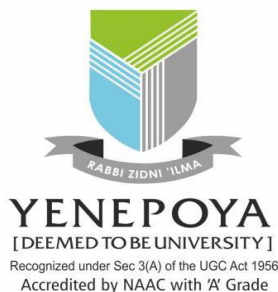


**YENEPOYA**  
**DEEMED TO BE UNIVERSITY**



**FACULTY OF HOMOEOPATHY**

Ordinance Governing Regulations and Curriculum of

**HOMOEOPATHY DEGREE B.H.M.S. COURSE**

**(Bachelor of Homoeopathic Medicine & Surgery)**

In conformity with

**Homoeopathy (Degree Course) B.H.M.S. Regulations, 1983**

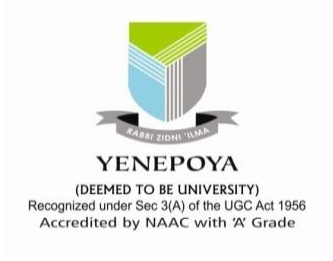
**(As Amended up to December, 2018)**

**Central Council of Homoeopathy, New Delhi**

**2019**

**YENEPOYA DEEMED TO BE UNIVERSITY**

**Deralakatte, Mangalore- 575018, KARNATAKA, INDIA**



**Office of the Registrar**  
**University Road**  
**Deralakatte, Mangalore – 575 018**  
**Ph: 0824 – 2204667/68/69/70/71**  
**Fax: 0824 - 2203943**

Ref: No. Y/REG/ACA/Notification/2021

08.03.2021

**NOTIFICATION**

Sub: Addendum to the Bachelor of Homeopathic Medicine and Surgery (BHMS) Program regulations 2018-19 based on the revisions approved by the Academic Council and Board of Management meetings: Regarding

\*\*\*\*\*

With reference to the subject cited above the University is pleased to consolidate the various revisions approved by the Academic Council and Board of Management for implementation effective from the academic year indicated in the respective revisions.

*U. Somanath*  
REGISTRAR



Office of the Registrar  
University Road,  
Deralakatte  
Mangalore - 575018  
Ph: 0824-2204667/68/69/71  
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Ref: No.YU/REG/ACA/A Council -26/2016

14.11.2016

**NOTIFICATION**

Sub: Starting of Faculty of Homeopathy

Ref: 26<sup>th</sup> meeting of the Academic Council held on 21.10.2016  
(Agenda-6(3))

\*\*\*\*\*

The Academic Council at its meeting held on 21.10.2016, vide Agenda – 6 (3) and subsequently the Board of Management has approved the proposal to start Faculty of Homeopathy.

The undergraduate course in Homeopathy shall commence after obtaining permission from the regulatory body.

  
(Dr. G. Shreekumar Menon)

REGISTRAR

mj

Copy to:

1. The Coordinator, Faculty of Homeopathy
2. Academic Section



Recognized under Sec 3(A) of the UGC Act 1956 as per Notification No. F.9-11/2007-U.3 (A) dated 27<sup>th</sup> February 2008

Ref. No. YU/REG/ACA/23-ACM/2016

05.04.2016

**NOTIFICATION**

Sub: Starting of Faculty of Homeopathy

- Ref: (1) Decision of BoM at its 33<sup>rd</sup> meeting held on 16.12.2015 (Agenda-22)  
(2) Proceedings of the Expert Committee meeting held on 21.03.2016  
(3) Minutes of the 23<sup>rd</sup> meeting of the Academic Council held on 28.03.2016  
(Agenda – 10)

\*\*\*\*\*

The proposal of Yenepoya University to start Faculty of Homeopathy was in principle, approved by the Board of Management at its 33<sup>rd</sup> meeting held on 16.12.2015.

Consequently an Expert Committee was constituted to study the matter and submit its recommendation. The Expert Committee which met on 21.03.2016 submitted its detailed recommendations as follows:

1. Faculty requirement
2. Budget for the equipments from 2016-17 to 2020-21.
3. Requirement of Lands and buildings
4. It was submitted that adequate land is available for the Hospital/College at Natekal in permission of I.A.E and the same has to be based to the University for construction building.
5. Calendar of Events
6. Departmentwise building
7. It is stated that Regulation/Curriculum for the proposed 4 ½ + 1 year internship BHMS course will be as per the Guidelines of Central Council of Homeopathy.

The Academic Council after exhaustive discussion, approved the recommendation of the Expert Committee.

This notification is issued for proceeding with the establishment of the Homeopathic Hospital as well as BHMS course as per the Calendar of Events.

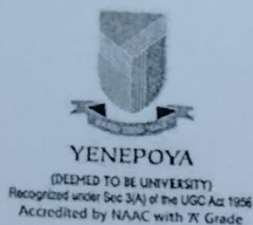
  
REGISTRAR

To: The Ayush Coordinator

Copy to: Finance Officer/Director (Finance)/Academic Section

University Road, Deralakatte, Mangalore-575018

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**NOTIFICATION – 34-ACM/2019 dtd.20.03.2019**

Sub: Syllabus of Bachelor of Homeopathic Medicine & Surgery (BHMS)

Ref: Resolution of the Academic Council at its 34<sup>th</sup> meeting held on 08.02.2019  
vide Agenda - 4

\*\*\*\*\*

The syllabus of BHMS course submitted by the Board of Studies of the Yenepoya Homeopathic Medical College & Hospital has been approved at the 34<sup>th</sup> meeting of Academic Council held on 08.02.2019 and subsequently at the 45<sup>th</sup> meeting of Board of Management.

This notification is issued for implementation with effect from the academic year 2018-2019.

*[Handwritten Signature]*  
**REGISTRAR**  
mj 29/3

To:

The Principal – Yenepoya Homeopathic Medical College & Hospital

Copy to:

1. Controller of Examinations
2. File copy

# BHMS - Syllabus Approval in 34th AC Meeting - Agenda 4

08.02.2019

Minutes of 34<sup>th</sup> meeting of the Academic Council, Yenepoya (Deemed to be University) held on 08.02.2019 at 10.00 am at the Indoor Auditorium

The 34<sup>th</sup> Meeting of the Academic Council of Yenepoya (Deemed to be University) was held on Friday, the 8<sup>th</sup> February 2019 at 10.00 a.m in the Indoor Auditorium.

## Members

Vice-Chancellor	Chairman	Present
Pro-Vice Chancellor	Member -	Present
Prof. M.I. Savadatti, Former Vice- Chancellor, Mangalore University	Member	Granted leave of absence
Dr. C.P. Habeeb Rahman, Chair Person, Unity Hospital, Mangalore	Member	Granted leave of absence
Dr. S. Ramananda Shetty, Former Vice Chancellor of RGUHS & Nitte University, 186, Amar Jyothi Layout 5 <sup>th</sup> Main, East Wing, Domlur, Bangalore – 560 071.	Member	Present
Dr. Vishwa Mohan Katoch, MD, FNASc, FASc, FAMS, FNA NASI – ICMR Chair on Public Health Research Rajasthan University of Health Sciences (RUHS), Jaipur Former Secretary, Department of Health Research, Govt. of India and Director – General, Indian Council of Medical Research, Sector 18, Kumbha Marg, Pratap Nagar Jaipur – 302 033 (Rajasthan)	Member	Granted leave of absence
Dr. D.K. Srinivas, Former Dean, JIPMER Advisor to RGUHS	Member	Present
Dr. C. Ramesh, Professor & Head of Epidemiology & Biostatistics, Kidwai Memorial Institute of Oncology, Bengaluru	Member	Present
Dr. U.T. Ifthikar Ali, Eminent Physiotherapist and member of Syndicate Rajiv Gandhi University of Health Sciences	Special Invitee	Present
Dean, Dental Faculty	Member	Present
Dean, Medical Faculty	Member	Present
Dean, Nursing Faculty	Member	Present
Dean, Faculty of Allied Health & Basic Sciences	Member	Present

- (3) **Question Paper template for theory and practical examination for 1<sup>st</sup> BAMS course:**

**Resolution:** Approval has been granted to the question paper template for theory and practical examination for 1<sup>st</sup> BAMS course

**Suggestions:** It was suggested to have OSCE to be included as a part of internal assessment.

**Agenda 4: Syllabus of Bachelor of Homeopathic Medicine & Surgery (BHMS)**

**Resolution:** Approval has been granted to the syllabus of Bachelor of Homeopathic Medicine & Surgery

It was suggested to have

- Innovative methods in teaching learning and research and extensions as suggested by Pro Vice Chancellor to be incorporated into the syllabus.
- Increase in number of MCQs in question paper.

**Agenda 5: Proposal to start value added certificate course in Restorative Dentistry & Endodontics under Faculty of Dentistry**

**Resolution:** Deferred.

- Suggested to have a relook at the proposed nomenclature of the course
- To determine if it is a value added / enrichment course.
- Programme duration: Minimum of 60 hours for certificate course.

**Agenda 6: Proposal to start value added certificate course in Periodontology under the Faculty of Dentistry**

**Resolution:** Deferred.

- Suggested to have a relook at the proposed nomenclature of the course
- To determine if it is a value added / enrichment course.
- Programme duration: Minimum of 60 hours for certificate course.

**Agenda 7: Addition of the topics in Periodontics for BDS curriculum under the Faculty of Dentistry**

**Resolution:** Approval has been granted for the addition of the following topics in Periodontics for BDS curriculum under the Faculty of Dentistry

Addition of topics for III<sup>rd</sup> year and IV- (Part -I) BDS Periodontics syllabus-

**CONTENTS**

<b>S.No</b>	<b>Contents</b>	<b>Page Nos.</b>
1	Section I : Introduction	03
2	Section II : Goals	04
3	Section III: Objectives	06
4	Section IV: Regulations	07
5	Eligibility for admission	07
6	Course of study	09
7	Scheme of Examination	16
8	Internship Training	22
9	Educational Tour	24
10	Section V : Course Description	26
11	1) I- BHMS	29
12	2) II - BHMS	44
13	3) III- BHMS	71
14	4) IV - BHMS	75



## Section - I: INTRODUCTION

Basic objectives of education and training in a Homoeopathic Institution are to prepare a competent Homoeopathic Physician, who is capable to provide effective Health Care by way of Homoeopathic mode of treatment to all sectors in a scientific way.

### a. Foundation

To function effectively as a Homoeopathic physician. A thorough grasp over all the aspects of medical science is essential. For this, the education process shall be perceived as an integrated evolving process to give out efficient medical personal.

A Student shall have to pass through a training procedure, which encompasses the above, right from I BHMS to IV BHMS and also during the internship period. He / she shall undergo an education process wherein learning of facts and concepts right from I Year are in continuity, in an evolutionary and progressive pattern. In I BHMS, students shall study the fundamental principles of Homoeopathy and will also learn and understand basic subjects of medical science related to normal structure and functions of human body.

In II BHMS, a student shall be exposed to very vital concepts of susceptibility and symptomatology with Analysis – Evaluation and details of the Homoeopathic concepts and logic of Homoeopathy. These will attain much deeper significance conjointly study of Homoeopathic approach correlated with pathology and microbiology and other clinical subjects.

In II BHMS, there is opportunity to fortify the foundation at the best by correlating between theory of chronic diseases and the Patho – Physiological facts of Gynaecology, Surgery and Medicine. Teaching and Learning should be such that students can study the diseases with application of Knowledge to the Homoeopathic concept of chronic diseases which will help to apply the knowledge to treat scientifically on the guidelines of Homoeopathic Principles.

The above knowledge and approach will be correlated further with reportorial mechanism to ease the process of treatment. Theory of Genus Epidemics shall be taught to deeper level which will help to contribute in the service of Community Medicine.

### b. Execution

Maximum emphasis shall be placed on the applied aspects of all the subjects. Thus teachings of Anatomy, Physiology and Biochemistry will demand greater emphasis on applied aspects. Teaching of Pathology will demand sharp focus on General Pathology, while Regional Pathology will come up as an application. It shall require correlation with Medicine, Surgery and Gynaecology.

All these need to be studied from Homoeopathic perspectives, with emphasis on applied aspects of Organon Philosophy & Homoeopathic Therapeutics, representing application to all other subjects.

### c. Inter- Departmental Coordination

Essentially, the entire approach becomes integrated. All departments shall develop a cohesive well- defined programme of inter departmental coordination. It is therefore

desirable to have teaching programmes wherein, by rotation each department participates in the other faculties with constant updating and evaluation. This will ensure fundamental and exceptional clarity.

d. Objective Oriented Teachings

In order to impart the integrated medical education, Patient has to be the Centre of learning. Always practical training is to be given prime importance at preclinical, Para-clinical and clinical level with sound theoretical knowledge.

Importance of social factors in relation to the problem of health and disease, shall receive proper emphasis throughout the course and to achieve this objective, the educational process shall be community as well as hospital based. Based on the above concepts, the course of studies as laid down in these regulations will help to fulfil these needs.

## Section – II: GOALS

- 1) The curriculum should enable the students to play the role of a competent Homoeopathic Physician and fulfil the responsibilities of a medical graduate at every sector confidently and effectively.
- 2) Emphasis in the course should be demonstrate to the students;
  - a) Application of Homoeopathic Principles.
  - b) Scope and limitations of Homoeopathy.
  - c) Role of Homoeopathy in the present and future context.
  - d) Skills in clinical diagnosis.
  - e) Techniques of individualization.
  - f) Evolution of constitutional totality.
  - g) Miasmatic analysis of the patient.
- 3) Teaching programme should be an integrated one, avoiding compartmentalization of disciplines. The teaching of Pre-clinical subjects, Para-clinical subjects, Clinical subjects and should be done with a homoeopathic perspective. All the departments should jointly develop a teaching programme so that the students are presented with an integrated and cohesive knowledge and skills both vertically and horizontally. A uniform method of clinical approach that blends the tenets of Homoeopathy and contemporary developments in the field of medicine to meet the requirements of effective Homoeopathic practice should be evolved and adopted by all the clinical departments.
- 4) The educational experience should provide community orientation in addition to mere hospital orientation. The scope of Genus epidemics should be fully tapped in the field of preventive medicine.
- 5) Every effort should be made to use learner- oriented methods that encourage cultivation of the values like logical thinking, clarity of expression and action, independence of judgement, scientific habits, problem- solving abilities, self-initiated and self- directed learning, purity of purpose and other necessary values.

- 6) Reduction of theoretical and class-room lectures and increasing use of the methods of active learning like group discussions, seminars, role modelling, field visits, clinical case-demonstration etc. should be attempted by all departments to develop the inter-personal and communicative skills and to provide an integrated learning.
- 7) As education without character and discipline is futile, more so in the field of medicine, educational institution should also be a centre for character building than a mere centre for learning. Examination should be an avenue not merely to assess the student's extent and depth of knowledge and skills but also to assess his dedication, integrity, habits, behaviour, values and other essential expressions of affective domain.
- 8) Regular periodic internal assessment of the student should be done throughout the course. It may be with written and viva / voce tests. Maintenance of records, participation in seminars and group discussions, clinical case study, participation in other projects and assignments should also have a bearing on the internal assessment. These may be evaluated objectively.
- 9) Teachers shall expand their role from mere imparting of knowledge to that of facilitator, motivator and role model for students learning and practice during the entire course.
- 10) Medical education unit (cell) of the institution shall evolve for faculty development, preparation of learning resource materials, evolving standardized techniques in teaching, case- study, mode of treatment, evaluation of teaching methods etc.
- 11) Students should be taught to appreciate the scope of other systems of medicine and utilise this knowledge for the optimal benefit of human being, sick or healthy person.
- 12) The educational experience should result in appreciation of the effects of social, psychological, cultural, economical and environmental factors on health and resolution of these with a human concern.
- 13) The curriculum should create an interest in the student for continuous learning, updating the knowledge and indulge in research. He / She should be open to all developments in the field of medicine and accept them after critical analysis and adopt them for furthering his/her professional competence.
- 14) The teaching programme should facilitate the development of personal characteristics and attitude acquired for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individual and society.

### Section-III: Objectives

**The goals of BHMS course have been stated II. In this Section the general objectives are given. It is desired that in consonance with the goals and objectives, each medical college should evolve institutional objectives in accordance with University.**

At the end of undergraduate programme, the medical student shall:

1. Be competent in Homoeopathic mode of Medical practice for various health problems of individual and the community.
2. To achieve the target of competency to practice promotive, preventive, curative and rehabilitative medicine respect to the commonly encountered health problems.
3. To develop ability to deal with the social –psychological, cultural, economic and environmental factors affecting health and diseases.
4. Develop human attitude towards the discharging of one's professional responsibilities.
5. Be familiar with the basic factors which are essential for the implementation of the National Health Programmes including practical aspects of the following:
  - a) Family Welfare and Maternal and Child Health (MCH).
  - b) Sanitation and water supply.
  - c) Prevention and control of communicable and non-communicable disease.
  - d) Immunization.
  - e) Health Education.
  - f) National Health Mission.
6. Acquire basic management skill in the area of human resources, material resources management related to health care delivery.
7. Be able to work as leading partner health care items and acquire proficiency in communication skills.
8. Be competent to work in a variety of health care setting commensurate with his/her position as a member of the health team at the primary, secondary or tertiary levels, using his/her clinical skills.
9. Have personal characteristics and attitude for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.

**SECTION –IV: REGULATIONS**  
**BHMS DEGREE COURSE**  
**ORDINANCE AS PER CCH NOTIFICATION**  
**NO.F.12-13/2006-CCH (PT-V) 12990 DT.10-08-2015**  
**Amendment Regulations, 1983**

**1. Eligibility for Admission:**

In the Homoeopathy (Degree Course) Regulations, 1983 (hereinafter referred to as the said regulations), in regulation 4, -

- a. In sub-regulation (i), the following provision shall be inserted, namely: - “Provided that-
  - i. The candidate must have passed in the subjects of Physics, Chemistry, Biology and English individually and must have obtained a minimum of fifty per cent. Marks taken together in Physics, Chemistry, Biology at the qualifying examination mentioned above for unreserved candidates and forty per cent. Marks in respect of the Scheduled Castes, Scheduled Tribes and Other Backward Classes;
  - ii. The candidate with benchmark disabilities as specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the minimum qualifying marks in qualifying examination in Physics, Chemistry and Biology shall be forty per cent. for general category and forty per cent. for the Scheduled Castes, Scheduled Tribes and Other Backward classes.”
- b. For sub- regulation (ii), the following sub-regulation shall be substituted, namely:-

“(ii) No candidate shall be admitted to B.H.M.S. Degree Course unless he has attained the age of seventeen years on or before the 31<sup>st</sup> December of the year of this admission in the first year of the course and not older than the age of twenty-five years on or before the 31<sup>st</sup>December of the year of admission in the first year of the course:  
Provided that the upper age limit may be relaxed by five years to the Scheduled Castes, Scheduled Tribes, Other Backward Classes and Physically handicapped candidates”.
1. In the said regulations, in regulation 4A, for sub-regulation (i), the following sub-regulation shall be substituted namely:-
  - i. There shall be a uniform entrance examination to all medical institutions at the undergraduate level, namely the National Eligibility Entrance Test (NEET) for admission to undergraduate course in each academic year and shall be conducted by an authority designated by the Central Government;
  - ii. In order to be eligible for admission to undergraduate course for an academic year, it shall be necessary for a candidate to obtain minimum of marks at 50<sup>th</sup> percentile in the ‘National Eligibility Entrance Test for undergraduate course’ held for the said academic year:

Provided that in respect of-

- a. The Candidates belonging to the Scheduled Castes, Scheduled Tribes and Other Backward Classes, the minimum marks shall be at 40<sup>th</sup> percentile;

- b. The Candidates with benchmark disabilities specified under the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the minimum marks shall be at 45<sup>th</sup> percentile for General Category and 40<sup>th</sup> percentile for the Scheduled Castes, Scheduled Tribes and Other Backward Classes.

Explanation – The percentile shall be determined on the basis of highest marks secured in the all India common merit list in the National Eligibility Entrance Test for undergraduate courses:

Provided further that when sufficient number of candidates in the respective categories fail to secure minimum marks in the National Eligibility Entrance Test, as specified above, held for any academic year for admission to undergraduate courses, the Central Government in consultation with Central Council may at its discretion lower the minimum marks required for admission to undergraduate course for candidates belonging to respective categories and marks so lowered by the Central Government shall be applicable for that academic year only.

- iii. An all India common merit list as well as State- wise merit of the eligible candidates shall be prepared on the basis of the marks obtained in the National Eligibility Entrance Test and the candidates, within the respective categories, shall be admitted to undergraduate course from the said merit lists only.
- iv. The seat matrix for admission in the Government, Government –aided Institutions and Private Institutions shall be fifteen per cent. for the all India quota and eighty-five per cent. for the States and Union territories quota.
- v. The designated authority for counselling for all admissions to undergraduate course in all Homoeopathy educational institutions in the States and Union territories including institutions established by the States Government, University, Deemed University, Trust, Society, Minority Institution, Corporation or Company shall be respective State or Union territory in accordance with the relevant rules and regulations of the concerned State or Union territory Government, as the case may be.
- vi. The counselling for all admissions to undergraduate course for seats under the all India quota as well as for all Homoeopathy educational institutions established by the Central Government shall be conducted by the authority designated by the Central Government.
- vii. No candidate who has failed to obtain the minimum eligibility marks as specified above shall be admitted to undergraduate course in the said academic year.
- viii. No authority or institution shall admit any candidate to the undergraduate course in contravention of the criteria or procedure as laid down by these regulations in respect of admissions and any candidate admitted in contravention of the said criteria or procedure shall be discharged by the Central Council forthwith.
- ix. The authority or institution which grants admission to any student in contravention of the aforesaid criteria or procedure shall be liable to face action in terms of the provisions of the Act.
- x. For foreign national candidates any other equivalent qualification to be approved by the Central Government may be allowed and entrance examination for admission to

undergraduate course namely the National Eligibility Entrance Test (NEET) shall not be applicable for foreign national candidates.

## 2. Course of Study

- i. The bachelor of Homoeopathic medicine and Surgery degree course shall comprise a course of study spread over a period of 5 ½ years including a compulsory rotary internship of one year duration after passing the IV BHMS examinations.

### Note:

A candidate shall be permitted to join II BHMS only if he has passed Anatomy and Physiology including Biochemistry (Cary over facility is provided the for the subject of Homoeopathic Pharmacy), for which he /she will be permitted in not more than for chance including original examination.

I BHMS-1Yae

II BHMS -1 Year

III BHMS-1Year

IV BHMS-1 ½ Year

- ii. As mentioned above i.e., Every candidate after passing IV BHMS examination shall undergo a compulsory internship for a period of twelve (12) months as per the procedure laid down in these regulation,.
- iii. On successful completion of internship and on the recommendation of the principal of the Homoeopathic College concerned the university shall issue degree certificate to such candidates.

Every candidate shall complete the course including the passing of all the examination in all the subjects and complete the compulsory internship within a period eleven years from the date of admissions to I BHMS degree course in the college concerned failing which his name shall be removed from the rolls of the college and consequently the university.

## 3. Subjects & Hours of Teaching

### First Year BHMS (Duration 1 Year)

#### Table I:

Subjects prescribed and distribution of teaching hours for theory and practical classes.

SI No	Subject	Theory	Practical/Tutorial/Seminar	Total
1.	Anatomy	200 Hrs (including 10 hours each for histology and embryology)	275 Hrs. (including 30hours for histology and embryology)	475 Hrs.
2.	Physiology	200 Hrs. (Including 50 hrs for Bio chemistry)	275 Hrs. (including 50 hours for Bio chemistry)	475 Hrs.

3.	Homoeopathic Pharmacy	100 Hrs.	70 Hrs.	170 Hrs.
4.	Homoeopathic Materia Medica	35 Hrs.	--	35 Hrs.
5.	Organon of Medicine with Homoeopathic Philosophy	35 Hrs.(including 10 Hrs. of Logic)	--	35 Hrs.
	<b>TOTAL</b>	<b>570 Hrs.</b>	<b>620 Hrs.</b>	<b>1190 Hrs</b>

### Second Year BHMS (Duration I Year)

**Table II:**

Subjects prescribed and distribution of teaching hours for theory and practical classes.

Sl.No	Subject	Theoretical Lectures ( In Hours)	Practical or Clinical or Tutorial or Seminar ( In Hours)	Total
1.	Pathology	200	80	280
2.	Forensic Medicine and Toxicology	80	40	120
3.	Organon of Medicine with Homoeopathic Philosophy	160	60	220
4.	Homoeopathic Materia Medica	160	60	220
5.	Surgery	80	60 ( One term of three months in surgical ward and outpatient department)	140
6.	Gynaecology and Obstetrics	40+40 = 80	60 ( One term of three months in surgical ward and outpatient department)	140
	<b>TOTAL</b>	<b>760</b>	<b>360</b>	<b>1120</b>

Note: Clinical Postings: Monday to Friday of 3 hrs. duration.

### Third Year BHMS (Duration 1 Year)

**Table III:**

Subjects prescribed and distribution of teaching hours for theory and practical classes.



Sl.No.	Subject	Theoretical lecture ( In Hours)	Practical or clinical or tutorial or seminar ( In Hours)	Total
1.	Surgery including ENT, Ophthalmology dentistry & Homoeopathic Therapeutics	100+50 Total : 150 Hrs.	75 Hrs. ( Three months clinical postings in ward and OPD)	225 Hrs.
2.	Obstetrics and Gynaecology, Infant Care and Homoeopathic Therapeutics	100+50 Total : 150 Hrs.	75 Hrs. ( Three months clinical postings in ward and OPD)	225 Hrs.
3.	Homoeopathic Materia Medica	100 Hrs.	75 Hrs.	175 Hrs.
4.	Organon of Medicine	100 Hrs.	75 Hrs.	175 Hrs.
5.	Practice of Medicine and Homoeopathic Therapeutics	50+25 Total: 75 Hrs.	75 Hrs.	150 Hrs.
6.	Repertory	50 Hrs.	25 Hrs.	75 Hrs.
7.	Community Medicine	35 Hrs.	15 Hrs.	50 Hrs.
	<b>TOTAL</b>	<b>660 Hrs.</b>	<b>415 Hrs.</b>	<b>1075 Hrs.</b>

Note: Clinical Postings: Monday to Saturday of 3 hrs. duration.

#### Fourth Year BHMS (Duration 1 ½ Year)

**Table IV:**

Subjects prescribed and distribution of teaching hours for theory and practical classes.

Sl.No.	Subject	Theoretical Lectures ( In Hours)	Practical or Clinical or Tutorial or Seminar ( In Hours)	Total
1.	Practice of Medicine and Homoeopathic Therapeutics	120+60 Total: 180 Hrs.	300 Hrs.	480 Hrs.
2.	Homeopathic Materia Medica	180 Hrs.	110 Hrs.	290 Hrs.
3.	Organon of Medicine	180 Hrs.	110 Hrs.	290 Hrs.
4.	Repertory	100 Hrs.	200 Hrs.	325 Hrs.
5.	Community Medicine	100 Hrs.	100 Hrs.	200 Hrs.
	<b>Total</b>	<b>740 Hrs.</b>	<b>820 Hrs.</b>	<b>1560 Hrs.</b>

**Note:**

- 1) Clinical classes in the subjects of Homoeopathic Materia Medica, Organon of Medicine, Principles of Homoeopathic Philosophy, Case taking and Repertory have to

be accommodated within Surgery, Obstetrics and Gynaecology and Medical OPD / IPD Postings during 2<sup>nd</sup> to 4<sup>th</sup> BHMS Courses.

- 2) One term of three months each in outpatient department and in patient department respectively for case taking analysis, evaluation and provisional prescription just for case presentation on 10 cases per month.

#### 4. Attendance

Every candidate shall have attendance of not less than 75% of the total classes conducted in theory and practicals separately in each academic year calculated from the date of commencement of the term to the last working day as notified by the university in each of the subjects prescribed to be eligible to appear for the university examination.

The Principal should notify at the college, the attendance details of all the students at the end of each term without fail under intimation to the university.

A candidate lacking in attendance and satisfactory progress in any of the subject(s) in theory or practicals / clinical in the first appearance shall not be permitted to appear for the examination in that subject(s).

#### 5. Scheme of Examination

Subjects: Subjects for study and examination for the BHMS Degree Course shall be under namely;

Sl. No.	Name of the subject	Subject taught during	Holding of Examination
1.	Anatomy	First BHMS	At the end of first BHMS
2.	Physiology	First BHMS	At the end of first BHMS
3.	Homoeopathic Pharmacy	First BHMS	At the end of first BHMS
4.	Organon of Medicine with Homoeopathic Philosophy	First BHMS, Second BHMS, Third BHMS, Fourth BHMS	At the end of Second, Third and Fourth BHMS
5.	Homoeopathic Materia Medica	First BHMS, Second BHMS, Third BHMS, Fourth BHMS	At the end of Second, Third and Fourth BHMS
6.	Pathology	Second BHMS	At the end of Second BHMS
7.	Forensic Medicine and Toxicology	Second BHMS	At the end of Second BHMS
8.	Practice of Medicine	Third BHMS and Fourth BHMS	At the end of Fourth BHMS
9.	Surgery	Second BHMS and Fourth BHMS	At the end of Third BHMS
10.	Gynaecology and Obstetrics	Second BHMS and Third BHMS	At the end of Third BHMS

11.	Community Medicine	Third BHMS and Fourth BHMS	At the end of Fourth BHMS
12.	Repertory	Third BHMS and Fourth BHMS	At the end of Fourth BHMS

## 6. University Examination:

The University shall conduct two examinations annually with an interval of not less than four to six months between the two examinations.

### a) Schedule of Examination:

**I BHMS** – The first year BHMS examination shall be at the end of 12 months (One Year) after admission.

**II BHMS** – The second year BHMS examination shall follow One year of course of study after the I BHMS examination.

**III BHMS** – The third year BHMS examination shall follow One year of course of study after the II BHMS examination.

**IV BHMS** – The fourth year BHMS examination shall follow one and half year of course of study after the III BHMS examination.

All examinations shall be held as per notification issued in the calendar of events by the university from time to time.

### b) Particulars of subjects for university examination:

The subjects, the number of theory papers, practical and viva-voce examination shall be as follows.

## I BHMS:

- 1) **Anatomy including Histology and Embryology:** There shall be two theory papers, one practical and one viva-voce examination.
- 2) **Physiology including Biochemistry:** There shall be two theory papers, one practical and one viva-voce examination.
- 3) **Homoeopathic Pharmacy:** There shall be one theory, one practical & one viva-voce examination.

## II BHMS:

- 1) **Pathology and Microbiology:** There shall be two theory papers, one practical & one viva-voce examination.
- 2) **Forensic Medicine and Toxicology;** There shall be one theory paper, one practical and one viva-voce examination.
- 3) **Organon of Medicine with Homoeopathic Philosophy:** There shall be one theory paper, one practical and one viva-voce examination.
- 4) **Homoeopathic Materia Medica:** There shall be one theory paper, one practical and viva-voce examination.

## III BHMS:

- 1) **Organon of Medicine, Principles of Homoeopathic Philosophy and Psychology:** There shall be one theory paper, one practical and one viva-voce examination.
- 2) **Surgery:** There shall be two theory papers, one practical and one viva-voce examination. The practical Examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the surgical instruments, bandages and general measures related to surgery, scope of Homoeopathic therapeutics and examination and diagnosis of surgical disease through clinical examination X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.
- 3) **Obstetrics & Gynaecology including infant care:** There shall be theory papers, one practical and one viva-voce examination. The practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his one the specimens, models, instruments and general appliances related to Obstetrics, scope of Homoeopathic Therapeutics and examination and diagnosis of Gynaecological disease through clinical examination, X-ray and other common diagnostic techniques. The case studies reports of the students carried out during the course shall also be considered for the oral examination.
- 4) **Homoeopathic Materia Medica:** There shall be one theory paper, one bedside practical and one viva-vice examination. The bedside examination shall be on two acute cases with special reference to their nosological diagnosis & therapeutic diagnosis from Homoeopathic point of view.

#### IV BHMS:

- 1) Practice of Medicine including paediatrics, Psychiatry and Dermatology. There shall be two theory papers one bedside practical and one viva-voce examination. The practical examination shall consist of clinical examination and oral. In the clinical examination the students shall be examined on his skill on the nosological and therapeutic diagnosis, through clinical examination, X-Ray and other common diagnosis techniques and detailed case takings on long and short cases. The case reports of the students carried out during the course shall also be considered for the oral examination.
- 2) Repertory: There shall be one theory paper, one practical and one viva-vice examination. The practical examination shall consist of the Homeopathic principles on case taking of one long case and one short case and the methods of arriving the reportorial totality, through case analysis and actual repertorisation. The skill of finding rubrics from Kent and Boenninghausen Repertories, the case reports of the students carried out during the course shall be considered for the oral examination.
- 3) **Homoeopathic Materia Medica:** There shall be two theory papers, one bedside practical and one viva-voce examination. The bedside examination shall be one long case and one short case with special reference to their nosological diagnosis and

therapeutic diagnosis from Homeopathic point of view. The case reports of the students carried out during the course shall be considered for the oral examination.

- 4) Organon of Medicine with Homoeopathic Philosophy: There shall be two theory papers one practical and one viva-voce examination. The practical examination consists of two theory papers and one practical examination. The practical examination shall be on the Homoeopathic orientation of cases in relation to miasmatic diagnosis, general management, posology, second prescription etc.
- 5) Community Medicines: There shall be one theory paper, one practical and one viva-voce examination. The practical examination shall be on spotting and identification of specimen and matters related to the community oriented problems.

#### 7. Distribution of Marks

- a. Distribution of Marks for internal assessment is given in Tables V to VII. Particulars of subjects, number of papers, duration and distribution of marks for the University examinations are given in Tables IX TO XII.
- b. Topic wise distribution of marks is theory is given in concerned subjects. These are suggestive. Some validations may occur.
- c.

### The Scheme of Examination in BHMS Course

- ❖ Subject for Examination for the BHMS (Degree) Course shall be as under.
- ❖ Full marks for each subject and minimum marks required for pass as follows.
- ❖ As per Regulation 13(iv) Each Theory paper shall be of three hours duration.

Exam Year	Name of the Subject	Written		Practical/ Clinical including Oral		Total	
		Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
1 <sup>st</sup> Year	Homoeopathic Pharmacy( Sec 1&2)	100	50	100	50	200	100
	Anatomy Paper 1	100	100	200	100	400	200
	Anatomy Paper 2	100					
	Physiology Paper 1	100	100	200	100	400	200
	Physiology Paper 2	100					
	<b>Total Marks</b>	<b>500</b>	<b>250</b>	<b>500</b>	<b>250</b>	<b>1000</b>	<b>500</b>
2 <sup>nd</sup> Year	Pathology Paper 1	100	100	100	50	300	150
	Pathology Paper 2	100					
		Forensic Medicine and Toxicology	100	50	100	50	

	Homoeopathic MATERIA Medica	100	50				
	Organon of Medicine	100	50				
	<b>Total Marks</b>	<b>500</b>	<b>250</b>	<b>400</b>	<b>200</b>	<b>900</b>	<b>450</b>
3 <sup>rd</sup> Year	Surgery Paper 01	100	100	200	100	400	200
	Surgery 02	100					
	Gynaecology and Obstetrics Paper 01	100	100	200	100	400	200
	Gynaecology and Obstetrics Paper 02	100					
	Homoeopathic Materia Medica	100	50	100	50	200	100
	Oganon of Medicine	100	50	100	50	200	100
	<b>Total Marks</b>	<b>600</b>	<b>300</b>	<b>600</b>	<b>300</b>	<b>1200</b>	<b>600</b>
4 <sup>th</sup> Year	Practice of Medicine Paper 01	100	100	200	100	400	200
	Practice of Medicine Paper 02	100					
	Homoeopathic Materia Medica Paper 01	100	100	200	100	400	200
	Homoeopathic Materia Medica Paper 02	100					
	Organon of Medicine with Homoeopathic Philosophy Paper 01	100	100	100	50	300	150
	Organon of Medicine with Homoeopathic Philosophy Paper 02	100					
	Repertory	100	50	100	50	200	100
	Community Medicine	100	50	100	50	200	100
	<b>Total</b>	<b>800</b>	<b>400</b>	<b>700</b>	<b>350</b>	<b>1500</b>	<b>750</b>

### 8. Eligibility for University Examination:

I BHMS - A student shall be eligible to appear for I BHMS examination provided he/she has pursued the course satisfactorily and has requisite attendance as per regulation.

II BHMS- No candidate shall be eligible to appear in II BHMS examination unless he/she has passed in the first BHMS examination in the subjects of Anatomy and Physiology including Biochemistry one year before second year examination and pass in Homoeopathic Pharmacy at least 6 months before appearing II year BHMS examination and has required attendance as per regulation.

III BHMS- No candidate shall be eligible to appear in III BHMS examination unless he/she has passed in the second BHMS examination and has required attendance as per regulation.

Note: To consider as pass in second BHMS examination, a candidate has to pass in all the subjects prescribed for the University examination. In case a candidate has failed in one or more subjects in II BHMS examination he/she shall have to pass in these failed subject(s) at least one term (6 months) before he/she is allowed to appear in the III BHMS examination.

IV BHMS- No candidate shall be eligible to appear in IV BHMS examination unless he/she has passed in the third examination and he/she has requisite attendance as per regulation.

Note: To consider as pass in third BHMS examination, a candidate shall have to pass in all the subjects prescribed for the University examination. In case a candidate has failed in one or more subjects in third BHMS examination, he/she shall have to pass in the failed subject(s) at least one term (6 months) before he/she is allowed to appear in the IV BHMS examination.

## 9.

### 1) Criteria for pass in a subject

A candidate to be declared as pass in any subject shall secure separately, in Theory and Practicals/ Clinicals including Viva- voce examination, not less than 50% of maximum marks prescribed for the University examination.

A candidate who has passed in a subject or subjects need not appear in that subject(s) in the subsequent examination if he/she has failed in other subject or subjects.

### 2) Criteria for pass in I year, II year, III year and IV year BHMS examination.

To consider as pass in BHMS examination a candidate has to pass in all the prescribed subjects of the University examination for the concerned year.

## 10. Facility to keep term:

Not with standing with forgoing regulations, the student shall be allowed to keep term on the following conditions:

1. The candidate must pass First BHMS examination in all the subjects at least one term ( 6months) before he is allowed to appear in Second year examination provided that he has passed in the subjects of Anatomy and Physiology ( including Biochemistry) examinations two term ( 12 months) before he is allowed to appear in the Second BHMS examination.
2. The candidate must pass the second year BHMS Examination at least one term (6 months) before he is allowed to appear Third year BHMS examination.
3. The candidate must pass the Third year BHMS Examination at least one term (6 months) before he is allowed to appear Fourth year BHMS Examination.

#### **11. Number of Attempts:**

The candidate fails to pass in all the subjects within four chances I or II or III BHMS examination, he/she shall be required to prosecute a further course of study of all the subjects and in all parts for one year to the satisfaction of the head of the college and appear for examination in all the subjects. Provided that if a student appearing for the Fourth BHMS examination, has only one subject to pass at the end of prescribed chances, he shall be allowed to appear at the next examination in that particular subject and shall complete the examination with this special chance.

#### **12. Declaration of Class:**

- a. A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 75% of marks or more of grand total marks prescribed will be declared to have passed the examination with distinction.
- b. A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 65% of marks or more but less than 75% of grand total marks prescribed will be declared to have passed the examination in First Class.
- c. A candidate having appeared in all the subjects in the same examination and passed that examination in the first attempt and secures 50% of marks or more but less than 65% of grand total marks prescribed will be declared to have passed the examination in Second Class.
- d. A candidate passing a University examination in more than one attempt shall be placed in Pass class irrespective of the percentage of marks secured by him/her examination.

(Please note fraction of marks should not be rounded off for clauses (a), (b)and (c)

#### **13. Results and Re-admission to Examination.**

- i. The examination body shall ensure that the results of the examination are published at the maximum within one month of the last date of examination so that students can complete the course in 5<sup>1</sup>/<sub>2</sub> years after admission.
- ii. Candidates who have passed in one or more subjects need not appear in that subject or those subjects again in the subsequent examinations if the candidate



passes the whole examination within four chances including the original examination.

- iii. A candidate who appears at First B.H.M.S examination, Second B.H.M.S examination, Third B.H.M.S examination but fails to pass in the subject or subjects shall be re-admitted to the examination in the subject or subjects (theory and practical or clinical including oral or practical or clinical wherein he has failed)
- iv. Special classes, seminars, demonstration, practical, tutorials etc., shall be arranged for the repeaters in the subject in which they have failed they are allowed to appear at the next examinations, in which attendance shall be compulsory.
- v. If a candidate fails to pass in all the subjects within four chances in examinations, he shall be required to prosecute a further course of studying all the subjects. Provided that if a student appearing for the Fourth BHMS examination has only one subject to pass at the end of prescribed chances, he shall be allowed to appear at the next examination in that particular subject and shall complete and shall complete the examination with this special chance.
- vi. The University may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the Central Council of Homoeopathy and arrange for conducting re-examination in those subjects within a period of thirty days from the date of such cancellation.
- vii. The University shall have the direction to award grace marks at the maximum to ten (10) marks in total and not more than five (5) marks for an individual subject, if a student fail in one or more subjects.

#### **14. Examiners**

- a) No person other than the holder of qualification prescribed for the teaching staff in the Homoeopathy Central Council ( Minimum Standard Requirement of Homoeopathic Colleges and attached Hospitals) Regulations, 2013 (as amended from to time) shall be appointed as an Internal or External examiner or paper-setter or moderator for the B.H.M.S Degree Course:

Provided that:

1. No such person shall be appointed as an examiner unless he has at least three years continuous regular teaching experience in the subject concerned, gained in a degree level Homoeopathic Medical College.
  2. Internal examiners shall be appointed from amongst the teaching staff of the Homoeopathic Medical College to which the candidate or student belongs.
- b) The criteria for appointing the Chairman or paper-setter or moderator shall be as follows;
    1. Chairperson: Senior most person from amongst the examiners or paper-setters appointed for theory and oral or practical or clinical examinations shall be appointed as Chairman and the eligibility qualification for the Chairman shall be same as for appointment of a Professor.

2. Moderator: A Professors or Associate Professor or Reade shall be eligible to be appointed as moderator. Provided that an Assistant Professor or Lecture with five years experience as an Examiner shall be eligible be appointed as moderator.
3. Paper-setter: A Professor or Associate Professor or Reader shall be appointed as a paper-setter. Provided that an Assistant Professor or Lecture with five years' experience as an Examiner shall be eligible to be appointed as Paper-setter.

**15. General Guidelines for Admission to Examination and Scheme of Examination.**

- 1) The University shall ensure that the minimum number of hours for Lecture / Demonstration / Practical / Seminar etc. in the subjects in each BHMS examination as specified in respective regulations are followed before allowing any Homoeopathic Medical College to send the students for University examination.
- 2) The University shall ensure that the students of the Homoeopathic Medical Colleges, who do not fulfil the Homoeopathy (MSR) Regulations, are not sent for the University Examination.
- 3) 75% (Seventy five percent) attendance at the minimum in each of the subjects (in theory and practical including clinical) for appearing the University examinations shall be compulsory.
- 4) Each theory paper shall be of three months hour's duration.
- 5) The Practical / Viva voce examination shall be completed immediately after the theory examination.
- 6) That the examining body shall hold examinations on such date and time as the examining body may determine. The theory and practical examination shall be held in the premises of the Homoeopathic Medical College concerned.
- 7) There shall be a regular examination and a supplementary examination in a year and the supplementary examination shall be conducted within two months of declaration of result (including issue of mark sheets).
- 8) For non-appearance in an examination for any reason, a candidate shall not have any liberty for availing additional chance to appear in that examination.

**16. Migration or transfer of students from college of another:**

- a) Migration from one college to other is not a right of a student.
- b) Migration of students from the Homoeopathic College to another Homoeopathic College in India shall be considered by the Central Council of Homoeopathy only in exceptional cases on extreme compassionate grounds, provided following criteria's are fulfilled. Routine migration on other grounds shall not be allowed.
- c) Both the colleges, i.e. one at which the student is studying at present and one to which migration is sought are recognized as per provisions of Homoeopathy Central Council Act.
- d) The applicant shall have passed First B.H.M.S examination.

- e) The applicant shall submit his/her application in the prescribed format for migration, complete in all respect, to the principal of his college within a period of one month of passing (declaration of result) the I BHMS examinations.
- f) The applicant shall submit an affidavit stating that he shall pursue twelve months of prescribed study before appearing at II B.H.M.S examination at the transferee college, which he is seeking transfer and the transfer shall be effective only after receipt of the affidavit.
- g) Migration during internship training shall be allowed on extreme compassionate grounds, provided that such migration shall be allowed only with the mutual consent of the concerned Colleges, where both the college, i.e. one at which the student is studying at present and one to which migration is sought are recognised as per provisions of Homeopathy Central Council Act.

**Note 1:**

- a. All applications for migration shall be referred to Central Council of Homoeopathy by college authorities. No Institution or University shall allow migrations directly without the approval of the Central Council.
- b. The Central Council of Homoeopathy reserves the right not to entertain any application except under the following compassionate grounds, namely:
  - 1. Death of a supporting guardian.
  - 2. Illness of candidate causing disability supported by medical grounds certified by a recognised hospital.
  - 3. Disturbed conditions as declared by concerned Government in the area where the college is situated.
- c. A student applying for transfer on compassionate ground shall apply in relevant format and in complete manner with requisite documents.

**17. INTERSHIP TRAINING**

1.

- a. Each candidate shall be required to undergo Compulsory Rotating Internship of one year, after passing the final BHMS Examinations, to the satisfaction of the Principal of the Homoeopathic College. Thereafter only, the candidate shall be eligible for the award of Degree of Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) by the University.
- b. All parts of the internship shall be undertaken at the hospital attached to the college and in cases where such hospital cannot accommodate all of its students for Internship then candidates/ Students shall be informed in writing by the college and it shall be the responsibility of the College to ensure that each of such students is put on internship training in a Homoeopathic Hospital or dispensary run by government or Local bodies.
- c. To enable the state Board/ Council of Homoeopathy to grant provisional registration of minimum of one year to each candidate to undertake the internship, the University

- concerned shall issue a Provisional Passed Certificate on passing the final BHMS examination to each successful candidate. Provided that in the event of shortage or unsatisfactory work, the period of compulsory internship and the provisional registration shall be accordingly extended by the State Board / Council.
- d. Full registration shall only be given the State Board if the BHMS degree awarded by the University concerned is a recognised medical qualification as per Section 13(1) of the HCC Act, and the Board shall award registration to such candidates who produce certificate of completion or compulsory rotating internship of not less than one year duration from the Principal of College, where one has been a bonafide student which shall also declare that the candidate is eligible for it.
  - e. The interneer students shall not prescribe the treatment including medicines, and each of them shall work under the direct supervision of Head of Department concerned and or a Resident Medical Officer. No intern student shall issue any medico-legal document under his/her signatures.
2. The internship training shall be regulated by the Principal in consultation with concerned Heads of Departments and the R.M.O as under:
    - a. Each interneer student shall be asked to maintain a record of work which is to be constantly monitored by the Head of Department and / or Resident Medical Officer under whom the interneer is posted. The scrutiny of record shall be done in an objective way to update the knowledge, skill and aptitude of interneer.
    - b.
      - i. The stress during the internship training shall be on case taking, analysis and evaluation of symptoms, nosological and miasmatic diagnosis. Totality of symptoms, repertorisation and management of sick people based on principles of Homoeopathy.
      - ii. The Principal or Head of the College in consultation with heads of concerned clinical departments (including Organon of Medicine, Materia Medica and Repertory) shall make, medical units having integration of teaching faculty of concerned departments to regulate internship training to be given to each student.
      - iii. Weekly seminars shall be conducted wherein interns in rotation be given a chance to present their cases for discussion an concerned teachers in conduct of weekly seminars.
    - c. Rotation of intern students shall be as under:
      1. Practice of Medicine: 8 Months, wherein, interneer will be rotated in each Psychology, Respiratory, Gastro- intestinal, Endocrinology, Skin and V.D, Loco-motor, Cardiology, Paediatrics sections.
      2. Surgery: 1 month.
      3. Obstetrics & Gynaecology: 2 Months (1 month each( including reproductive & child health care))
      4. Community Medicine (including PHC/CHC) – 1 Month.
    - d. Each interneer shall be exposed to clinic pathology work to acquire skill in taking samples and doing routine blood-examination. Student shall be trained to correlate laboratory findings with diagnosis and management of sick people.

- e. Each internee shall be given opportunities to learn the diagnostic techniques like X-Rays, Ultrasonography, E.C.G., Spirometer and other forthcoming techniques and co-relate their findings with diagnosis and management of cases.
  - f. Each internee student shall be given adequate knowledge about issuing of medico-legal certificates including medical and fitness certificates, death certificates, birth certificates, court producers and all of such legislations be discussed which were taught in curriculum of Forensic Medicine.
  - g. Each internee shall maintain record of 40 acute and 25 chronic cases complete in all manner including follow up in Practice of Medicine, record of 5 antenatal check-up and 3 delivery cases attended by him/her in department of Obstetrics and 3 cases of Gynaecology, records of 5 surgical cases assisted by him (and demonstration of knowledge of dressings) in Surgery department, and records of knowledge gained in Primary Health Centres, Community Health Centres and various health programmes.
  - h. Each internee shall be given a liberty to choose an elective assignment on any subject, and complete out-put shall be furnished in writing by the internee in respect of elective assignment to the Principal of the college within internships duration.
  - i. Each intern shall be posted on duty in such manner that each of them attends at least 15 days in O.P.D. And 15 Days In I.P.D In each Month (Except For Duty In Community Medicine) and attend the other parts of duty including self-preparation in Library.
  - j. Each intern shall be posted be made to learn importance of maintaining statistics and records, intern student shall also be familiarized with research mythology.
- 3.
- a. Each internee shall have not less than 80% of attendance during the internship training.
  - b. Each internee shall be on duty of at least 6 hours per day during the Compulsory Internship Training.
  - c. Each internee shall not avail more than ten days of leave during each postings.

## **18. EDUCATIONAL TOUR**

### Components

1. Number of Students.
2. Name of teacher accompanying students.

What the tour is about – an overview.

Prerequisites- What knowledge the students must know before going for tour how it will be organised.

Approaches to teaching or learning and assessment.

### **Aim and Objective**

1. To provide the basic knowledge of practical aspects of Pharmacy / FMT/ Community Medicine by exposure of students to Pharmaceutical Labs and HPL/ District courts /

Hospitals/ PC / I.D. Hospitals units/ sewage treatment plants/ water purification plants/ milk dairies, as the case may be.

2. To inspire students for their involvement in study during the said visits to learn the related procedures.
3. To provide the platform for evaluation of their skill and knowledge by interactive methodology.
4. To infuse confidence amongst students about Homoeopathy, its future and their carrier.
5. To provide interactive between students, induce decision making skills and to motivate them for better vision about their future.
6. To improve cognitive skills ( thinking and analysis)
7. To improve communication skills (personal and academic).

### **Learning Outcomes**

1. To be more than a wish list objectives, need to be realistic, pragmatic, understandable and achievable.
2. The focus should be on what students will be able to do or how will show that they know, and how this will help in their carrier and individual growth.
3. Knowledge- we want the students to have by the end of the course.
4. Skills- we want the students to master by the end of the course.
5. Attitude- we want students to demonstrate at the ends of the course.

Note: It shall be an essential part of the journal on the subject a viva-voce can be put in respect of it.

### **Resources:**

1. Essential and recommended text books.
2. Journals and other readings.
3. Equipment and apparatus.

### **Visit Record**

1. Places visited with photograph
2. Programmes organised during visit.
3. Summary.

### **Assignment or project report.**

1. Description of assignment.
2. Due dates of assignments.
3. Preparation method for the project report.
  - a. Purpose
  - b. Schedule
  - c. Places visited

- d. Details of visit
- e. Summary of achievement or learning's.

## **SECTION- V: COURSE DESCRIPTION**

### **I – B.H.M.S.**

#### **ANATOMY**

##### **Introduction:**

##### **I.**

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

##### **II.**

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

- 1. Only such details as have professional or general educational value for the Medical Students.
- 2. The purpose of dissection is to give the students an understanding of the body in relation to its function and the dissection should be designed to achieve this goal.
- 3. Normal radiological anatomy may also form part of practical or clinical training and the structure of the body should be presented linking functional aspects.
- 4. Dissection should be preceded by a course of lectures on the general structure of the organ or the system under discussion and then its function. In this way anatomical and Physiological knowledge can be presented to students in an integrated form and the instruction of the whole course of Anatomy and Physiology and more interesting lively and practical or clinical.
- 5. A good part of the theoretical lectures on anatomy can be transferred to tutorial classes with the demonstrations.
- 6. Students should be able to identify anatomical specimens and structures displayed in the dissections.
- 7. Lectures or demonstrations on the clinical and applied anatomy should be arranged in the later part of the course and it should aim at demonstrating the anatomical basis of physical signs and the value of anatomical knowledge to the students.

8. Seminars and group discussions to be arranged periodically with a view of presenting these subjects in an integrated manner.
9. More stress on demonstrations and tutorials should be given; Emphasis should be laid down on the general anatomical positions and broad relations of the viscera, muscles, blood vessels, nerves and lymphatic's.
10. There should be joint seminars with the departments of Physiology and Bio-Chemistry which should be organised once a month.
11. There should be a close correlation in the teaching of gross Anatomy, Histology, Embryology and Genetics and the teaching of Anatomy, Physiology including Bio-chemistry shall be integrated.

### A. Theory

- a. A complete course of human Anatomy with general working knowledge of different Anatomical parts of the body.

The curriculum includes the following:

Namely:

1. General Anatomy:
  - a. Modern concepts of cell and its components, cell division, types with their significance.
  - b. Tissues
  - c. Genetics
2. Developmental Anatomy ( Embryology)
  - a. Spermatogenesis
  - b. Oogenesis
  - c. Formation of germ layers
  - d. Development of embryo genic disk
  - e. Placenta
  - f. Development of abdominal organs
  - g. Development of cardio vascular system
  - h. Development of nervous system
  - i. Development of respiratory system
  - j. Development of body cavities
  - k. Development of uro-genital system
3. Regional Anatomy:
 

This will be taught under the following regions:

  - a. Head, Neck and Face, Brain
  - b. Thorax
  - c. Abdomen
  - d. Upper and Lower Extremities
  - e. Special Senses

Each of the above areas will cover:

- a. Osteology



- b. Syndesmology (joints)
  - c. Myology
  - d. Angiology
  - e. Neurology
  - f. Splanchnology ( viscera and organs)
  - g. Surface Anatomy
  - h. Applied Anatomy
  - i. Radiographic Anatomy
4. Histology( Microanatomy)

**B. Practical :**

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

**C. Examination :**

**1. Theory:**

The written papers in anatomy shall be in two papers, namely:

**Paper-I**

- a. General Anatomy
- b. Head, face and neck, Central nervous system, upper extremities and Embryology.

**Paper-II**

- a. Thorax, abdomen, pelvis, lower extremities and Histology (micro- anatomy).

**2. The Practical including viva voce or oral examination includes the following:**

<b>MARKS : 200</b>	
<b>Distribution of Marks</b>	<b>Marks</b>
➤ Knowledge of Dissected parts	20
➤ Viscera	20
➤ Bones	20
➤ Surface Anatomy	10
➤ Spotting(including Radiology	20
➤ Maintenance of Practical record or Journals and Dissection Card	10
➤ Viva voce (Oral)	100
<b>TOTAL</b>	<b>200</b>

**I – B.H.M.S.****PHYSIOLOGY****INSTRUCTIONS****I.**

- a. The purpose of a course in physiology is to teach the functions, processes and inter-relations of the different organs and systems of the normal disturbance in disease and to equip the student with normal standards of reference for use while diagnosing and treating deviations from the normal.
- b. To a Homoeopath the human organism is an integrated whole of body life and mind and though life includes all the chemico-physical processes it transcends them.
- c. There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which is deranged in disease.
- d. Physiology shall be taught from the stand point of describing physical processes underlying them in health.
- e. Applied aspect of every system including the organs is to be stressed upon while teaching the subject.

**II.**

- a. There should be close cooperation between the various departments while teaching the different systems.
- b. There should be joint courses between the two departments of Anatomy, Physiology and Biochemistry should bring home the point to the students that the integrated approach is more meaningful.

**A. Theory**

The curriculum includes the following, namely:

1. General Physiology:
  - a. Introduction to cellular physiology
  - b. Cell Junctions
  - c. Transport through cell membrane and resting membrane potential
  - d. Body fluids compartments
  - e. Homeostasis
2. Body Fluids:
  - a. Blood
  - b. Plasma
  - c. Red Blood Cells
  - d. Erythropoiesis
  - e. Haemoglobin and Iron Metabolism
  - f. Erythrocyte Sedimentation Rate
  - g. Packed Cell Volume and Blood Indices
  - h. Anaemia
  - i. Haemolysis and Fragility of Red Blood Cells
  - j. White Blood Cell
  - k. Immunity

- l. Platelets
- m. Hemostasis
- n. Coagulation of Blood
- o. Blood Groups
- p. Blood Transfusion
- q. Blood volume
- r. Reticulo-endothelial System and Tissue Macrophage
- s. Lymphatic System and Lymph
- t. Tissue Fluid and Oedema

### **III. Cardio-Vascular System:**

1. Introduction to cardiovascular system
2. Properties of cardiac muscle
3. Cardiac cycle
4. General principles of circulation
5. Heart sounds
6. Regulation of cardiovascular system
7. Normal and abnormal Electrocardiogram (ECG)
8. Cardiac output
9. Heart rate
10. Arterial blood pressure
11. Radial Pulse
12. Regional circulation – Cerebral, Splanchnic, Capillary, Cutaneous and Skeletal muscle circulation
13. Cardiovascular adjustments during exercise

### **IV. Respiratory system and Environment Physiology:**

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

### **V. Digestive system:**

1. Introduction to digestive system
2. Composition and functions of digestive juices
3. Physiological Anatomy of stomach, PANCREAS, Liver and Gall bladder, Small intestine, Large intestine
4. Movements of gastrointestinal tract
5. Gastrointestinal Hormones
6. Digestion and absorption of carbohydrates, proteins and lipids

### **VI. Renal Physiology and Skin:**

- a. Physiological Anatomy of kidneys and urinary tract
  - b. Renal circulation
  - c. Urine formation: Renal clearance, glomerular filtration, tubular reabsorption, selective secretion, concentration of urine, acidification of urine.
  - d. Renal function tests
  - e. Micturition
  - f. Skin
  - g. Sweat
  - h. Body temperature and its regulation
- VII.** Endocrinology:
1. Introduction to endocrinology
  2. Hormones and hypothalamus- hypophysealaxis
  3. Pituitary gland
  4. Thyroid gland
  5. Parathyroid
  6. Endocrine functions of pancreas
  7. Adrenal cortex
  8. Adrenal medulla
  9. Endocrine functions of other organs
- VIII.** Reproductive System:
1. Male reproductive system- testis and its hormones, seminal vesicles, prostate gland, semen.
  2. Introduction to female reproductive system
  3. Menstrual cycle
  4. Ovulation
  5. Menopause
  6. Infertility
  7. Pregnancy and parturition
  8. Placenta
  9. Pregnancy tests
  10. Mammary glands and lactation
  11. Fertility
  12. Foetal circulation
- IX.** Central nervous system:
1. Introduction to nervous system
  2. Neuron
  3. Neuroglia
  4. Receptors
  5. Synapse
  6. Neurotransmitters
  7. Reflex
  8. Spinal cord
  9. Somato- sensory system and somato – motor system
  10. Physiology of pain

11. Brainstem, Vestibular apparatus
12. Cerebral cortex
13. Thalamus
14. Hypothalamus
15. Internal capsule
16. Basal ganglia
17. Limbic System
18. Cerebellum- Posture and equilibrium
19. Reticular formation
20. Proprioceptors
21. Higher intellectual function
22. Electroencephalogram (EEG)
23. Physiology of sleep
24. Cerebrospinal fluid (CSF)
25. Autonomic Nervous System (ANS)

**X. Special senses:**

1. Eye: Photochemistry of vision, Visual pathway, Pupillary reflexes, colour vision, Errors of refraction.
2. Ear: Auditory pathway, Mechanism of hearing, auditory defects.
3. Sensation of taste: Taste receptors, Taste pathways.
4. Sensation of smell: Olfactory receptors, olfactory pathways
5. Sensation of touch

**XI. Nerve Muscle Physiology:**

1. Physiological properties of nerve fibres.
2. Nerve fibre-types, classification, function.
3. Neuro- Muscular junction.
4. Physiology of Skeletal muscle.
5. Physiology of Cardiac muscle.
6. Physiology of Smooth muscle.
7. EMG and disorders of skeletal muscles.

**XII. Bio-Physical Sciences:**

1. Filtration
2. Ultrafiltration
3. Osmosis
4. Diffusion
5. Adsorption
6. Hydro trophy
7. Colloid
8. Donnan Equilibrium
9. Tracer elements
10. Dialysis
11. Absorption
12. Assimilation

## 13. Surface tension

**B. Practical:****a) Haematology:**

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

**b) Human experiments:**

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

**I – B.H.M.S.****BIO-CHEMISTRY****A. Theory:**

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

**B. Practical:**

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

**C. Examination:**

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	a. No.of. Papers- 02	
	b. Marks for Paper-I	100
	c. Marks for Paper- II	100
<b>2.</b>	<b>Practical including Viva voce or Oral</b>	
	<b>Marks :200</b>	
	Distribution of marks	
	a. Experiments	50
	b. Spotting	30
	c. Maintenance of Practical Record/Journal	20
	d. Viva Voce	100
	<b>TOTAL</b>	<b>200</b>

**I – B.H.M.S.****HOMOEOPATHIC PHARMACY****Instructions:**

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

1. Importance of Homoeopathic Pharmacy in relation to study of Homoeopathic Materia Medica, Organon of Medicine and National economy as well as growth of Homoeopathic Pharmacy and Research.
2. Originality and speciality of Homoeopathic Pharmacy and its relation to Pharmacy of other recognised systems of medicine.
3. The areas of teaching shall encompass the entire subject but stress shall be laid on the fundamental topics that form the basis of Homoeopathy.

**1) Theory**

1. General concepts and orientation:
  - a. History of Pharmacy with emphasis on emergence of Homoeopathic Pharmacy.
  - b. Official Homoeopathic Pharmacopoeia (Germany, Britain, U.S.A, India).
  - c. Important terminologies like scientific names, common names, synonyms.
  - d. Definitions in Homoeopathic Pharmacy.
  - e. Components of Pharmacy.
  - f. Weights and measurements.
  - g. Nomenclature of Homoeopathic drugs with their anomalies.
2. Raw Material: Drugs and Vehicles
  - a. Sources of drugs (Taxonomic classification, with reference to utility).
  - b. Collection of drug substances.
  - c. Vehicles.
  - d. Homoeopathic Pharmaceutical Instruments and appliances.
3. Homoeopathic Pharmaceutical
  - a. Mother tincture and its preparation – old and new methods.
  - b. Various scales used in Homoeopathic Pharmacy.
  - c. Drug dynamisation or potentisation.
  - d. External applications ( focus on scope of Homoeopathic lotion, glycerol, liniment and ointment)
  - e. Doctrine of signature.
  - f. Posology (focus on basic principles, related aphorisms of Organon of Medicine).
  - g. Prescription (including abbreviations).
  - h. Concept of placebo.
  - i. Pharmacology – routes of Homoeopathic drug administration.
  - j. Dispensing of medicines.
  - k. Basics of adverse drug reactions and pharmaco- vigilance.



4. Pharmacodynamics:
  - a. Homoeopathic Pharmacodynamics.
  - b. Drug Proving (Related aphorisms 105-145 of Organon of Medicine) and merits and demerits of Drug Proving on Humans and Animals.
  - c. Pharmacological study of drugs listed in Appendix.
5. Quality Control:
  - a. Standardization of Homoeopathic Medicines, Raw materials and Finished Products.
  - b. Good manufacturing Practices, Industrial Pharmacy.
  - c. Homoeopathic Pharmacopoeia Laboratory- functions and activities, relations to quality control of drugs.
6. Legislations pertaining to Pharmacy:
  - a. The Drugs and Cosmetics Act, 1940 (23 of 1940) ( in relation to Homoeopathy);
  - b. Drugs and Cosmetics Rules, 1945 ( in relation to Homoeopathy);
  - c. Poisons Act, 1919 (12 of 1919);
  - d. The Narcotic Drugs and Psychotropic Substances Act, 1985(61 of 1985);
  - e. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954);
  - f. Medicinal and Toilet Preparations (Excise Duties) Act, 1955(16 of 1955).

## 2) Practical : Experiments

1. Estimation of size of globules.
2. Medication of globules and preparation of doses with sugar of milk and distilled water.
3. Purity test of sugar of milk, distilled water and ethyl alcohol.
4. Determination of specific gravity of distilled water and ethyl alcohol.
5. Preparation of dispensing alcohol and dilute alcohol from strong alcohol.
6. Trituration of one drug each in decimal and centesimal scale.
7. Succussion in decimal scale from Mother Tincture to 6X potency.
8. Succussion in centesimal scale from Mother Tincture to 3C potency.
9. Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.
10. Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency.
11. Preparation of 0/1 potency (LM scale) of 1 Drug.
12. Preparation of external applications – lotion, glycerol, liniment, ointment.
13. Laboratory methods – submission, distillation, decantation, filtration, crystallization.
14. Writing of prescription.
15. Dispensing of medicines.
16. Process of taking minims.
17. Identification of Drugs (Listed in Appendix B).
  - a. Macroscopic and Microscopic characteristic of drug substances- minimum 05 drugs.
  - b. Microscopic study of trituration of two drugs (up to 3X potency).
18. Estimation of moisture content using water bath.
19. Preparation of mother tincture- maceration and percolation.
20. Collection of 30 drugs for herbarium.

21. Visit to Homoeopathic Medicines (GMP Complaint). (Students shall keep detailed visit reports as per proforma at Annexure-B)

**3) Demonstration**

- a. General instructions for practical or clinical in Pharmacy.
- b. Identification and use of Homoeopathic Pharmaceutical instruments and appliances and their cleaning.
- c. Estimation of moisture content using water bath.
- d. Preparation of mother tincture- maceration and percolation.

**APPENDIX-A**

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

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

**APPENDIX-B**

List of drugs for the identification.

**I. Vegetable Kingdom**

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

**II. Chemicals or Minerals**

1. *Aceticum acidum*
2. *Alumina*
3. *Argentum metallicum*
4. *Argentum nitricum*
5. *Arsenicum album*
6. *Calcarea carbonica*
7. *Carbovegetabilis*
8. *Graphites*
9. *Magnesium phosphorica*
10. *Natrum muriaticum*
11. *Sulphur*

**III. Animal Kingdom**

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

**Note:**

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

**Examination:**

Sl. No.	Particulars	Marks
1.	Theory	
	a. Number of Paper - 01	
	b. Marks: <b>100</b>	
2.	Practical including viva voce or oral	
	a. Marks: 100	
	b. Distribution of marks	
	❖ Experiments	15
	❖ Spotting	20
	❖ Maintenance of Practical record or journal	10
	❖ Maintenance of herbarium record	05
	❖ Viva voce(Oral)	50
	<b>TOTAL</b>	<b>100</b>

**I, II, III, IV – B.H.M.S.****I – B.H.M.S.****ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY****Instructions:****I.**

- a. Organon of Medicine with Homoeopathic Philosophy is a vital subject which builds up the conceptual base of the physician.

- b. It illustrates those principles which when applied in practice enable the physician to achieve results, which he can explain logically and rationally in medical practice with greater competence.
  - c. Focus of the education and training should be to build up the conceptual base of Homoeopathic Philosophy for use in medical practice.
- II.** Homoeopathy should be taught as a complete system of medicine with logical rationality of its holistic, individualistic and dynamistic approach to life, health, disease, remedy and cure and in order to achieve this, integration in the study of logic, psychology and the fundamental of Homoeopathy becomes necessary.
- III.**
- 1. It is imperative to have grasped of inductive and deductive logic, and its application and understanding of the fundamental of Homoeopathy.
  - 2. Homoeopathic approach in therapeutics is a holistic approach and it demands a comprehension of patient as a person, disposition, state of his mind and body, along with the study of the disease process and its causes.
  - 3. Since Homoeopathy lays great emphasis on knowing the mind, preliminary and basic knowledge of the psychology becomes imperative for a Homoeopathic Physician and introduction to psychology will assist the student in building up his conceptual base in this direction.
- IV.** The department of Organon of Medicine shall coordinate with other departments where students are sent for the pre-clinical and clinical training and this will not only facilitate integration with other related departments, but also enhance the confidence of the students when they will be attending speciality clinics.

### **I B.H.M.S**

#### A. Theory

- 1. Introductory Lectures.
  - a. Evolution of medical practice of the ancients ( Prehistoric Medicine, Greek Medicine, Chinese Medicine, Hindu Medicine and Renaissance) and tracing the empirical, rationalistic and vitalistic thoughts.
  - b. Short history of Hahnemann's life, his contributions, and discovery of Homoeopathy, situation leading to discovery of Homoeopathy.
  - c. Brief life history and contributions of early pioneers of Homoeopathy like C.V Boenninghausen, J.T. Kent, C.Hering, Rajendra Lal Dutta, M.L. Sircar.
  - d. History and Development of Homoeopathy in India, U.S.A and European countries
  - e. Fundamental Principles of Homoeopathy.
  - f. Basic concept of:
    - 1. Health: Hahnemann's concept and modern concept.
    - 2. Disease: Hahnemann's concept and modern concept.
    - 3. Cure.
  - g. Different editions and constructions of Hahnemann's Organon of Medicine

2. Logic:  
To understand Organon of Medicine and Homoeopathic Philosophy, it is essential to be acquainted with the basics of Logic to grasp inductive and deductive reasoning's. Preliminary Lectures on inductive and deductive logic (with reference to Philosophy book of Stuart close Chapter 3 and 16)
3. Psychology:
  - a. Basics of Psychology.
  - b. Study of behaviour and intelligence.
  - c. Basic concepts of Sensations.
  - d. Emotion, Motivation, Personality, Anxiety, Conflict, Frustration, Depression, Fear, Psychosomatic Manifestations.
  - e. Dreams.
4. Aphorisms 1 to 28 of Organon of Medicine.
5. Homeopathic Prophylaxis.

**B. Examination: There shall be examination in the subject in subject in First B.H.M.S**

## **II – B.H.M.S.**

### **Instructions:**

**1)**

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

**2)** Homoeopathy should be taught as a complete system of medicine with logical rationality of its holistic, individualistic and dynamistic approach to life, health, disease, remedy and cure and in order to achieve this, integration i n the study of logic, psychology and the fundamental of Homoeopathy becomes necessary.

**3)**

- a) It is imperative to have clear grasp of inductive and deductive logic, and its application and understanding of the fundamental of Homoeopathy.
- b) Homoeopathic approach in therapeutics is a holistic approach and it demands a comprehension of patient as a person, disposition, state of his mind and body, along with the study of the disease process and its causes.
- c) Since Homoeopathy lays great emphasis on knowing the mind, preliminary and basic knowledge of the psychology becomes imperative for a Homoeopathic physician and introduction to psychology will assist the student in building up his conceptual base in this direction.

- 4) The department of Organon of Medicine shall coordinate with not only facilitate integration with other related departments, but also enhance the confidence of the students when they will be attending speciality clinics.

### A. Theory

- 1) Aphorisms 29-104 including foot notes of Organon of Medicine (5<sup>th</sup>& 6<sup>th</sup> Editions translated by R.E. Dudgeon and W. Boericke).
- 2) Homoeopathic Philosophy:
  - i. Chapter of Philosophy books of J.T. Kent (Chapters 1 to 17, 23 to 27, 31 to 33), Stuart close (Chapters- 8,9,11,12) and H.A. Roberts (Chapters - 3,4,5,6,8,9,11,17,18,19,20), related to Aphorisms 29-104 of Organon of Medicine.
  - ii. Symptomatology: Details regarding Symptomatology are to be comprehended by referring to the relevant aphorisms of Organon of Medicine and Chapters of the books on Homoeopathic Philosophy.
  - iii. Causations: Through comprehensive of the evolution of disease, taking into account pre-disposing fundamental, exciting and maintaining causes.
  - iv. Case taking:  
The purpose of Homoeopathic case taking is not merely collection of the disease symptoms from the patient, comprehending the patient as a whole with the correct appreciation of the factors responsible for the genesis and maintenance of illness. Hahnemann's concept and method of case taking, as stated in his Organon of Medicine is to be stressed upon.
  - v. Case Processing:  
This includes,
    - a. Analysis of Symptoms,
    - b. Evaluation of Symptoms
    - c. Miasmatic diagnosis
    - d. Totality of symptoms

### B. Practical or Clinical:

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

### C. Examination:

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	1.1. No. of Papers – 01	
	1.2.Marks ;100	
	1.3.Distribution of marks:	
	1.3.1. Logic	<b>15</b>
	1.3.2. Psychology	<b>15</b>
	1.3.3. Fundamentals of Homoeopathy and Aphorisms 1 to 104	<b>50</b>

	1.3.4. Homoeopathic Philosophy	<b>20</b>
	<b>TOTAL</b>	<b>100</b>
<b>2.</b>	Practical including viva voce or oral:	
	2.1.Marks :100	
	2.2.Distribution of marks:	
	2.2.1. Case taking and Case Processing	40
	2.2.2. Maintenance of Practical record or journal	10
	2.2.3. Viva voce (Oral)	50
	<b>TOTAL</b>	<b>100</b>

### **III – B.H.M.S.**

#### **Instructions:**

#### **I.**

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

**II.** Homoeopathy should be taught as a complete system of medicine with logical rationality of its holistic, individualistic and dynamistic approach to life, health, disease, remedy and cure and in order to achieve this integration in the study of logic, psychology and the fundamental of Homoeopathy becomes necessary.

#### **III.**

- a. It is imperative to have clear grasp of inductive and deductive logic and its application and understanding of the fundamentals of Homoeopathy.
- b. Homoeopathic approach in therapeutics is a holistic approach and it demands a comprehension of patient as a person, disposition, state of his mind and body, along with the study of the disease process and its causes.
- c. Since Homoeopathy lays great emphasis on knowing the mind, preliminary and basic knowledge of the psychology becomes imperative for a Homoeopathic physician and introduction to psychology will assist the student in building up his conceptual base in this direction.

**IV.** The department of Organon of Medicine shall coordinate with other departments where students are sent for the pre-clinical and clinical training and this will not only facilitate integration with other related departments but also enhance the confidence of the students when they will be attending specialty clinics.



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

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

**B. Practical or Clinical:**

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

**C. Examination:**

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	1.1. Number of Papers – 01	
	1.2. Marks :100	
	1.3.Distribution of Marks :	
	1.3.1. Aphorisms 1 to 294	60
	1.3.2. Homoeopathic Philosophy	40
	<b>Total</b>	<b>100</b>
<b>2.</b>	<b>Practical including Viva voce or oral</b>	
	2.1.Marks :100	
	2.2. Distribution of marks	
	2.2.1. Case taking and case processing	40
	2.2.2. Maintenance of Practical record or journal	10
	2.2.3. Viva Voce (Oral)	50
	<b>Total</b>	<b>100</b>

## **IV – B.H.M.S.**

### **Instructions:**

I.

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

II. Homoeopathy should be taught as a complete system of medicine with logical rationality of its holistic, individualistic and dynamistic approach to life, disease,

remedy and cure and in order to achieve this integration in the study of logic, psychology and the fundamentals of Homoeopathy becomes necessary.

### III.

- a. It is imperative to have clear grasp of inductive and deductive logic and its application and understanding of the fundamentals of Homoeopathy.
- b. Homoeopathic approach in therapeutics is a holistic approach and it demands a comprehension of patient as a person, disposition, state of his mind and body along with the study of the disease process and its causes.
- c. Since Homoeopathy lays great emphasis on knowing the mind, preliminary and basic knowledge of the psychology becomes imperative for a Homoeopathic Physician and introduction to psychology will assist the student in building up his conceptual base in this direction.

### IV.

The department of Organon of Medicine shall coordinate with other departments where students are sent for the pre-clinical and clinical training and this will not only facilitate integration with other related departments but also enhance the confidence of the students when they will be attending speciality clinics.

## A. Theory:

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

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

**B. Practical or Clinical:**

- a. The students shall maintain practical records of patients treated in the outpatient department and in patient department of the attached hospital.
- b. The following shall be stressed upon in the case records, namely:
  1. Receiving the case properly (case taking) without distortion of the patient's expressions.
  2. Nosological diagnosis.
  3. Analysis and evaluation of the symptoms, miasmatic diagnosis and portraying the totality of symptoms.
  4. Individualisation of the case for determination of the similimum, prognosis, general management including diet and necessary restrictions on mode of life of the individual patients.
  5. State of susceptibility to formulate comprehensive plan of treatment.
  6. Order of evaluation of the characteristic features of the case would become stepping stone for the reportorial totality.
  7. Remedy selection and posology.
  8. Second prescription.

Note:

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

**C. Examination**

Sl. No.	Particulars	Marks
1.	Theory	
	1.1.Number of Papers- 02	
	1.2.Marks : Paper I : 100, Paper II : 100	
	1.3.Distribution of marks:	
	Paper I : Aphorisms 1-145	30
	Aphorisms 146-294	70
	<b>Total</b>	<b>100</b>
	Paper II: Chronic diseases	50
	Homoeopathic Philosophy	50
	<b>Total</b>	<b>100</b>
2.	Practical including viva voce or oral	
	2.1.Marks: 100	
	2.2.Distribution of marks	
	2.2.1. Case taking and case processing of a long	30
	2.2.2. Case taking and case processing of a short	10
	2.2.3. Maintenance of practical record	10

	or journal	
	2.2.4. Viva Voce (oral)	50
	<b>Total</b>	<b>100</b>

## **I, II, III, IV – B.H.M.S.**

### **HOMOEOPATHIC MATERIA MEDICA**

#### **Introduction**

- I.
  - a. Homeopathic Materia Medica is differently constructed as compared to other Materia Medica.
  - b. Homoeopathic considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life process under such action and that it does not lead us to a full appreciation of the action of the medicinal substance, the drugs substances as a whole is lost sight of.
- II. Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on healthy persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.
- III.
  - a. The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter- relationship.
  - b. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
- IV.
  - a. The most commonly indicated drugs for day today ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications and they should be thoroughly dealt with explaining all comparisons and relationship.
  - b. The most commonly indicated drugs for day today ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their

applications and they should be thoroughly dealt with explaining all comparisons and relationship.

- V. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.
- VI.
- a. While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned.
  - b. The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorize a few drugs for a particular disease and this Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned.
  - c. Application of Materia Medica should be demonstrated from case records in the outdoor and the indoor.
  - d. Lectures on comparative Materia Medica and therapeutics as well as tutorials should be integrated with lectures on clinical medicine.
- VII. For the teaching of drugs, the department should keep herbarium sheets and other specimens for demonstrations to the students and audio-visual material shall be used for teaching and training purposes.
- VIII.
- a. There is a large number of Homoeopathic Medicines used today and much more medicines being experimented and proved at present and more will be added in future and some very commonly used Homoeopathic Medicines are included in this curriculum for detail study.
  - b. It is essential that at the end of this course each student should gain basic and sufficient knowledge of – How to study Homoeopathic Materia Medica and to achieve this objective basic and general topics should be taught in all the classes.
  - c. The Medicines are to be taught under the following headings, namely:
    1. Common name, family, habitat, parts used, preparation, constituents (of source material)
    2. Proving data.
    3. Sphere of action.
    4. Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants) and constitution.
    5. Comparative study of medicines.
    6. Therapeutic applications (applied Materia Medica).

## **I - B.H.M.S.**

### A. Theory.

- a. Basic Materia Medica-
  1. Basic concept of Materia Medica.
  2. Basic construction of various Materia Medica.
  3. Definition of Materia Medica.
- b. Homoeopathic Materia Medica-
  1. Definition of Homoeopathic Materia Medica.
  2. Basic concept and construction of Homoeopathic Materia Medica.
  3. Classification of Homoeopathic Materia Medica.
  4. Sources of Homoeopathic Materia Medica.
  5. Scope and Limitations of Homoeopathic Materia Medica.

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

## **II – B.H.M.S.**

### **Instructions:**

1.
  - a. Homoeopathic Materia Medica is differently constructed as compared to other Materia Medica.
  - b. Homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal substances, the drug substance as a whole is lost sight of.
2. Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on healthy persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.
3.
  - a. The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter-relationship.
  - b. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
4.
  - a. The most commonly indicated drugs for day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications and they should be thoroughly dealt with explaining all comparisons and relationships.

- b. Students should be conversant with their sphere of action and family relationships and the rarely used drugs should be taught in outline, emphasizing only their most salient features and symptoms.
5. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Material Medica in relation to its application in the treatment of the sick.
6.
  - a. While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned.
  - b. The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorize a few drugs for a particular disease and this Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned.
  - c. The medicines are to be taught under the following headings, namely:
    - (i) Common name, family, habitat, parts used, preparation, constituents (of source material).
    - (ii) Proving data.
    - (iii) Sphere of action.
    - (iv) Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants constitution.
    - (v) Comparative study of medicines.
    - (vi) Therapeutic applications (applied Materia Medica).

## **II - B.H.M.S.**

### **A. Theory**

1. In addition to syllabus of First B.H.M.S Course, following shall be taught, namely:
  - a. Science and Philosophy of Homoeopathic Materia Medica.
  - b. Different ways of studying Homoeopathic Materia Medica (e.g. psycho-clinical. Pathological, physiological, synthetic, comparative, analytical, remedy relationships, group study, portrait study etc.)
  - c. Scope and limitations of Homoeopathic Materia Medica.
  - d. Concordance or remedy relationships.
  - e. Comparative Homoeopathic Materia Medica, namely: Comparative study of symptoms, drug pictures, drug relationships.
  - f. Theory of Biochemical system of Medicine, its history, concepts and principles according to Dr. Wilhelm Heinrich Schuessler. Study of 12 Biochemical medicines (Tissue remedies).
2. Homoeopathic Medicines to be taught in Second B.H.M.S as per Appendix- I

**Appendix - I**

- 1) Aconitum napellus
- 2) Aethusa cynapium
- 3) Allium cepa
- 4) Aloe socotrina
- 5) Antimonium crudum
- 6) Antimonium tritaricum
- 7) Apis mellifica
- 8) Argentum nitricum
- 9) Arnica Montana
- 10) Arsenicum album
- 11) Arum triphyllum
- 12) Baptisia tinctoria
- 13) Bellis perrenis
- 14) Bryonia alba
- 15) Calcarea carbonica
- 16) Calcarea fluorica
- 17) Calcarea phosphoric
- 18) Calcarea sulphurica
- 19) Calendula officinalis
- 20) Chamomilla
- 21) Cina
- 22) Cinchona officinalis
- 23) Colchicum autumnale
- 24) Colocynthis
- 25) Drosera
- 26) Dulcamara
- 27) Euphrasia
- 28) Ferrum phosphoricum
- 29) Gelsemium
- 30) Hepar sulph
- 31) Hypericum perforatum
- 32) Ipecacuanha
- 33) Kali muriaticum
- 34) Kali phosphoricum
- 35) Kali sulphuricum
- 36) Ledumpalustre
- 37) Lycopodium clavatum
- 38) Magnesium phosphoricum
- 39) Natrum phosphoricum
- 40) Natrum phosphoricum
- 41) Natrum sulphuricum
- 42) Nux vomica



- 43) Pilsatilla
- 44) Rhus toxicodendron
- 45) Ruta graveolens
- 46) Silicea
- 47) Spongia tosta
- 48) Sulphur
- 49) Symphytum officinale
- 50) Thuja occidentalis

**B. Practical or Clinical ; This will cover**

- 1) Case taking of acute and chronic patients
- 2) Case processing including totality of symptoms, selection of medicine, potency and repetition schedule.

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

**C. EXAMINATION:** The syllabus covered in first B.H.M.S and Second B.H.M.S course are the following, namely:

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	1.1. Number of Papers – 01	
	1.2. Marks :100	
	1.3.Distribution of marks:	
	1.3.1. Topics of I BHMS	50
	1.3.2. Topics of II BHMS	50
	<b>TOTAL</b>	<b>100</b>
<b>2.</b>	<b>Practical including Viva voce or oral</b>	
	2.1.Marks : 100	
	2.2.Distribution of marks	
	2.2.1. Case taking and Case processing of one long case	30
	2.2.2. Case taking of one short case	10
	2.2.3. Maintenance of Practical record or journal	10
	2.2.4. Viva voce (oral)	50
	<b>TOTAL</b>	<b>100</b>

**III – B.H.M.S.**

**Instructions:**

**I.**

- a) Homoeopathic Materia Medica is differently constructed as compared to other Materia Medica Medicas.

- b) Homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal substance, the drug substance as a whole is lost sight of.
- II. Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on healthy persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole to whom the knowledge of drug action is to be applied.
- III.
- a. The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter-relationship.
  - b. Each drug should be studied synthetically, analytically and comparatively and this alone would enable a Homeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
- IV.
- a. The most commonly indicated drugs for day to day ailments should be taken up first so that in the clinical classes or out door duties the students become familiar with their applications and they should be thoroughly dealt with explaining all comparisons and relationship.
  - b. Students should be conversant with their sphere of action and family relationships and the rarely used drugs should be taught in outline, emphasizing only their most salient features and symptoms.
- V. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.
- VI.
- a. While teaching therapeutics an attempt should be made to recall the Material Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned.
  - b. The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorise a few drugs for a particular disease and this Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned.
  - c. Application of Materia Medica should be demonstrated from case-records in the outdoor and the indoor.
  - d. Lectures on comparative Materia Medica and therapeutics as well as tutorials should be integrated with lectures on clinical medicine.
- VII. For the teaching of drugs, the department should keep herbarium sheets and other specimens for demonstrations to the students and audio-visual material shall be used for teaching and training purposes.
- VIII.

- a. There is a large number of Homoeopathic medicines used today and much more medicines being experimented and present and more will be added in future and some very commonly used Homoeopathic Medicines are included in this curriculum for detail study.
- b. It is essential that at the end of this course each student should gain basic and sufficient knowledge of – How to study Homoeopathic Materia Medica and to achieve this objective basic and general topic of Materia Medica should be taught in details during this curriculum, general topics should be taught in all the classes.
- c. The medicines are to be taught under the following headings, namely:
  1. Common name, family, habitat, parts used, preparation, constituents (of source material).
  2. Proving data.
  3. Sphere of action.
  4. Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants and constitution).
  5. Comparative study of medicines.
  6. Therapeutic applications (applied Materia Medica).

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

**A. General Topics of Homoeopathic Materia Medica-**

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

- a. Concept of nosodes- definition of nosodes, types of nosodes, general indications of dosodes.
- b. Concepts of constitution, temperaments, diathesis- definitions, various concepts of constitution with their peculiar characteristics, importance of constitution, temperaments and diathesis and their utility in treatment of patients.

**B. Concepts of mother tincture.**

**C. Homoeopathic Medicines to be taught in Third BHMS as in Appendix-II**

1.	Acetic acid
2.	Actea spicata
3.	Agaricus muscarius
4.	Agnus castus
5.	Alumina
6.	Ambra grisea
7.	Ammonium carbonicum
8.	Ammonium muriaticum

9.	Anacardium orientale
10.	Apocynum cannabinum
11.	Arsenicum Iodatatum
12.	Asafoetida
13.	Aurum metallicum
14.	Baryta carbonica
15.	Belladonna
16.	Benzoic acid
17.	Berberis vulgaris
18.	Bismuth
19.	Borax
20.	Bovista Iycoperdon
21.	Bromium
22.	Bufo rana
23.	Cactus grandiflorus
24.	Caladium seguinum
25.	Calcarea arsenicosa
26.	Camphora
27.	Cannabis Indica
28.	Cannabis sativa
29.	Cantharis vesicatoria
30.	Carbo vegetabilis
31.	Chelidonium majus
32.	Conium maculatum
33.	Crotalus horridus
34.	Croton tiglium
35.	Cyclamen europaeum
36.	Digitalis purpurea
37.	Dioscorea villosa
38.	Equisetum hyemale
39.	Ferrum metallicum
40.	Graphites
41.	Helleborus niger
42.	Hyoscyamus niger
43.	Ignatia amara
44.	Kali bichromicum
45.	Kali bromatum
46.	Kali carbonicum
47.	Kreosotum
48.	Lachesis muta
49.	Moschus
50.	Murex purpurea
51.	Muriatic acid
52.	Naja tripudians
53.	Natrum carbonicum
54.	Nitric acid
55.	Nux moschata
56.	Opium

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

S. No.	Group Studies
1	Acid Group
2	Carbon Group
3	Kali Group
4	Ophidia Group
5	Mercurius Group
6	Spider Group

D. Practical or Clinical:

1. This will cover:
  - a. Case taking of acute and chronic patients.
  - b. Case processing including selection of medicine, potency and repetition schedule.
2. Each student shall maintain a journal having record of ten case takings.

E. Examination:

Sl. No.	Particulars	Marks
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<b>1.</b>	<b>Theory</b>	
	1.1.Number of Papers-01	
	1.2.Marks :100	
	1.3.Distribution of marks	
	1.3.1. Topics of Second BHMS	50
	1.3.2. Topics of Third BHMS	50
<b>2.</b>	<b>Practical including viva voce or oral</b>	
	2.1.Marks: 100	
	2.2.Distribution of marks:	
	2.2.1. Case taking and case processing of one long case	30
	2.2.2. Case taking of one short case	10
	2.2.3. Maintenance of practical record or journal	10
	2.2.4. Viva voce or oral	50
	<b>Total</b>	<b>100</b>

#### **IV - B.H.M.S.**

In addition to the syllabus of First, Second and Third BHMS including the medicines taught as per the Appendices I and II, the following additional topics and medicines are included in the syllabus for the Syllabus for the Fourth BHMS examination.

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

#### **APPENDIX-III**

1.	Abiescanadensis	60.	Coffeacruda
2.	Abiesnigra	61.	Glonoine
3.	Carboanimalis	62.	Melilotus
4.	Carbolic acid	63.	Millefolium
5.	Cundurango	64.	Jonosiasoca
6.	Fluoricumacidum	65.	Justiciaadhatoda
7.	Hydrastics Canadensis	66.	Ocimum sanctum
8.	Raphanussativus	67.	Syzigiumjambolanum
9.	Magnesia muriatica	68.	Ratanhiaperuviana
10.	Anthracinum	69.	Collinsonia Canadensis
11.	Bacillinum	70.	Antimoniumarsenicum
12.	Lac caninum	71.	Stictapulmonaria
13.	Lac defloratum	72.	Asteriasrubens
14.	Lyssin	73.	Iodium
15.	Medorrhinum	74.	Thyroidinum

16.	Psorinum	75.	Argentum metallicum
17.	Pyrogrnium	76.	Cuprum metallicum
18.	Vaccinum	77.	Plumbummetallicum
19.	Variolinum	78.	Zincummetallicum
20.	Variolinum	79.	Adonis vernalis
21.	Hydrocotyleasiatica	80.	Kalmia latifolia
22.	Mezareum	81.	Physostigmavenenosum
23.	Radium bromatum	82.	Mercuriuscorrosivus
24.	Urticaurens	83.	Mercuriuscyanatus
25.	Vinca minor	84.	Mercuriusdulcis
26.	Abrotanum	85.	Mercuriussolubilis
27.	Rhempalmatum	86.	Mercuriussulphuricus
28.	Sanicula aqua	87.	Causticum
29.	Acalyphaindica	88.	Bacillus No.7
30.	Coralliumrubrum	89.	Dysentery co
31.	Lobelia inflata	90.	Gaertner
32.	Mephitis puorius	91.	Morgan pure
33.	Rumexcrispus	92.	Morgan gaertner
34.	Sabadilla officinalis	93.	Proteus bacillus
35.	Sambucusnigra	94.	Sycotic bacillus
36.	Squilla maritime	Additional Medicnes	
37.	Barytamuriatica	95.	Aesculushippocastanum
38.	Crataegusoxyacantha	96.	Adrenalinum
39.	Lithium carbonium	97.	Artemesia vulgaris
40.	Rauwolfia serpentine	98.	Avenasativa
41.	Caulophyllum	99.	Blattaorientalis
42.	Cocculusindicus	100.	Carduusmarianus
43.	Crocus sativus	101.	Ceanothus
44.	Heloniasdioica	102.	Chininumarsenicum
45.	Lilliumtigrinum	103.	Cholesterinum
46.	Sabina	104.	Coca erythroxyton
47.	Trillium pendulum	105.	Diphtherinum
48.	Viburnum opulus	106.	Erigeron Canadensis
49.	Cicutavirosa	107.	Malandrinum
50.	Ranunculusbulbosus	108.	Menyanthes
51.	Rhododendron chrysanthum	109.	Onosmodium
52.	Clematis erecta	110.	Passiflora incarnate
53.	Sabalserrulata	111.	Ustilagomaydis
54.	Sarsaparilla officinalis	112.	Stannummetallicum
55.	Coffeacruda	113.	Valeriana officinalis
56.	Glonoine	114.	X-Ray
57.	Melilotus		
58.	Millefolium		
59.	Sarsaparilla officinalis		

<b>Sl. No</b>	<b>Group Studies</b>
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1.	Baryta Group
2.	Calcarrea Group
3.	Magnesia Group
4.	Natrum Group
5.	Compositae Family
6.	Ranunculaceae family
7.	Solonaceae family

C. Practical or Clinical: Each student shall maintain a journal having record of ten acute and ten chronic case takings.

D. Examination:

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	1.1. Number of Papers -02	
	1.2. Marks : 200	
	1.1.1. Distribution of marks:	
	1.1.2. Paper- I : Topics of First, Second and Third B.H.M.S.	100
	1.1.3. Paper- II : Topics of IV B.H.M.S.	100
	<b>TOTAL</b>	<b>200</b>
<b>2.</b>	<b>Practical including viva voce or oral</b>	
	2.1. Marks: 200	
	2.2. Distribution of marks	
	2.2.1. Case taking and Case Processing of one long case	60
	2.2.2. Case taking of one short case	20
	2.2.3. Maintenance of Practical record or Journal	20
	2.2.4. Viva Voce (Oral)	100
	<b>TOTAL</b>	<b>200</b>

## II – B.H.M.S.

### PATHOLOGY

#### Instructions:

I.

- a. Pathology and Microbiology shall be taught in relation to the concept of Miasmas as evolved by Samuel Hahnemann and further developed by JT Kent, H.A. Robert, J.H. Allen and other stalwarts, with due reference to Koch's postulate, correction with



immunity, susceptibility and thereby emphasizing Homoeopathic concept of evolution of disease and cure.

- b. Focus will be given on the following points, namely:
  - 1. Pathology in relation with Homoeopathic Materia Medica.
  - 2. Correlation of Miasmas and Pathology.
  - 3. Characteristic expressions of each Miasm.
  - 4. Classification of symptoms and diseases according to Pathology.
  - 5. Pathological findings of diseases, their interpretation, correction and usage in the management of patients under Homoeopathic treatment.
- c. To summarize, all the topics in the general and systemic Pathology and Microbiology should be correlated, at each juncture, with Homoeopathic principles so that the importance of Pathology in Homoeopathic system could be understood by the students.

## **A. THEORY**

- a. General Pathology
  - 1. Cell Injury and cellular adaption
  - 2. Inflammation and repair (Healing)
  - 3. Immunity
  - 4. Degeneration
  - 5. Thrombosis and embolism
  - 6. Oedema
  - 7. Disorders of metabolism
  - 8. Hyperplasia and Hypertrophy
  - 9. Anaplasia
  - 10. Metaplasia
  - 11. Ischaemia
  - 12. Haemorrhage
  - 13. Shock
  - 14. Atrophy
  - 15. Regeneration
  - 16. Hyperaemia
  - 17. Infarction
  - 18. Pyrexia
  - 19. Necrosis
  - 20. Gangrene
  - 21. Infarction
  - 22. Amyloidosis
  - 23. Hyperlipidaemia and Lipidosis
  - 24. Disorders of pigmentation
  - 25. Neoplastic (Definition, variation in cell growth, nomenclature and taxonomy, characteristics of neoplastic cells, aetiology and pathogenesis, grading and staging, diagnostic approaches, interrelationship of tumour and host, course and management).

26. Calcification.
  27. Effects of radiation.
  28. Hospital function.
- b. Systemic Pathology: In each system, the important and common diseases should be taught, keeping in view their evolution, aetio-pathogenesis, mode of presentation, progress and prognosis, namely:
1. Mal-nutrition and deficiency diseases.
  2. Diseases of Cardiovascular system.
  3. Diseases of blood vessels and lymphatic.
  4. Diseases of kidney and lower urinary tract.
  5. Diseases of male reproductive system and prostate.
  6. Diseases of the female genitalia and breast.
  7. Diseases of eye, ENT and neck.
  8. Diseases of the Respiratory system.
  9. Diseases of the oral cavity and salivary glands.
  10. Diseases of the G.I system.
  11. Diseases of liver, gall bladder and biliary ducts.
  12. Diseases of the pancreas (including diabetes mellitus).
  13. Diseases of the Haemopoetic system, bone marrow and blood.
  14. Diseases of glands-thymus, pituitary, thyroid and parathyroid, adrenals, parotid.
  15. Diseases of the skin and soft tissue.
  16. Diseases of the musculoskeletal system.
  17. Diseases of the nervous system.
  18. Leprosy.
- c. Microbiology:
1. General Topics:
    - a) Introduction
    - b) History and scope of medical microbiology
    - c) Normal bacterial flora
    - d) Pathogenicity of microorganisms
    - e) Diagnostic microbiology
  2. Immunology
    1. Development of immune system
    2. The innate immune system
    3. Non-specific defence of the host
    4. Acquired immunity
    5. Cells of immune system, T cells and Cell mediated immunity, B cells and Humoral immunity.
    6. The complement system
    7. Antigen, Antibody, Antigen – Antibody reactions (Anaphylactic and Atopic), Drug Allergies
    8. Hypersensitivity
    9. Immuno- deficiency

10. Auto-deficiency
11. Transplantation
12. Blood group antigens
13. Clinical aspect of immuno- pathology
3. Bacteriology:
  1. Bacterial structure, growth and metabolism.
  2. Bacterial genetics and bacteriophage
  3. Identification and cultivation of bacteria
  4. Gram positive aerobic and facultative anaerobic cocci, eg. Streptococci, Pneumococci.
  5. Gram positive anaemic cocci, e.g. Peptostreptococci
  6. Gram negative aerobic cocci, e.g. Neisseria, Moraxella, kingella
  7. Gram positive aerobic bacilli, e.g. corynebacterium, aacillus anthrax, cereus subtitis, mycobacteriac tuberculosis, M. leprae, actinomycetes, nocardia, organism of enterrobacteriac group
  8. Gram positive anaerobic bacilli, e.g. Genus clostridium, lactobacillus.
  9. Gram negative anaerobic bacilli, e.g. Bacteroides, frailus, fusobacterium.
  10. Others like- choletae vibrio, spirochetes, leptospirae, mycoplasma, chlamydia, rickettsia, Yersinia and pasturella.
4. Fungi and Pararsties:
  - a. Fungi
    1. True pathogens ( cutaneous, sub-cutaneous and systemic infective agents)
    2. Opportunistic pathogens
  - b. Protozoa
    1. Intestinal 9Entamoeba histolytic, Giardia lamblia, Cryptosporidium parvum)
    2. Urogenital (Trichomonas vaginalis)
    3. Blood and Tissues (Plasmodium westermani, Schistosoma mansoni, Schistosoma haematobium.
  - c. Helminths
    1. Cestodes (tapeworms) – Echinococcus granulosus, Taenia solium, Taenia saginata
    2. Trematodes (Flukes) :Paragonimus westermani, Schistosoma mansoni, Schistosoma haematobium.
    3. Nematodes – Ancylostomma duodenale, Ascaris lumbricoides, Enterobius vermicularis, Strongyloides, Strercoralis, Trichuris trichiura, Brugiamalayi, Dracunculus medinensis, Loa loa, Onchoceraca volvulus, Wuchereria bancroftii).
  - d. Virology:
    1. Introduction
    2. Nature and Classification of replication of viruses
    3. Morphology and replication of viruses
    4. DNA Viruses:
      - a. Parvo virus
      - b. Herpes virus, varicella virus, CMV, EBV.

- c. Hepadna virus (hepatitis virus)
- d. Papova virus
- e. Adeno virus
- f. Pox virus – variola virus, vaccinia virus, molluscum contagiosum etc.
- 5. RNA Viruses:
  - a. Orthomyxo virus:
    - ❖ Entero virus
    - ❖ Rhino virus
    - ❖ Hepato virus
  - b. Paramyxo virus – rubeola virus, Influenza virus etc.
  - c. Phabdo virus
  - d. Rubella virus (german measles)
  - e. Corona Virus
  - f. Retro Virus
  - g. Yellow fever virus
  - h. Dengue, vchikungunya virus
  - i. Miscellaneous virus.
    - ❖ Arena Virus
    - ❖ Corona Virus
    - ❖ Rota Virus
    - ❖ Bacteriophages
- e. Clinical Microbiology:
  - 1. Clinically important microorganisms
  - 2. Immuno prophylaxis,
  - 3. Antibiotic Sensitivity Test (ABST)
- f. Diagnostic procedures in Microbiology:
  - 1. Examination of blood and stool
  - 2. Immunological examinations
  - 3. Culture methods
  - 4. Animal inoculation
- g. Infection and Disease:
  - 1. Pathogenicity, mechanism and control
  - 2. Disinfection and sterilization
  - 3. Antimicrobial Pathogenicity
- h. Histopathology:
  - 1. Teaching of histopathological features with the help of slides of common Pathological conditions from each system.
  - 2. Teaching of gross Pathological specimens for each system.
  - 3. Histopathological techniques, e.g. Fixation, embedding, sectioning and staining by common dyes stains.
  - 4. Frozen sections and its importance.
  - 5. Electron microscopy, phase contrast microscopy.

## B. Practical or Clinical:

- a. Clinical and Chemical Pathology: Estimation of haemoglobin (by acidometer) count of Red Blood Cells and White Blood Cells, bleeding time, clotting time, blood grouping, staining of thin and thick films, differential counts, Blood examination for parasites, Erythrocyte sedimentation rate.
- b. Urine examination, Physical, Chemical microscopical, quantity of albumin and sugar.
- c. Examination of Faeces: Physical, Chemical microscopical for ova and protozoa.
- d. Methods of sterilisation, preparation of a media, use of microscope, gram and acid fast stains. Motility preparation, gram positive and negative cocci and bacilli. Special stains for corynebacterium gram and acid fast stains of pus and sputum.
- e. Preparation of common culture Medias. E.g. nutrient agar, blood agar, Robertson's Cooked
- f. Meal media (RCM) and Mac conkeys media.
- g. Widely test demonstration.
- h. Exposure to latest equipment, viz. auto-analyzer, cell counter, glucometer.
- i. Histopathology
  - ❖ Demonstration of common slides from each system.
  - ❖ Demonstration of gross pathological specimens.
  - ❖ Practical or Clinical demonstration of histopathological techniques, i.e. fixation, embedding.
  - ❖ Sectioning, staining by common dyes and stain, frozen section and its importance.
  - ❖ Electron microscopy, phase contrast microscopy.

### C. EXAMINATION:

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	1.1.Number of Papers : 02	
	1.2.Marks : Paper I – 100, Paper II – 100	
	1.3.Contents:	
	1.3.1. Paper I Section A : General Pathology	50
	Paper II Section B – Systemic Pathology	50
	<b>Total</b>	<b>100</b>
	1.3.2. Paper II Section A	
	<input type="checkbox"/> Bacteriology	25
	<input type="checkbox"/> Fungi and Parasites	25
	Section B-	
	<input type="checkbox"/> Virology	20
	<input type="checkbox"/> Clinical Microbiology and Diagnostic procedure	10
	<input type="checkbox"/> Microbiological control and mechanism of	10

	Pathogenicity	
	□ General Topics Immuno-Pathology	10
	<b>Total</b>	<b>100</b>
<b>2.</b>	<b>Practical including Viva Voce or Oral</b>	
	<b>Marks:100</b>	
	Distribution of Marks	
	1. Practicals	15
	2. Spotting	20 (4 Spotting)
	3. Histopathological Slides	10 (2 Slides)
	4. Journal or Practical Record	05
	5. Viva voce (oral)	50
	(Including 5 marks for interpretation of routine Pathological reports)	
	<b>TOTAL</b>	<b>100</b>

## **II – B.H.M.S.**

### **FORENSIC MEDICINE AND TOXICOLOGY**

#### **Introduction:**

#### **I.**

- a. Medico-legal examination is the statutory duty of every registered medical practitioner, whether he is in private practice or engaged in Government sector and in the present scenario of growing consumerism in medical practice, the teaching of Forensic Medicine and Toxicology to the students is highly essential.
- b. This learning shall enable the student to be well informed about medio-legal responsibility in medical practice and he shall also be capable to make observations and infer conclusion by logical deductions to set enquire on the right track in criminal matters and connected medico-legal problems.
- c. The students shall also acquire knowledge of laws in relation to medical practice, medical negligence and codes of medical ethics and they shall also be capable of identification, diagnosis and treatment of the common poisonings in their acute and chronic state and also dealing with their medico-legal aspects.
- d. For such purposes students shall be taken to visit district courts and hospitals to observe court proceedings and post-mortem as per Annexure “B”

#### **Forensic Medicine**

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

##### **1. Introduction**

- a. Definition of forensic medicine.
- b. History of Forensic Medicine in India.
- c. Medical ethics and etiquette.
- d. Duties of registered medical practitioner in medio-legal cases.

2. Legal Procedure
  - a. Inquests, courts in India, legal procedure.
  - b. Medical evidence in courts, dying declaration, dying deposition, including medical Certificates and medico-legal reports.
3. Personal Identification
  - a. Determination of age and sex in living and dead, race, religion.
  - b. Dactylography, DNA finger printing, foot print.
  - c. Medico-legal importance of bones, scars and teeth, tattoo marks.
  - d. Handwriting, anthropometry.
  - e. Examination of Biological stains and hair.
4. Death and its medico-legal importance.
  - a. Death and its types, their medico-legal importance.
  - b. Signs of death
  - c. Immediate
  - d. Early
  - e. Late and their medico-legal importance
  - f. Asphyxial death (mechanical asphyxia and drowning)
  - g. Details from starvation, cold and heat etc.
5. Injury and its medico-legal importance.  
Mechanical, thermal, firearm, regional, transportation and traffic injuries, injuries from radiation, electrocution and lightening.
6. Forensic psychiatry
  - a. Definition, delusion, delirium, illusion, hallucinations, impulse and mania, classification of Insanity.
  - b. Development of insanity, diagnosis admission to mental asylum.
7. Post-mortem examination (autopsy)
  - a. Purpose, procedure, legal bindings, difference between pathological and medico-legal autopsies.
  - b. External examination, internal examination of adult, foetus and skeletal remains.
8. Impotence and sterility  
Impotence, Sterility, Sterilisation, Artificial Insemination, Test Tube Baby, Surrogate mother.
9. Virginity, defloration, pregnancy and delivery.
10. Abortion and infanticide
  - a. Abortion: Different methods, complications, accidents following criminal abortion, MTP.
  - b. Infant death, legal definition, battered baby syndrome, cot death, legitimacy.
11. Sexual Offences
  - a. Rape, incest, sodomy, sadism, masochism, tribadism, bestiality, buccal coitus and other sexual perversions.

## II. Toxicology

1. General Toxicology
  - a. Forensic Toxicology and Poisons

- b. Diagnosis of poisoning in living and dead
- c. General principles of management of poisoning
- d. Medico-legal aspects of poisons
- e. Antidotes and types
- 2. Clinical Toxicology
  - a. Types of Poisons:
    - 1. Corrosive poisons (Mineral acids, Caustic alkalis, Organic acids, Vegetable acids)
    - 2. Irritant poisons (Organic poisons- Vegetable and animal, Inorganic poisons- metallic and non-metallic, Mechanical poisons)
    - 3. Asphyxiant poisons (Carbon monoxide, Carbon dioxide, Hydrogen sulphide and some war gases)
    - 4. Neurotic poisons (Opium, Nux vomica, Alcohol, Fuels like kerosene and petroleum products, Cannabis indica, Dhatura, Anaesthetics Sedatives and Hypnotics, Agrochemical compounds, Belladonna, Hyosyamus, Curare, Conium)
    - 5. Cardiac poisons (Digitalis purpurea, Oleander, Aconite, Nicotine)
    - 6. Miscellaneous poisons (Analgesics and Antipyretics, Anti histaminics)
    - 7. Tranquillisers, antidepressants, Stimulants, Hallucinogens, Street drugs etc.)

### III. Legislations relating to medical profession

1. The Homoeopathy Central Council Act, 1973 (59 of 1973).
2. The Consumer Protection Act, 1986 (68 of 1986).
3. The Workmen's compensation Act, 1923 (8 of 1923)
4. The Employees State Insurance Act, 1923 (34 of 1948)
5. The Medical Termination of Pregnancy Act, 1971 (34 of 1971)
6. The Mental Health Act, 1987 (14 of 1987).
7. The Indian Evidence Act, 1872 (1 of 1872).
8. The Prohibition of Child Marriage Act, 2006 (6 of 2007).
9. The Personal Injuries Act, 1963 (37 of 1963)
10. The Drugs and Cosmetics Act, 1940 (23 of 1940) and the rules made therein.
11. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954) (1) The Transplantation of Human Organs Act, 1994 (21 of 1994).
12. The Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994).
13. The Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982.
14. The Drugs Control Act, 1950 (26 of 1950).
15. The Medicine and Toiletry Preparations (Excise Duties) Act, 1955 (16 of 1955).
16. The Indian Penal Code (45 of 1860) and the Criminal Procedure Code (2 of 1974) (relevant provisions).
17. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 2010 (23 of 2010).



**B. Practical:**

1. Demonstration:
  - a. Weapons.
  - b. Organon and inorganic poisons.
  - c. Poisonous plants.
  - d. Charts, diagrams, photographs, models, x-ray films of medico-legal importance.
  - e. Record of incidences reported in newspapers or magazines and their explanation of medico-legal importance.
  - f. Attending demonstration of ten medico-legal autopsies.
2. Certificate Writing:
 

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

**C. Examination:**

Sl. No.	Particulars	Marks
1.	Theory	
	1.1.Number of papers- 01	
	1.2.Marks:100	
2.	Practical including viva voce or oral:	
	2.1.Marks: 100	
	2.2.Distribution of marks	
	2.2.1. Medico-legal aspect of 4 specimens	40
	2.2.2. Journal or practical records	10
	2.2.3. Viva voce (oral)	50
	<b>TOTAL</b>	<b>100</b>

**II & III – B.H.M.S.****SURGERY****Instructions:**

- 1)
  - a. Homoeopathy as a science needs clear application on part of the physician to decide about the best course of action(s) required to restore the sick to health.
  - b. Knowledge about surgical disorders is required to be grasped so that the Homoeopathic Physician is able to:
    - Diagnose common surgical conditions.
    - Institute Homoeopathic medical treatment wherever possible.

- Organise Pre and Post-operative Homoeopathic medicinal care besides surgical intervention with the consent of the surgeon.
- 2) For the above conceptual clarity and to achieve the aforesaid objectives, an effective coordination between the treating surgeons and Homoeopathic Physicians is required keeping in view the holistic care of the patients and it will also facilitate the Physician in individualising the patient, necessary for Homoeopathic treatment and management.’
  - 3) The study shall start in Second B.H.M.S and complete in Third B.H.M.S and examination shall be conducted in Third B.H.M.S.
  - 4)
    - a. Following is a plan to achieve the above and it takes into account about the Second and Third Year B.H.M.S syllabus and respective stage of development.
    - b. Throughout the whole period of study, the attention of the students should be directed by the teachers of this subject to the importance of its preventive aspects.
  - 5) There shall be periodical inter-departmental seminars, to improve the academic knowledge, skill and efficiency of the students and the study shall include training on,-
    1. Principles of Surgery.
    2. Fundamentals of examination of a patient with surgical problems.
    3. Use of common instruments for examination of a patient.
    4. Physiotherapy measures.
    5. Applied study of radio-diagnostics.
    6. Knowledge of causation, manifestations, management and prognosis of surgical disorders.
    7. Miasmatic background of surgical disorders, wherever applicable.
    8. Bedside Clinical procedures.
    9. Correlation of applied aspects, with factors which can modify the course of illness, including application of medicinal and non-medicinal measures.
    10. Role of Homoeopathic treatment in pseudo-surgical and true surgical diseases.  
Second B.H.M.S.

## **II- B.H.M.S.**

### **A. Theory**

#### **General Surgery:**

- a. Introduction to surgery and basic surgical principles.
- b. Fluid, Electrolytes and acid-base balance.
- c. Haemorrhage, haemostasis and blood transfusion.
- d. Boil, abscess, carbuncle, cellulitis and erysipelas.
- e. Acute and chronic infections, tumors, cysts, ulcers, sinus and fistula.
- f. Injuries of various types, preliminary management of head injury.
- g. Wounds, tissue repair, scars and wound infections.

- h. Special infections (Tuberculosis, Syphilis, Acquired Immuno Deficiency Syndrome, Actinomycosis, Leprosy).
- i. Burn
- j. Shock
- k. Nutrition
- l. Pre-operative and Post-operative care.
- m. General management, surgical management and Homoeopathic therapeutics of the above topics will be covered.

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

### **III- B.H.M.S**

#### **A. Theory**

##### **a. Systemic Surgery:**

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

##### **B. Ear**

1. Applied Anatomy and applied Physiology of ear.
2. Examination of ear.
3. Diseases of external, middle and inner ear

##### **C. Nose**

1. Applied Anatomy and Physiology of nose and paranasal sinuses.
2. Examination of nose and paranasal sinuses
3. Diseases of nose and paranasal sinuses

##### **D. Throat**

1. Applied Anatomy and applied Physiology of pharynx, larynx, tracheobronchial tree, and oesophagus.
2. Examination of pharynx, larynx, trachea bronchial tree, oesophagus
3. Diseases of Throat (External and Internal).
4. Diseases of oesophagus.

##### **E. Ophthalmology**

1. Applied Anatomy, Physiology of eye.
2. Examination of eye.
3. Diseases of eyelids, eyelashes and lacrimal drainage system.

4. Diseases of Eyes including injury related problems.

#### F. Dentistry

1. Applied Anatomy, Physiology of eye.
2. Examination of eye.
3. Examination of Oral cavity.
4. Diseases of gums
5. Diseases of teeth
6. Problems of dentition

General management, surgical management and Homoeopathic therapeutics of the above topics will be covered. Practical or Clinical: (To be taught in Second and Third B.H.M.S)

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

#### Examination:

It will be conducted in Third B.H.M.S (not in Second B.H.M.S)

Sl. No.	Particulars	Marks
1.	Theory	
	1.1.Number of Papers -02	
	1.2.Marks: Paper I-100, Paper II-100	
	1.3.Contents:	
	1.3.1. Paper I	
	Section 1: General Surgery	50
	Section 2: Homeopathic Therapeutics relating to General Surgery	50
	<b>TOTAL</b>	<b>100</b>
	1.3.2. Paper- II	
	Section – 1: Systemic Surgery	50
	a. ENT	20
	b. Ophthalmology	20
	c. Dentistry	10

	<b>TOTAL</b>	<b>100</b>
	Section-2: Systemic Surgery Homoeopathic Therapeutics	<b>50</b>
	a. ENT Homoeopathic Therapeutics	20
	b. Ophthalmology Homeopathic Therapeutics	20
	c. Dentistry Homeopathic Therapeutics	10
2.	<b>Practical including viva voce or oral</b>	
	2.1. Marks :200	
	2.2. Distribution of marks:	
	2.2.1. One long Case	40
	2.2.2. Identification of instruments, X-rays	30
	2.2.3. Practical records, case records or journal	30
	2.2.4. Viva voce (oral)	100
	<b>TOTAL</b>	<b>200</b>

## **II & III – B.H.M.S.**

### **GYNAECOLOGY AND OBSTETRICS**

#### **Instructions:**

1.
  - a. Homoeopathy adopt the same attitude towards this subject as it does towards Medicine and Surgery, but while dealing with Gynaecology and Obstetrical cases, a Homoeopathic Physician must be trained in special clinical methods of investigation for diagnosing local conditions and individualising cases, the surgical intervention either as a life saving measure or for removing mechanical obstacles, if necessary, as well as their management by using Homoeopathic Medicines and other auxiliary methods of treatment.
  - b. Pregnancy is the best time to eradicate genetic dyscrasias in women and this should be speciality stressed and students shall also be instructed in the care of new born.
  - c. The fact that the mother and child form a single biological unit and that this peculiar close physiological relationship persists for at least the first two years of the child's life should be particularly emphasised.
2. A course of instructions in the principles and practice of gynaecology and obstetrics and infant hygiene and care including the applied Anatomy and Physiology of pregnancy and labour, will be given.
3. Examinations and investigations in Gynaecological and Obstetrical cases shall be stressed and scope of Homoeopathy in this subject shall be taught in details.
4. The study shall start in Second B.H.M.S and shall be completed in Third B.H.M.S and examinations will be held in Third B.H.M.S and following topics shall be taught, namely:

## **II – B.H.M.S.**

### **A. Theory:**

#### **1. Gynaecology:**

- a) A review of the applied Anatomy of female reproductive systems- development and malformations.
- b) A review of the applied Physiology of female reproductive systems- puberty, menstruation and menopause.
- c) Gynaecological examination and diagnosis.
- d) Development anomalies
- e) Uterine displacements.
- f) Sex and intersexuality.
- g) General Management and therapeutics of the above listed topics in Gynaecology.

## 2. Obstetrics

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

## III – B.H.M.S.

### 1. Gynaecology

- a. Infections and ulcerations of the female genital organs.
- b. Injuries of the genital tract.
- c. Disorders of menstruation.
- d. Menorrhagia and dysfunctional uterine bleeding.
- e. Disorders of female genital tract.
- f. Diseases of breasts.
- g. Sexually transmitted diseases.
- h. Endometriosis and adenomyosis.
- i. Infertility and sterility.
- j. Non-malignant growths.
- k. Malignancy.
- l. Chemotherapy caused complications.
- m. Management and therapeutics of the above listed topics in Gynaecology.

### 2. Obstetrics

1. High risk labour, mal-positions and mal-presentations, twins, prolapse of cord and limbs, abnormalities in the action of the uterus, abnormal conditions of soft part contracted pelvis. Obstructed labour, complications of 3<sup>rd</sup> stage of labour, injuries of birth canal, foetal anomalies.

2. Abnormal pregnancies- abortions, molar pregnancy, diseases of placenta and membranes, toxemia of pregnancy, antepartum haemorrhages, multiple pregnancy, protracted gestation, ectopic pregnancy, intrauterine growth retardation, pregnancy in Rh negative woman, intrauterine fetal death, still birth.
3. Common disorders and systemic diseases associated with pregnancy.
4. Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.
5. Common Obstetrical operations-medical termination of pregnancy, criminal abortion, caesarean section, episiotomy.
6. Emergency obstetric care.
7. Population dynamics and control conception.
8. Infant care- neonatal hygiene, breast feeding, artificial feeding, management of premature child, asphyxia, birth injuries, common disorders of new-born.
9. Reproductive and child health care.
  - a. Safe motherhood and child survival.
  - b. Risk approach- MCH Care.
  - c. Maternal mortality and morbidity.
  - d. Perinatal mortality and morbidity.
  - e. Diseases of foetus and new born.
10. Medico-legal aspects in Obstetrics.
11. Homoeopathic Management and Therapeutics of the above listed Clinical conditions in Obstetrics.

### B. Practical or Clinical:

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

- a. Gynaecological case taking.
- b. Obstetrical case taking.
- c. Gynaecological examination of the patient.
- d. Obstetrical examination of the patient including antenatal, intranatal and post-natal care.
- e. Bed side training.
- f. Adequate grasp over Homoeopathic principles and management.
- g. Identification of Instruments and models record of ten cases each in Gynaecology and Obstetrics.

### C. Examination:

Sl. No.	Particulars	Marks
1.	Theory	
	1.1.Number of Papers-02	
	1.2.Marks: Paper I-100, Paper II-100	
	1.3.Contents	
	1.3.1. Paper-I: Gynaecology and Homoeopathic Therapeutics	

	1.3.2. Paper-II: Obstetrics, infant care and Homoeopathic Therapeutics	
2.	Practical including viva voce or oral:	
	2.2.1. Marks :200	30
	2.2.2. Practical records, case records, journal	30
	2.2.3. Identification of instruments, models and specimens	40
	2.2.4. Viva voce (Oral)	100
	TOTAL	200

### **III & IV – B.H.M.S.**

#### **PRACTICE OF MEDICINE**

#### **INSTRUCTIONS:**

A.

- i. Homoeopathy has a distinct approach to the concept of diseases.
- ii. It recognises an ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of illness.

A. The study of the above concept of individualisation is essential with the following background so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease conditions, namely:

1. Correlation of the disease conditions with basics of Anatomy, Physiology and Biochemistry and Pathology.
2. Knowledge of causation, manifestations, diagnosis (including differential diagnosis), prognosis and management of diseases.
3. Application of knowledge of Organon of Medicine and Homoeopathic Philosophy in dealing with the disease conditions.
4. Comprehension of applied part.
5. Sound Clinical training at bedside to be able to apply the knowledge and Clinical skill accurately.
6. Adequate knowledge to ensure that rational investigations are utilised.

B.

- a. The emphasis shall be on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause.
- b. Hahnemann theory of chronic miasma provides us an evolutionary understanding of the chronic diseases: psora, sycosis, syphilis and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.



C.

- a. The teaching shall include Homoeopathic therapeutics or management in respect of all topics and Clinical methods of examination of patient as a whole will be given due stress during the training.
- b. A through study of the above areas will enable a Homoeopathic Physician to comprehend the practical aspects of medicine.
- c. He shall be trained as a sound Clinician with adequate ability of differentiation, sharp observation and conceptual clarity about diseases by taking help of all latest diagnostic techniques, viz. X-ray, ultrasound, electrocardiogram and commonly performed laboratory investigations.
- d. Rational assessment of prognosis and general management of different disease conditions are also to be focused.
- e. Study of subject: The study of the subject will be done in Third B.H.M.S and Fourth B.H.M.S, but examination shall be conducted at the end of Fourth B.H.M.S

### **III – B.H.M.S.**

1. Applied Anatomy and applied Physiology of the respective system as stated below.
2. Respiratory diseases.
3. Diseases of digestive system and peritoneum.
4. Diseases concerning liver, gall-bladder and pancreas.
5. Genetic Factors (co-relating diseases with the concept of CHRONIC MIASMS).
6. Immunological factors in diseases with the concept of susceptibility (including HIV, Hepatitis- B)
7. Disorders due to chemical and physical agents and to climatic and environmental factors.
8. Knowledge of clinical examination of respective systems.
9. Water and electrolyte balance- disorders of.

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

### **II- B.H.M.S.**

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

1. Nutritional and metabolic diseases.
2. Diseases of Haemopoietic system.
3. Endocrinal diseases.
4. Infectious diseases.
5. Diseases of cardio vascular system.
6. Diseases of urogenital Tract.
7. Disease of CNS and peripheral nervous system.
8. Psychiatric disorders.
9. Diseases of loco motor system (connective tissue, bones and joints disorders).
10. Diseases of skin and sexually transmitted diseases.
11. Tropical diseases.

12. Paediatric disorders.
13. Geriatric disorders.
14. Applied Anatomy and Applied Physiology of different organs and systems relating to specific diseases.
15. Knowledge of clinical examination of respective systems.
  - a. General management and Homoeopathic therapeutics for all the topics to be covered in Third B.H.M.S and Fourth B.H.M.S shall be taught simultaneously and the emphasis shall be on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause.
  - b. Study of therapeutics does not mean simply list of specifics for the clinical conditions but teaching of applied Materia Medica which shall be stressed upon.

### Practical or Clinical:

- a. Each candidate shall submit of twenty complete case records (ten in Third B.H.M.S and ten in Fourth B.H.M.S).
- b. The examination procedure will include one long case and one short case to be prepared. During clinical training, each student has to be given adequate exposure to,
  - 1) Comprehensive case taking following Hahnemann's instructions.
  - 2) Physical examinations (General, Systemic and Regional)
  - 3) Laboratory investigations required for diagnosis of disease conditions.
  - 4) Differential diagnosis and provisional diagnosis and interpretation of Investigation reports.
  - 5) Selection of similimum and general management.

### B. Examination

Sl. No.	Particulars	Marks
1.	Theory	
	1.1. Number of Papers- 02	
	1.2.Marks : Paper I – 100, Paper II -100	
	1.3.Contents:	
	1.3.1. Paper I : Topics of Third BHMS with Homoeopathic Therapeutics	
	1.3.2. Paper II : Topics of Fourth BHMS with Homoeopathic Therapeutics	
2.	Practical including Viva Voce or Oral:	
	2.1.Marks :200	
	2.2.Distribution of marks:	
	2.2.1. One short case	20
	2.2.2. One short case	20
	2.2.3. Practical records, case records, journal	30
	2.2.4. Identification of specimens (X-ray,	30

	E.C.G., etc.)	
	2.2.5. Viva Voce (oral)	100
	<b>TOTAL</b>	<b>200</b>

**Note: The case reports of the students carried out during the course shall also be considered for the oral examination.**

### **III & IV – B.H.M.S.**

#### **REPERTORY**

##### **Instructions:**

##### **I.**

- a) Repertorisation is not the end but the means to arrive at the simillimum with the help of Materia Medica, based on sound knowledge of Homoeopathic Philosophy.
- b) Homoeopathic Materia Medica is an encyclopaedia of symptoms. No mind can memorize all the symptoms or all the drugs with their gradations.
- c) The repertory is an index and catalogue of the symptoms of the Materia Medica, neatly arranged in a practical or clinical form, with the relative gradation of drugs, which facilitates quick selection of indicated remedy and it may be difficult to practice Homoeopathy without the aid of repertories.

##### **II.**

- a) Each Repertory has been compiled on distinct Philosophical base, which determines its structure.
- b) In order to explore and derive full advantage of each repertory, it is important to grasp thoroughly its conceptual base and construction and this will help student to learn scope, limitations and adaptability of each repertory.

### **II - BHMS**

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

1. Repertory: Definition, Need, Scope and Limitations.
2. Classification of Repertories
3. Study of different Repertories (Kent, Boenninghausen, Boger-Boenninghausen)
  - a) History
  - b) Philosophical background
  - c) Structure
  - d) Concept of repertorisation
  - e) Adaptability
  - f) Scope
  - g) Limitation(s)
4. Gradation of Remedies by different authors.
5. Methods and techniques of repertorisation : Steps of repertorisation.

6. Terms and language of repertories (Rubrics) cross references in other repertories and Materia Medica.
7. Conversion of symptoms into rubrics and repertorisation using different repertories.
8. Repertory- its relation with Organon of Medicine and Materia Medica.
9. Case taking and related topics:
  - a. Case taking.
  - b. Difficulties of case taking, particularly in a chronic case.
  - c. Type of symptoms, their understanding and importance.
  - d. Importance of Pathology in disease diagnosis and individualisation in relation to study of Repertory.
10. Case processing
  - a. Analysis and evaluation of symptoms.
  - b. Miasmatic assessment.
  - c. Totality of symptoms or conceptual image of the patient.
  - d. Repertorial totality.
  - e. Selection of rubrics.
  - f. Repertorial technique and results.
  - g. Repertorial analysis.

**B. Practical or Clinical**

1. Record of five cases each of Surgery, Gynaecology and Obstetrics worked out by using Kent's Repertory.
2. Rubrics hunting from Kent's and Boenninghausen's repertories.

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

**IV- B.H.M.S.**

**A. Theory:**

1. Comparative study of different repertories (like Kent's Repertory, Boenninghausen's Therapeutic Pocket Book and Boger-Boenninghausen's Characteristic Repertories, A synoptic key to Materia Medica).
2. Card repertories and other mechanical aided repertories- History, Types and Use.
3. Concordance repertories (Gentry and Knerr).
4. Clinical Repertories (William Boericke etc.)
5. An introduction to modern thematic repertories- (Synthetic, Synthesis and Complete Repertory and Murphy's Repertory).
6. Regional repertories
7. Role of computers in repertorisation and different softwares.

**B. Practical or Clinical:**

Students shall maintain the following records, namely:

1. Five acute and five chronic cases (each of Medicine, Surgery and Obstetrics and Gynaecology) using Kent's Repertory.
2. Five cases (pertaining to medicine) using Boenninghausen's therapeutics pocket book.
3. Five cases (pertaining to medicine) using Boger-Boenninghausen's characteristics repertory.

4. Five cases to be cross checked on repertories using Homoeopathic software's.

### **III & IV – B.H.M.S.**

#### **COMMUNITY MEDICINE**

Introduction:

I.

- a. Physician's function is not limited merely prescribing Homoeopathic Medicines for curative purpose, but he has wider role to play in the community.
- b. He has to be well conversant with the national health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.

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

III.

- a. During teaching, focus should be laid on Community Medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and diseases.
- b. Instructions in this course shall be given by lectures, practicals, seminars, group discussions, demonstration and field studies.

### **III - B.H.M.S.**

#### **A. Theory**

1. Man and Medicine
2. Concept of health and disease in conventional medicine and Homoeopathy
3. Nutrition and health
  - a. Food and nutrition
  - b. Food in relation to health and disease
  - c. Balanced diet
  - d. Nutritional deficiencies and Nutritional survey
  - e. Food Processing
  - f. Pasteurisation of milk
  - g. Adulteration of food
  - h. Food Poisoning
4. Environment and health
  - a. Air, light and sunshine, radiation.
  - b. Effect of climate.
  - c. Comfort zone

- d. Personal hygiene
- e. Physical exercise
- f. Sanitation of fair and festivals
- g. Disinfection and sterilization
- h. Atmospheric pollution and purification of air
- i. Air borne diseases
- 5. Water
  - a. Distribution of water, uses, impurities and purification
  - b. Standards of drinking water
  - c. Water borne diseases
  - d. Excreta disposal
  - e. Disposal of deceased
  - f. Disposal of refuse
  - g. Medical entomology- insecticides, disinfection, Insects in relation to disease, Insect control.
- 6. Occupational health
- 7. Preventive medicine in paediatrics and geriatrics

**Note: There will be no examination in the subject in Third BHMS**

#### **IV- B.H.M.S.**

##### **Instructions:**

1.
  - a. Homoeopathy has a distinct approach to the concept of disease.
  - b. It recognises an ailing individual by studying him a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of illness.
2. The study of the above concept of individualisation is essential with the a following background so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease conditions, namely:
  1. Correlation of the disease conditions with basics of Anatomy, Physiology and Biochemistry and Pathology.
  2. Knowledge of causation, manifestations, diagnosis (including differential diagnosis), prognosis and management of diseases.
  3. Application of knowledge of Organon of Medicine and Homoeopathic Philosophy in dealing with the disease conditions.
  4. Comprehension of applied part.
  5. Sound Clinical training at bedside to be applying the knowledge and clinical skill accurately.
  6. Adequate knowledge to ensure that rational investigations are utilised.
3.
  - a. The emphasis shall be on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause.

- b. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, syphilis and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.
- 4.
- a. The teaching shall include Homoeopathic therapeutics or management in respect of all topics and clinical methods of examination of patient as a whole will be given due stress during the training.
  - b. A thorough study of the above areas will enable a Homoeopathic Physician to comprehend the practical aspects of medicine.
  - c. He shall be trained as a sound clinician with adequate ability of differentiation, sharp observation and conceptual clarity about diseases by taking help of all latest diagnostic techniques, viz. X-ray, ultrasound, electro diagram and commonly performed laboratory investigations.
  - d. Rational assessment of prognosis and general management of different disease conditions are also to be focused.
5. Study of Subject: The study of the subject will be done in two years in Third B.H.M.S and Fourth B.H.M.S, but examination shall be conducted at the end of Fourth B.H.M.S.
- Third B.H.M.S Theory:
- a) Applied Anatomy and applied Physiology of the respective system as stated below.
  - b) Respiratory diseases.
  - c) Diseases of digestive system and peritoneum.
  - d) Diseases concerning liver, gall-bladder and pancreas.
  - e) Genetic Factors (co-relating diseases with the concept of chronic miasms)
  - f) Immunological factors in diseases with concept of susceptibility (including HIV, Hepatitis-B)
  - g) Disorders due to Clinical and Physical agents and to climatic and environmental factors.
  - h) Knowledge of clinical examination of respective systems.
  - i) Water and electrolyte balance – disorders of.

**III & IV – B.H.M.S.****COMMUNITY MEDICINE****I.**

- a) Physician's function is not limited merely prescribing Homoeopathic Medicines for curative purpose, but he has wider role to play in the Community.
- b) He has to be well conversant with the National Health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.

**II.**

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

**III.**

- a) During Teaching, focus should be laid on Community Medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and disease.
- b) Instructions in this course shall be given by lectures, practicals, seminars, group discussions, demonstration and field studies.

**III- B.H.M.S.****A. Theory:**

1. Man and Medicine
2. Concept of health and disease in conventional medicine and Homoeopathy.
3. Nutrition and Health
  - a. Food and nutrition
  - b. Food in relation to health and disease
  - c. Balanced diet
  - d. Nutritional deficiencies and Nutritional survey
  - e. Food Processing
  - f. Pasteurisation of milk
  - g. Adulteration of food
  - h. Food Poisoning
4. Environment and health
  - a. Air, light and sunshine, radiation
  - b. Effect of climate
  - c. Comfort zone
  - d. Personal hygiene
  - e. Physical exercise
  - f. Sanitation of fair and festivals
  - g. Disinfection and sterilization
  - h. Atmospheric pollution and purification of air



- i. Air borne diseases
5. Water
  - a. Distribution of water, uses, impurities and purification
  - b. Standards of drinking water
  - c. Water borne diseases.
  - d. Excreta disposal
  - e. Disposal of deceased
  - f. Disposal of refuse
  - g. Medical entomology: Insecticides, disinfection, Insects in relation to disease, Insect control.
6. Occupational health
7. Preventive medicine in paediatrics and geriatrics.

#### **IV - B.H.M.S.**

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

1. Epidemiology
  - a. Principles and Methods of epidemiology
  - b. Epidemiology of Communicable disease: General principles of preventive and control of communicable disease.
  - c. Communicable diseases: Their description, mode of spread and method of prevention.
  - d. Protozoan and helminthic infections: Lifecycle of protozoa and helminthic, their prevention.
  - e. Epidemiology of non-communicable diseases: General principles of prevention and control of non-communicable diseases.
  - f. Screening of diseases.
2. Bio-statistics
  - a. Need of Biostatistics in medicine
  - b. Elementary statistical methods
  - c. Sample size calculation
  - d. Sampling methods
  - e. Test of significance
  - f. Presentation of data
  - g. Vital statistics
3. Demography and Family Planning, Population control, Contraceptive practices, National Family Planning Programme.
4. Health education and health communication.
5. Health care of community.
6. International Health.
7. Mental Health.
8. Maternal and Child Health.
9. School Health Services.

10. National Health Programs of India including RadhriyaBalChikstsaKaryakram.
11. Hospital waste management.
12. Disaster management.
13. Study of aphorisms of Organon of Medicine and other Homoeopathic Literatures, relevant to above topics including prophylaxis.

**B. Practicals:**

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

**Field Visits**

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

**Note:**

1. For field visits, Annexure B has to be kept in view.
  2. Students are to maintain practical records or journals in support of above practical or field visits.
  3. Reports of the above field visits are to be submitted by the students.
  4. Each student has to maintain records of at least ten infectious diseases.
- C. Examination: There will be examination of the subject only in Fourth B.H.M.S (and not in III BHMS). Besides theory examination there shall be a Practical OR Clinical examination including viva – voce as per following distribution of marks.

Sl. No.	Particulars	Marks
<b>1.</b>	<b>Theory</b>	
	1.1. Number of Papers : 01	
	1.2.Marks :100	
<b>2.</b>	<b>Practical including viva voce (oral)</b>	
	2.1.Marks :100	
	2.2. Distribution of marks	
	2.2.1. Spotting	30
	2.2.2. Journal or Practical Records	20 (including field visit records)
	2.2.3. Viva voce (oral)	50

	<b>TOTAL</b>	<b>100</b>
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**THE SCHEME OF EXAMINATION IN BHMS COURSE IN FORCE FROM 2015-2016 as per CCH, F-12-13/2006, CCH (Pt.V) 12990, Dt.10-08-2015**

- Subject for Examination for the BHMS (Degree) Course shall be under.
- Full Marks for each subject and minimum marks required for pass as follows.
- As per Regulation 13(iv) Each Theory Paper shall be of three hours duration.

Exam Year	Name of the Subject	Written		Practical /Clinical Including Oral		Total	
		Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
<b>1<sup>st</sup> Year</b>	Homoeopathic Pharmacy(Sec 1 & 2)	100	50	100	50	200	100
	Anatomy Paper 1 (Sec 1 & 2)	100	100	200	100	400	200
	Anatomy Paper 2 (Sec 1& 2)	100					
	Physiology Paper 1 (Sec 1 & 2)	100	100	200	100	400	200
	Physiology Paper 2 (Sec 1 & 2)	100					
	<b>TOTAL MARKS</b>	<b>500</b>	<b>250</b>	<b>500</b>	<b>250</b>	<b>1000</b>	<b>500</b>
<b>2<sup>nd</sup> Year</b>	Pathology Paper 1 (Sec1 &2)	100	100	100	50	300	150
	Pathology Paper 2 (Sec1 &2)	100					
	Forensic Medicine and Toxicology (Sec1 & 2)	100	50	100	50	200	100
	Homoeopathic Materia Medica (Sec 1 &2)	100	50	100	50	200	100
	Organon of Medicine (Sec 1 & 2)	100	50	100	50	200	100
	<b>TOTAL MARKS</b>	<b>500</b>	<b>250</b>	<b>400</b>	<b>200</b>	<b>900</b>	<b>450</b>
<b>3<sup>rd</sup> Year</b>	Surgery Paper 1 (Sec 1 &2)	100	100	200	100	400	200
	Surgery Paper 2 (Sec 1 &2)	100					
	Gynaecology and Obstetrics Paper 1	100	100	200	100	400	200
	Gynaecology and Obstetrics Paper 2	100					
	Homoeopathic Materia Medica Paper (Sec 1 & 2)	100	50	100	50	200	100
	Organon of Medicine (Sec 1 & 2)	100	50	100	50	200	100
	<b>TOTAL MARKS</b>	<b>600</b>	<b>300</b>	<b>600</b>	<b>300</b>	<b>1200</b>	<b>600</b>
<b>4<sup>th</sup> Year</b>	Practical of medicine Paper 1 (Sec 1 & 2)	100	100	200	100	400	200
	Practical of medicine Paper 2 (Sec 1 & 2)	100					

	Homoeopathic Materia Medica Paper 1 (Sec 1 & 2)	100	100	200	100	400	200
	Homoeopathic Materia Medica Paper 2 (Sec 1 & 2)	100					
	Organon of Medicine with Homoeopathic Philosophy Paper 1 (Sec 1 & 2)	100	100	100	50	300	150
	Organon of Medicine with Homoeopathic Philosophy Paper 2 (Sec 1 & 2)	100					
	Repertory (Sec 1 & 2)	100	50	100	50	200	100
	Community Medicine (Sec 1 & 2)	100	50	100	50	200	100
	<b>TOTAL MARKS</b>	<b>800</b>	<b>400</b>	<b>700</b>	<b>350</b>	<b>1500</b>	<b>750</b>

### SCHEME OF EXAMINATIONS FIRST BHMS EXAMINATION

#### First BHMS Examination:

- i. The Student shall be admitted to the First BHMS examination provided he has required attendance as per clause (iii) of regulation 13 to the satisfaction of the head of the college.
- ii. The First BHMS Examination shall be held in the 12<sup>th</sup> Month of admission.
- iii. The minimum number of hours for lecture, tutorial, demonstration or practical classes and seminars in the subjects shall be as under:

Sl. No.	Subject	Theoretical Lecture(in hours)	Practical or Clinical or Tutorial or Seminars (in hours)
1.	Organon of Medicine with Homoeopathic Philosophy	35 (including 10 for logic)	
2.	Anatomy	200 (including 10 hours each for histology and embryology)	275 (including 30 histology and embryology)
3.	Physiology	200 (including 50 hours for Bio-chemistry)	275 hours (including 50 hours for Bio-chemistry)
4.	Pharmacy	100	70
5.	Homoeopathic Materia Medica	35	-

- iv. Full marks for each subject and the minimum number of marks required for passing the First BHMS examination shall be as follows, namely:

Subject	Written		Practical (including oral)		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Homoeopathic Pharmacy	100	50	100	50	200	100
Anatomy	200	100	200	100	400	200
Physiology	200	100	200	100	400	200

**A. Each College shall impart teaching and training to all the students in all the classes for Theory and Practical OR Clinical including tutorial and seminar for minimum of seven working hours on a working day (including thirty minutes of lunch).**

## **SECOND BHMS EXAMINATION**

Second BHMS Examination;

1. Subject to the provisions of sub-clause (c) of clause (iii) of regulation 11, no candidate shall be admitted to the Second BHMS Examination unless he has passed the First BHMS Examination and has required attendance as per clause (iii) of regulation 13 to the satisfaction of the Head of the Homoeopathic Medical College.
2. The Second BHMS Examination shall be held in the 24<sup>th</sup> month of admission of First BHMS.

3. The minimum number of hours of Lecture, Demonstration or Practical or Clinical classes and Seminar in the subjects shall be as follows, namely:

Sl. No.	Subject	Theoretical lecture (in hours)	Practical or Clinical or Tutorial or Seminar (in hours)
1.	Pathology	200	80
2.	Forensic Medicine and Toxicology	80	40
3.	Organon of Medicine with Homoeopathic Philosophy	160	60
4.	Homoeopathic Materia Medica	160	60
5.	Surgery	80	60 ( One term of three months in surgical ward and outpatient department)
6.	Gynaecology and Obstetrics	40 and 40 = 80	60 ( One term of three months in Gynaecology and Obstetrics and outpatient department)

4. In order to pass the Second BHMS Examination, a candidate has to pass all the subjects of examination.
5. Full marks for each subject and minimum marks required for pass are as follows, namely:

Subject	Written		Practical or Clinical including Oral		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Pathology	200	100	100	50	300	150
Forensic Medicine and Toxicology	100	50	100	50	200	100
Homoeopathic Materia Medica	100	50	100	50	200	100
Organon of Medicine	100	50	100	50	200	100

### THIRD BHMS EXAMINATION

Third BHMS Examination:

1. Subject to the provisions of sub-clause (a) of clause (iii) of regulation 11, no candidate shall be admitted to the Third BHMS examination unless he has passed the Second BHMS Examination and has required attendance as per clause (iii) of regulation 13 to the satisfaction of the Head of the Homoeopathic Medical College.

2. The Third BHMS Examination shall be held in the 36<sup>th</sup> month of admission to First BHMS.
3. The minimum number of hours for lecture, demonstration or practical or clinical classes and seminar in the subjects shall be as follows, namely:

Sl. No.	Subject	Theoretical Lecture(in hours)	Practical or Clinical or Tutorial or Seminars (in hours)
1.	Practice of Medicine and Homoeopathic Therapeutics	50 } 75 25 }	75 One term of three months each in outpatient department and inpatient department in different wards or department.
2.	Surgery including ENT Ophthalmology and Dental and Homoeopathic Therapeutics	100 } 150 50 }	75 One term of three months each in surgical ward and outpatient department.
3.	Obstetrics and Gynaecology, Infant Care and Homoeopathic Therapeutics	100 } 150 50 }	75 One term of three months Gynaecology and Obstetrics and outpatient department.
4.	Homoeopathic Materia Medica	100	75
5.	Organon of Medicine	100	75
6.	Repertory	50	25
7.	Community Medicine	35	15

4. In order to pass the Third BHMS Examination a candidate has to pass all the subjects of examination.
5. Full marks for each subject and minimum marks required for pass are as follows, namely:

Subject	Written	Practical or Clinical including Oral	Total
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	<b>Full Marks</b>	<b>Pass Marks</b>	<b>Full Marks</b>	<b>Pass Marks</b>	<b>Full Marks</b>	<b>Pass Marks</b>
Surgery	200	100	200	100	400	200
Gynaecology and Obstetrics	200	100	200	100	400	200
Homoeopathic Materia Medica	100	50	100	50	200	100
Organon of Medicine	100	50	100	50	200	100

### FOURTH BHMS EXAMINATION

Fourth BHMS Examination:

1. Subject to the provisions of sub-clause (b) of clause (iii) of regulation 11, no candidate shall be admitted to the Fourth BHMS Examination unless he has passed the Third BHMS Examination and has required attendance as per clause (iii) of regulation 13 to the satisfaction of the Head of the Homoeopathic Medical College.
2. The Fourth BHMS Examination shall be held in the 54<sup>th</sup> month of admission to First BHMS.
3. The minimum number of hours for lecture, demonstration or practical or clinical classes and seminar in the subjects shall be as follows, namely:

Subject	Theoretical Lecture (in hours)	Practical or Clinical or Tutorial classes (in hours)
Practice of Medicine	120} 180 60}	One term of three months each in outpatient department and inpatient department respectively for case taking, analysis, evaluation and provisional prescription just for case presentation on ten cases per month.
Homoeopathic Materia Medica	180	
Organon of Medicine and Homoeopathic Philosophy	180	
Repertory	180	
Community Medicine	100	
		100

4. In order to pass the Third BHMS Examination, a candidate has to pass in all the subject's examination.
5. Full marks for each subject and minimum marks required for pass are as follows, namely:



Subject	Written		Practical or Clinical including oral		Total	
	Full Marks	Pass Marks	Full Marks	Pass Marks	Full Marks	Pass Marks
Practice of Medicine	200	100	200	100	400	200
Homoeopathic Materia Medica	200	100	200	100	400	200
Organon of Medicine with Homoeopathic Philosophy	200	100	100	50	300	150
Repertory	100	50	100	50	200	100
Community Medicine	100	50	100	50	200	100

### RESULTS AND RE-ADMISSION TO EXAMINATION

1. The examining body shall ensure that the results of the examination are published at the maximum within one month of the last date of examination so that students can complete the course in 5 1/2 Years after admission.
2. Candidates who have passed in one or more subjects need not appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination with in four chances including the original examination.
3. Facility to keep term: Not withstanding with the foregoing regulations, the students shall be allowed the facility to keep term on the following conditions:
  - a. The candidate must pass the Second BHMS Examination at least one term (6 months) before he is allowed to appear in the Third BHMS examination.
  - b. The candidate must pass the Third BHMS examination at least one term (6 months) before he is allowed to appear in the Fourth BHMS examination.
  - c. The candidate shall pass First BHMS examination in all the subjects at least one term (six months) before he is allowed to appear in the Second BHMS examination provided that he has passed in the subjects of Anatomy and Physiology (including Biochemistry) examinations two terms (twelve months) before he is allowed to appear in the Second BHMS examination.

4. A candidate who appears at First BHMS examination, Second BHMS examination, Third BHMS examination or Fourth BHMS examination but fails to pass in the subject or subjects shall be re-admitted to the next examination in the subject or subjects (theory and practical or clinical including oral or practical or clinical wherein he has failed).
5. Special Classes, seminars, demonstrations, practical, tutorials etc. shall be arranged for the repeaters in the subject in which they have failed before they are allowed to appear at the next examination in which attendance shall be compulsory.
6. If a candidate fails to pass in all the subjects with in four chances in examinations, he shall be required to prosecute a further course of studying all the subjects and in all parts for one year to the satisfaction of the head of the college and appearing for examination in all the subjects.

Provided that if a student appearing for the Fourth BHMS examination has only one subject to pass at the end of prescribed chances, he shall be allowed to appear at the next examination in that particular subject and shall complete the examination with these special chances.

7. The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the Central Council of Homoeopathy and arrange for conducted re-examination in those subjects within a period of thirty days from the date of such cancellation.
8. The University or examining authority shall have the discretion to award grace marks at the maximum to ten marks in total if a student fails in one or more subjects.

#### **Examiners:**

1. No person other than the holder of qualification prescribed for the teaching staff in the Homoeopathy Central Council (Minimum Standards Requirement of Homoeopathic Colleges and attached Hospitals) Regulations, 2013 (as amended from time to time) shall be appointed as an internal or external examiner or paper-setter or moderator for the BHMS Degree Course: Provided that-
  - a) No such person shall be appointed as an examiner unless he has at least three years continuous regular teaching experience in the subject concerned, gained in a degree level Homoeopathic Medical College.
  - b) Internal examiners shall be appointed from amongst the teaching staff of the Homoeopathic Medical College to which the candidate or student belongs.
  - c) A paper setter may be appointed as an internal or external examiner.
2. The criteria for appointing the Chairman or paper-setter or moderator shall be follows, namely:
  - a. Chairman: Senior most person from amongst the examiners or paper-setters appointed for theory and oral or practical or clinical examinations shall be appointed as Chairman and the eligibility qualification for the Chairman shall be the same as for appointment of a Professor.

- b. Moderator: A Professor or Associate Professor or Reader shall be eligible to be appointed as moderator: Provided that an Assistant Professor or Lecturer with five years' experience as an examiner shall be eligible to be appointed as moderator.
  - c. Paper-setter: A Professor or Associate Professor Or Reader shall be appointed as a paper-setter: Provided that an Assistant Professor Or Lecturer with three years' experience as an examiner shall be eligible to be appointed as Paper-setter.
3. The examining body may appoint a single moderator or moderators not exceeding three (03) in numbers moderating question papers.
  4. Oral and Practical examinations shall as a rule be conducted by the respective internal and external examiners with mutual cooperation. They shall each have 50% of the maximum marks out of which they shall allot mark to the candidates appearing at the examinations according to their performances and the mark sheet so prepared shall be signed by both the examiners of the examiners shall have the right to prepare, sign and send mark sheets separately to the examining body together with comments. The examining body shall take due note of such comments but its shall be declare results on the basis of the mark sheets.
  5. Every Homoeopathic College shall provide all facilities to the internal and external examiners for the conduct of examination and the internal examiner shall make all preparation for holding the examinations.
  6. The external examiner shall have the right to communicate to the examining body his views and observations about any shortcomings or deficiencies in the facilities provided by the Homoeopathic College.
  7. He shall also submit a copy of his communication to the Central Council for such actions as the Central Council may consider fit.

#### **GENERAL RULES FOR ADMISSION TO EXAMINATION AND SCHEME OF EXAMINATION**

1. The examining body shall ensure that the minimum number of hours for lecture/demonstration / practical / seminar etc. in the subjects in each BHMS examination as specified in respective regulations are followed before allowing any Homoeopathic Medical College to send the students for University examination.
2. The examining body shall ensure that the students of the Homoeopathic Medical Colleges, who do not fulfil the Homoeopathy (Minimum Standards of Education) Regulation, are not sent for the University examination.
3. Seventy five percent attendances at the minimum in each of the subjects (in theory and practical including clinical) for appearing in the University examinations shall be compulsory.
4. Each theory paper shall be of three hours duration.
  - a. The Practical / Oral examination shall be completed immediately after the theory examination.
  - b. That the examining body shall hold examinations on such date and time as the Examining body may determine. The theory and practical examination shall be held in premises of the Homoeopathic Medical College concerned.

- c. There shall be a regular examination and a supplementary examination in a year and the supplementary examination shall be conducted within two months of declaration of results ( including issue of mark sheets)
5. For non-appearance in an examination for any reason, a candidate shall not have any liberty for availing additional chance to appear in that examination.

### **MISCELLANEOUS**

1. Authorities empowered to conduct examinations:  
The Universities shall conduct the examination for the Degree Course in various States or the agencies empowered by an Act of Parliament.
2. Interpretation:  
Where any doubt arises to the interpretation of these regulations it shall be referred to the Central Council for clarification.
3. Power to relax:  
Where any University or Medical institution in India which grants medical qualification, is satisfied that the operation of any of these regulations causes undue hardship in any particular case, that University or Medical Institution as the case may be, may by order, for reasons recorded in writing, dispense or relax the requirement of that regulation in such an extent and subject exceptions and conditions as it may consider necessary for dealing with the case in a such case in a just and equitable manner.  
Provided that no such order shall be made except with the concurrence of the Central Council.
4. Saving Clause:  
Any Diploma / Degree qualification, at present included in II or III Schedule to the Homoeopathy Central Council Act where nomenclature is not in consonance with these regulations shall cease to be recognised medical qualification when granted after the commencement of these regulations. However, this clause will not apply to the students who are already admitted to these courses before the enforcement of these regulations.
5. Migration or transfer of students from one college to another:
  - a. Migration from one college to other is not a right of a student.
  - b. Migration of students from the Homoeopathic College to another Homoeopathic College in India shall be considered by the Central Council of Homoeopathy only in exceptional cases on extreme compassionate grounds, provided following criteria's are fulfilled. Routine migrations on other grounds shall not be allowed.
  - c. Both the college, i.e. one at which the student is studying at present and one to which migration is sought are recognised as per provisions of Homoeopathy Central Council Act.
  - d. The applicant shall have passed First BHMS examination.
  - e. The applicant shall submit his application in the format annexed below for migration, complete in all respects, to the principal of his college within a period

of one month of passing (declaration of result) the first professional Bachelor of Homoeopathic Medicine and Surgery (BHMS) examination.

- f. The applicant shall submit an affidavit stating that he shall pursue twelve months of prescribed study before appearing at second professional BHMS examination at the transferee college, which shall be duly certified by the Registrar of the concerned University in which he is seeking transfer and the transfer shall be effective only after receipt of the affidavit.
- g. Migration during internship training shall be allowed on extreme compassionate grounds, provided that such migration shall be allowed only with the mutual consent of the concerned colleges, where both the college, i.e..one at which the student is studying at present and one to which migration is sought are recognised as per provisions of Homoeopathy Central Council Act.

Note 1:

- A. All applications for migration shall be referred to Central Council of Homeopathy by college authorities. No institution or University shall allow migrations directly without the approval of the Central Council.
- B. The Central Council of Homoeopathy Reserves the right not to entertain any applicant except under the following compassionate grounds, Namely:
  1. Death of a supporting guardian.
  2. Illness of candidate causing disability supported by medical grounds certified by a recognised hospital.
  3. Disturbed conditions as declared by concerned Government in the area where the college is situated.
- C. A student applying for transfer on compassionate ground shall apply in format '1' incomplete manner with requisite documents.

### **ANNEXURE 'A' (Regulation 3 (ii))**

#### **INTERNSHIP TRAINING**

1.
  - a. Each candidate shall be required to undergo compulsory rotating internship of one year, after passing the final BHMS Examinations to the satisfaction of the Principal of the Homoeopathic College. Thereafter only the candidate shall be eligible for the award of Degree of Bachelor of Homoeopathic Medicine and Surgery (BHMS) by the University.
    - ❖ All parts of the Internship training shall be undertaken at the hospital attached to the College and in case where such hospital cannot accommodate all of its students for Internship then such candidates/ students shall be informed in writing by the college and it shall be the responsibility of the College to ensure that each of such students is put on internship training in a Homoeopathic Hospital or dispensary run by Government or local bodies.

- b. To enable the State Board/Council of Homoeopathy to grant provisional registration of minimum of one year to each candidate to undertake the internship, the University concerned shall issue a provisional passed certificate on passing the final BHMS examination to each successful candidate.  
Provided that in the event of shortage or unsatisfactory work, the period of compulsory internship and the provisional registration shall be accordingly extended by the State Board/Council.
  - c. Full registration shall only be given by the State Boards if the BHMS Degree awarded by the University concerned is a recognised medical qualification as per Section 13 (1) of the Act and Board shall award registration to such candidates who produce certificate of completion or compulsory rotating internship of not less than one year duration from the Principal of the College where one has been a bonafide student which shall also declare that the candidate is eligible for it.
  - d. The internee students shall not prescribe the treatment including medicines and each of them shall work under the direct supervision of Head of Department concerned and/ or a Resident Medical Officer. No intern student shall issue any medico legal document under his/ her signatures.
  - e. (Omitted).
2. The internship training shall be regulated by the Principal in consultation with concerned Head of Departments and R.M.O as under :
- 1) Each internee student shall be asked to maintain a record of work which is to be constantly monitored by the Head of Concerned Department and/or Resident Medical Officer under whom the internee is posted. The scrutiny of record shall be done in an objective way to update the knowledge, skill and aptitude of internee.
  - 2)
    - ❖ The stress during the internship training shall be on case taking, analysis and evaluation of symptoms, nosological and miasmatic diagnosis, totality of symptoms, repertorisation and management of sick people based on principles of Homoeopathy.
    - ❖ The Principal or Head of the College in consultation with heads of concerned clinical departments (including Organon of Medicine, Materia Medica and Repertory) shall make medical units having integration of teaching faculty of concerned departments to regulate internship training to be given to each student.
    - ❖ Weekly seminars shall be conducted wherein interns in rotation be given a chance to present their cases for discussion and concerned teachers shall assess performance of each of interns.
    - ❖ Resident Medical Officer shall coordinate with teachers concerned in conduct of weekly seminars.
  - 3) Rotation of intern students shall be as under:

- a. Practice of Medicine: 8 months wherein internee will be rotated in each Psychology, Respiratory, Gastro-intestinal, Endocrinology, Skin and V.D. Locomotor, Cardiology, Paediatrics sections.
  - b. Surgery- 1 month.
  - c. Obstetrics and Gynaecology – 2 months [1 month each (including Reproductive and child health care)]
  - d. Community Medicine (including PHC/CHC) – 1 MONTH.
- 4) Each internee shall be exposed to clinic pathology work to acquire skill in taking samples and doing routine blood- examination, blood smear for parasites, sputum examination, urine and stool examination. Students shall be trained to correlate laboratory findings with diagnosis and management of sick people.
  - 5) Each internee shall be given opportunities to learn the diagnostic techniques like X-Rays, Ultrasonography, E.C.G, Spirometer and other forthcoming techniques and correlate their findings with diagnosis and management of cases.
  - 6) Each internee student shall be given adequate knowledge about issuing of medico-legal certificates, including Medical and fitness certificates, death certificates, birth certificates, court producers and all of such legislations be discussed which were taught in curriculum of Forensic Medicine.
  - 7) Each internee shall maintain records of 40 acute and 25 chronic cases complete in all manner including follow up in Practice of Medicine, record of 5 antenatal check-up and 3 delivery cases attended by him/her in Department of Obstetrics 3 cases of Gynaecology, records of 5 Surgical cases assisted by him (and demonstration of knowledge of dressings) in Surgery department, and records of knowledge gained in Primary Health Centre, Community Health Centres various health programmes.
  - 8) (Omitted).
  - 9) Each internee shall be given a liberty to choose an elective assignment on any subject and complete out-put shall be furnished in writing by the internee in respect of elective assignment to the Principal of the College within Internship duration.
  - 10) Each intern shall be posted on duty in such a manner that each of them attends at least 15 days in O.P.D. at least in each month (except for duty in Community Medicine and the other parts of duty including self-preparation in Library.
  - 11) Each intern student shall be made to learn importance of maintaining statistics and records, intern student shall also be familiarized with research methodology.
3.
    - a. Each internee shall have not less than 80% of attendance during the internship training.
    - b. Each internee shall be on duty of at least 6 hours per day during the compulsory internship training.

**ANNEXURE- “B”**  
**(See Regulation 6)**  
**Educational Tour**

**Components:**

Number of Students:

Name of the teachers accompanying

Students: What the tour is about an overview.

Prerequisites- What knowledge the students must know before going for tour .

How it will be organised: Approaches to teaching and assessment.

Aim and Objectives

1. To provide the basic knowledge of practical aspects of Pharmacy/FMT/Community Medicine by exposure of students to pharmaceutical labs. and HPL/District courts// hospitals/ Milk dairies/PHC/I.D. Hospitals/Industrial units/sewage treatment plants/Water purification plants
2. To inspire students for their involvement in study during the said visits to learn the related procedures.
3. To provide the platform for evaluation of their skill and knowledge by interactive Methodology.
4. To infuse confidence amongst students about Homoeopathy, its future and their career.
5. To provide interaction between students, induce decision making skills and to motivate them for better vision about their future.
6. To improve cognitive skills (thinking and analysis).
7. To improve communication skills (personal and academic).

Learning outcomes:

1. To be more than a wish list objectives, need to be realistic, pragmatic, understandable and achievable.
2. The focus should be on what students will be able to do or how they will show that they know and how this will help in their career and individual growth.
3. Knowledge we want the students to have by the end of the course.
4. Skills we want the students to master by the end of the course.
5. Attitudes we want students to demonstrate at the ends of the course.

Note: It shall be an essential part of the Journal on the subject a viva –voce can be put in respect of it.

### **Resources.**

1. Essential and recommended text books.
2. Journals and other readings.
3. Equipment and apparatus.

Visit record

1. Places visited with photographs
2. Programmes organised during visit
3. Summary



## Assignment or project report

1. Description of assignments.
2. Due dates of assignments.
3. Preparation method for the project report
  - a. Purpose
  - b. Schedule
  - c. Places visited
  - d. Details of visit
  - e. Summary of achievements or learning's.

**Format -1****{See regulation 14(v)}**

Migration of Mr./Miss. \_\_\_\_\_

\_\_\_\_\_ **Homoeopathic Medical College**\_\_\_\_\_ to \_\_\_\_\_ **Homeopathic Medical College**

1. Date of admission in First B.H.M.S course
2. Date of passing First BHMS University examination
3. Date of application
4. No objection certificate from relieving college (enclosed)- Yes / No
5. No objection certificate from relieving University (enclosed)- Yes / No
6. No objection certificate from receiving college (enclosed)- Yes / No
7. No objection certificate from receiving University(enclosed) – Yes /No
8. No objection certificate from state Government wherein the relieving college is located- Yes/ No
9. Affidavit, duly sworn before First Class Magistrate containing an undertaking that- I transferred Homoeopathic Medical College before appearing in the II<sup>nd</sup> BHMS Course in University examination(enclosed) – Yes / No
10. Reasons for migration in brief (please enclose copy of proof)- Yes / No
11. Permanent address: \_\_\_\_\_||

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**Note: The principal regulations were published in the Gazette of India, Extraordinary Part III, Section 4 vide number 7-1/83/CCH Dated the 11<sup>th</sup> May 1983 and Subsequently amended vide;**

- 1. 12-13/87 (Pt.II) dated the 24<sup>th</sup> September, 2003 and**
- 2. 12-4/2000-CCH (Pt.-I) dated the 13<sup>th</sup> June, 2005**
- 3. 12-13/2006-CCH (Pt.V) dated the 14<sup>th</sup> July, 2015.**

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- 1) Amended in September, 2003**
    - a. Amended in June, 2005**
  - 2) Amended in July,2015.**