

## **(11) SYLLABUS:**

Following shall be the syllabus for B.H.M.S. Course:-

### **ANATOMY**

#### **Instructions:**

- I. (a) Instructions in anatomy should be so planned as to present a general working knowledge of the structure of the human body;
  - b) The amount of detail which a student is required to memorize should be reduced to the minimum;
  - (c) Major emphasis should be laid on functional anatomy of the living subject rather than on the static structures of the cadaver, and on general anatomical positions and board relations of the viscera, muscles, blood-vessels, nerves and lymphatic's and study of the cadaver is the only means to achieve this;
  - (d) Student should not be burdened with minute anatomical details which have no clinical significance.
- II. Though dissection of the entire body is essential for the preparation of the student of his clinical studies, the burden of dissection can be reduced and much saving of time can be effected, if considerable reduction of the amount of topographical details is made and the following points are kept in view;-
- (1) Only such details as have professional or general education value for the medical students.
  - (2) The purpose of dissection is to give the student an understanding of the body in relation to its function, and the dissection should be designed to achieve this goal.
  - (3) Normal radiological anatomy may form part of practical or clinical training and the structure of the body should be presented linking functional aspects.
  - (4) Dissection should be preceded by a course of lecture on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to student in an integrated form and the instruction of the whole course of anatomy and physiology and more interesting, lively and practical or clinical.
  - (5) A good part of the theoretical lectures on anatomy can be transferred to tutorial classes with the demonstrations.
  - (6) Student should be able to identify anatomical specimens and structures displayed in the dissections
  - (7) Lecture or demonstration on the clinical and applied anatomy should be arranged in the later part of the course and it should aim at demonstrating the anatomical basis of physical signs and the value of anatomical knowledge to the student
  - (8) Seminars and group discussions to be arranged periodically with a view of presenting these subjects in an integrated manner.

- (9) More stress on demonstrations and tutorials should be given. Emphasis should be laid down on the general anatomical positions and broad relations of the viscera, muscles, blood vessels nerves and lymphatic's.
- (10) There should be joint seminars with the departments of physiology and Bio-chemistry which should be organised once a month.
- (11) There should be a closed correlation in the teaching of gross anatomy. Histology, embryology and genetics and the teaching of anatomy, physiology including Bio-chemistry shall be integrated.

### **A. Theory;**

A complete course of human anatomy with general working knowledge of different anatomical parts of the body. The curriculum includes the following namely;

1. **General anatomy:**
  - 1.1. Modern concepts of cell and its components; cell division, types with their significance.
  - 1.2. Tissues.
  - 1.3. Genetics
2. **Developmental anatomy (Embryology)**
  - 2.1. Spermatogenesis
  - 2.2. Oogenesis
  - 2.3. Formation of germ layers
  - 2.4. Development of embryogenic disk
  - 2.5. Placenta
  - 2.6. Development of abdominal organs
  - 2.7. Development of cardio vascular system
  - 2.8. Development of nervous system
  - 2.9. Development of respiratory system
  - 2.10. Development of body cavities
  - 2.11. Development of uro-genital system

### **3. Regional anatomy**

This will be taught under the following regions:-

- 3.1. Head, neck and face ,brain
- 3.2. Thorax
- 3.3. Abdomen
- 3.4. Upper and lower extremities
- 3.5. Special senses

Each of the above areas will cover

- (a) Osteology
- (b) Syndesmology (joints)
- (c) Mycology
- (d) Angiology
- (e) Neurology
- (f) Splanchnology (viscera and organs)
- (g) Surface anatomy
- (h) Applied anatomy
- (i) Radiographic anatomy

#### 4 **Histology (microanatomy)**

##### **B. Practical -**

1. Dissection of the whole human body demonstration of dissected parts.
2. Identification of histological slides related to tissues and organs.
3. Students shall maintain practical or clinical journals and dissection cards.

### **PHYSIOLOGY**

- I. (a) the purpose of a course in physiology is to teach the functions processes and inter-relationship of the different organ and system of the normal disturbance in disease and to equip the student with normal standards of reference for use while diagnosing and treating deviations from the normal;
- (b) To homoeopath the human organism is an integrated whole of body life mind and though life includes all the chemical – physical processes it transcends them
- (c) There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which is deranged in disease;
- (d) Applied aspect of every system including the organs is to be stressed upon while teaching the subject.
- II (a) There should be close co-operation between the various departments while teaching the different system;
- (b) There should be joint course between the two department of anatomy and physiology so that there is maximum co-ordination in the teaching of these subjects;
- (c) Seminars should be arranged periodically and lectures of anatomy physiology and bio-chemistry should bring home the point to the students that the approach is more meaningful.

##### **A. The curriculum includes following namely;-**

- I     **General physiology;**
- 1 Introduction to cellular physiology
  - 2 Cell junctions
  - 3 Transport through cell membrane and resting membrane potential
  - 4 Body fluids compartments
  - 5 Homeostasis

- II.    **Body fluids;**
- 1 Blood
  2. Plasma proteins
  3. Red blood cells
  4. Erythropoiesis
  5. Haemoglobin and iron metabolism
  6. Erythrocyte sedimentation rate
  7. Packed cell volume and blood indices
  8. Anaemia
  9. Haemolysis and fragility of red blood cells
  10. White blood cell
  11. Immunity
  12. Platelets
  13. Haemostasis
  14. Coagulation of blood
  15. Blood group
  16. Blood transfusion
  17. Reticulo-endothelial system tissue macrophage
  18. Lymphatic system and lymph
  19. Tissue fluid and oedema

- III.   **Cardio-vascular system;**
- 1 Introduction to cardiovascular system
  - 2 Properties of cardiac muscle
  - 3 Cardiac cycle
  - 4 General principal of circulation
  - 5 Heart sounds
  - 6 Regulation of cardiovascular system
  - 7 Normal and abnormal electrocardiogram (ECG)
  - 8 Cardiac output

- 9 Heart rate
- 10 Arterial blood pressure
- 11 Radial pulse
- 12 Regional circulation- cerebral, splanchnic, capillary, cutaneous & skeletal muscle circulation
- 13 Cardiovascular adjustments during exercise

**IV. Respiratory system and environmental physiology;**

- 1 Physiological anatomy of respiratory tract
- 2 Mechanism of respiration : ventilation, diffusion of gases
- 3 Transport of respiration
- 4 Regulation of respiration
- 5 Pulmonary function tests
- 6 High altitude and space physiology
- 7 Deep sea physiology
- 8 Artificial respiration
- 9 Effects of exercise on respiration

**V Digestive system**

1. Introduction to digestive system
2. Composition and functions of digestive juices
3. Physiological anatomy of Stomach Pancreas Liver And Gall Bladder Small Intestine Large Intestine
4. Movements of gastrointestinal tract
- 6 Gastrointestinal hormones
5. Digestion and absorption of carbohydrates proteins and lipids

**VI. Renal physiology and skin:**

- 1 Physiological anatomy of kidneys and urinary tract
- 2 Renal circulation
- 3 Urine formation: renal clearance glomerular filtration, tubular reabsorption, selective secretion, concentration of urine , acidification of urine
- 4 Renal function tests
- 5 Micturition
- 6 Skin
- 7 Sweat
- 8 Body temperature and its regulation

**VII. Endocrinology:**

1. Introduction

2. Hormones and hypothalamo-hypophyseal axis
3. Pituitary gland
4. Thyroid gland
5. Parathyroid
6. Endocrine functions of pancreas
7. Adrenal cortex
8. Adrenal medulla
9. Endocrine functions of other organs

**VIII. Reproductive system:**

1. Male reproductive system – testis and its hormones; seminal vesicles, prostate gland, semen
- 1 Introduction to female reproductive system
- 2 Menstrual cycle
2. Ovulation
3. Menopause
4. Infertility
5. Pregnancy and parturition
- 9 Placentas
- 10 Pregnancy tests
- 11 Mammary glands and lactation
- 12 Fertility
- 13 Foetal circulations

**IX Nervous system:**

1. Introduction to nervous system
2. Neuron
3. Neuroglia
4. Receptors
5. Synapse
6. Neurotransmitters
7. Reflex
8. Spinal cord
9. Somato – sensory system and somatic-motor system
10. Physiology of pain`
11. Brainstem, vestibular apparatus
12. Cerebral cortex
13. Thalamus

14. Hypothalamus
15. Internal capsule
16. Basal ganglia
17. Limbic system
18. Cerebellum – posture and equilibrium
19. Reticular formation
20. Proprioceptors
21. Higher intellectual function
22. Electroencephalogram (EEG)
23. Physiology of sleep
24. Cerebro – spinal fluid (CSF)
25. Autonomic nervous system (ANS)

**X Special sense:**

Eye: photochemistry of vision, visual pathway, pupillary reflexes, colour vision, errors of refraction

1. Ear: auditory pathway, mechanism of hearing auditory defects
2. Sensation of taste: taste receptors, taste pathways
3. Sensation of smell: olfactory receptors, olfactory pathways
4. Sensation of touch

**XI Nerve muscle physiology:**

1. Physiological properties of nerve fibres
2. Nerve fibre-types, classification, function, degeneration and regeneration of peripheral nerves
3. Neuro-muscular junction
4. Physiology of skeletal muscle
5. Physiology of cardiac muscle
6. Physiology of smooth muscle
7. EMG and disorders of skeletal muscles

**XII Bio-physical sciences:**

1. Filtration
2. Ultra filtration
3. Osmosis
4. Diffusion
5. Adsorption
6. Hydrotropic
7. Colloid

8. Donna equilibrium
9. Tracer elements
10. Dialysis
11. Absorption
12. Assimilation
13. Surface tension

## **B. PRACTICAL**

### **I. *Haematology:***

1. Study of the compound microscope
2. Introduction to haematology
3. Collection of blood samples.
4. Estimation of haemoglobin concentration
5. Determination of haematocrit
6. Haemocytometer
7. Total RBC count
8. Determination of RBC indices
9. Total Leucocytes Count (TLC)
10. Preparation and examination of Blood Smear
11. Differential Leucocyte Count (DLC)
12. Absolute Eosinophil Count
13. Determination of Erythrocyte Sedimentation Rate
14. Determination of Blood Groups
15. Osmotic fragility of Red cells
16. Determination of Bleeding Time and Coagulation Time
17. Platelet Count
18. Reticulocyte Count

### **II. *Human experiments:***

1. General Examination
2. Respiratory System – Clinical examination, Spirometry, Stethography
3. Gastrointestinal System – Clinical examination
4. Cardiovascular System – Blood pressure recording, Radial pulse, ECG, Clinical examination
5. Nerve and Muscle Physiology – Mosso's Ergography, Handgrip Dynamometer
6. Nervous System – Clinical examination
7. Special Senses – Clinical examination
8. Reproductive System – Diagnosis of pregnancy

## BIO-CHEMISTRY

### A. Theory:

1. Carbohydrates: (Chemistry, Metabolism, Glycolysis, TCA, HMP, Glycogen synthesis and degradation, Blood glucose regulation)
2. Lipids: (Chemistry, Metabolism, Intestinal uptake, Fat transport, Utilisation of stored fat, Activation of fatty acids, Beta oxidation and synthesis of fatty acids)
3. Proteins: (Chemistry, Metabolism, Digestion of protein, Transamination, Deamination, Fate of Ammonia, Urea cycle, End products of each amino acid and their entry into TCA cycle)
4. Enzymes: (Definition, Classification, Biological Importance, Diagnostic use, Inhibition)
5. Vitamins: (Daily requirements, Dietary source, Disorders and physiological role)
6. Minerals (Daily requirement, Dietary Sources, Disorders and physiological role)
7. Organ function tests

### B. Practical:

1. Demonstration of uses of instruments or equipment
2. Qualitative analysis of carbohydrates, proteins and lipids
3. Normal characteristics of urine
4. Abnormal constituents of urine
5. Quantitative estimation of glucose, total proteins, uric acid in blood
6. Liver function tests
7. Kidney function tests
8. Lipid profile
9. Interpretation and discussion of results of biochemical tests.

## ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY

### Instructions:

- I (a) Organon of Medicine with HOMOEOPATHIC Philosophy is a vital subject which builds up the conceptual base of the physician;
- (b) It illustrates those principles which when applied in practice enable the physician to achieve results, which he can explain logically and rationally in medical practice with greater competence;
- (c) Focus of the education and training should be to build up the conceptual base of HOMOEOPATHIC Philosophy for use in medical practice.

- II Homoeopathy should be taught as a complete system of medicine with logical rationality of its holistic, individualistic and dynamistic approach to life, health, disease, remedy and cure and in order to achieve this , integration in the study of logic, psychology and the fundamentals of Homoeopathy becomes necessary.
- III (a) It is imperative to have clear grasp of inductive and deductive logic, and its application and understanding of the fundamentals of Homoeopathy;
- (b) HOMOEOPATHIC approach, in therapeutics is a holistic approach and it demands a comprehension of patient as a person, disposition, state of his mind and body, along with the study of the disease process and its causes;
- (c) Since Homoeopathy lays great emphasis on knowing the mind, preliminary and basic knowledge of the psychology becomes imperative for a HOMOEOPATHIC physician and introduction to psychology will assist the student in building up his conceptual base in this direction.
- IV The department of organon of medicine shall co-ordinate with other departments where students are sent for the pre-clinical and clinical training and this will not only facilitate integration with other related departments, but also enhance the confidence of the students when they will be attending specialty clinics.

### **FIRST B.H.M.S**

#### **A. Theory:**

##### **1. Introductory lectures**

- 1.1 Evolution of medical practice of the ancients (Prehistoric Medicine, Greek Medicine, Chinese medicine, Hindu medicine and Renaissance ) and tracing the empirical, rationalistic and vitalistic thoughts.
- 1.2 Short history of Hahnemann's life, his contributions, and discovery of Homoeopathy, situation leading to discovery of Homoeopathy
- 1.3 Brief life history and contributions of early pioneers of homoeopathy like C.V. Boenninghausen, J.T. Kent, C. Hering, Rajendra Lal Dutta, M.L Sircar
- 1.4 History and Development of Homoeopathy in India, U.S.A and European countries
- 1.5 Fundamental Principles of Homoeopathy
- 1.6 Basic concept of :
- 1.6.1 Health: Hahnemann's concept and modern concept.
- 1.6.2 Disease: Hahnemann's concept and modern concept.
- 1.6.3 Cure
- 1.7 Different editions and constructions of Hahnemann's Organon of Medicine.

##### **2. Logic**

To understand organon of medicine and HOMOEOPATHIC philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive and deductive reasonings.

Preliminary lectures on inductive and deductive logic (with reference to philosophy book of Stuart Close Chapter 3 and 16.)

### **3. Psychology**

- 3.1 Basics of Psychology
- 3.2 Study of behavior and intelligence
- 3.3 Basic concepts of Sensations
- 3.4 Emotion, Motivation, Personality, Anxiety, Conflict, Frustration, Depression, Fear, Psychosomatic Manifestations
- 3.5 Dreams

4. Aphorisms 1 to 28 of Organon of medicine

5. Homoeopathic Prophylaxis

B. **Examination:** There shall be no examination in the subject in first B.H.M.S

### **SECOND B.H.M.S**

#### **A. Theory:**

1. Aphorisms 29-104 including foot notes of Organon of Medicine (5<sup>th</sup> & 6<sup>th</sup> Editions translated by R.E Dudgeon and W. Boericke).

2. Homoeopathic philosophy:

2.1 Chapters of Philosophy books of J.T Kent (Chapters 1 to 17, 23 to 27, 31 to 33), Stuart Close (Chapters-8, 9, 11, 12) and H.A Roberts (Chapters 3, 4, 5, 6, 8, 9, 11, 17, 18, 19, 20), related to Aphorisms 29-104 of Organon of Medicine

2.2 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.

2.3 Causations:

Thorough comprehension of the evolution of disease, taking into account pre-disposing, fundamental, exciting and maintaining causes.

2.4 Case taking:

The purpose of Homoeopathic case taking is not merely collection of the 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 his Organon of Medicine is to be stressed upon.

2.5 Case processing: This includes,

- (i) Analysis of Symptoms,
- (ii) Evaluation of Symptoms,
- (iii) Miasmatic diagnosis,
- (iv) Totality of symptoms

**B. Practical or clinical:**

1. Clinical posting of students shall be started from Second B.H.M.S onwards.
2. Each student shall maintain case records of at least ten acute cases

### THIRD B.H.M.S

**A. Theory:**

In addition to revision of Aphorisms studied in First B.H.M.S and Second B.H.M.S, the following shall be covered, namely:-

1. Hahnemann's Prefaces and Introduction to Organon of Medicine.
2. Aphorisms 105 to 294 of Hahnemann's Organon of Medicine, including foot notes (5<sup>th</sup> and 6<sup>th</sup> Editions translated by R.E Dudgeon and W. Boericke)
3. Chapters of Philosophy books of J.T. Kent (Chapters-28, 29, 30, 34 to 37), Stuart Close (Chapters-7, 10, 13, 14, 15) & H.A. Roberts (Chapters- 7, 10, 12 to 19, 21, 34) related to 105-294 Aphorisms of Organon of Medicine.

**B. Practical or clinical:**

Each student appearing for Third B.H.M.S examination shall maintain records of 20 cases (10 acute and 10 chronic cases)

#### **FOURTH B.H.M.S**

##### **A. Theory:**

In addition to the syllabus of First B.H.M.S, Second B.H.M.S and Third B.H.M.S, the following shall be covered, namely:-

1. Evolution of medical practice of the ancients (Prehistoric Medicine, Greek Medicine, Chinese Medicine, Hindu medicine and Renaissance ) and tracing the empirical, rationalistic and vitalistic thoughts.
2. Revision of Hahnemann's Organon of Medicine (Aphorisms 1-294) including footnotes (5<sup>th</sup> & 6<sup>th</sup> Editions translated by R.E. Dudgeon and W. Boericke)
3. HOMOEOPATHIC Philosophy:-  
Philosophy books of Stuart Close (Chapters-1, 2, 4, 5, 6, 8, 17), J.T. Kent (Chapters – 18 to 22) and H.A. Roberts (Chapters- 1 to 5, 20, 22 to 33, 35), Richard Hughes (Chapters-1 to 10) and C. Dunham (Chapters-1 to 7).
4. Chronic Diseases:
  - 4.1 Hahnemann's Theory of Chronic Diseases.
  - 4.2 J.H. Allen's The Chronic Miasms- Psora and Pseudo-psora; Sycosis
    - (a) Emphasis should be given on the way in which each miasmatic state evolves and the characteristic expressions are manifested at various levels and attempt should be made to impart a clear understanding of Hahnemann, s theory of chronic miasms.
    - (b) The characteristics of the miasms need to be explained in the light of knowledge acquired from different branches of medicine.
    - (c) Teacher should explain clearly therapeutic implications of theory of chronic miasms in practice and this will entail a comprehension of evolution of natural disease from miasmatic angle, and it shall be correlated with applied materia medica.

##### **B. Practical or clinical:**

- (a) The students shall maintain practical records of patients treated in the out patient department and inpatient department of the attached hospital.
- (b) The following shall be stressed upon in the case records, namely:-
  - (1) Receiving the case properly (case taking) without distortion of the of patient's expressions;

- (2) Nosological diagnosis;
- (3) Analysis and evaluation of the symptoms, miasmatic diagnosis and portraying the totality of symptoms;
- (4) Individualization of the case for determination of the similimum, prognosis, general management including diet and necessary restrictions on mode of life of the individual patients;
- (5) State of susceptibility to formulate comprehensive plan of treatment
- (6) Order of evaluation of the characteristic features of the case would become stepping stone for the reportorial totality;
- (7) Remedy selection and Posology;
- (8) Second prescription.

**Note:-** (1) Each student has to maintain records of twenty thoroughly worked out cases (ten chronic and ten acute cases).  
(2) Each student shall present at least one case in the departmental symposium or seminar.

### **HOMOEOPATHIC PHARMACY**

#### **Instructions:**

Instruction in Homoeopathic Pharmacy shall be so planned as to present-

- (1) Importance of Homoeopathic pharmacy in relation to study of Homoeopathic materia medica, organon of medicine and national economy as well as growth of Homoeopathic pharmacy and research;
- (2) Originality and speciality of Homoeopathic pharmacy and its relation to pharmacy of other recognized systems of medicine;
- (3) The areas of teaching shall encompass the entire subject but stress shall be laid on the fundamental topics that form the basis of homoeopathy.

#### **A. Theory:**

1. General concepts and orientation:
  1. History of pharmacy with emphasis on emergence of Homoeopathic Pharmacy.
  2. Official Homoeopathic Pharmacopoeia (Germany, Britain, U.S.A, India)

3. Important terminologies like scientific names, common names, synonyms,
4. Definitions in Homoeopathic pharmacy.
5. Components of Pharmacy
6. Weights and measurements
7. Nomenclature of Homoeopathic drugs with their anomalies.

## II. Raw Material: Drugs and vehicles

1. Sources of drugs (taxonomic drugs with their anomalies).
2. Collection of drug substances.
3. Vehicles
4. Homoeopathic Pharmaceutical Instruments and appliances

## III. HOMOEOPATHIC Pharmaceutics

1. Mother tincture and its preparation – old and new methods
2. Various scales used in Homoeopathic pharmacy.
3. Drug dynamisation or potentisation
4. External applications (focus on scope of Homeopathic lotion, glycerol, liniment and ointment )
5. Doctrine of signature
6. Posology (focus on basis principles; related aphorisms or organon of medicine)
7. Prescription (including abbreviations)
8. Concept of placebo
9. Pharmaconomy – routes of Homoeopathic drug administration
10. Dispensing of medicine
11. Basics of adverse drug reactions and pharmaco-vigilance

## IV. Pharmacodynamics:

1. Homoeopathic Pharmacodynamics
2. Drug Proving (related aphorisms 105-145 of organon of medicine) and merits and de-merits of Drug proving on Human and Animals.
3. Pharmacological study of drugs listed in Appendix –A

## V. Quality Control:

1. Standardization of Homoeopathic medicines, raw materials and finished products.

2. Good manufacturing practices; industrial pharmacy.
3. Homoeopathic pharmacopoeia laboratory – functions and activities, relating to quality control of drugs.

VI. Legislations pertaining to pharmacy:

1. The Drugs and Cosmetics Act, 1940 (23 of 1940) {in relation of Homoeopathy};
2. Drugs and Cosmetics Rules, 1945 { in relation to Homoeopathy};
3. Poisons Act, 1919 (12 of 1919);
4. The Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985);
5. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954);
6. Medicinal and Toilet Preparations (Excise Duties ) Act, 1955 (16 of 1955)

**B. Practical**

Experiments

1. Estimation of size of globules
2. Medication of globules and preparation of doses with sugar of milk and distilled water.
3. Purity test of sugar of milk, distilled water and ethylalcohol
4. Determination of specific gravity of distilled water and ethylalcohol
5. Preparation of dispensing alcohol and dilute alcohol from strong alcohol
6. Trituration of one drug each in decimal and centesimal scale
7. Succussion in decimal scale from Mother Tincture to 6x potency
8. Succussion in centesimal scale from Mother Tincture to 3C potency
9. Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.
10. Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency
11. Preparation of 0/1 potency (L M Scale) of 1 drug
12. Preparation of external applications – lotion, glycerol, liniment, ointment.
13. Laboratory methods – sublimation, distillation, decantation, filtration, crystallization
14. Writing of prescription
15. Dispensing of medicines
16. Process of taking minims
17. Identification of drugs (listed in Appendix B)
  - (i) Macroscopic and Microscopic characteristic of drug substances- minimum 05 drugs
  - (ii) Microscopic study of trituration of two drugs (up to 3x potency)
18. Estimation of moisture content using water bath.
19. Preparation of mother tincture – maceration and percolation.
20. Collection of 30 drugs for herbarium.
21. Visit to Homoeopathic pharmacopoeia laboratory and visit to a large scale manufacturing unit of Homoeopathic medicines (GMP compliant). (Student shall keep detailed visit reports as per proforma at Annexure- 'B').

### C. Demonstration

1. General instructions for practical or clinical in pharmacy.
2. Identification and use of Homoeopathic pharmaceutical instruments and appliances and their cleaning.
3. Estimation of moisture content using water bath.
4. Preparation of mother tincture—maceration and percolation.

### APPENDIX-A

List of drugs included in the syllabus of pharmacy for study of pharmacological action:-

1. Aconitum napellus
2. Adonis vernalis
3. Allium cepa
4. Argentum nitricum
5. Arsenicum album
6. Atropa Belladonna
7. Cactus grandiflorus
8. Cantharis vesicatoria
9. Cannabis indica
10. Cannabis sativa
11. Cinchona officinalis
12. Coffea cruda
13. Crataegus oxyacantha
14. Crotalus horridus
15. Gelsemium sempervirens
16. Glonoinum
17. Hydrastis Canadensis
18. Hyoscyamus niger
19. Kali bichromicum
20. Lachesis
21. Lithium carbonicum
22. Mercurius corrosives
23. Naja tripudians
24. Nitricum acidum
25. Nux vomica
26. Passiflora incarnate
27. Stannum metallicum
28. Stramonium
29. Symphytum officinale

30. Tabacum

APPENDIX-B

List of drugs for identification

I. Vegetable Kingdom

1. *Aegle folia*
2. *Anacardium orientale*
3. *Andrographis paniculata*
4. *Calendula officinalis*
5. *Cassia sophera*
6. *Cinchona officinalis*
7. *Cocculus indicus*
8. *Coffea cruda*
9. *Colocynthis*
10. *Crocus sativa*
11. *Croton tiglium*
12. *Cynodon dactylon*
13. *Ficus religiosa*
14. *Holarrhaena antidysenterica*
15. *Hydrocotyle asiatica*
16. *Justicia adhatoda*
17. *Lobelia inflata*
18. *Nux vomica*
19. *Ocimum sanctum*
20. *Opium*
21. *Rauwolfia serpentina*
22. *Rheum*
23. *Saraca indica*
24. *Senna*
25. *Stramonium*
26. *Vinca minor*

II. Chemicals or Minerals

1. *Aceticum acidum*
2. *Alumina*
3. *Argentum metallicum*

4. Argentum nitricum
5. Arsenicum album
6. Calcarea carbonica
7. Carbo vegetabilis
8. Graphites
9. Magnesium phosphoric
10. Natrum muriaticum
11. Sulphur

III. Animal kingdom

1. Apis mellifica
2. Blatta orientalis
3. Formica rufa
4. Sepia
5. Tarentula cubensis

Note :

1. Each student shall maintain practical or clinical record or journal and herbarium file separately.
2. College authority shall facilitate the students in maintaining record as per Appendix-C

### **HOMOEOPATHIC MATERIA MEDICA**

**Instructions:**

I(a) Homoeopathic Materia Medica is differently constructed as compared to other Materia Medicas;

(b) Homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal substance, the drug substance as a whole is lost sight of.

II Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on healthy persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.

III (a) The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter-relationship;

(b) Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.

IV (a) The most commonly indicated drugs for day to day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications and they should be thoroughly dealt with explaining all comparisons and relationship;

(b) Students should be conversant with their sphere of action and family relationships and the rarely used drugs should be taught in outline, emphasizing only their most salient features and symptoms.

(V) Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.

(VI) (a) While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned;

(b) The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorize a few drugs for a particular disease and this Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned;

(c) Application of Materia Medica should be demonstrated from case-records in the outdoor and the indoor;

(d) Lectures on comparative Materia Medica and therapeutics as well as tutorials should be integrated with lectures on clinical medicine;

VII For the teaching of drugs, the department should keep herbarium sheets and other specimens for demonstrations to the students and audio-visual material shall be used for teaching and training purposes.

VIII (a) There is a large number of Homoeopathic medicines used today and much more medicines being experimented and proved at present and more will be added in future and some very commonly used HOMOEOPATHIC medicines are included in this curriculum for detail study;

(b) It is essential that at the end of this course each student should gain basic and sufficient knowledge of "How to study Homoeopathic Materia Medica" and to achieve this objective basic and general topic of Materia Medica should be taught in details during this curriculum, general topics should be taught in all the classes;

(c) The medicines are to be taught under the following headings, namely:-

(1) Common name, family, habitat, parts used, preparation, constituents (of source material).

(2) Proving data.

(3) Sphere of action.

(4) Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants) and constitution.

(5) Comparative study of medicines

(6) Therapeutic applications (applied Materia Medica).

## FIRST B.H.M.S.

### A. Theory:

General topics of Materia Medica :-(including introductory lectures)

(a) Basic Materia Medica -

1. Basic concept of Materia Medica
2. Basic construction of various Materia Medicas
3. Definition of Materia Medica

(b) Homoeopathic Materia Medica

1. Definition of Homoeopathic Materia Medica
2. Basic concept and construction of Homoeopathic Materia Medica.
3. Classification of Homoeopathic Materia Medica.
4. Sources of Homoeopathic Materia Medica.

5. Scope and Limitations of Homoeopathic Materia Medica.

Note: There shall be no examination in First B.H.M.S.

## SECOND B.H.M.S

### A. Theory:

(a) In addition to syllabus of First B.H.M.S. Course, following shall be taught, namely: -

- (i) Science and philosophy of Homoeopathic materia medica.
- (ii) Different ways of studying Homoeopathic materia medica (e.g. psycho-clinical, pathological, physiological, synthetic, comparative, analytical, remedy relationships, group study, portrait study etc.)
- (iii) Scope and limitations of Homoeopathic materia medica.
- (iv) Concordance or remedy relationships.
- (v) Comparative Homoeopathic materia medica, namely:-  
Comparative study of symptoms, drug pictures, drug relationships.
- (vi) Theory of biochemic system of medicine, its history, concepts and principles according to Dr. Wilhelm Heinrich Schuessler. Study of 12 biochemic medicines, (tissue remedies).

(b) Homoeopathic Medicines to be taught in Second B.H.M.S as per Appendix -I.

### APPENDIX-I

I, Aconitum napellus

26. Dulcamara

- |                           |                            |
|---------------------------|----------------------------|
| 2. Aethusa cynapium       | 27. Euphrasia              |
| 3. Allium cepa            | 28. Ferrum phosphoricum    |
| 4. Aloe socotrina         | 29. Gelsemium              |
| 5. Antimonium crudum      | 30. Hepar sulph            |
| 6. Antimonium tartaricum  | 31. Hypericum perforiatum  |
| 7. Apis mellifica         | 32. Ipecacuanha            |
| 8. Argentum nitricum      | 33. Kali muriaticum        |
| 9. Arnica Montana         | 34. Kali phosphoricum      |
| 10. Arsenicum album       | 35. Kali sulphuricum       |
| 11. Arum triphyllum       | 36. Ledum palustre         |
| 12. Baptisia tinctoria    | 37. Lycopodium clavatum    |
| 13. Bellis perrenis       | 38. Magnesium phosphoricum |
| 14. Bryonia alba          | 39. Natrum muriaticum      |
| 15. Calcarea carbonica    | 40. Natrum phosphoricum    |
| 16. Calcarea fluorica     | 41. Natrum sulphuricum     |
| 17. Calcarea phosphoric   | 42. Nux vomica             |
| 18. Calcarea sulphurica   | 43. Pulsatilla             |
| 19. Calendula officinalis | 44. Rhus toxicodendron     |
| 20. Chamomilla            | 45. Ruta graveolens        |
| 21. Cina                  | 46. Silicea                |
| 22. Cinchona officinalis  | 47. Spongia tosta          |
| 23. Colchicum autumnale   | 48. Sulphur                |
| 24. Colocynthis           | 49. Symphytum officinale   |
| 25. Drosera               | 50. Thuja occidentalis     |

B.: Practical or clinical:

This will cover,-

(i) case taking of acute and chronic patients.

(ii) case processing including totality of symptoms, selection of medicine, potency and repetition Schedule

Each student shall maintain practical record or journal with record of five cases.

THIRD B.H.M.S

In addition to the syllabus of First and Second B.H.M.S. including the use of medicines for Second BHMS (Appendix-I), the following additional topics and medicines are included in the syllabus of Homoeopathic material medica for the Third B.H.M.S examination.

A. General Topics of Homoeopathic Materia Medica -

In addition to the syllabus of First and Second B.H.M.S. including the use of medicines for Second BHMS (Appendix-I), the following additional topics and medicines are included in the syllabus of Homoeopathic Materia Medica for the Third B.H.M.S. Examination.

- (a) concept of nosodes - definition of nosodes, types of nosodes, general indications of nosodes.
- (b) concepts of constitution, temperaments, diathesis-

definitions, various concepts of constitution with their peculiar characteristics, importance of constitution temperaments and diathesis and their utility in treatment of patients

B. Concept of mother tincture.

C. Homoeopathic medicines to be taught in Third B.H.M.S. as in Appendix-II

APPENDIX-II

1.	Acetic acid
2.	Actea spicata
3.	Agaricus muscarius
4.	Agnus castus
5.	Alumina
6.	Ambra grisea
7.	Ammonium carbonicum
8.	Ammonium muriaticum
9.	Anacardium orientale
10.	Apocynum cannabinum
11.	Arsenicum Iodatum
12.	Asafoetida
13.	Aurum metallicum
14.	Baryta carbonica
15.	Belladonna
16.	Benzoic acid
17.	Berberis vulgaris
18.	Bismuth
19.	Borax
20.	Bovista lycoperdon
21.	Bromium

40.	Graphites
41.	Helleborus niger
42.	Hyoscyamus niger
43.	Ignatia amara
44.	Kali bichromicum
45.	Kali bromatum
46.	Kali carbonicum
47.	Kreosotum
48.	Lachesis mutus
49.	Moschus
50.	Murex purpurea
51.	Muriatic acid
52.	Naja tripudians
53.	Natrum carbonicum
54.	Nitric acid
55.	Nux moschata
56.	Opium
57.	Oxalic acid
58.	Petroleum
59.	Phosphoric acid
60.	Phosphorus

22.	Bufo rana
23.	Cactus grandiflorus
24.	Caladium seguinum
25.	Calcarea arsenicosa
26.	Camphora
27.	Cannabis indica
28.	Cannabis sativa
29.	Cantharis vesicatoria
30.	Carbo vegetabilis
31.	Chelidonium majus
32.	Conium maculatum
33.	Crotalus horridus
34.	Croton tiglium
35.	Cyclamen europaeum
36.	Digitalis purpurea
37.	Dioscorea villosa
38.	Equisetum hyemale
39.	Ferrum metallicum

61.	Phytolacca decandra
62.	Picric acid
63.	Platinum metallicum
64.	Podophyllum
65.	Secale cornutum
66.	Selenium
67.	Sepia
68.	Staphysagria
69.	Stramonium
70.	Sulphuric acid
71.	Syphilinum
72.	Tabacum
73.	Taraxacum officinale
74.	Tarentula cubensis
75.	Terebinthina
76.	Theridion
77.	Thlaspi bursa pastoris
78.	Veratrum album

Group studies	
Acid group	
Carbon group	
Kali group	
Ophidia group	
Mercurius group	
Spider group	

D. Practical or clinical:

(1) This will cover,-

(a) case taking of acute and chronic patients.

(b) case processing including selection of medicine, potency and repetition schedule

(2) Each student shall maintain a journal having record of case takings.

#### Fourth B.H.M.S

In addition to the syllabus of First and Third B.H.M.S. including the use of medicines taught as per the Appendices I and II, the following additional topics and medicines are included in the syllabus for the Fourth B.H.M.S examination.

- A. General topics of Homoeopathic materia medica - Sarcodes - definition and general indications.
- B. Medicines indicated in Appendix-III shall be taught in relation to the medicines of Appendices-I and II for comparison wherever required.

#### APPENDIX-II

1.	Abies canadensis	62.	Capsicum
2.	Abies nigra	63.	Cedron
3.	Carbo animalis	64.	Eupatorium perfoliatum
4.	Carbolic acid	65.	Abroma augusta
5.	Condurango	66.	Calotropis gigantean
6.	Fluoricum acidum	67.	Carica papaya
7.	Hydrastis canadensis	68.	Cassia sophera
8.	Raphanus sativus	69.	Ficus religiosa
9.	Magnesia carbonica	70.	Jonosia asoka
10.	Magnesia muriatica	71.	Justicia adathoda
11.	Anthracinum	72.	Ocimum sanctum
12.	Bacillinum	73.	Syzigium jambolanum
13.	Lac caninum	74.	Ratanhia peruviana
14.	Lac defloratum	75.	Collisonia candensis
15.	Lyssin	76.	Antimounium arsenicosum
16.	Medorrhinum	77.	Sticta pilmonaria
17.	Psorinum	78.	Asterias rubens
18.	Pyrogenium	79.	Iodium
19.	Vaccinium	80.	Thyrodinum
20.	Variolinum	81.	Argentum metallicum
21.	Hydrocotyle asiatica	82.	Cuprum metallicum
22.	Mezereum	83.	Plumbum metallicum
23.	Radium bromatum	84.	Zincum metallicum
24.	Urtica urens	85.	Adonis vernalis
25.	Vinca minor	86.	Kalmia Latifolia
26.	Abrotanum	87.	Physostigma venenosum

27.	Rheum palmatum	88.	Mercurius corrosivus
28.	Sanicula aqua	89.	Mercurius cyanatus
29.	Acalypha indica	90.	Mercurius dulcis
30.	Corallium rubrum	91.	Mercurius solubilis
31.	Lobelia inflata	92.	Mercurius Sulphuricus
32.	Mephitis putorius	93.	Causticum
33.	Rumex crispus	94.	Bacillus No. 7
34.	Sabadilla officinalis	95.	Dysentery co
35.	Sambucus nigra	96.	Gaertner
36.	Squilla mantima	97.	Morgan pure
37.	Baryta muriatica	98.	Morgun gaertner
38.	Crataegus oxyacantha	99.	Proteus bacillus
39.	Lithium carbonicum	100.	Sycotic bacillus
40.	Rauwolfia serpentina		<b>Additional medicines</b>
41.	Caulophyllum	101.	Aesculus hippocastanum
42.	Cocculus indicus	102.	Adrenalinum
43.	Crocus sativus	103.	Artemesia vulgaris
44.	Helonias dioica	104.	Avena sativa
45.	Lillium tigrinum	105.	Blatta orientalis
46.	Sabina	106.	Carcinosin
47.	Trillium pendulum	107.	Carduus marianus
48.	Viburnum opuius	108.	Ceanothus
49.	Cicuta virosa	109.	Chininum arsenicosum
50.	Ranunculus bulbosus	110.	Cholesterinum
51.	Rhododendron chrysanthum	111.	Coca erythroxyton
52.	Clematis erecta	112.	Diphtherinum
53.	Sabal serrulata	113.	Erigeron Canadensis
54.	Sarsaparilla officinalis	114.	Malandrinum
55.	Coffea cruda	115.	Menyanthes
56.	Glonoine	116.	Onosmodium
57.	Melilotus	117.	Passiflora incarnata
58.	Millefolium	118.	Ustilago maydis
59.	Sanguinaria canadensis	119.	Stannum metallicum
60.	Spigelia	120.	Valeriana officinalis
61.	Veratrum viride	121.	X-ray

Sl. No.	Group studies
1	Baryta group
2	Calcarea group
3	Magnesia group
4	Natrum group
5	Compositae family
6	Ranunculacea family
7	Solonacae family

### C. Practical Clinical

Each student shall maintain a journal having record of ten acute and ten chronic case takings

### PATHOLOGY

#### Instructions:

I (a) Pathology and microbiology shall be taught in relation to the concept of miasm as evolved by Samuel Hahnemann and further developed by JT Kent, H.A. Robert, J.H. Allen and other stalwarts, with due reference to Koch,s postulate, Correlation with immunity, susceptibility and thereby emphasizing Homoeopathic concept of evolution of disease and cure;

(b) Focus will be given of the following points, namely:-

- (1) Pathology in relation with Homoeopathic Materia Medica.
- (2) Correlation of miasms and pathology.
- (3) Characteristic expressions of each miasm.
- (4) Classification of symptoms and diseases according to pathology.
- (5) Pathological findings of diseases; their interpretation, correlation and usage in the management of patients under Homoeopathic treatment.

(c) To summarise, all the topics in the general and systemic pathology and microbiology should be correlated, at each juncture with HOMOEOPATHIC principles so that the importance of pathology in HOMOEOPATHIC system could be understood by the students.

#### A. Theory

##### (a). General pathology

1. Cell Injury and cellular adaptation
2. inflammation and repair (Healing)
3. immunity
4. Degeneration
5. Thrombosis and embolism
6. Oedema
7. Disorders of metabolism
8. Hyperplasia and hypertrophy

9. Anaplasia
10. Metaplasia
11. Ischemia
12. Haemorrhage
13. Shock
14. Atrophy
15. Regeneration
16. Hyperemia
17. Infection
18. Pyrexia
19. Necrosis
20. Gangrene
21. Infarction
22. Amyloidosis
23. Hyperlipidaemia and lipidosis
24. Disorders of pigmentation
25. Neoplasia (Definition, variation in cell growth, nomenclature and taxonomy, characteristics of neoplastic cells, aetiology and pathogenesis, grading and staging, diagnostic approaches, interrelationship of tumor and host, course and management).
26. Calcification
27. Effects of radiation
28. Hospital infection

(b) Systemic pathology

In each system, the important and common diseases should be taught keeping in view their evolution, aetio- pathogenesis, mode of presentation, progress and prognosis, namely:-

1. Mal- nutrition and deficiency diseases.
2. Diseases of Cardiovascular system
3. Diseases of blood vessels and lymphatics
4. Diseases of kidney and lower urinary tract
5. Diseases of male reproductive system and prostate .
6. Diseases of the female genitalia and breast.
7. Diseases of eye, ENT and neck
8. Diseases of the respiratory system.
9. Diseases of the oral cavity and salivary glands.
10. Diseases of the G.I. system.
11. Diseases of liver, gall bladder, and biliary ducts
12. Diseases of the pancreas (including diabetes mellitus)

13. Diseases of the hematopoietic system, bone marrow and blood
14. Diseases of the glands- thymus, pituitary, thyroid and parathyroid, parotid.
15. Diseases of the skin and soft tissue.
16. Diseases of the musculo- skeletal system.
17. Diseases of the nervous system.
18. Leprosy

**(c) Microbiology**

(i) General topics:

1. Introduction
2. History and scope of medical microbiology
3. Normal bacterial flora
4. Pathogenicity of micro-organisms

(II) Immunology:

1. Development of immune system
2. The innate immune system
3. Non- specific defense of the host
4. Acquired immunity
5. cells of immune system; T cell and cell mediated immunity; B cell and humoral immunity
6. The complement system
7. Antigen; Antibody; Antigen- Antibody reactions (Anaphylactic and atopic); Drug Allergies
8. Hypersensitivity
9. Immune-deficiency
10. Auto-immunity
11. Transplantation
12. Blood group antigens
13. Clinical aspect of immune-pathology.

(III) Bacteriology.

1. Bacterial structure, growth and metabolism
2. Bacterial genetics and bacteriophage
3. identification and cultivation of bacteria
4. Gram positive aerobic and facultative anaerobic cocci, eg, streptococci, Pneumococci.
5. Gram positive anaerobic cocci, e.g. peptostreptococci
6. Gram negative aerobic cocci, eg. Neisseria, moraxella, shigella.
7. Gram positive aerobic bacilli. Eg. Corynebacterium, bacillus anthrax, cereus subtitis, mycobacterium tuberculosis, M. leprae, actinomycetes; nocardia, organism of enterobacteriaceae group.
8. Gram positive anaerobic bacilli, eg. Genus clostridium, lactobacillus.

9. Gram negative anaerobic bacilli, eg bacteroides, fragilis, fusobacterium.
10. Others like- cholera vibrio, spirochaetes, leptospirae, mycoplasma, chlamydiae, rickettsiae, Yersinia and pasteurilla.

(IV) Fungi and Parasites:

1. Fungi – (1) True pathogens (cutaneous, sub-cutaneous and systemic infective agents), (2) opportunistic pathogens.
2. Protozoa – (1) Intestinal (Entamoeba histolytica, Giardia lamblia, Cryptosporidium parvum), (2) Urogenital ( Trichomonas vaginalis)3) Blood and Tissues (Plasmodium-species, Toxoplasma gondii, Trypanosoma species leishmania species),
3. Helminths – (1) Cestodes (tapeworms)- Echinococcus granulosus, Taenia solium, Taenia saginata, (2) Trematodes (Flukes): paragonimus westermani, Schistosoma mansoni, Schistosoma haematobium (3) Nematodes – Ancylostoma duodenale, Ascaris lumbricoides, Enterobius vermicularis, Strongyloides, Stercoralis, Trichuris Trichiura, Brugia Malayi, Dracunculus medinensis, Loa loa, Onchocerca volvulus, Wuchereria bancrofti).

(V) Virology

1. Introduction
2. Nature and classification of Viruses
3. Morphology and replication of viruses
4. DNA viruses:
  - (i) parvo virus
  - (ii) herpes virus, varicella virus, CMV, EBV.
  - (iii) hepadna virus (hepatitis virus)
  - (iv) parvo virus
  - (v) adeno virus
  - (vi) pox virus – variola virus, vaccinia virus, molluscum contagiosum etc.
5. RNA viruses:
  - (a) orthomyxo virus:
    - (i) entero virus
    - (ii) rhino virus
    - (iii) hepato virus
  - (b) paramyxo virus – rubeola virus, mumps virus, Influenza virus etc.
  - (c) Rhabdo virus
  - (d) rubella virus (german measles)
  - (e) corona virus
  - (f) retro virus
  - (g) yellow fever virus
  - (h) dengue, chikungunya virus
  - (i) Miscellaneous virus
    - (i) arena virus

- (ii) corona virus
- (iii) rota virus
- (iv) bacteriophages

(VI) Clinical microbiology: (1) Clinical important micro organisms (2) Immunoprophylaxis, (3) Antibiotic Sensitivity Test (ABST)

(VII) Diagnostic and Disease : (1) Pathogenicity , mechanism and control (2) Disinfection and sterilization (3) Culture methods (4) Animal inoculation .

(VIII) Infection and Disease: (1) pathogenicity, mechanism and control (2) Disinfection and sterilization (3) Antimicrobial chemotherapy (4) Microbial pathogenicity

(d) Histopathology:

1. Teaching of histopathological features with the help of slides of common pathological condition from each system.
  1. Histopathological of gross pathological specimens for each system.
  2. Histopathological techniques, e.g. fixation, Embedding, sectioning and staining by common dyes and stains.
  3. Frozen section and its importance.
  4. Electron microscopy; phase contrast microscopy.

b. Practical or clinical:

1. Clinical and Chemical Pathology: estimation of haemoglobin (by acidometer) count of Red Blood Cells and White Blood Cells, bleeding time, clotting time, blood grouping, staining of thin and thick films, differential count, blood examination for parasites, erythrocyte sedimentation rate.
2. Urine examination of urine: physical, chemical microscopical, quantity of albumin and sugar.
3. faeces examination, physical, chemical (occult blood) and microscopical for ova and protozoa.
4. Methods of sterilization preparation of a media use of microscope. Gram and acid fast stains . motility preparation. Gram positive and negative cocci and bacilli, special stains for corynebacterium gram and acid fast stains of pus and sputum.
5. Preparation of common culture medias, e.g. nutrient agar, blood agar, Roberson's Cooked meat media (RCM) and mac conkey's media.
6. Widal test demonstration .
7. Exposure to latest equipment, viz. auto-analyzer, cell counter, glucometer.
8. Histopathology
  - (a) Demonstration of common slides from each system.
  - (b) Demonstration of gross pathological specimens.
  - (c) Practical or clinical demonstration of histopathological techniques i.e. embedding.
  - (d) Sectioning, staining by common dyes and stain frozen section and its importance.
  - (e) Electron microscopy, phase contrast microscopy.

## FORENSIC MEDICINE AND TOXICOLOGY

### Instructions:

I (a) Medico-legal examination is the statutory duty of every registered medical practitioner, whether he is in private practice or engaged in Government sector and in the present scenario of growing consumerism in medical practice, the teaching of Forensic Medicine and Toxicology to the students is highly essential;

(b) This learning shall enable the student to be well-informed about medico-legal responsibility in medical practice and he shall also be able to make observations and infer conclusions by logical deductions to set enquire on the right track in criminal matters and connected medico-legal problems;

(c) The students shall also acquire knowledge of laws in relation to medical practice, medical negligence and codes of medical ethics and they shall also be capable of identification, diagnosis and treatment of the common poisonings in their acute and chronic state and also dealing with their medico-legal aspects;

(d) For such purposes, students shall be taken to visit district courts and hospitals to observe court proceedings and postmortem as per Annexure 'B\

### I. Forensic Medicine A. Theory:

#### 1. Introduction

- (a) Definition of forensic medicine.
- (b) History of forensic medicine in India.
- (c) Medical ethics and etiquette.
- (d) Duties of registered medical practitioner in medico-legal cases.

#### 2. Legal procedure

- (a) Inquests, courts in India, legal procedure.
- (b) Medical evidences in courts, dying declaration, dying deposition, including medical certificates, and medico-legal reports.

#### 3 Personal identification

- (a) Determination of age and sex in living and dead; race, religion.
- (b) Dactylography, DNA finger printing, foot print.
- (c) Medico-legal importance of bones, scars and teeth, tattoo marks, handwriting, anthropometry.
- (d) Examination of biological stains and hair.

#### 4. Death and its medico-legal importance

- (a) Death and its types, their medico-legal importance
- (b) Signs of death (1) immediate, (2) early, (3) late and their medico-legal importance
- (c) Asphyxial death (mechanical asphyxia and drowning).
- (d) Deaths from starvation, cold and heat etc.

#### 5. Injury and its medico-legal importance

Mechanical, thermal, firearm, regional, transportation and traffic injuries; injuries from radiation, electrocution and lightning.

6. Forensic psychiatry

(a) Definition; delusion, delirium, illusion, hallucinations; impulse and mania; classification of Insanity, (b) Development of insanity, diagnosis, admission to mental asylum.

7. Post-mortem examination (autopsy)

(a) Purpose, procedure, legal bindings; difference between pathological and medico-legal autopsies.  
(b) External examination, internal examination of adult, foetus and skeletal remains.

8. Impotence and sterility

Impotence; Sterility; Sterilisation; Artificial Insemination; Test Tube Baby; Surrogate mother.

9. Virginity, defloration; pregnancy and delivery

10. Abortion and infanticide

(a) Abortion: different methods, complications, accidents following criminal abortion, MTP.  
(b) Infant death, legal definition, battered baby syndrome, cot death, legitimacy.

11. Sexual Offences

Rape, incest, sodomy, sadism, masochism, tribadism, bestiality, buccal coitus and other sexual perversions.

II. Toxicology

I. General Toxicology

(a) Forensic Toxicology and Poisons  
(b) Diagnosis of poisoning in living and dead,  
(c) General principles of management of poisoning,  
(d) Medico-legal aspects of poisons,  
(e) Antidotes and types.

2. Clinical toxicology

(a) Types of Poisons:

(i) Corrosive poisons (Mineral acids, Caustic alkalis, Organic acids, Vegetable acids)  
(ii) Irritant poisons (Organic poisons - Vegetable and animal; Inorganic poisons - metallic and non-metallic; Mechanical poisons)  
(iii) Asphyxiant poisons (Carbon monoxide; Carbon dioxide; Hydrogen sulphide and some war gases)  
(iv) Neurotic poisons (Opium, Nux vomica, Alcohol, Fuels like kerosene and petroleum products, Cannabis indica, Dhatura, Anaesthetics Sedatives and Hypnotics, Agrochemical compounds, Belladonna, Hyoscyamus, Curare, Conium)  
(v) Cardiac poisons (Digitalis purpurea, Oleander, Aconite, Nicotine)  
(vi) miscellaneous poisons (Analgesics and Antipyretics, Antihistaminics, Tranquillisers, Antidepressants, Stimulants, Hallucinogens, Street drugs etc.)

### III. Legislations relating to medical profession

- (a) The Homoeopathy Central Council Act, 1973 (59 of 1973);
- (b) The Consumer Protection Act, 1986 (68 of 1986);
- (c) The Workmen's compensation Act, 1923 (8 of 1923);
- (d) The Employees State Insurance Act, 1948 (34 of 1948);
- (e) The Medical Termination of Pregnancy Act, 1971 (34 of 1971);
- (f) The Mental Health Act, 1987 (14 of 1987);
- (g) The Indian Evidence Act, 1872 (1 of 1872);
- (h) The Prohibition of Child Marriage Act, 2006 (6 of 2007);
- (i) The Personal Injuries Act, 1963 (327 of 1963);
- (j) The Drug and Cosmetics Act, 1940 (23 of 1940) and the rules made therein;
- (k) The Drug and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954);
- (l) The Transplantation of Human Organs Act, 1994 (42 of 1994);
- (m) The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994);
- (n) The Homoeopathic Practitioners (Professional Conduct, Etiquettes and Code of Ethics) Regulations, 1982;
- (o) The Drug Control Act, 1950 (26 of 1950);
- (p) The Medicine and Toiletry Preparations (Excise Duties) Act, 1955 (16 of 1955);
- (q) The Indian Penal Code (45 of 1860) and the Criminal Procedure Code (2 of 1974) {relevant provisions}
- (r) The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996)
- (s) The Clinical Establishment (Registration and Regulation) Act, 2010 (23 of 2010).

#### B. Practical:

##### 1. Demonstration:

- a) Weapons
- b) Organic and inorganic poisons
- c) Poisonous plants
- d) Charts, diagrams, photographs, models, x-ray film of medico-legal importance
- e) Record of incidences reported in newspapers or magazines and their explanation of medico-legal importance.
- f) Attending demonstration of ten medico-legal autopsies.

##### 2. Certificate Writing:

Various certificates like sickness certificate, physical fitness certificate, birth certificate, death certificate, injury certificate, rape certificate, chemical analyzer (Regional Forensic Laboratory), certificate for alcohol consumption, writing post-mortem examination report.

## REPERTORY

### Instructions:

I. (a) Repertorisation is not the end but the means to arrive at the simillimum with the help of material medica, based on sound knowledge of Homoeopathic Philosophy;

(b) Homoeopathic materia medica is an encyclopedia of symptoms. No mind can memorize all the symptoms or all the drugs with their gradations;

(c) The repertory is an index and catalogue of the symptoms of the materia medica, neatly arranged in a practical or clinical form, with the relative gradation of drugs, which facilitates quick selection of indicated remedy and it may be difficult to practice Homoeopathy without the aid of repertories.

II. (a) Each repertory has been compiled on distinct philosophical base, which determines its structure;

(b) In order to explore and derive full advantage of each repertory, it is important to grasp thoroughly its conceptual base and construction and this will help student to learn scope, limitations and adaptability of each repertory.

### Third B.H.M.S

#### A. Theory:

1. Repertory: Definition; Need; Scope and Limitations.

2. Classification of Repertories

3. Study of different Repertories (Kent, Boenninghausen, Boger-Boenninghausen):

(a) History

(b) Philosophical background

(c) Structure

(d) Concept of repertorisation

(e) Adaptability

(f) Scope

(g) Limitations

4. Gradation of Remedies by different authors.

5. Methods and techniques of repertorisation. Steps of repertorisation.

6. Terms and language of repertories (Rubrics) cross references in other repertories and materia medica.

7. Conversion of symptoms into rubrics and repertorisation using different repertories.
8. Repertory - its relation with organon of medicine and materia medica.
9. Case taking and related topics:
  - (a) case taking.
  - (b) difficulties of case taking, particularly in a chronic case.
  - (c) types of symptoms, their understanding and importance.
  - (d) importance of pathology in disease diagnosis and individualization in relation to study of repertory.
10. Case processing
  - (a) analysis and evaluation of symptoms
  - (b) miasmatic assessment
  - (c) totality of symptoms or conceptual image of the patient
  - (d) repertorial totality
  - (e) Selection of rubrics
  - (f) Reportorial technique and results
  - (g) repertorial analysis

B. Practical or clinical:

1. Record of five cases each of surgery, gynaecology and obstetrics worked out by using Kent's repertory.
2. Rubrics hunting from Kent's & Boenninghausen's repertories.

Note: There will be no Examination in the subject in Third B.H.M.S.

#### **Fourth B.H.M.S**

A. Theory:

1. Comparative study of different repertories (like Kent's Repertory, Boenninghausen's Therapeutic Pocket Book and Boger-Boenninghausen's Characteristic Repertories, A Synoptic Key to Material Medica).
2. Card repertories and other mechanical aided repertories- History, Types and Use.
3. Concordance repertories (Gentry and Knerr)
4. Clinical Repertories (William Boericke etc.)
5. An introduction to modern thematic repertories- (Synthetic, Synthesis and Complete Repertory and Murphy's Repertory)

6. Regional repertories
7. Role of computers in repertorisation and different softwares.

B. Practical or clinical:

Students shall maintain the following records, namely:-

1. Five acute and five chronic cases (each of medicine, surgery and obstetrics and gynecology) using Kent's Repertory.
2. Five cases (pertaining to medicine) using Boenninghausen's therapeutics pocket book.
3. Five cases (pertaining to medicine) using Boger-Boenninghausen's characteristics repertory.
4. Five cases to be cross checked on repertories using HOMOEOPATHIC softwares.

### **GYNAECOLOGY AND OBSTETRICS**

**Instructions;**

I. (a) Homoeopathy adopt the same attitude towards this subject as it does towards Medicine and Surgery, but while dealing with Gynecology and obstetrical cases, a Homoeopathic physician must be trained in special clinical methods of investigation for diagnosing local conditions and individualizing cases, the surgical intervention either as a life saving measure or for removing mechanical obstacles, if necessary, as well as their management by using Homoeopathic medicines and other auxiliary methods of treatment;

(b) Pregnancy is the best time to eradicate genetic dyscrasias in women and this should be specially stressed. And students shall also be instructed in the care of new born;

(c) The fact that the mother and child form a single biological unit and that this peculiar close physiological relationship persists for at least the first two years of the child's life should be particularly emphasized.

II. A course of instructions in the principles and practice of gynecology and obstetrics and infant hygiene and care including the applied anatomy and physiology of pregnancy and lab our, will be given.

III. Examinations and investigations in gynecological and obstetrical cases shall be stressed and scope of Homoeopathy in this subject shall be taught in details.

• IV. The study shall start in Second B.H.M.S and shall be completed in Third B.H.M.S. and examinations will be held in Third B.H.M.S and following topics shall be taught, namely:-

**Second B.H.M.S**

A. Theory:

1. Gynecology

- (a) A review of the applied anatomy of female reproductive systems development and malformations.
- (b) A review of the applied physiology of female reproductive systems-puberty, menstruation and menopause.
- (c) Gynecological examination and diagnosis.
- (d) Developmental anomalies.
- (e) Uterine displacements.
- (f) Sex and intersexuality.
- (g) General Management and therapeutics of the above listed topics in Gynecology.

2. Obstetrics

- (a) Fundamentals of reproduction.
- (b) Development of the intrauterine pregnancy-placenta and foetus.
- (c) Diagnosis of pregnancy-investigations and examination.
- (d) Antenatal care.
- (e) Vomiting in pregnancy.
- (f) Preterm labour and post maturity.
- (g) Normal labour and puerperium.
- (h) Induction of labour.
- (i) Postnatal and puerperal care,
- (j) Care of the new born.
- (k) Management and therapeutics of the above listed topics in obstetrics.

Third B.H.M.S

1. Gynecology

- (a) Infections and ulcerations of the female genital organs.
- (b) Injuries of the genital tract
- (c) Disorders of menstruation.
- (d) Menorrhagia and dysfunctional uterine bleeding.
- (e) Disorders of female genital tract.
- (f) Diseases of breasts.
- (g) Sexually transmitted diseases.
- (h) Endometriosis and adenomyosis.

- (l) Infertility and sterility,
- (j) Non-malignant growths,
- (k) Malignancy.
- (i) Chemotherapy caused complications.
- (m) Management and therapeutics of the above listed topics in gynecology.

## 2. Obstetrics

- a) High risk labour; mal-positions and mal-presentations; twins, prolapse of cord and limbs, abnormalities in the action of the uterus; abnormal conditions of soft part contracted pelvis; obstructed labour, complications of 3rd stage of labour, injuries of birth canal, foetal anomalies.
- b) Abnormal pregnancies-abortions, molar pregnancy, diseases of placenta and membranes, toxemia of pregnancy, antepartum haemorrhages, multiple pregnancy, protracted gestation, ectopic pregnancy, intrauterine growth retardation, pregnancy in Rh negative woman, intrauterine fetal death, still birth.
- c) Common disorders and systemic diseases associated with pregnancy.
- d) Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.
- e) Common obstetrical operations-medical termination of pregnancy, criminal abortion, caesarean section, episiotomy.
- f) Emergency obstetric care.
- g) Population dynamics and control of conception.
- h) Infant care - neonatal hygiene, breast feeding, artificial feeding, management of premature child, asphyxia, birth injuries, common disorders of newborn.
- i) Reproductive and child health care (a) safe motherhood and child survival (b) Risk approach- MCH care (c) Maternal mortality and morbidity (d) Prenatal mortality and morbidity (e) Diseases of foetus and new born.
- j) Medico-legal aspects in obstetrics.
- k) HOMOEOPATHIC Management and Therapeutics of the above listed clinical conditions in Obstetrics

## B. Practical or clinical:

Practical or clinical classes shall be taken on the following topics both in (a) Second and Third B.H.M.S.

- a) Gynecological case taking
- b) Obstetrical case taking
- c) Gynecological examination of the patient Obstetrical examination of the patient including antenatal, intranasal and post- natal care
- d) Bed side training
- e) Adequate grasp over Homoeopathic principles and management
- f) Identification of Instruments and models Record of ten cases each in gynecology and obstetrics.

## COMMUNITY MEDICINE

**Instructions:**

I. (a) Physician's function is not limited merely prescribing Homoeopathic medicines for curative purpose, but he has wider role to play in the community;

(b) He has to be well conversant with the national health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.

II. This subject is of utmost importance and throughout the period of study attention of the student should be directed towards the importance of preventive medicine and the measures for the promotion of positive health.

III. (a) During teaching, focus should be laid on community medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and disease;

(b) Instructions in this course shall be given by lectures, practical, seminars, group discussions, demonstration and field studies.

**Third B.H.M.S****A. Theory;**

1. Man and Medicine

2. Concept of health and disease in conventional medicine and homoeopathy

3. Nutrition and health

(a) Food and nutrition

(b) Food in relation to health and disease

(c) Balanced diet —

(d) Nutritional deficiencies, and Nutritional survey

(e) Food Processing

(f) Pasteurization of milk

(g) Adulteration of food

(h) Food Poisoning

4. Environment and health

(a) air, light and sunshine, radiation.

(b) effect of climate

(c) comfort zone

(d) personal hygiene

(e) physical exercise

(f) sanitation of fair and festivals

(g) disinfection and sterilization

- (h) atmospheric pollution and purification of air
- (i) air borne diseases

5. Water

- (a) distribution of water; uses; impurities and purification
- (b) standards of drinking water
- (c) water borne diseases
- (d) excreta disposal
- (e) disposal of deceased.
- (f) disposal of refuse.
- (g) medical entomology- insecticides, disinfection, Insects in relation to disease, Insect control.

6. Occupational health

7. Preventive medicine in pediatrics and geriatrics

Fourth B.H.M.S

A. Theory:

1. Epidemiology

- (a) Principles and methods of epidemiology
- (b) Epidemiology of communicable diseases:
  - General principles of prevention and control of communicable diseases;
- (c) Communicable diseases: their description, mode of spread and method of prevention.
- (d) Protozoan and helminthic infections- Life cycle of protozoa and helminthes, their prevention.
- (e) Epidemiology of non-communicable diseases: general principles of prevention and control of non-communicable diseases
- (f) Screening of diseases

2. Bio-statistics

- (a) Need of biostatistics in medicine
- (b) Elementary statistical methods
- (c) Sample size calculation
- (d) Sampling methods
- (e) Test of significance
- (f) Presentation of data
- (g) Vital statistics

3. Demography and Family Planning; Population control; contraceptive practices; National Family Planning Programme,

4. Health education and health communication

5. Health care of community.

- 6 . International Health
7. Mental Health
8. Maternal and Child Health
9. School Health Services
10. National Health Programs of India including Rashtriya Bal Chikitsa Karyakram.
11. Hospital waste management
12. Disaster management
13. Study of aphorisms of organon of medicine and other Homoeopathic literatures, relevant to above topics including prophylaxis.

**B. Practicals:**

1. Food additives; food fortification, food adulteration; food toxicants
2. Balanced diet
3. Survey of nutritional status of school children, pollution and Water purification.
4. Medical entomology
5. Family planning and contraception
6. Demography
7. Disinfection
8. Insecticides

**Field Visits**

1. Milk dairy
2. Primary Health Centre
3. Infectious Diseases Hospital
4. Industrial unit
5. Sewage treatment plant
6. Water purification plant

**Note:**

1. For field visits, Annexure 'B' has to be kept in view.
2. Students are to maintain practical records or journals in support of above practical or field visits.
3. Reports of the above field visits are to be submitted by the students.
4. Each student has to maintain records of at least ten infectious diseases.

**SURGERY**

**Instructions:**

I (a) Homoeopathy as a science needs clear application on part of the physician to decide about the best course of action(s) required to restore the sick, to health;

(b) Knowledge about surgical disorders is required to be grasped so that the Homoeopathic Physician is able to;-

- (1) Diagnose common surgical conditions.
- (2) Institute Homoeopathic medical treatment wherever possible.
- (3) Organise Pre and Post-operative Homoeopathic medicinal care besides surgical intervention with the consent of the surgeon.

II For the above conceptual clarity and to achieve the aforesaid objectives, an effective co-ordination between the treating surgeons and Homoeopathic physicians is required keeping in view the holistic care of the patients and it will also facilitate the physician in individualizing the patient, necessary for Homoeopathic treatment and management.

III The study shall start in Second B.H.MS and complete in Third B.H.M.S. and examination shall be conducted in Third B.H.MS.

IV (a) Following is a plan to achieve the above and it takes into account about the Second and Third year B.H.M.S syllabus and respective stage of development;

(b) Throughout the whole period of study, the attention of the students should be directed by the teachers of this subject to the importance of its preventive aspects.

V There shall be periodical inter-departmental seminars, to improve the academic knowledge, skill and efficiency of the students and the study shall include training on, -

- (a) principles of surgery,
- (b) fundamentals of examination of a patient with surgical problems
- (c) use of common instruments for examination of a patient.
- (d) physiotherapy measures.
- (e) applied study of radio-diagnostics.
- (f) knowledge of causation, manifestations, management and prognosis of surgical disorders.
- (g) miasmatic background of surgical disorders, wherever applicable.
- (h) bedside clinical procedures.
- (i) correlation of applied aspects, with factors which can modify the course of illness, including application of medicinal and non-medicinal measures.
- (j) role of Homoeopathic treatment in pseudo-surgical and true surgical diseases.

#### Second B.H.M.S

A. Theory:

(a) General Surgery:-

1. Introduction to surgery and basic surgical principles.
2. Fluid, electrolytes and acid-base balance.
3. Haemorrhage, haemostasis and blood transfusion.

4. Boil, abscess, carbuncle, cellulitis and erysipelas.
5. Acute and chronic infections, tumors, cysts, ulcers, sinus and fistula.
6. Injuries of various types; preliminary management of head injury
7. Wounds, tissue repair, scars and wound infections.
8. Special infections (Tuberculosis, Syphilis, Acquired Immuno Deficiency Syndrome, Actinomycosis, Leprosy).
9. Burn
10. Shock
11. Nutrition
12. Pre-operative and post-operative care.
13. General management, surgical management and HOMOEOPATHIC therapeutics of the above topics covered.

Examination: There will be no examination in the subject in Second B.H.M.S.

Third B.H.M.S

A. Theory;

(b) Systemic Surgery:-

1. Diseases of blood vessels, lymphatics and peripheral nerves
2. Diseases of glands
3. Diseases of extremities
4. Diseases of thorax and abdomen
5. Diseases of alimentary tract
6. Diseases of liver, spleen, gall bladder and bile duct,
7. Diseases of abdominal wall, umbilicus, hernias.
8. Diseases of heart and pericardium.
9. Diseases of urogenital system.
10. Diseases of the bones, cranium, vertebral column, fractures and dislocations.
11. Diseases of the joints.
12. Diseases of the muscles, tendons and fascia.

B. Ear

1. Applied anatomy and applied physiology of ear
2. Examination of ear
3. Diseases of external, middle and inner ear

C. Nose

1. Applied anatomy and physiology of nose and paranasal sinuses.
2. Examination of nose and paranasal sinuses
3. Diseases of nose and paranasal sinuses

D. Throat

1. Applied Anatomy and applied Physiology of pharynx, larynx, tracheobronchial tree, oesophagus

2. Examination of pharynx, larynx, tracheobronchial tree, oesophagus
3. Diseases of Throat (external and internal)
4. Diseases of oesophagus.

E. Ophthalmology

1. Applied Anatomy, Physiology of eye
2. Examination of eye.
3. Diseases of eyelids, eyelashes and lacrimal drainage system.
4. Diseases of Eyes including injury related problems.

F. Dentistry

1. Applied anatomy, physiology of teeth and gums;
2. Milestones related to teething.
3. Examination of Oral cavity.
4. Diseases of gums
5. Diseases of teeth
6. Problems of dentition

General management, surgical management and Homoeopathic therapeutics of the above topics will be covered. Practical or clinical:

(To be taught in Second and Third B H.M.S.)

1. Every student shall prepare and submit twenty complete histories of surgical cases, ten each in the Second and Third B.H.M.S. classes respectively.
2. Demonstration of surgical Instruments, X-rays, specimens etc.
3. Clinical examinations in Surgery.
4. Management of common surgical procedures and emergency procedures as stated below:
  - (a) Wounds
  - (b) Abscesses: incision and drainage.
  - (c) Dressings and plasters.
  - (d) Suturing of various types.
  - (e) Pre-operative and post-operative care.
  - (f) Management of shock.
  - (g) Management of acute haemorrhage.
  - (h) Management of acute injury cases.
  - (i) Preliminary management of a head Injury

**PRACTICE OF MEDICINE**

**Instructions:**

- I (a) Homoeopathy has a distinct approach to the concept of disease;  
(b) it recognizes an 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.
- II The study of the above concept of individualisation is essential with the a following background so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease conditions, namely:-
- (1) correlation of the disease conditions with basics of anatomy, physiology and, biochemistry and pathology.
  - (2) knowledge of causation, manifestations, diagnosis (including differential diagnosis), prognosis and management of diseases.
  - (3) application of knowledge of organon of medicine and Homoeopathic philosophy in dealing with the disease conditions.
  - (4) comprehension of applied part.
  - (5) sound clinical training at bedside to be able to apply the knowledge and clinical skill accurately.
  - (6) adequate knowledge to ensure that rational investigations are utilised.
- III (a) The emphasis shall be 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;  
(b) Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, syphilis and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.
- IV (a) The teaching shall include HOMOEOPATHIC therapeutics or management in respect of all topics and clinical methods of examination of patient as a whole will be given due stress during the training;  
(b) A thorough study of the above areas will enable a HOMOEOPATHIC physician to comprehend the practical aspects of medicine;  
(c) He shall be trained as a sound clinician with adequate ability of differentiation, sharp observation and conceptual clarity about diseases by taking help of all latest diagnostic techniques, viz. X-ray, ultrasound, electrocardiogram, and commonly performed laboratory investigations;  
(d) Rational assessment of prognosis and general management of different disease conditions are also to be focused.
- V Study of subject. - The study of the subject will be done in two years in Third B.H.M.S and Fourth B.H.M.S, but examination shall be conducted at the end of Fourth B.H.M.S.

**Third B.H.M.S****Theory:**

1. Applied anatomy and applied physiology of the respective system as stated below.
2. Respiratory diseases.
3. Diseases of digestive system and peritoneum.
4. Diseases concerning liver, gall-bladder and pancreas.
5. Genetic Factors (co-relating diseases with the concept of chronic miasms).
6. Immunological factors in diseases with concept of susceptibility (including HIV, Hepatitis-B)

7. Disorders due to chemical and physical agents and to climatic and environmental factors.
8. Knowledge of clinical examination of respective systems.
9. Water and electrolyte balance – disorders of.

#### Fourth B.H.M.S

##### A. Theory:

1. Nutritional and metabolic diseases
  2. Diseases of haemopoietic system.
  3. Endocrinal diseases.
  4. Infectious diseases.
  5. Diseases of cardiovascular system.
  6. Diseases of urogenital Tract.
  7. Disease of CNS and peripheral nervous system.
  8. Psychiatric disorders.
  9. Diseases of locomotor system (connective tissue, bones and joints disorders)
  10. Diseases of skin and sexually transmitted diseases.
  11. Tropical diseases.
  12. Paediatric disorders.
  13. Geriatric disorders.
  14. Applied anatomy and applied physiology of different organ and systems relating to specific diseases.
  15. Knowledge of clinical examination of respective systems.
- (a) General management and Homoeopathic therapeutics for all the topics to be covered in Third BHMS and Fourth B.H.M.S shall be taught simultaneously and the emphasis shall be 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.
- (b) Study of therapeutics does not mean simply list of specifics for the clinical conditions but teaching of applied materia medica which shall be stressed upon.

##### Practical or clinical:

- (a) Each candidate shall submit of twenty complete case records (ten in Third B.H.M.S and ten in Fourth B.H.M.S).
- (b) The examination procedure will include one long case and one short case to be prepared. During training, each student has to be given adequate exposure to,
1. comprehensive case taking following Hahnemann's instructions;

2. physical examinations (general, systemic and regional);
3. laboratory investigations required for diagnosis of disease conditions;
4. differential diagnosis and provisional diagnosis and interpretation of Investigation reports;
5. selection of similitum and general management.