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

HOMOEOPATHIC REPEROTRY

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

XIV) HOMOEOPATHIC REPERTORY

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

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

Homoeopathic Materia Medica is an encyclopedia of symptoms. No. mine can memorise all the symptoms of all the drugs together with their characteristics gradation. The repertory is an indiex, a catalogue of the symptoms of the Materia Medica, nearly arranged in a practical form and also indicating the relative gradation of drugs, and it greatly facilitates quick selection of the indicates remedy. It is impossible to practice Homoeopathy without the aid of repertories, and the best repertory is the fullest. Homoeopathic Materia Medica and Repertory are thus like twins.

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

Case taking - Difficulties of taking a chronic case, Recoiding of case and usefulness of record keeping. Totality of symptoms, Prescribing symptoms, uncommon peculiar and cearacteristic symptoms. General and partifule symptoms. Eliminating symptoms. Analysis of the case uncommon and common symptoms Gradation and Evaluation of symptoms, Importance of mental symptoms. Kinds and sources of general symptoms. Cancomitant symptoms.

1. History of repertories
2. Types of Repertories
3. Demonstration of 3 cases worked on Boechning housen.

4. Kent's repertory advanced study with case demonstration.
5. Boger's Boeninghausen repertory his contribution to repertory.
6. Card repertory with demonstration of 5 cases, and advantages of card repertories. Theoretical lectures with demonstration.

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

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

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

During II BHMS Course -

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

1) Introduction -
   A) Information of subject
   1) Syllabus
      1) Seminar, Monthly Exam. Schedule
      2) Short information on the following topics
         - Evoluation, History, Requisities, Limiaiton, Purpose, Need & Era. Construction of Repertory, kinds of Repertory.

   2) Importance of Subject Passing reference in relation of Repertory to Organon / H.M.M. / Pro / Pura Clinical subjects.
      A) Different Repartories
         1) Concordance
         2) General
         3) Clinical
         4) Medical
         5) Special repertory

      B) Different Authors List

1.	Dr. Kent	31.	Dr. Guernsey
2.	Dr. Boger Boenning Hausen's	32.	Dr. Goernsey

3. Dr. Boerick
4. Dr. Lippes
5. Dr. Kneer
6. Dr. Hamples
7. Dr. Jahr's
8. Dr. Shankarn
9. Dr. Jugal
10. Dr. Hahnemann's
11. Dr. Hartlub & Trinkt
12. Dr. Ernest Ferdinand Ruckert
13. Dr. Weber's Repertory
14. Dr. Weber's Repertory
15. Dr. Rauff's
16. Dr. Loffittles
17. Dr. Clottur Muller
18. Dr. Murc's
19. Dr. Bryent's
20. Dr. Possert's
21. Dr. Adole Lippe's
22. Dr. Cipher's
23. Dr. C. Lippe's
24. Dr. T. E. allen's
25. Dr. Hering's Analytical
26. Dr. Gentry's
27. Dr. Hneer's
28. Dr. H. C. Bogar
29. Dr. Rav's
30. Dr. Berrioge
33. Dr. Worchester
34. Dr. Lutze
35. Dr. W. A. Allen
36. Dr. H. C. Allen
37. Dr. Dvaks
38. Dr. Holcomb
39. Dr. Lee and Clarks
40. Dr. Perkins
41. Dr. Robert
42. Dr. Pulford
43. Dr. Arhellma Michell
44. Dr. Bell
45. Dr. Yingling
46. Dr. Pouglass
47. Dr. Mill Paugh
48. Dr. Hnegr
49. Dr. Neathy
50. Dr. Minton
51. Dr. Morgan
52. Dr. Shedos
53. Dr. Von Denauzg
54. Dr. Nash
55. Dr. Borland
56. Dr. Curie P. P.
57. Dr. Boericks
58. Dr. Boaricke
59. Dr. Clarke

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

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

4) Need & requisites of Repertory
5) Evolution of Repertory

6) History of Repertory
7) Rubric making & Rubric Searching
8) Limitation of Repertory
9) Purpose of Repertory
10) Era of Repertory
11) Kinds of Repertory

List of Demonstration

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

B. Rubric making & Rubric searching

   1. Technique of searching Rubric
   2. Construction of Rubric

Clinical Schedule

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

B.H.M.S. IIIrd Syllabus Schedule

A) Case Taking
B) Usefulness of record keeping
C) Recording of case
D) Difficulties of taking a chronic Case.
E) Totality of Symptoms.
F) Prescribing symptom.
G) Uncommon symptom.
H) Peculiar symptom.
I) Concomitant symptom.
J) Characteristic symptom.

K) Importance of mental symptom.
L) Kind & source of general symptom.
M) Analysis of uncommon case.
N) Analysis of common case.
O) Evaluation.
P) Gradation.
Q) Classification of symptom.
R) Construction of B.B.R.
S) Construction of Card Repertory.
T) Technique of Repertorisation.
U) Elimination of symptom

DETAIL REPERTORY LESSON PLAN

A. Case Taking

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

B. Case Taking Demonstration

1) Scheme of case taking
2) Model case of R.A. with interrogation questions.
3) Model case of Asthma
4) Model case of hypertension.
5) Model case of D.M.
6) Model case of Infectious disease.
7) Conversation of chief complaint into rubric demonstration.
8) Symptom with Six modification demonstration.
9) Chromological study of chief complaints demonstration.
10) Conversation of Associated complaints in to Rubric demonstration.
11) Conversation of Physical generals from personal history Demonstration
12) Conversation of Physical generals related to Appetite demonstration.

13) Conversation of Physical generals related to Desires & aversion in Appetite demonstration.

14) Conversation of Physical generals related to Desires & after meals before at during meals.

15) Conversation of Physical generals related to Bowel Demonstration.

i) Conversation of Physical generals related to Bowel before after & during Demonstration.

16) Conversation of Physical generals related to thirst Demonstration.

i) Condition during, before & after thirst Demonstration.

17) Conversation of Physical generals related to Urine – Demonstration.

i) Condition during, before & after Urine-Demonstration.

18) Conversation of Physical generals related to Menses-Demonstration.

i) Rub related to Onset, - Demonstration

ii) Rub related to character, Demonstration.

iii) Rub related to Consistancy Demonstration.

iv) Rub related to Condition before, during & after Menses.

Rub related to Pre menstrual syndrome Demonstration.

19) Conversation of Physical general related to Solar Thermal Modality

i) Rub related to the change in wheather-Demonstration

ii) Conversation of Physical general related to heat & cold.

19) Conversation of Mental general related to Mood, confidence, fear, intelligency, will, memory, emotion, under standing, love, hate, Delusion Hallucination Demonstration.

20) Conversation of Physical.

Detail Lesson Plan

(B) Usefullness of Record Keeping.

The Usefullness of the record keeping are as follows :-

1. Proper assessment of the case.
2. Selection of second prescription
3. Follow up of case
4. Judgement of the action of remedy
5. For proving the superiority of the system
6. As a reference In legal procedure
7. In legal procedure
8. Addition of fresh symptoms

9. Finding f examination and lab investigation
10. For clinical teaching.
11. Reflect the skill of the physicion
12. For research purpose.
13. Miscellous

Detail Lesson Plan
(C) Recording Case

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

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

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

(E) TOTALITY OF SYMPTOM
Detail Lesson Plan

Defination of totality of symptom Difference between Homoeopathic & Allopathic case taking
Difficulty of making a calculation of all the symptoms & giving the medicine to the patient which carries maximum marks.
Prescribing symptom - Definition.
Prescribing symptom on the basis of constitution
Prescribing symptom on the basis of general character.
Prescribing symptom on the basis of cause.
Immediate Cause.
Remote Cause.

Prescribing on basis of Miasm.
Prescribing on basis of Organopathic medicine.
Prescribing on basis of Allergy
Prescribing with the basis of Placebo
Definition of Common symptom & uncommon
Symptom with example.
According to Hahnemann strange Rare symptom are always basic miasmatic symptom hence it help in remover the sickness from deep.
Rare symptom individualized the patient.
To separate their miasmatic bond from life force.

1. By knowledge of Anatomy, Physiology it is a key to the unlocking of the symptom
Define concomitant symptom /Auxillary symptom
e.g... For Individualisation.
Characteristic symptoms.
According to patel strange rare peculiar symptom is the charactes symptom.
Mental generals are general symptom.
i) Will & emotions ii) Understanding iii) Memory
e.g. Will & emotion :- loves & hates,
Loathing, suicidal tendencies.
Lasciviousness, fear, family, friends, etc. depression, weeping, impatiences.
Understanding :-
e.g. Delirium hallucination.
Mental confusion, loss of time, sense.
Intellect :-
e.g. Memory, concentration, mistakes in writing & speaking.

(F) Detail Lesson Plan on Prescribing Symptoms

1. Prescribe Medicine on the basis of constitutional symptom.
2. Prescribe medicine on the basis of characteristics symptom
3. Prescribe medicine on the basis of the casusation.
    1. Immediate cause.
    2. Remote cause
4. Prescribe medicine on the basis of suppression.
5. Prescribe medicine on the basis of miasm.
6. Prescribe medicine on the basis of nosodes.
7. Prescribe medicine on the basis of organopathic medicine.
8. Prescribe medicine on the basis of Laboratory Investigation.
9. Prescribe medicine on the basis of Auto –Therapeutic and Auto Homeo therapeutics.
10. Prescribe medicine on the basis of Tautopathy.
11. Prescribe medicine on the basis of Allergy.
12. Prescribe medicine with the help of placebo.

(G) Uncommon Symptom

1.Peculiar, Queer, Rare, and strange
It denotes these symptoms are.
    a. Peculier in their nature and character

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

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

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

Dysentery with ischuria etc.

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

(J) Characteristics Symptoms

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

(K) Importance of Symptoms

Mental symptoms are a category of general symptoms which feflects the inner self, the innermost part of the ego of the individuals.
It belongs to the personality of an individual.
Reflect the state of vital force whether in equality brings during health, disease and cure.
Helps in the selection of the similimum
Manifests in the form of anxiety, rcrtlessness anges, vividity of thoughts and freams.
Importance of mental symptom are to Bonninghausen.

(L) Kind & Sources of General Symptoms

General Symptoms :- Are those symptom which are reffered to person as a whole.
It covers all sensations & complaints in general (mast as a whole)
These are of two types
a. Physical & b. mental
Then generals are the common symptom of Hahnemann and basic Boericke.
Mental Generals are categorized.
Will & emotions
Intellect & understanding
Memory.
Physical General
Reaction to environment
Relation with eating.

Sleep
Sexual instich
Symptoms relating to sp.Sente
Pathological general

(M) Analysis of uncommon Case

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

Why are have to analysis the uncommon case :-

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

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

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

(N) Analysis of A Common Case

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

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

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

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

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

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

(O) Evaluation of Symptom

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

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

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

DETAIL LESSON PLAN
(P) Gradation

Gradation :-

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

Grade of symptom

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

IInd. Kents Repertory, me find,

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

Gradation

Gradation of symptom according to Boenninghausen

Type of symptom

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

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

3) IIIrd. Grade- Italic letter
4) IVth grade- Roman Letter
5) Vth grade- Roman Parenthirts

Hahnemann Classification :-

Common--------à Ist. Grade, IInd. Grade, IIIrd. Grade

Hahnemann Gradation ---à

Uncommon--------à Ist. Grade, IInd. Grade, IIIrd. Grade

Borices Classification :-

Basic

Borick Gradation----à

Determinative

Question on Evaluation & Gradation :-

Define Evaluation
Define Gradation
Kentions method of Evoluation
Hahnemann's method of Evaluation.
Boericke's method of Evaluation
Boenninghausen's method of Evaluation.

DETAIL LESSON PLAN
(Q) Classification of Symptom

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

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

Class of symptom :- 1) Clinical 2) Peculior 3) Common
4) Pathological 5) Pathognomonic 6) Rore
7) Toxic 8) Charectersistic 9) Kegnote
10) Objective11) Subjective
----- 80 types.

Symptoms are also acute & chronic in notice.

DETAIL LESSON PLAN
(R) Boger Boenninghausens Repertory

REPETORY

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

Topic

Construction of Boger Boenninghausen

The following points are considered for explaination

Life history of Boger Boenninghausen
Writing related to repertory

Construction
Work done by Boger
Verious Doctrine
Doctrine of complete symptom
Doctrine of Causation & time
Doctrine of Pathological general
Doctrine f Analogue, Grand Generalisation

Philosophical background
Criticion
Marked feature of repertory & Boger Boenninghausen

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

DETAIL LESSON PLAN
(S) Card Repertory

CARD REPETORY

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

* Development and Introduction of Card Repertory

List of Card Repertories

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

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

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

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

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

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

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

I.

A. **Practical Technique for repertorisation**

Case Selection
Case Taking / Case receiving
Analysis of Symptoms
Conceptiual image of patient
Synthesis of case
Evaluation of case
Selection of Rubric
Repertorial Technique & Result
Repertorial Analysis
Miasmatic Assestment
Disease diagnosis

B. **Relation of Repertory with organon**

C. **Relation of Repertory with Homoeoathic Materia Medica**

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

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

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

F. **Case taking with case repertorisation according to Card.**

II. Case taking of

1. **Acute diseases.**

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

2. **Chronic disease**

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

3. Intermittent types

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

i Intermittent Acute miasmatic disease

4. **Alternating types.**

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

5. **One sided Disease types of Case taking**

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

6. **Mental diseases types**

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

7. **Surgical diseases.**

i Surgical Acute disease
ii Surgical Cardiovascular disease.

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

IV.Analysis of the above cases (I)
According to Dr. Boenninghausen

V. Repertorisation of cases according to card.

CLINCAL LECTURER

1. a) Practical case taking with case analysis according to Kent.
   c) Practical case taking with case analysis Kent's synthesis.
   d) Rubric conversion according to kent.
   e) Rubric making according to kent.
   f) Rubric searching according to Kent.
2. a) Practical case taking with case analysis according to Boenninhausen.
   b) Practical case taking with case analysis Boenninhausen synthesis.
   c) Practical case taking with case analysis Boenninhausen Evaluation.
   d) Rubric Conversion according to Boennhausen.
   e) Rubric making according to Boenninhausen.
   f) Rubric searching according to Boenninhausen.
3. a) How to search out the totality of Symptom
   b) How to search out the Eleminating sypmptom & prescribing symptom.
   c) Different investigation in different Cases.

I. Acute individual disease
Discribe with affects individual patient at different time at different places.

i. Infection eg. :- Erysipelas Leishmauiaes.
Pyaemia Hoakwoum infection.
ii. Inflammatory eg. :- Conjunctivitis laryngitis otitis
Ionsilitis Rhinitis gastritis
Slomalites Appendisitis meuingitis.
iii. Sporadic eg. :- Conjunctivitis perritortis Dyspepsia
Measeles Jamdice Mastitis
Measeles Telamus pyreocia
iv. Traumatic eg. :- Injury Head injury
Laceration Snake bite
Burns.

II. Acute Epidemic diseases. :-
Disease which affects many people at same place with some disease.
i. Infectious eg. :- Cholera Diphtheier Infhumuga.
Malaria Meningitis
Measeles Diarrhoea
Mumps Dysentray
ii. Inflammatory eg. :- Conjunilivitis
Gastroentenistis
Hepatits
iii. Spradic eg. :- Filariesis Asearis
Whooping cough Dropsy
Yellow fever.

II. Acute Sporadic diseases :-
Diseases which affects a group of people at different places but at same time.
i. Infection eg.
Malaria Typhoid Amoebice dysentery
Influnga Filariasi Small pox
Meningities cholera
ii. Inflammatory disease eg.
Endocarditis
Othtis media
Conjunctvitis.
iii. Sporadic :-
Malaria Dengue fever
Typhoid Viral fever
Jilaria Dropsy.

III. Acute miasmatic diseares eg.
Yellow fever Piles
Exzema Whooping cough
Indigestion Searlet fever
Meads Chickenpox Small pox

IV. True chronic disease on caused due to chronic miasms – Psora, Syphilis eg. Asthma Hypatitis Piles
Psoriasis Leprasy Scleradama
Tuberculosis Exzema Ca. stomach

V. False chronic disease :-

Diseases which are caused due deficiency certain things are essential for life e.g. – D.M. goiter Rickets, Night blindness, Ostemalasia, Maraomus Cleft palate.

VI. Artificial chronic diseases are caused an bad effect of some drug or alcohol etc.

e.g. – Sterility
Baldness
Deafures
Prolapse
Fabroid
Burning but syndrom
AIDS
Inguinal hermia

Intermittent diseases

Intermittent diseases are those diseases which removers is certain period.

i) Acute intermittent diseases.

Acute intermittent diseases are those with are produced due to transient explosion of latent psora by some exciting cause having following dharacters like sedden onset Rapid progress etc.

e.g. Jousillitis Neuralgia Pleucasy
Diarrhoca mastitis
Fever Typhiod fever

ii) Acute epidemic intermittent disease

acute diseases which attacks many people with very similar sufferings from the same cause

e.g. – Diarrhoea Measeles Rubella
Dysentry Dipthetheria
Plague Malaria

iii) Sporadic intermittent diseases

Sporatic intermittent diseases are those with attacks many persons with similar cause in different lakalities.

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

iv) Intermittent miasmatic disease.

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

e.g. – Plague Small pox
Mumys cowpox

VII. i) Alternating types of disease

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

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

ii) Artificial individual disease

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

e.g. Prolapse of uterus Asthma
Balohress Deafuess
Filrosis Ecgema
Strility Cancer
Inguiral lermia

Aritificial miasmatic disease

e.g . stenosis
Hypertaophy
Peptic ulcer

Artificial Chronic disease

e.g. Prolapse of uterus
Sterility
Ingurial lermia
Fibrosis

False chronic disease

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

e.g. – Night blindness Beriberi
Zeropthalmia Rickets
Follieular Osteo porosis Kerosis

True chronic disease

True chronic disease are due to miasmatic background.

e.g. Eczemia
Chronic bronchilis
Asthma
Hepatities
Rheumatoid arthritis
Psoriasis.

One sided disease

One sided disease are those chronic disease with has one are two symptom.

e.g. Mania long starding diarrhoea
Insamily pigmentation
Sazophimia.

One sided acute disease :

e.g. Mamia insanity Sehizolhoria

One sided false chronic disease :

e.g Night blindness Osteoponosis
Beriberi Reratomamia
Ricket

One side true chronic disease

e.g. Mamia Longstamdury diarrhoea
Insanity Headache
Schizp phaeria

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

Pattern of Question Paper

B.H.M.S. IVth Year

In the subject Homoeopathic Repertory

(Paper I :- Homoeopathic Repertory)

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

Section A

Total Mark – 30 Total M.C.Q. – 30

TOPICS

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

Section B

Total marks – 35 S.A.Q.

Qu. 2. Solve any 3 5 * 3 = 15 Marks
A) - 5 Marks Topic - Repertory (IInd / IIIrd / IVth Year)
B) - 5 Marks Topic - Repertory (IInd / IIIrd / IVth Year)
C) - 5 Marks Topic - Repertory (IInd / IIIrd / IVth Year)
D) - 5 Marks Topic - Repertory (IInd / IIIrd / IVth Year)

Qu. 3. Answer any 2 out of 5 * 2 = 10 Marks
A) - 5 Marks Topic - Repertory (IIIrd Year / IVth Year)
B) - 5 Marks Topic - Repertory (IIIrd Year / IVth Year)
C) - 5 Marks Topic - Repertory (IIIrd Year / IVth Year)

Qu. 4. Write short notes on 5 * 2 = 15 Marks

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

Section C

Total Marks – 35 L.A.Q.

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

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

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

OR

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

HOMOEOPATHIC MATERIA MEDICA

-

B.H.M.S. IVth YEAR

-

SYLLABUS

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

XV) **HOMOEOPATHIC MATERIA MEDICA**

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

SECTION A :- Drug prescribed for Ist B.H.M.S. course.
SECTION B :- Drugs prescribed for IInd B.H.M.S. course
Nature of scope of Homoeopathic Materia Medica
Sources of Homoeopathic Materia Medica
Different ways of studing the Materia Medica

4. Paper II –
SECTION A :- Drug prescribed for IIIrd B.H.M.S. Course.
SECTION B :- Drugs prescribed for IVth B.H.M.S. course.

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

42. Tabcum
43. Tataxacum
44. Tarentula C
45. Theridien
58. X-ray
59. Zinum Met
60. Stannum Ment

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

1. Drug Picture

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

Polychrests and the most commonly indicated drugs for every day ailments should be taken up first so that the clinical classes or outdoor duties the students become familiar with their applications. They should be thoroughly dealt with

explaining all comparisons & relationship. Students should be conver sant with their sphere of action and family relationship . The less common and rare drugs should be taught in outline, emphasizing only their most salient features and symptoms. Rare drugs should be dealt with later.

2. Therapeutic Materia Medica

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

- Clinical organs
- Target organs
- Peguliar modalities of the drug
- During the actual time of prescription
- Management /Treatment /cure
- Mode of employment in the clinical condition

3. Comparative Materia Medica

The comparative study of the IInd Materia Medica comprises of

i. Comparison of entire drug picture
ii. Comparison of sphear of action of drug
iii. Comparison of clinical condition
iv. Comparison of constitution
v. Comparison of nebtaks if drugs
vi. Comparison of different group of medicine
vii. Comparison of Therapeutic of drugs

The instruction in comparative study of drugs should be so planed as present the general knowledge of the drugs, the amount of detail which is required to memorise should be reduced to minimum. Major emphasis should be laid to the functional action of the drug for unabling the student to pick strage are & uncommen symptoms from pathogenesis of individualisation of patient & drug for the purpose of applying law of similimum in homoeopathic practice.

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

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

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

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

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

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

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

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

1. a) Two cases on acute spasmodic disease
   b) Two acute epidemic cases
   c) Two cases on acute sporadic disease
   d) Two cases on erruptative fevers.
2. a) Three chronic metabolic disease
   b) Three cases on defeciancy disease
   c) Three chronic etrogenic diseases.

4. Applied Materia Medica

The aspect of applied Materia medica comparises of

- Mode of employment
- Administration of doses
- Management of acute diseases
- Applications of drugs on totality of symptoms
- Differentiation of drugs by way of comparision its therapeutic utility in the treatment of acute / chronic disease.
- The utility of drug pathogenesis, pathognomic selection of potency for the drug to be prescribed.

The follow up of analysis for the said drug be taught with

Pattern of Question Paper

B.H.M.S. IVth Year

In the Subject Homoeopathic Materia Medica & Therapeutic

(Paper I : Homoeopathic Materia Medica & therapeutics.)

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

Section A

Total Mark - 30 **Total M.C.Q. - 30**

TOPICS

a) Ist & IInd Year Syllabus - Comparative - 2 M.C.Q.
- Drug Picture - 4 M.C.Q.
- Applied - 2 M.C.Q.
Therapeutic - 2 M.C.Q.

b) Ist & IInd Year Syllabus - Comparative - 2 M.C.Q.
- Drug Picture - 4 M.C.Q.
- Applied - 2 M.C.Q. ----> **30 M.C.Q.**
Therapeutic - 2 M.C.Q.

c) Ist & IInd Year Syllabus - Comparative - 2 M.C.Q.
- Drug Picture - 4 M.C.Q.
- Applied - 2 M.C.Q.
Therapeutic - 2 M.C.Q.

Section B

Total Mark - 35 **S.A. Q.**

Q. 2. Solve any 3 **5 X 3 = 15 Marks**

A) - 5 Marks Topic -Guidings symptoms/Mentals/ Systemic disorder/Causation/Relation - Syllabus I to II

B) - 5 Marks Topic- Guidings symptoms/Mentals/ Systemic disorder/Causation/Relation - Syllabus I to II

C) - 5 Marks Topic-Constitution/Introduction to Materia Medica Syllabus I to II

D) - 5 Marks Topic- Constitution (I to II) Syllabus

Q. 3. Answer any 2 out of 3 **5 X 2 = 10 Marks**

A) - 5 Marks Topic- Compare/Contrast (I to II) Syllabus

B) - 5 Marks Topic- Compare/Contrast (I to II) Syllabus

C) - 5 Marks Topic - Compare/Contrast (I to II) Syllabus

Q. 4. Write short notes on **5 X 2 = 10 Marks**

A) - 5 Marks Topic- - Guiding symptoms/Mental / Female disorders/Systamic/ Disorders

Syllabus I to II

B) - 5 Marks Topic- - Guiding symptoms/Mental / Female disorders/Systamic/ Disorders

Syllabus I to II

Section C

Total Mark - 35 **L.A. Q. -**

Q. 5. Drug Picture (Polycrest Drug)

15 Marks

Q. 6. Applied Materia Medica/Therapeutic (I to II Syllabus)

10 Marks

Q. 7. Compare & Contrast of two (Acid/Metal/Vegitable / Animal group/Polycrest Drugs (I to II Syllabus)

10 Marks

OR

Q. 8. Applied Materia Medica/Therapeutic (I to II Syllabus)

Pattern of Question Paper

B.H.M.S. IVth Year

In the Subject Medicine including Homoeopathic Therapeutic

(Paper II:-Medicine & Homoeopathic Therapeutic)

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

Section A

Total Mark - 30 **Total M.C.Q. - 30**

TOPICS

1. : Medicine
a) Topic form IIIrd /IVth Year Syllabus - 5 M.C.Q.
b) Topic form IIIrd. / IVth Year Syllabus-10 M.C.Q.,

2. :- Therapeutic
c) Topic form IIIrd /IVth Year Syllabus - 5 M.C.Q.
d) Topic form IIIrd /IVth Year Syllabus - 10 M.C.Q.,

Section B

Total Mark - 35 **S.A. Q.**

Q. 2. Solve any 3 **5 X 3 = 15 Marks**
A) - 5 Marks Topic - Medicine (IIIrd./IV)
B) - 5 Marks Topic- Therapeutic (IIIrd. /IV)
C) - 5 Marks Topic- Medicine (IIIrd./IV)
D) - 5 Marks Topic- Therapeutic (IIIrd /IV)

Q. 3. Answer any 2 out of 3 **5 X 2 = 10 Marks**
A) - 5 Marks Topic- Medicine (IIIrd/IV)
B) - 5 Marks Topic- Therapeutic (IIIrd. /IV)
C) - 5 Marks Topic Medicine (IIIrd /IV)

Q. 4. Write short notes on **5 X 2 = 10 Marks**
A) - 5 Marks Topic- Medicine (IIIrd /IV)
B) - 5 Marks Topic- Therapeutic (IIIrd. /IV)

Section C

Total Mark - 35 **L.A. Q.**

Q. 5. Describe aetiology clinical features (sign /symptoms) Investigation & Management with therapeutic drugs of ----------
(TOPICS:- Medicine III/IVth. Year Syllabus + Therapeutic IIIrd. /IV Year Syllabus)

15 Marks

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

(TOPICS :- Medicine III rd /IV Year Syllabus)

10 Marks

Q. 7. Describe the detail working knowledge of ---------- (name of the drugs) in the administration / key prescribing / management in the treatment of ---------- ---------- (name of the disease.)
(TOPICS :- Therapeutic III rd /IVth Year Syllabus)

10 Marks

OR

Describe the Therapeutic Management of Skin Disease
(TOPICS :- Medicine III rd /IVth Year Syllabus)

10 Marks

SYLLABUS PRESCRIBED FOR THE FINAL BACHELOR OF HOMOEOPATHIC MEDICINE AND SURGERY EXAMINATION FINAL B.H.M.S.

A) An application for admission to First B.H.M.S. Examination shall

1. Have passed the 12th. Standard Examination of the Maharashtra State Board of Secondary and Higher Secondary Education with Physics, Chemistry and Biology as subjects or its equivalent examination approved by the Nagpur University.
2. Have attained or shall attain the age of 17 years on or before the 31st. December of the year of his/her admission to the college.

B) An application for admission to Second B.H.M.S. Examination, shall have passed the First B.H.M.S. Examination.

C) An application for admission to the Third B.H.M.S. Examination, shall have passed the Second B.H.M.S. Examination.

D) An application for admission to the Final B.H.M.S. Examination, shall have passed the Third B.H.M.S. Examination.

1) Every candidate for B.H.M.S. Degree shall have attended a regular course of study for a period of not less than one and half academic years for the Fist B.H.M.S. Examination and not less than one academic year for each of the three examinations, viz.- Second, Third and Final B.H.M.S. Degree Course in affiliated homoeopathic College in the following subjects.

i) For the First B.H.M.S. Examination

a. Anatomy
b. Physiology Including Biochemistry
c. Homoeopathic Pharmacy
d. Materia Medica and Homoeopahtic Philosophy

ii) For the Second B.H.M.S. Examination

a. Pathology, Bacteriology adn Parasitology,
b. Forensic Medicne and toxicology.
c. Social and Preventive Medicine (Including Educaiton and Family Medicine)
d. Homoeopathic Materia Medica
e. Organon and Homoeopathic Philosophy

iii) For the Third B.H.M.S. Examination

a. Surgery
b. Obstetrics and Gynaecology
c. Materia Medica
d. Organon and Homoeopathic Materia Medica

iv) For the Final B.H.M.S. Examination

a. Medicine
b. Homoeopathic Materia Medica
c. Repertory

2) The scope of the subject shall be as indicated in the syllabus.

FORTH B.H.M.S. EXAMINATION

I. No candidate shall be admitted to the fourth B.H.M.S. examination unless :-

a) he has pased the third B.H.M.S. examination at least one year previously' and the subjects of the examination over a period of at least three years in a recognised Homoeopathic College subsequent to his passing the first B.H.M.S. examination to the satisfaction of the head of the College.

II. Courses of the minimum number of lectures, demonstrations and practical / clinical clases in the subjects shall be as shown below :

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

III. The Fourth B.H.M.S. examination shall be held at the end of 4-1/2 years of B.H.M.S. course.

IV. The Examination shall be written, oral, practical or clinical as provided hereinafter, three hours being allowed for each paper.

V. The examinaiton in medicine, (including children, mental and skin) shall consist of two papers, one oral examination and one bed-side practical examination in case taking of two short cses with a view to determining both nosological and therapeutic diagnosis from the Homoeopathic pint of view. Time allotted shall be half an hour for each case.

VI. The examination to Materia Medical shall consist of two theoretical papers, one oral examination and one bed –side practical examination, not less than two hous being allowed for examination and report on his case.

VII. The examination in Repertory shall consist of one theoretical paper, one oral examination and one practical examination in two cases of repertorial work. Time allotted shall be half an hour for each cases.

VIII. A candidate securing 75 per cent or above marks in any of the subjects shall be declaired to receive honours in that subjects provided he has passed the examination in first attempt.

IX. In order to pass Final B.H.M.S. examination a candidate shall have passed in all subjecs of the examination.

X. Pass marks for eahc subjects, both homodopathic and allied medical subjects shall be 50 % in each subject.

XI. Full marks for each subjects and minimum number of marks required for passing are as follows.

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

MEDICINE
B.H.M.S. IVTH YEAR
SYLLABUS

I. **MEDICINE INCLUDING HOMOEOPATHIC THERAPEUTICS**

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

1. A course of systematic instructions in the principles and practice, of Medicine including the applied anatomy and physiology.
2. Instructions in Homoeopathic Therapeutics and prescribing.
3. As a matter of convenience, it is suggested that instructions may be given in the following manner during three years of clinical course, as prescribed below. in three years for therotical and 400 hrs. 3 terms of 3 months each in homoeopathic ward & OPD including childre, mental and skin diseases departts. OPD for Practical / Clinical / Tutorial Classes.

Sr. No	Subjects	Theoretical	Practical / clinical tutorial classes
1.	Practice of medicine Children diseases Mental diseases and Skin diseases including homoeopathic therapeutics	250 (in 3 years) 40 40 20	400 (3 terms of 3 months each in homoeopathic ward & OPD including children, mental and skin diseases deptts.

4. a. A course of systematic instructions in the principles and practice of medicine.
   a. A course of lectures, demonstration and clinical classes in the subject shall extend over a period of three academic years.
   b. a student must undergo a clinical posting in the Department for a period of nine months in OPD & IPD.
   c. Every student shall prepare and submit a journal consisting of 20 case historics.
   d. During the first three months of the clinical period when the students will not be in incharge of beds they will be given instructions on elementary methods of clinical examination including physical signs, the use of the common instruments like stethoscope, ophthalmoscope, etc.
   e. As a matter of convenience, it is suggested that instructions may be given in the following manner during the II, III and IV B.H.M.S. classes in medicine.

5. The examination in Medicine shall consist of two papers one oral examination and one bed side practical examination in case taking of two cases with a view to determine both nosological and therapeutic diagnosis from Homoeopathic point of view.

The topic for written paper in the subject shall be distributed as follows :

PAPER I

Infectious disease, disorders of Endocrine systems, disease systems, diseases of metabolism and deficiency diseases, Diseases of Digestive systems and peri-toneum. Diseases of repiratory system. Diseases of Blood Spleen and Lymph glands and tropical diseases. Homoeopathic Therapeutic on above mention Disease.

PAPER II

Diseases of Locomotor system. Diseases of Cardio-vascular systems Diseases of Urinogcntal systed. Diseases os Nervous system. Psychological medicine. Common skin diseases. Homoeopathic Therapeutics on abov emention Disease.

DEPARTMENT OF MEDICINE
B.H.M.S. IInd. YEAR
APPLIED MATERIA MEDICA / HOMOEOPATHIC THERAPEUTICS

A sick person carries signs in his approach to his illness and each individual is the possesso of a totally of psychic relation, physical and biologic reaction's that belongs to him alone & constitutes his ten prament.

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

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

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

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

<u>DURING TEACHING APPLIED MATERIA MEDICA</u>

Following points should be stressed :

1. Evaluation of case.

2. Diseases o deferomination in the vies of
   a. Miasmatic evaluation of disease
   b. Constitutional diseases.
   c. Tendency prone towards diseases.
   d. Constitution miasmatic.
3. Mode of employment
4. Administration of does.
5. Identifying sure sign of improvement (followup analysis) etc.
   a. Therapeutic utiligy of the drug's in acute clinical condition in the Medicine.
   b. Therapeutic utility of the drug's in chronic clinical condition in the Medicine
   c. What is the utility of difference diagnosis in administration of the drug in the Medicine.
   d. Therapeutic utility of this polycrest remedy / antimiasmatic remedy / constitutional remedy in this given chronic clinical condition in the Medicine.
   e. Role of miasmatic remedy in this acute clinical condition in the Medicine.
   f. Role of miasmatic remedy in this chronic clinical condition in the Medicine
   g. Relation of doses & potency selection in the Medicine.
   h. Diet Regimen in the Medicine.

The instruction for medicine including Homoeopathic Therapeutics at least 20 hrs. Theory in years Lectures should be taken. Regular tutorials Regular approach of students to patients in IPD & OPD for practical / clinical & demonstration must be done daily.

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

Special attention should be given to the knowledge of Homoeopathic Therapeutics to ensure familiarity with common their recognisiton & treatment.

Every student should prepare & submit at least 100 complete case histories 40 in IInd year & 60 in IIIrd B.H.M.S. with three treatment programme.

As a matter convenience, it is suggested that the instruction may be given in the following manner during the two years of clinical course within 250 hours in the two years of three month of each in Medicine ard, OPD for practical clinical tutorial classes during the IInd. year B.H.M.S.

DEPARTMENT OF MEDICINE

-

B.H.M.S. IInd. YEAR

Defination of Medicine- [Medicine is the subject which combined in itself the study of individual diseases it's sign & symptoms change brought in the Body, structure, course, sequlac complication general management of diseases.]

[The subject is the medical science it self of its necessity in deciding about the nature progresss & Prognosis of case is paramount, it goes further to decide for the means method or measures of treatment. Hence, every physician irrespective of this college of medicine of principle of drug application has to depend on this subject and this subject above.

[The subject depends upon & assimilates in itself many Allied subjects like Physiology Pathology, Biochemistry Laboratory techniques Dietty Pharmacology. All and each of the Branches are growing at Rapid place & are a Constant process of making improvement and eliminating. The practice of medicine too has to undergo these changes to keep its uptodate character.

The Greatest clinical problems of every day practice consulting a Homoeopathic reader of Books in practice of Medicine, is of progress course, complication & sequence, the decision regarding curability or incurability of the case, the use of surgical & Palliative method and the course, complication & sequale of the Diseases have been discribed Judghing from the view point of the deficiency of Allopathic drugs which close not seen to fit completely to Homoeopathy.

Many diseases for which surgical treatment is said to be rational drug Appendicitis, Peptic ulcer. Toncillites etc. have been found to be enable to Homoeopathic treatment Similarly many diseases which can not be redically cured by allopathic drugs and only palliative treatment of measure are advised and radically cured byu Homoeopathic medicine e.g. Bronchial Asthma leucoderma etc.

During II B.H.M.S. Course

Applied Anatomy and Applied Physiology

1. Diseases of the respiratory systems.
2. Diseases of the digestive system and peritoneum
3. Disease of matabolism and deficiency diseases.
4. Diseases of blood, Spleen and lymph glands.
5. Pulmonary tuberculosis
6. Disorders or endocrine system.
7. Applied materia medica / homoeopathic therapeutics.

DEPARTMENT OF MEDICINE
SYLLABUS

During II B.H.M.S. Course

Applied Anatomy and Applied Physiology.
Diseases of the respiratory systems
Diseases of the digestive system and peritoneum
Diseases of matabolism and deficiency diseases.
Diseases of blood. Spleen and lymph glands
Pulmonary tuberculosis
Disorders of endocrine system-
Applied materia medica / homoeopathic therapeutics.

I. **ORENTATION LECTURES**

1. Approach to the patients (History taking)
2. Symptoms in Caridiovascular Diseases.
3. Symptoms in Castrointestinal Diseases.
4. Symptoms of Respiratory Diseases.
5. Symptomatology in Nervous system Diseases.
6. Fever.
7. Lymphadenapathy.
8. Oedema.
9. Shock.

During III & IV B.H.M.S. Course

Infectious diseases
Diseases of the cardio-vascular system
Diseases of the genito-urinary system
Diseases of the locomotor system
Diseases of the skin including leprosy
Psychological medicine.
Tropical diseases.
Diseases of infants and children.
Applied materia medica / homoeopathic therapeutics.

NOTE :-

1. Throughout the whole period of the study the attention of the student should be directed by the teachers of this subject to the importance of its preventive aspects.
2. Instructions in these branches of medicine should be directed to the attainment of sufficient knowledge to ensure familiarity with the common conditions, their recognition and treatment.
3. Every student shall prepare' and submit 20 complete case histories, 10 each in II and IV B.H.M.S.

DEPARTMENT OF MEDICINE

B.H.M.S. IInd.	B.H.M.S. IIIrd
I. Applied Anatomy & Physiology of R.S.	I. Infectious diseases + Tropical disease
II. Applied Anatomy & Physiology of G.I.T.	II. Endocrinology and Metabolic disorder
III. Applied Anatomy & Physiology of Endocriane	III.Gastro enterology (Digestive System)
IV. Applied Anatomy & Physiology of Haematology	IV.Respiratory System
V. Miscellaneous	V. Haematology
	I)Bones & Joints diseases (locomotor)
	II) Cradio vascular System
	III) Nephrology (genito urinary system)
	IV. Diseases of Intants weight & Children
	V. C.N.S.
	VI. Psychiatry
	VII. Skin – V.D.
	VII. Miscellaneons
	V. C.N.S.
	VI. Psychiatry
	VII. Skin – V.D.
	VIII. Miscellaneons

1) Respiratory Disease

TOPICS FOR Ind YEAR SYLLABUS

Applied Anatomy & Physiology of R.S.

- The function
- The Airways – structure, ventilation
- The Blood vassels –structure
- Gas transfer – pulmonary gas exchange
- Non respiratory function of lung
- Pleuca structure & function
- Mediastiastinum – structure

Control of breathing

1. Respiratory control centre

2. Respiratory sensar's
3. Effect of Respiratory system.

Diseases of Respiratory System

1. Dyspnoea – Defination Aetiology, C/F, D/O/, Complication management, Inverstigation.
2. Haep,mostysis – Defination Aetiology, D/O, management investigation
3. Respiratory failure- Defination, C/F, aetiology, D/D, management investigation
4. Chr. Bronchities – Defination, management
5. Emphysema – Defination C/F, D/P, investigation management
6. Br. Asthma – Defination C/F, complication, investigation management.
7. Bronchiectasis –Defination causes, management investigation
8. Influenza, C/F, Causes, stage, investigation, types c/f, Etiology, investigation, management.
9. Cystic fibrosis – C/F, Management, complication
10. Tuberculosis – Defination Introduce, types f/f, Etiology, investigation, management
11. Bronchial-ca – C/F, Management, investigation.
12. Pulmonary Eosinophilia – Defination C/F, management
13. Chronic laryngitis-investigation, management.
14. Allergic Rhinities – Cases, investigation management
15. Hoarseness & Aphonia – Defination, causes, C/F, management
16. Pluirisy – Causes, C/F, investigation D/D management
17. Plurisi effusion – Defination causes, D/P/, complication, management
18. Pneumothorax-types, C/F, D/P, Complicaiton, management
19. D/S, of Diaphragm-, C/F, management
20. Lung abscess due to exposure to arogeme dust, C/F, management, D/P, complication.
21. Absces C/F, management, investigation.

22. Pulmonary embolism, C/F, management.

B.H.M.S. IInd YEAR

THERAPEUTICS DISEASES OF RESPIRATORY SYSTEM.

Utility of therapeutic in Respiratory system.

1. Wide range of therapeutics help in selection of single similimum for the suitable case.
2. It helps in select of acute medicines for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for chronic case.
4. It helps in selection of miasmatic constitutional drug.
5. It helps in selection of palliation or relative medicines according to the case in hand.
6. It is of great importance for the prophylactic treatment.
7. It is helpful in proper management of post operative cases.

Following are diseases of Respiratory system

1. Chronic Bronchitis :- Similimum, chronic constitutional miasmatic medicine, General management Preventive Measures, T/T/ of complication if any
2. Emphysema :- Similimimum, chronic constitutional miasmatic, Gen management, preventive measures, T.T of complication if any
3. Pleural effusion :- The constitutional miasmatic T/T, General management removal of cause, T/T of complication
4. Bronchical Asthma :- The constitutional miasmatic T/T ,General management removal of cause, T/T/ of complication prevention of contact with allergen.
5. Pneumonia :- Acute medicine, chronic constitutional miasmatic medicine, General management, T/T of complication preventive measures.
6. Pleurisy :- Acute medicine, chronic constitutional miasmatic medicine, General management, T/T of complication
7. PUlmonary Embolism :- Plalliative T/T, chronic constitutional miasmatic drug, T/T of complication, General management.
8. Bronchiactesis :- Chronic constitutional miasmatic medicine, general management T/T of complicaiton.
9. Empyema :- Chronic constitutional miasmatic medicine general management, T/T complication
10. Pneumothorax :- Chronic constitutional miasmatic medicine, palliative, general management, T/T of complication
11. Pulmonary cosinophillia Chronic constitutional medicine, palliative, general

management avoid contact with alleegen,

12. Lnwynixibuiaua :- Chronic constitutional medicine, palliative, general management avoid contact with allegen, constitutional factor.

13. Lung abscess :- Chronic constitutional miasmatic, medicine, palliative general management, removal & T/T of causes T/T of complication

14. Haemoptysia :- Chronic constitutional miasmatic, medicine, palliative general management, removal & T/T of cause T/T of complication.

15. Chest pain :- Acute/chronic constitutional miasmatic medicine, general management, removal & T/T of cause, T/T of complication.

16. Tuberxuloaia :- Chronic constitutional miasmatic medicine general management T/T of complication.

17. Ca-Bronches :- Palliative T/T, chronic removal miasmatic medicine, general management.

II) Applied Anatomy & Physiology of G.I.T.

1. Function of oesophagus – Transpart of Bolow of prevention
   Relrograde flow – splinctures.

2. Gastric physiology – Acid & pepsin secretion.
   A) Chemical Neural & Harmonal factor
   B) Cepnalic gastric & intestinal phase.
   C) Muscosal – defence mechanism.

3. Mechanism of Absorption
   Types of Absorption
   - Active transpart
   - Passive diggusion
   - fascilated diffusion
   - Endocytosis

   Sites of Absorption –
   - Absorption of specific Nutrient –
     - Cacbohydrate, protein, fat, cholesterol & fat soluble vit, water, sodium, cal, iron, water soluble, nt.

4. Normal colonic funciton
   - Absorption of fluid & electrolytes
   - colonic inervation & motility Defecation.

   Liver & Billiary Tract –
   Anatomic carclation – Liver Lobate

double blood supply
R. E. system
Bilirubin metabolism – Production – transfer
Conjugation – exertation.
Hepatic metabolism of carbohydrage, Arnica, ammonia
Protein synthesis & degradation, toxin, Harmon, lipid & cholesterol.
Physiology of bile production & flow – bite secretive composition.
The bile acid, enteroheputic cuculatic
Gall bladder & sphinter function.

Pancreas

- Anatomical corclation.
- Physiology – mysmes, simulating factor.

TOPIC

Diseases of Gastrointestinal disease & Biliary system.

S. No. Applied Anatomy & Physiology of G.I.T.

1. Pancreatic - Definition, actiology, C/f, Management D/D, types.
2. Ca pancreas - Aetiology, incidence, C/f, management, D/D, complication
3. Peptic ulcer - Aetiology, Definition, types, C/F, management, D/D, complication
4. Ca Stomach - Aetiology, C/F. management, D/D
5. Appendicitis - Definition Aetiology types, C/F, management D/D, complication.
6. Peritonitis - Definition, aetiology, types, C/F, management D/D.
7. Ulcerative colitis Definition, Aetiology, types C/F, management, D/D
8. Cratins disease- Definition, Aetiology, C/F, management, D/D
9. Castritis - Definition, Aetiology, types C/F, management
10. Ascites - Definition, Aetiology, C/F, management, D/D
11. Cirrhosia of liver Definition, Aetiology, C/F, management, D/D
12. Hepatitis - Definition, Aetiology, C/F, management, D/D types complication
13. Portal hypertension Definition, Aetiology, C/F, management, D/D, complication
14. Jaundice - Definition, Aetiology, C/F, management,
15. Cholecystitis - Definition, Aetiology, C/F, management, D/D, types
16. Gall-stones - Definition, Aetiology, C/F, management, D/D, complication
17. G.I. bleeding - Definition, Aetiology, C/F, management, D/D, complication
18. Stomatitis - Definition, types, Aetiology, C/F, management, D/D
19. Malabsorptiojn syndrome Definition, Aetiology, C/F, management, D/D, complication
20. Hiatus hernia - Definition
21. Intestinal obstruction Definition, Aetiology, C/F, management, D/D, complication.
22. T.B. abdomen - Definition, Aetiology, C/F, management, D/D, complication
23. Acute abdomen- Definition, Aetiology, C/F, management, D/D, complication

24. Haematemesis - Definition, Aetiology, C/F, management, D/D, complication
25. Irritable bowel syndrome Definition, Aetiology, C/F, management, D/D, complication
26. Achalasia of cardia Definition, Aetiology, C/F, management, D/D, complication
27. Dysphagia - Definition, Aetiology, C/F, management, D/D, type
28. Dyspepsia - Definition, Aetiology, C/F, management, D/D, type
29. Glossitis - Definition, Aetiology, C/F, management, D/D, type
30. Leukopluia - Definition, Aetiology, C/F, management, D/D, type
31. Wilsons Disease- Definition, Aetiology, C/F, management, D/D, type
32. Reflex assophagitis- Definition, Aetiology, C/F, management, D/D, type

Therapeutics

Utility of therapeutic in G.I.T.

1. Wide range of therapeutic help in the selection of single similimum for the suitable cse.
2. It helps in selection of acute medicine for acute clinical condition.
3. Similarly it help in selection of chronic medicine for chronic case.
4. It helps in selection of miasmatic constitutional drugs.
5. It help in selection of palliative of curative medicine according to the case in hand.
6. It is of great importance for the prophylatic treatment.
7. It is helpful in proper management of post operative cases.

Following are the diseases of G.I.T.

1. Malabsorption syndorme

Single simple similimum is required in such case. Miasmatic constitutional drug homoeopathic T/T – General management is required.

2. T.B. Abdomen :

Palliative T/T, similimum, miasmatic constitutional drug & general management is required.

3. Cirrhosis of Liver

It require similimum, constitutional miasmatic T/T is of these help. General managemenr proper management of it complication is important, palliative T/T is mestly required.

4. Portal Hypertension :

Similimum, constitutional miasmatic T/T is of these help. General management proper management of it complication is important. palliative T/T is mestly required

5. Infective Hepatitis :

similum, constitutional miasmatic, general management.

6. Jaundice :-

Similimum, constitutional depending on the case, general management

7. Stomatitis :-

Similimum, acute acting medicine for given acute case, constitutional drug it medicine.

8. Oesophagitis :-

Similimum, acute medicine constitutional miasmatic T/T with general management.

9. Haematemesis :-

proper general management, removal of T/T of causative fator, chronic constitutional miasmatic T/T.

10. Zallinger Elison Syndrome General management chronic constitutional miasmatic T/T, but causeally palliativeT/T.

11. Acute pancrreatitis :- Acute drug, chronic constitutional drug, Generam Management, prevention & removal of cause.

12. Chronic pancreatities : Chronic drugs, chronic ,miasmatic constitutional drug, general management prevent & removal of cases, Proper management of chronic.

13. Ascites Proper T/T & removal of cause chronic miasmatic T/T, usually palliative T/T required.

14. Hiatus Hernia :- Generam management, of complication palliative T/T surgical T/T proper post operative management.

15. Achalasia cardia :- Generam management palliative, prevent of complication, surgical T/T.

16. Ulcerative colitis :- General management palliative, chronic miasmatic constitutional drug.

17. Crohn's disease :- General management, chronic constitutional drug palliative, prophylatic T/T, surgical T/T.

18. Dysphagia :- Remval of cases, general management palliative as per the case, miasmatic propelylatic T/T, surgical T/T as per required.

19. Choleuptitis : Acute/chronic drug as per the case miasmatic drug, generam management.

20. Gall stone : hoper dealing with complication, palliative T/T general management, proper post operative management.

21. Hepatomegaly : chronic miasmatic constitutional drug T/T of removal of case, generam management.

22. Coeliac disease : Chronic miasmatic constitutional drug, general management, palliative T/T

23. Tropical sprue : Palliative T/T, general management.

24. Lactose intolerance imlotermaes : Chronic constitutional drug general management.

25. Giardisis – Chronic constitutional miasmatic medicine general management

26. Irritable bowel syndrom :- Acute medicine, medicine chronic constitutional miasmatic drug, general management prevention of complication.

27. Constipatoin : Chronic constitutional complication miasmatic T/T, general management.

28. Spleenomegaly : Chronic constitutional miasmatic T/T, levent of complication, proper management of complication, general management.

29. Diarrhoea : Acute medicine, chronic constitutional miasmatic T/T as per the case, removal of cases, general management prevention of complication.

III) Applied Anatomy & Physiology of Endocrine

Hypotinalamic pitutary Axis
Anatomy & embryology of pitutary and Hypothalamus
Hypothalmic Harmones

Anteriar pitutary Harmones – Physiology
Somatolropins – Growth harmones & prolactin
Carticotropin – Pro-opiomelanocostin
Glycotrotons – TSH, FSH & LH

Physiology regulation & function of ADH

Thyroid Anatomy rmlbryology & Histology
Harmone transpart & metabolism
Harmone Action
regulation of thyroid funciton

Adrenal cortex – Brochemistry & Physiology
Biosynthesis of Adrenal steroids
Steroid transpart
Steroid metabolism & exerction – Glucocorticoids
minerolocorticoids, adrinal androgens
ACTH physiology
Renin – angiotensin physiology
Gluco – corticoid physiology
Minerolocorticoid physiology
Androgon physiology

Catecholamines –
Direct effe – cardiovascular system
Metabolism
fluid & electrolytes viscera

Tindirect effect – Renin, Jnsulin & qlucoges
Support of circulation, thypoglycemia
cold expasure in Acypoxia

Adrenagic recptoid reception
B – reuption
Dopaminogic reuptors.

ENDOCRINE SYSTEM

Diseases of Applied Anatomy & Physiology of

1. Hypopitustonism - Defination types causes, D/D, C/F, Diagnostic Investigation, Management, complication
2. Gigantism & Acromegaly Defination, Aetiology, C/F, D/D, Investigation,

Management

3. Cushing syndrom - Defination, Aetiology, C/F, D/D, Investigation, Management
4. Hyperprolactinaemia - Defination, Aetiology, F/F, D/D, Investigation, Management
5. Diabetes Insipidus - Defination, Aetiology, F/F, D/D, Investigation, Management
6. Hyperthyroidism - Defination, Aetiology, F/F, D/D, Investigation, Management
7. Hypoparathyroidism - Defination, Types Causes, C/F, Investigation D/D, Management Complicaiton
8. Simple goitre - Defination Causes, C/F, Investigation D/D, Management.
9. Solitary thyroid nodule- Defination Aetiology, D/D, C/F, Investigation Management
10. Management tumour - Defination, Types cases, D/D, C/F, Investigation Management & Complication.
11. Hypoparathyroidism - Defination Types, causes, C/F, D/D, Investigation Management.
12. Hypoparathyroidism - Defination Types, causes, C/F, D/D, Investigation Management.
13. Tetany - Defination, Aetiology, C/F, Investigation D/D, Management, Complication
14. Conris syndrome - Defination, Causes, C/F, Investigaiton D/D Management
15. Adisson's diseases - Defination, Causes, C/F, Investigaiton D/D Management
16. Pheochromocytoma - Defination, Causes, C/F, Investigaiton D/D Management complication
17. Diabetes Mellitus - Defination, Causes, C/F,D/D Investigation Investigaiton Management complication
18. Porphyria - Defination, Types,Causes, Investigaiton D/D Management
19. Obessity - Defination Types, Aetiology C/F, Investigation D/D, Management
20. Glycesuria - Definatiojn Aetiology, C/F, Investigation D/D Management Complication.

Therapeutics

Endocrinae system & Metabolic disorder

Utility of therapeutic in Endocrinal system :

1. Wide range of therapeutic help in the selection of single similimum for the suitable case.
2. It helps in selection of acute medicines for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for chronic case.

4. It helps in selection of miasmatic constitutional drugs.
5. It helps in selection of palliative / another medicine according to the case in hand.
6. It is of great importance for percolating T/T.
7. Helpful in management of post operative cases.

Following are diseases of endocronical & metabolic disorder.

1. Hyperthyroidism :- Chronic constitutional miasmatic T/T, general management, hyper T/T. of complication proper prophylation.

2. Diabeties Mellitus :- Chronic constitutional miasmatic T/T, palliative wthere required, general management, prper T/T of complication.

3. Cushing syndrome :- Chronic constitutional medicine, general management of complication.

4. Addisons disease :- Chronic constitutional medicine, general management T/T of complication.

5. Lorphysia :- Chronic constitutional miasmatic medicine, general management T/T of complication.

6. Gigantism :- Chronic constitutional miasmatic medicine, general management T/T complication.

7. Aeromegaly :- Chronic constitutional miasmatic medicine, general management T/T complication.

8. Prtutary dwarfism :- Chronic constitutional miasmatic medicine, general management T/T complication

9. Hypothyradism ;- Chronic constitutional miasmatic medicine, general management T/T complication.

10. Gaitre :- Chronic constitutional miasmatic medicine, general management T/T complication.

11. Hypeparathyroidism :- Chronic constitutional miasmatic T/T, general management, prevent & T/T. of complication.

12. Hypoparathyridism :- Chronic constitutional miasmatic T/T, general management, prevent & T/T of complication.

13. Tetany :- Chronic constitutional miasmatic T/T, general management, prevent & T/T. of complication

14. Gout :- Chronic constitutional miasmatic T/T, general management, prevent & T/T. of complication.

15. Obesity :- Chronic constitutional miasmatic T/T, general management removal & T/T of cases.

16. Cretinism :- Chronic constitutional miasmatic T/T, general management removal & T/T of cases.

17. Diabetes Imsiprdus :- Chronic constitutional miasmatic T/T, general management, Removal & T/T of cases prevent & proper T/T. of complication.

iv) Applied Anatomy & Physiology of Haematology

- Blood group - Antigen & antibodies
  ABO system - Genes & antigen, antibodies.
- Rh-system
  Biologic significance of blood groups
  Immuni reaction
  Infertility
  disease related
  chromosome

- Haematopotic system
  Red cell preduction - Role of ertrupoetin, Hb- Bosundheris, Hb structure & function Red
  bolld cell metabolism
  Physiology of Iron - Iron absaription
  Transpart & storage
  Iron kinelics
  Physiology of folic acit - Absorption
  transpart & storage
  Physiology of cobulamins - Intracnsic factor
  transpart cobalamin

Function of folates & cabouamine

Proouction of white cell storages
function of white cell stages.

Lymp mode structure a function
Speen structure a function.

Normal bacmostaris
coagulation factors & coagulation reaction

Heamatology

Diseases of Applied Anatomy & Physiology of Hamatology.

1. Iron deficancy Anaemia : Defination, Aeotiology, c/F, Investigation D/D management.
2. Megaloblastic Anaemia : Defination, Aetiology, C/F, investigation, D/D management.
3. Sickle cell anaemia - Defination, Aeitology, C/F, investigation, D/D management
4. Thala semila : Defination, Aeitology, C/F, investigation, D/D management
5. Haemolytic Anaemia : Defination, Aeitolog, C/F, investigation, D/D management

6. Aplastic anaemia : Defination, Aeitology, C/F, investigation, D/D management
7. Luekemia : Defination, Aeitology, C/F, investigation, D/D management
8. Ployeythaemia : Defination, Aeitology, C/F, investigation, D/D management
9. Lymphoma : Defination, Aeitology, C/F, investigation, D/D management
10. Thromrbocytopenia : Defination, Aeitology, C/F, investigation, D/D management
11. Agramilo cytosis : Defination, Aeitology, C/F, investigation, D/D management
12. Haemophitia : Defination, Aeitology, C/F, investigation, D/D management
13. Polyeythemia Rubra hera : Defination, Aeitology, C/F, investigation, D/D management
14. Idiopathic thrombo cytspamic : Defination, Aeitology, C/F, investigation, D/D management

Utility of therapeutic in Heamatology

1. Wide range of therapeutic help in selection of single similimum for the suitable case.
2. If helps in selection of acute medicines for acute clinical condition.
3. Similarly it helps in selection of chronic medicine for clinical case.
4. It helps in selection of miasmatic constitutional drug.
5. It helps in selection of polliatine or selection medicine according to the case in hand.
6. It is of great impcitance for the prcphylactic T/t
7. Helpful in proper management of post operation cases.

Following are the disorder of blood –

1. Leukaemia – Palliative T/t with general management chronic constitutional as per required.
2. Anaemia – Removal T/T of cause, chronic constitutional miasmatic T/T, general management preventive measures
3. Iron deficiency anaemia – T/T/removal of cause chronic constitutional miasmatic T/T, general management preventive measures.
4. Megalobastic anaemia- It is & locate supplement chronic constitutional miasmatic T/T, general management maintenances T/T, preventice measures.
5. Aplaslic anaemia palliative T/T, chronic constitutional miasmatic is of less imp, general management, B Transplante proper dealing.
6. Heamorhagic – Chronic miasmatic T/T general management palliation removal of cause & T/T of cause.
7. Perncious cause anaemia palliative T/T, general management chronic case miasmatic is of least importance.
8. Arganulo Cylosis- Removal of cause, current of infactions its coust miasmatic drug, general management.
9. Ploycythaemic- General Management, chronic constitutional antimiasmatic.
10. Hodgkin's disease prevention of infection.

11. Scale cell disease – Palliative T/T, general managment chronic constitutional miasmatic T/T, proper management of chronic complitation.
12. Thalassaemia- Palliative T/T, general management anconstitutional miasmatic T/t, proper minagment of complication.
13. Splenomegaly- T/T, & removal of cause, constitutional T/T, antimiasmatic drug general management, palliative T/T, whercover required
14. Blood Transfusion.

SYLLABUS DISTRIBUTION FOR
B.H.M.S. IIND. YEAR.

Topics : Miscellanecus

1. Snakebite – Tyoes of snake & Type of vehom & its managemant & D/D.

2. Vitamin deficency-

Vitamin A – Night blindness, karaformalacia xeropthalmia.
Defination, aetiology, C/F, management complication 2 D/d of thes disease.

Vitamin B - Beri Beri, palegra with Defination, aetiology, C/F, managementcompalation 2 D/d of these disease.

Vitamin C - Survey with Defination, aetiology, C/F, management, compalation 2 D/d of these disease.

Vitamin D - Rickets with Defination, aetiology, C/F, management compalation 2 D/d of these disease.

Vitamin K - Bluding disorder with Defination, aetiology, C/F, management, compalation 2 D/d of these disease.

3. Poisoning - Alcohal, Arrsinic, bad, opium, drugs,marphene, barbutarate, D/D, management measures.

4. Sun – strake – Defination, causes, C/F, management complication & D/d.

IInd.years B.H.M.S.

V. Misleneaus Therapeutics :-

TOPICS :- Misleneaus Thearapeutics

1. Snake bite :- types of snake, management with therapeutic utility of group of remedies for the case.

Perpose of cure the case.
In snake bite the druges have their thaerapeutic utility in acut clinical function.

2. Vitamine Diffiency
   a) Vitamine A Diffency – Night blindness.
      In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.
   b) Vitamine B Diffency – Berbery, palegeo.

In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement. with magors.

c) Vitamine D Diffency – Surevy.
In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.with magors

d) Vitamine E Diffency – Rictets.
In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.with magors

e) Vitamine K Diffency – Bluding disorder.
In this cases thrapeutic utility of gropup of remedies for the management for difficences with dietic treatement.with magors

3. Poisoning – Alcohol, Arsenic,laidopium, drug, marphine,porbiturate.
In this cases therapeutic utility of group of remedies for the management of Poisoning.

4. Sun Strock-
In this cases therapeutic utility of group of remedies for the management of Sun Strock.

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

During III & IV B.H.M.S. Coure

Infections diseases
Diseases of the cardio-vascular system
Diseases of the genito-urinary system
Diseases of the locomotor system
Diseases of the skin including leprosy
Psychological medicine
Tropical diseases.
Diseases of infants and children.
Applied materia medica/ homoeopathic therapeutics.

Detail Lession Plan

1. Infectious diseases + Tropical disease

1.	Typhoid	2.	Dysentry
3.	Cholera and food poisoning	4.	Diptheria
5.	Whooping cough &influenza	6.	Small pox & Chicken pox.
7.	Measels, German Measles and mumps	8.	Tetanus
9.	Polionyelities	10.	infective hepatitis
11.	Protozoal infection (Malaria,kala azar & filariasis)		
12.	Worm infestation	13.	Heat strokes
13.	AIDS		

II. Endocrinology and Metabolic disorder:

1.	Pituitary	2.	Thyroid
3.	Parathyroid	4.	Adrenal Cortey
5.	Adrenal Medulla	6.	Porphyria
7.	Gout	8.	Obesity
9.	D. M.		

III. Gastro enterology (Digestive System)

1. Stomatitis/Clossitis/Oesophagities & Dysphngia
2. Oesophagal hiatus Hernia/Chalasia Cardia
3. Castritis & Haematemesis
4. Peptic ulcer
5. Mal absorption Syndrone
6. TB Abdomen
7. Chrrhosis of liver.
8. Portal Hypertension
9. Diseases of Pancreas
10. Disease of Gall bladder & Billiary system.
11. Regional Heatis / ulcerative colitis.

IV. <u>Respiratory system</u>

1. Lung Haemoptysm a) Pulmonary TB
   b) Extra Pulmonary TB
2. Bronchical asthma & tropical Eosinophilia
3. Chronic bronchitis & (COPD).
4. Pneumonia
5. Lung abscess
6. Pulmonary Embolism & Infractuib
7. Malignancy of R.S. (Lung)
8. Pncumocomosin
9. Plerural effusion & Pleurisy.
10. Pneumo thorax
11. Disease of Mediastinum (diaphrugm)

V. <u>Haematology</u>

1. Anaemia 2. Leukaemis 3. Haemorrhagic disorder
5. Hemolytic Anaemia & Hemoglobnopathy (sickle cell anemia) & Thallesemia
6. Agranulo o cytosis/ Polycythemia.

<u>I) Bones & Joints diseases (locomotor)</u>

i. Rhumatoid Arthritis / spondiolities & Ankle pain
ii. Steals disease & Oesteoarthitis / Digenerative arthritis.
iii. Osteoporosis & Osteomalacia
iv. Neck pain
v. Shoulder pain
vi. Elbow pain
vii. Hand & wrist pain
viii. Knee pain
ix. Foot & Ankle pain
x. Rheumataid Arthrites
xi. Rickets and Osteomalacia
xii. Bone tumour
xiii. Osteomyelitis
xiv. Gout

<u>II) Disease of Cardio vasuclar System</u>

1. Chest pain
2. Angina Pectoris
3. Myoeordian Infraction
4. Myocardial Hypertension
5. Systemic Hypertension

6. Diseases of Aorta
7. Rhumatic Heart Disease
8. Mital valve disease
9. Arotic valve
10. Infective endocarditis
11. Heart failure
12. Persistent duetus arterious
13. Artereal septal deffects
14. Tetralogy of fallat.
15. Cynotic congenital Heart disease
16. Cardiomyopathy
17. Pericarditis
18. Chronic for Pulmonale
19. Pulmonary Hypertension

III) Nephrology (genito system)

i. Haematuric / palyuria / Haenologlorinaenus
ii. Acute glomerulonephritis & chronic Glomerul Nephritis
iii. Pyelonephrities (Acute & Chronic)
iv. Acute Renal failure & chronic Renal Failure.

IV) Diseases of Intants weight & Children

i. New born child ii. Lowbirth
iii. Jaundise in Newborn iv. Fourth injury in lowborn.
v. Common infection in new born vi. Gongenital formation of a neonatal period
vii. Mile stone. viii. Immunization
ix. Growth & development in new born x. Feeding & infont & children
xi. Handicapped child mental condition cubralfaloy defination & Dum, Blind.
xii. Respiratory disorder in child hood broncho pneumonia)
xiii. Anemias in childhood ixv. Malnutrition/Marasmus kbiasguirhir dusird.
xv. Disorders of urtanary track xvi. Nephrotic syndrome & Nephritis
xvii. Genetics & chromosomal disorder (Mongolism) & diseases syndrome
xviii. Vitamines (A.- Night Blindness, Xerophthalmia)
B.- Beri beri, pellagra
C.- Scurvy
D.- Rickets
ixx. Congenital Heart disease xx. Rheumatic fever

2. Endocrines – Dwarfism/Gigantism/Cretinism
3. Intestinal Obstruction childhood.
4. Myopathies & Muscular dysbophy
5. Conrulsionin childhood.
6. Hydrocephalus
7. CNS Infection
8. Encephalities / Meningities

9. T.B. in childhood.

V. C.N.S.

1. Applied Anatomy & Applied Physiology of C.N.S.
2. C.V.E. (Hemiplegia) (Cerebro vascular episode)
3. Coma
4. Emilepsy
5. Extra pyramida synodrome (Parkinsoni & involuntary movement)
6. Ceredoral syndrome
7. Pohyneuropathy
8. Paraplegia & spina card disease.
9. Crania nerves (Bell's palsy & trigeminal neuralgia)
10. Meningities
11. Viral Infection of C.N.S. & encephalitis
12. Neuropathy
13. Intra cranial space occupying

VI Psychiatry.

Psychological Medicines

1. Introduction
2. Psychosis
3 Psychoneurosis
4. Depression
5. Anxiety Neurosis
6. Acloholis
7. Drug addiction
8. Hysteria/Mania
9. Anorexia Nervosa
10. Depresive Psycho neurosis/obsecessive psychoneurosis
11. Personality disorder
12. Psycho sexual disorder.
13. Dementia
14. Schizopharenia.

VII. Skin – V.D.

1. Syphillis
2. Gonorrhoea & other
3 Fungal diseases
4. Scabies/Pediculosis
5. Pemphigus & Becterial Inf. of skin
6. Allergic disorder of sources
7. Leprosy
8. Herpes Zoster/Pemh phigus vulgaris
9. Psoriasis
10. Vitihigo
11. Scalris
12. Pyodermas
13. Prutitus
14. Ganorrhoca

VII. Miscellaneous

1. Vit deficiency
2. Commnonpoisoning
3. Snake bite
4. E.C.G. & X- rays.

MEDICINE
B.H.M.S. IIIrd YEAR

Topics :- infecious Diseases (Therapeutic)

1. Utility of therapeutic in infections desease vide range of therapeutic repertory in selection of single similimum for the sutable case
2. It helps in select of acute medicines for acute clinical condition
3. Similarly it helps in selection of chronic medicine for chronic case
4. It helps in selection of paliate of medicine according to the case in hand
5. It helps in selection of miasmatic constitutuional drug
6. It is of great importance for the propulylactic treatment
7. It is helpful in proper management of post operative cases

Following are the infectious diseases

1. Ploiomyletis – Similimum, miasmatic constitutional drug, General management prophylactic t/t
2. Typhoid – Similimum, Miasmatic count drug, general management curative measures prevent of complication proper T/t of complication whenever needed proper hyegiens
3. Measles- Similimum, acute medicine chronic count miasmatic, medicine general management general of complication, prophylasis
4. Malaria- Similimum, acute medicine chronic constitutional miamatic medicine general management, prevent of complication T/t of complication whenever needed proper hyegiene
5. Dysentary- Acute medicine, chronic constitutional drug, general management proper hyegiene
6. Tetaneus – Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
7. Aids - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
8. Mumps- Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
9. Rubella - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
10. Filariases- Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
11. Cholera - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
12. Influenza - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.

13. Diptheria - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
14. Whooping cough - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
15. Heat stroke - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
16. Rabites - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.
17. Lepersy - Acute drug, chronic constitutional miasmatic general management, prevent of complication of complication prophalasis. of tetaneus.

(PRACTICAL)
B.H.M.S IInd YEAR

Respiratory System :-

a) History & examination (case taking)

- H/b cough
- Spatum
- heamaptysis
- dyspnea
- pain
- Gipper respiratory tract symptom
- past, personal & family H/b
- General examination

  Cynosis,
  Clubbing,
  Accessory
  respiratory
  respiratory, muscle movement
- Inspection, pulpation, percussion & ausculation.

b) Diagnosis of different Diagnosis

c) Investigation

- X-ray chest,
- Consolidation
- pleural effusion
- penumo thorox
- Bronchitis
- Empleyscma
- Infiltration of pulmonary tuberculosis
- Examination of pleural fluid
- Pulmanory, function test

- Bronchoscopy

d) Management

Pleural tapping
brancho scopy

The written papers in Medicine

Paper I – Medicine and Homoeopathic therapeutics.
Paper II- Medicine & Allied + Homoeopathic Therapeutics.

Pattern of Question paper

B.H.M.S. IVth Year

In the subject Medicine including Homoeopathic Therapeutic

(Paper I - Medicine + Therapeutic)

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

SECTION A

Total Mark 30 **Total M.C.Q. – 30**

TOPICS

1. Medicine
   a) Topic from II/III Year Syllabus – 5 M.C.Q.
   b) Topic from IV Year Syllabus – 10 M.C.Q
2. Therapeutic
   c) Topic from II/III Year Syllabus – 5 M.C.Q.
   d) Topic from IVth Year Syllabus – 10 M.C.Q.,

Section B

V) Total Mark – 35 S.A. Q

Q.2 Solve any 3 5 X 3 = 15 Marks
- A) - 5 Marks Topic- Medicine (IInd./IIIrd./IV)
- B) - 5 Marks Topic- Therapeutic (IInd./IIrd./IV)
- C) - 5 Marks Topic- Medicine (IInd./IIIrd./IV)
- D) - 5 Marks Topic- Therapeutic (IInd./IIIRd./IV)

Q.3 Answer any 2 out of 3 5 X 2 = 10 Marks
- A) - 5 Marks Topic- Medicine (IIIrd Year /IV)
- B) - 5 Marks Topic- Therapeutic (IIrd./IV)
- C) - 5 Marks Topic- Medicine (IIIrd Year/IV)

Q. 4 Write short notes on 5 X 2 = 10 Marks
- A) - 5 Marks Topic- Medicine (IIIrd/IV)

B) - 5 Marks Topic- Therapeutic (IIrd./IV Year)

SECTION C

Total Marks – 35 **L.A.Q.**

Q.5 Describe aetiology clinical features (sign/symptoms) Investigation & Management with therapeutic drugs of ----------
(TOPICS :- Medicine II/III/IVth Year Syllabus + Therapeutic II/IIIrd./IV Year Syllabus)
15 Marks

Q.6 Describe aetiology clinical features (sign/symptoms) Investigation & Management of ----------
(TOPICS :- Medicine II/IIIrd/IV Year Syllabus)
10 Marks

Q.7 Describe the detail working knowledge of ----------(name of the drugs) in the administration/key prescribing/management in the treatment of ---------- (name of the disease.)
(TOPICS :- Therapeutic II/IIIrd/IV Year Syllabus)
10 Marks

OR

Describe Management of Poisoning
(TPOICS :- Miscellaneous IVth Year Syllabus)
10 Marks

The written papers in Medicine

Paper II :- Medicine + Homoeopathic Therapeutics.

Pattern of Question paper

-

B.H.M.S. IVth Year

In the Subject Medicine including Homoeopathic Therapeutic

(paper II :- Medicine & Homoeopathic Therapeutic)

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

Section A

Total mark – 30 Total M.C. Q. - 30

TOPICS

1 : Medicine a) Topic from IInd /IIIrd Year Syllabus – 5 M.C.Q
b) Topic from IIIrd/IVth Year Syllabus – 10 M.C.Q

2 : Therapeutic a) Topic from IInd /IIIrd Year Syllabus – 5 M.C.Q
b) Topic from IIIrd/IVth Year Syllabus – 10 M.C.Q

Section B

Total mark – 35 **S.A. Q.**

Q.2 Solve any 3 5 X 3 = 15 Marks

A)	-	5 Marks	Topic-	Medicine (IInd./IIIrd./IV)
B)	-	5 Marks	Topic-	Therapeutic (IInd./IIrd./IV)
C)	-	5 Marks	Topic-	Medicine (IInd./IIIrd./IV)
D)	-	5 Marks	Topic-	Therapeutic (IInd./IIIrd./IV)

Q.3 Answer any 2 out of 3 5 X 2 = 10 Marks

A)	-	5 Marks	Topic-	Medicine (IIIrd Year /IV)
B)	-	5 Marks	Topic-	Therapeutic (IIrd./IV)
C)	-	5 Marks	Topic-	Medicine (IIIrd Year/IV)

Q. 4 Write short notes on 5 X 2 = 10 Marks

A)	-	5 Marks	Topic-	Medicine (IIIrd/IV)
B)	-	5 Marks	Topic-	Therapeutic (IIrd./IV Year)

Section C

Total Mark – 35 **L.A. Q.**

Q.5 Describe aetiology clinical features (sign/symptoms) Investigation & Management with therapeutic drugs of ----------
(TOPICS :- Medicine II/III/IVth Year Syllabus + Therapeutic II/IIIrd./IV Year Syllabus)
15 Marks

Q.6 Describe aetiology clinical features (sign/symptoms) Investigation & Management of ----------
(TOPICS :- Medicine II/IIIrd/IV Year Syllabus)
10 Marks

Q.7 Describe the detail working knowledge of ----------(name of the drugs) in the administration/key prescribing/management in the treatment of ----------(name of the disease.)
(TOPICS :- Therapeutic II/IIIrd/IV Year Syllabus)

10 Marks

OR

Describe the Therapeutic Management
(TPOICS :- Miscellaneous IVth Year Syllabus)

10 Marks