ	Pathology

Hom UG- Sur-I 13.6	HO	K	Cyst	Discuss the homoeopathic therapeutics for Cyst	C/2	Must Know	Lecture	Viva	MCQ SAQ	Pathology Organon: Miasm Materia Medica
Hom UG- Sur-I 13.7	KS	KH	Lipoma, Fibroma, Adenoma, Neuroma, Neurofibro ma, Haemangio ma	Explain Lipoma, Fibroma, Adenoma, Neuroma, Neurofibroma, Haemangioma	C/2	Must Know	Lecture Audiovi sual aid	Viva	SAQ LAQ MCQ	Pathology
Hom UG- Sur-I 13.8	HO	KH	of Lipoma, Fibroma, Adenoma, Neuroma, Neurofibr oma, Haemangi oma	Discuss the Homoeopathic therapeutics of Lipoma, Fibroma, Adenoma, Neuroma, Neurofibroma, Haemangioma	C/2	Must Know	Lecture Small group discussi on	Viva	MCQ SAQ LAQ	Pathology Organon: Miasm Materia Medica
Hom UG- Sur-I 13.9	PBL	SH	Tumour & Swelling	Demonstrate examination of Tumour and swelling of different types	P/2	Must Know	Clinical demonstra tion DOPS Small group discussion	OSCE	Mini- cex OSCE	

6.14. Hernia - Abdominal hernias, Basic Anatomy, Types causes, Clinical features Complications, Management; Examination of hernia case-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 14.1	KS	K KH	Hernia	Define Hernia Enumerate the causes of hernia Discuss the clinical classification of hernias Discuss the principles of management of hernias Discuss the operative approaches to hernias	C/1 C/2 C/2 C/2 C/2	Must Know Must know Must know Desirable to know Nice to know	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ LAQ	Anatomy , Pathology
Hom UG-Sur-I 14.2	KS	KH	Inguinal hernia	Describe the basic anatomy of inguinal canal	C/1	Must know	Lecture Audiovisual aid Small group discussion	Viva	MCQ SAQ LAQ	Anatomy

				Discuss the types, clinical presentation and diagnosis of inguinal hernia	C/2	Must know				
				Discuss the surgical management of inguinal hernia	C/2	Nice to know				
Hom UG-Sur-I 14.3	KS	KH	Femoral hernia	Describe the basic anatomy of femoral canal Discuss the clinical features and diagnosis of femoral hernia Discuss the surgical management of Femoral hernia	C/1 C/2 C/2	Must know Must know Nice to know	Lecture Audiovisual aids Small group discussion	Viva	MCQ SAQ LAQ	Anatomy
Hom UG-Sur-I 14.4	KS	KH	Umbilical hernia	Describe the various types of umbilical hernia Discuss the clinical features and diagnosis of Umbilical hernia	C/2 C/2	Must know Must know	Lecture Audiovisual aids	Viva	MCQ SAQ LAQ	

Hom UG- Sur-I 14.5	KS	KH	Epigastric hernia	Explain the pathology of epigastric hernia Describe the clinical features of epigastric hernia	C/2 C/2	Must know Must know	Lecture Audiovisual aids	Viva	MCQ SAQ LAQ	
Hom UG- Sur-I 14.6	KS	KH	Incisional hernia	Describe etiology of incisional hernia Discuss the clinical features of incisional hernia Discuss the management of incisional hernia	C/2 C/2 C/2	Must know Must know Nice to know	Lecture Audiovisual aids	Viva	MCQ SAQ LAQ	
Hom UG- Sur-I 14.7	KS	KH	Spigelian hernia	Explain spigelian hernia	C/2	Desirable to know	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG- Sur-I 14.8	KS	KH	Lumbar hernia	Explain lumbar hernia	C/2	Desirable to know	Lecture Audiovisual aids	Viva	MCQ SAQ	

Hom UG- Sur-I 14.9	KS	KH	Traumatic hernia	Explain traumatic hernia	C/2	Desirable to know	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG- Sur-I 14.10	KS	KH	Obturator hernia	Explain obturator hernia	C/2	Desirable to know	Lecture Audiovisual aids	Viva	MCQ SAQ	
Hom UG- Sur-I 14.11	HO	KH	Hernia	Discuss the Homoeopathic Therapeutics for Hernia	C/2	Must Know	Lecture Small group discussion	Viva	MCQ/ SAQ/ LAQ	Pathology Organon: Miasm Materia Medica
Hom UG- Sur-I 14.12	PBL	SH	Hernia	Demonstrate examination of hernia	P/2	Must Know	Clinical demonstration DOPS Small group discussion	OSCE Mini-cex	Mini-cex	

6.15. Ulcers; Clinical examination of ulcer-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG-Sur-I 15.1	KS	K	Ulcer	Define Ulcer	C/1	Must Know	Lecture	Viva	MCQ	Pathology Organon: Miasm Materia Medica
Hom UG-Sur-I 15.2	KS	KH	Ulcer	Describe different classification of Ulcer	C/2	Must Know	lecture	Viva	MCQ SAQ LAQ	Pathology
Hom UG-Sur-I 15.3	HO	KH	Ulcer	Explain therapeutics of ulcer	C/1	Must Know	Lecture/ Small group discussion	Viva	MCQ/SAQ/LAQ	Pathology Organon: Miasm Materia Medica
Hom UG-Sur-I 15.4	PBL	SH	Ulcer	Demonstrate examination of ulcer	P/2	Must Know	Clinical demonstration DOPS OSCE Small group discussion	OSCE Mini-cex	OSCE Mini-cex	

6.16. Sinus and Fistula; Clinical examination of Sinus and Fistula-

Sl. No.	Domain of Competency	Miller	Content	SLO	Bloom/ Guilbert	Priority	TL MM	Assessment		Integration
								F	S	
Hom UG- Sur-I 16.1	KS	K	Sinus and Fistula	Define sinus and fistula	C/1	Must Know	Lecture	Viva	MCQ	Pathology
Hom UG- Sur-I 16.2	KS	KH	Sinus and Fistula	Explain sinus and fistula	C/2	Must Know	Lecture	Viva	MCQ SAQ LAQ	Pathology Organon: Miasm Materia Medica
Hom UG- Sur-I 16.3	PBL	SH	Sinus and Fistula	Demonstrate examination of sinus and fistula	P/2	Must Know	Clinical demonstration DOPS Small group discussion	OSCE	OSCE	
Hom UG- Sur-I 16.4	HO	K	Sinus and Fistula	Explain therapeutics of sinus and fistula	C/1	Must Know	Lecture Small group discussion	Viva	MCQ SAQ LAQ	Organon: Miasm Materia Medica

7. Teaching learning methods

Lectures (Theory)	Non-lectures (Practical/Demonstrative)
Lectures	Clinical demonstration
Small group discussion	Problem based discussion
Integrated lectures	Case based learning
	Assignments
	Library reference
	Self-learning

8. Details of assessment

Note- The assessment in II BHMS shall be done only as Internal Assessment (IA) in terms of Periodical Assessments (PA) and Term Tests (TT) as detailed below. There shall not be any Final University Examination (FUE) at this level. The marks obtained in IA during II BHMS will be added to the marks of IA in the III BHMS University Examination.

Overall Scheme of Internal Assessment (IA)*

Professional Course/ Subject	Term I (1-6 Months)		Term II (7-12 Months)	
II BHMS/	PA I (end of 3 months)	TT I (end of 6 months)	PA II (end of 9 months)	TT II (end of 12 months)

Surgery	20 Marks Viva- A	100 Marks Clinical/Practical and Viva - E i) Viva voce -50 marks ii) Clinical/practical- 50 Surgical Case taking - 25marks (Mandatory); Examination of wound/Cleaning and dressing of wound/Demonstration of Steps of Basic life support/Transport of the injured /Demonstration of suturing technique. (<i>Demonstration of any one of the procedures mentioned</i>) – 25 marks	20 Marks Viva- B	100 Marks Clinical/Practical and Viva - F i) Viva voce -50 marks ii) Clinical/practical- 50 Surgical case taking and Examination of surgical case – 15+15=30 marks; Surgical case file (5 cases)-20 marks

***Method of Calculation of Internal Assessment Marks in II BHMS for Final University Examination to be held in III BHMS:**

Marks of PA I	Marks of PA II	Periodical Assessment Average PA I+ PA II /2	Marks of TT I	Marks of TT II	Terminal Test Average TT I + TT II / 200 x 20	Final Internal Assessment Marks
A	B	D	E	F	G	D+G/2

9. List of recommended text/reference books

- Williams, N., O'Connell, P. R., & McCaskie, A. (2018).
- *Bailey and Love's Short Practice of Surgery, 27th Edition: the Collector's Edition*. Chapman and Hall/CRC.
- Sriram Bhat. (2019). *SRB's manual of surgery*. Jaypee Brothers.
- A concise text book of surgery, 11th edition – S Das
- Das, S. (2024). *A Manual on Clinical Surgery*. Jaypee Brothers Medical Publishers Pvt Limited.
- Sriram, B. M. (2019). *SRB's clinical methods in surgery*. Jaypee Brothers Medical Publishers.
- Kulkarni, S. (2002). *Surgery Therapeutics*. B. Jain Publishers.
- Lilienthal, S. *Homoeopathic Therapeutics*.
- Willis Alonzo Dewey. (2018). *Practical Homeopathic Therapeutics*. B. Jain Publishers.

10. List of Contributors:

- I. Dr. Thankaraj B
Professor & HOD Department of Surgery
Nehru Homoeopathic Medical College & Hospital
New Delhi

- II. Dr. Jigar Shah
Professor in Department of Surgery
Smt. Malini Kishore Sanghvi Homoeopathic Medical College & Hospital
Karjan, Dist: Vadodara, Gujarat