

SYLLABUS

for Courses affiliated to the

KERALA UNIVERSITY OF HEALTH SCIENCES

Thrissur 680596



POST GRADUATE COURSE IN HOMEOPATHY MEDICINE

M D(HOM.) MATERIA MEDICA

Course Code:267

(2016-17 Academic year onwards)

2016

NEW SYLLABUS

2 COURSE CONTENT

2.1 Title of course

MD (HOM) –Materia Medica

2.2 Objectives of course

- 1) The goal of postgraduate medical education shall be to produce competent specialists and or medical teachers
- 2) Who shall recognize the health needs of the community and carry out professional obligations ethically.
- 3) Who shall be aware of the contemporary advance and developments in the discipline concerned
- 4) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology, epidemiology
- 5) And who shall have acquired the basic skills in teaching of the medical and paramedical professionals

2.3 Medium of instruction:

The medium of instruction is English

2.4 Course outline

The course shall be of three years duration, including one year of house-job or equivalent thereof

- a) All the days of the year will be working days for the postgraduate students.
- b) The candidate should secure 80% attendance for the
 - 1) First year, i.e, during house job.
 - 2) First half of 2ndyear.

3) Last one and half year.

1. A candidate for MD (Hom) shall opt one of the special subject as his specialty at the time of admission and the degree shall be awarded in that specialty.

2. The PG candidate shall pursue a regular course of study and research in the department under the guidance of a guide recognized by the university, emphasis being on practical training, participate in seminars, group discussions, clinical meetings, journal clubs etc.

3. The candidate shall be a resident in the hospital campus and shall be given graded responsibility in the management of patients entrusted to his care. He shall participate in teaching and training of undergraduate student and interneees.

4. Candidate is required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.

5. The PG student may be permitted to attend seminars, symposium and other academic programs conducted by registered organizations, academic bodies and institutions in and out side state. The head of institution shall sanction duty leave to PG students, limited to 10 days in an academic year.

6. The student shall be required to attend at least 80% of total lecture, seminar, clinical discussion, journal club and group discussion separately in each paper/subject of the examination in order to become eligible to appear for examination.

7. The different components of attendance of part I and part II exam are given below

Part I Examination

Part I Examination

Name of the paper	% of attendance required
Paper 1	80%
Paper 2	80%
Paper 3	80%

Part II Exam

Name of the subject	% of attendance required
Paper 1 & 2	80%
Paper 3	80%

Each course shall comprise of the following

- (i) M.D. (Hom.) Materia Medica
- (i) Materia meica
- (ii) Research Methodology & Bio-statistic
- (iii) Advanced teaching of Fundamentals of Homoeopathy

2.5 Duration

The course shall be of three years duration, including one year of house-job or equivalent thereof

2.6 Syllabus

Given under clause “Content of each subject in each year “

2.7 Total number of hours

Given under clause “Content of each subject in each year “

The concept of health care counseling shall be in corporated in all relevant areas.

2.8 Branches if any with definition

Given under clause “Course outline “

2.9 Teaching learning methods

TRAININGPROGRAMME

- a) Every institution undertaking Post Graduate training shall setup an Academic cell or a curriculum committee, under the chairmanship of a senior faculty, which shall work out the details of the training in each speciality in consultation with other department faculty staff and also co ordinate and monitor the implementation of these training programme.
- b) The training programme shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidate and the Central council inspectors to assess the same at the time of inspection.
- c) The Post Graduate student shall maintain a record (logbook) of the work carried out by them and the training programme undergone during the period of training.
- d) The record book s hall be checked and assessed by the faculty members imparting the training, monthly.
- e) The Post Graduate student shall be required to participate in teaching and training programme of undergraduate students and interns.

Method of training:

The emphasis should be on in service training and not on didactic lectures. The candidates should take part in seminars, group discussions, clinical meetings etc. The candidate should be required to write a thesis or dissertation with detailed commentary which should provide the candidate with necessary back ground of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be a resident in the campus and shall be given graded responsibility in the

management and treatment of patients entrusted to his case. He shall participate in teaching of undergraduate students or interns. Adequate number of posts of clinical residents shall be created for this purpose..

A candidate for M.D.(Hom.) shall opt one of the subjects of speciality at the time of admission and the degree shall be awarded in that speciality..

2.10 Content of each subject in each year

Materia Medica

I. Basic Materia medica

1. Materia Medica – Definition

2. Sources

a. Of drugs- plant ,animal

b. Of symptoms – drug proving , toxicological, clinical

c. Of Materia Medica- source books

3. Drug proving and collection of symptoms- Methodology of Dr. Hahnemann, CCRH,others etc..

4. Symptoms - classification – Different authors

5. Materia Medica a. Scope and limitations of Materia Medica b. Science and philosophy of Materia Medica c. Construction and types of Materia Medica d. Study of Materia Medica- different approaches e. Critical review of Materia Medica of various authors

6. Study of relationship of remedies

7. Biochemic system of medicine (Tissue remedies) & Bach flower remedies II.
Comparative Materia Medica

1. Family or Group study – Study of group characteristics with remedy

differentiation

2. Detailed study of polychrest drugs, their drug pictures with comparison*

3. Study of rare/smaller remedies with comparison*

4. Therapeutic study of Materia Medica (as applied to various clinical conditions, including acute emergencies)

* - Source books to be made use of, along with other texts including modern authors

Division Of Syllabus

MD (HOM) Part I

A. Basic Materia medica B. Comparative Materia Medica - Group study, study of polychrests and rare remedies

under mineral kingdom

MD(HOM) Part II

A. PAPER I

☐ Comparative Materia Medica - Group study, study of polychrests and rare remedies under Animal kingdom & Vegetable kingdom

B. PAPER II

C. ☐ Comparative Materia Medica - Group study, study of polychrests and rare remedies under Sarcodes, Nosodes, Bowel nosodes & Imponderabilia

☐ Therapeutic study of Materia Medica (as applied to various clinical conditions)

List of Text Books & Reference Books

Text Books

Sl. No Author Name of Book

1 Kent JT Lectures on Homoeopathic Materia Medica

2 Nash EB Leaders in homoeopathic Therapeutics

3 HC Allen Key Notes

4 Farrington EA A Clinical Materia Medica

5 Boericke W Pocket Manual of The Homoeopathic. Materia Medica

6 Choudhuri N.M. A study on Materia Medica

7 Lippe A

Keynotes and Red Line symptoms of the Materia Medica

8 Blackwood AL

A manual of Materia medica, Therapeutics and Pharmacology with Clinical Index

9 Lippe A.D. Textbook of Materia Medica

10 Boger C. M. A Synoptic Key of the Materia Medica

11 Clarke J.H. Dictionary of Practical Materia Medica

12 Mathur K. N. Systematic Materia Medica of Homoeopathic Remedies

13 Phatak S. R. Materia Medica of Homeopathic Medicines

14 Tyler M.L. Homoeopathic Drug Pictures

15 Bhanja KC Master Key to Materia Medica

16 Pierce W.E. Plain Talks on Materia Medica

Reference Books

Sl. No Author Name of Book

1 Hahnemann S. Materia Medica Pura

- 2 Hahnemann S. Chronic Diseases
- 4 Hering C. Guiding Symptoms of our Materia Medica
- 5 Hughes R. & Dake J.P. A Cyclopaedia of Drug Pathogenesy
- 6 Hering C. Condensed Materia Medica
- 7 Allen T.F Encyclopeadia of Pure Materia Medica
- 8 Allen T.F
Hand Book of Materia Medica and Homoeopathic Therapeutics
- 9 Allen H.C. The Materia Medica of Some important Nosodes
- 10 Julian OA -Materia Medica of New Homeopathic Remedies
- 11 Julian OA Materia Medica of Nosodes
- 12 Ghose S.C. Drugs of Hindustan
- 13 Farrington E.A. The Comparative Materia Medica
- 14 Roberts H.A. The Study of Remedies by Comparison
- 15 Nash E.B. Regional Leaders
- 16 Guernsey H.N Keynotes of the Materia Medica
- 17 Dunham C. Lectures on Materia Medica
- 18 Anshutz E.P New, Old & Forgotten Remedies
- 19 Leesser O. Text book of Homoeopathic Materia Medica
- 20 Dubey S.K. Text book of Materia Medica
- 21 Boericke W The Twelve Tissue Remedies of Schussler
- 22 Borland D Pneumonias
- 23 Hughes R. A Manual of Pharmacodynamics

24 Burnett Best of Burnett

25 Farrington E.A.

Lesser Writings with Therapeutic Hints and Some Clinical Cases

26 Tyler M.L. Pointers to Common Remedies

27 Dewey W. Practical Homoeopathic Therapeutics

28 Bhanja KC The Homoeopathic Prescriber

29 Clarke J.H. The Prescriber

30 Hoyne T.S. Clinical Therapeutics

31 Lilienthal S. Homoeopathic Therapeutics

32 Foubister D.M. Carcinosis Drug Picture

33 Vithoukias G. Materia Medica Viva

34 Vithoukias G Talks on Materia Medica

35 Vithoukias G Essence of Materia Medica

36 Coulter C. Portrait of Homoeopathic Medicines

37 Bailey P.M. Homoeopathic Phychology

38 Sankaran R. Soul of Remedies

39 Singh R.

An introduction to the study of Homoeopathic Materia Medica

40 Bhasme A. How to study Materia Medica

41 Chitkara HL

Comprehensive Homoeopathic Materia Medica of the Mind

42 Cowperthwaite AC Text Book of Homoeopathic Materia Medica

43 ICR Mumbai

ICR Symposium on Hahnemannian Totality – Area D, E, F

44 Murphy R Lotus Materia Medica

Research methodology&biostatics.

Research Methodology: (A) Research in Biomedicine. (B) Need of Research and Research Challenges in Homoeopathy. (C) Types of Research Studies.

(D) Planning of Research Studies (which includes Research Questions, Research Hypothesis, Aims & Objectives, Literature Review, Study Design, Study Sample, Randomization, Blinding, Intervention, Variables, Outcome assessment etc.). (E) Design and Conduct of Clinical Trials. (F) Data Collection and Data Management. (G) Assessing and Reporting Adverse Events. (H) Ethical Issues in Biomedical Research. (I) Writing & Publishing Research Studies.

2. Biostatistics— (A) Definition and scope of Biostatistics in Clinical Research. (B) Types of Data and methods of Data presentation.

(C)Descriptive Statistics (Mean, Median, Mode, SD and Variance etc.).

(D)Correlation and Regression. (E)Sampling techniques and sample size estimation. (F) Measures of Morbidity and Mortality. (G) Data Analysis. (H) Use of Statistical Softwares.

Advanced study of the fundamentals of homoeopathy

1. Homoeopathic concept of health with a comparative study of modern concept- concept of vitalforce,Susceptibility,Constitution,temperament.

2. Homoeopathic concept of Disease-definition,different types of causes,classification,symptomatology,Evaluation of symptoms.

3. Individualisation-Case Taking

4. Posology –principles and criteria for repetition and selection of potency.
 5. Auxillary measures.
 6. Prognosis after giving the remedy(Remedy reaction)
 7. Prevention of Diseases-homoeopathic and modern concept.
 8. Drug Proving-Hahnemann’s method and modern view
 9. Dynamisation concepts in different editions of Organon
 10. Concepts of Miasms-comparisons of Master’s concept with other pioneers,its application
 11. .Palliation and suppression :different views and scope of homoeopathy.
 12. .Mental diseases-Hahnemann’s and modern concept.
 13. Application of Kents Repertory & other modern repertories like synthesis, Murphy’s, & complete repertory in clinical practice, education and research.
 14. Repertorial approach in case taking and case taking in different clinical situations
 15. Computer Repertories – application of homoeopathic softwares like HOMPAT, RADAR, ISIS etc. in clinical practice
 16. Miasmatic, therapeutic & reportorial approach in common infectious diseases, nutritional & metabolic disorders.
 17. In-depth study of select polychrest remedies (List appended)
1. Sulphur 2. Phosphorus 3. Calc carb 4. Lycopodium 5. Nux vom 6. Ars alb 7. Sepia
 8. Kali carb 9. Mag carb 10. Baryta carb 11. Arg nit 12. Aurum met 13. Calc phos
 14. Platina 15. Silicea 16. Natrum mur 17. Cinchona 18. Rhus tox
 19. Aconite 20. Bryonia 21. Natrum sulph 22. Antim crud 23. Graphites 24. Apis
 25. Lacheses 26. Medorrhinum 27. Psorinum 28. Thuja 29. Syphilinum 30. Staphysagria
 31. Tuberculinum 32. Ignatia 33. Pulsatilla 34. Zincum met 35.

Cuprum met 36. Iodum 37. Belladonna 38. Ipecac 39. Antim tart 40. Veratrum alb
41. Opium 42. Alumina 43. Plumbum met 44. Lilium tig 45. Ammonium carb 46.
Kali bich 47. Causticum 48. Hepar sulph 49. chamomilla 50. Cina 51. Sabina 52.
Conium 53. Kreosote 54. Phosphoric acid 55. Tarentula Hispanica 56. Phytolacca
57. Ferrum met 58. Lac caninum 59. Flouric acid
60. Nitric acid 61. Petroleum 62. Hyoscyamus 63. Stramonium 64. Podophyllum
65. Arnica 66. Stannum met 67. Spigelia 68. Sanguinaria 69. Merc sol 70.
Actearacemos

Miasmatic, therapeutic and repertorial approach in the following communicable and non-communicable diseases with their clinical features, diagnosis, prognosis, complications and accessory management. Give emphasis to applied part.

1. Common infectious diseases - Diagnosis – General and medicinal management.
2. Water and electrolyte disturbances – Acid - base imbalance – Its management.
3. Nutritional and metabolic disorders – Management of deficiency diseases- Role of Supplementation.
4. Palliative care and Pain management.
5. Common dermatological conditions – Diagnosis – General medical management.

PartII Paper 2 (Practice of Medicine)

System – Based diseases, diagnostic procedures, miasmatic basis General and Homoeopathic Management

1. Cardio – Vascular system
2. Respiratory system

3. Endocrine system
4. G.I.T. including liver and pancreas
5. Haematological disorders
6. Musculo – skeletal disorders
7. Neurological disorders
8. Genito - urinary disorders

2.11 No: of hours per subject

Residential programme Given under clause No:

2.12 Practical training

Given under clause No:2.10

2.13 Records

Records, Logbooks, mid marks obtained in tests will be maintained by the head of department and will be made available to the University or Central council of Homeopathy.

2.14 Dissertation: Guide/Co-Guide/ Change of Guide

THESIS

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate teacher as a guide. All Post graduate students should submit a synopsis of the thesis duly attested by the competent authorities in the prescribed proforma with in twelve months from the date of admission. Candidate is required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (TenThousand) words.

Each candidate should submit the dissertation (4copies) six months prior to the completion of the course. The University will sent it to four experts (two internal

two external) with instructions to return it with in two weeks after valuation. Dissertation may classified as “Accepted”, “Accepted with modifications” or “Rejected”. At least two experts should accept the dissertation for it to be considered as accepted. If it is accepted with modifications, the candidate will be given 45 days for correction and resubmission through proper channel. If it is rejected, the candidate will not be permitted to appear for the examination. She/he should repeat the work and submit within a period of six months. Such dissertations will be valued in the examination centre itself at the time of practical/clinical examination

2.15 Speciality training if any

Not applicable

2.16 Project work to be done if any

Not applicable

2.17 Any other requirements [CME, Paper Publishing etc.]

Publication/ acceptance of at least 1 research paper/article in a scholarly journal.

2.18 Prescribed/recommended textbooks for each subject

Given under clause “Content of each subject in each year “

25

2.19 Reference books

Given under clause “Content of each subject in each year “

2.20 Journals

All available journals related to the subject

2.21 Logbook

Log book serve as a document of the trainee's work. The trainee shall maintain this Logbook of Journal review presentation/ Seminar presentation/ Clinical works in IPD and OPD/ Clinical presentation/ Teaching skill practice and Dissertation presentation and shall be countersigned by concerned HoD

3 EXAMINATIONS

3.1 Eligibility to appear for exams [including Supplementary]

As per the clause "Schedule ie , approximate months of regular / supplementary exams "given below

3.2 Schedule of Regular/Supplementary exams

A. The university examination for a subject shall be conducted twice in a year at an interval of 4-6 months, as notified by the university from time to time. B. The supplementary examination will be held within 6 months of regular examination and failed students shall be eligible to appear in its supplementary examinations as the case may be. C. In case a student fails to appear in regular examination for cognitive reason, he/she will appear in supplementary examination as regular students. In such cases his/ her non appearance in regular examination will not be treated as an attempt. Such students after passing examination will join the studies with regular students and appear for next professional examination after completion of the required period of study.

3.3 Scheme of examination showing maximum marks and minimum marks

The examination shall be conducted in two parts namely:

(a) M.D. (Hom.) Part I, which is to be held six months after completion of house job of one year's duration.

(b) M.D. (Hom.)Part II, which is to be held one year six months after Part I examination.

Part I Examination

Every candidate seeking admission to Part I of the examination shall submit application to the University with the following documents, namely:

(a) A certificate from the Principal or Head of the institution about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and

(b) Certificate of having completed one year house job in the collegiate hospital.

(C) Examiners

1. MD (Hom). Regular degree in concerned subject, (3 years of regular study), included in the second schedule of the act. 2. Professor or Reader/Associate Professor with a total teaching experience of not less than seven years in the concerned subject

3. A panel of examiners shall be prepared by the University for a period of 3 years which shall be approved by the Central Council of Homoeopathy

One of examiners shall be the guide. Minimum number of examiners shall be four out of which 50% should be external With a view to providing experience to prospective Internal examiner, Skilled Assistants may be permitted, inconcurrence with the External Examiners, to be present in the Examination Hall. The role of skilled assistants, however, shall be confidential, only to carrying out the instructions of the Examiners

(i) Part-IM.D. (Hom.)Examinations-Full marks for each subject and minimum number of marks required to pass shall be as follows:-

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(c) M.D.(Hom) Materia medica

Subjects	Theory	Practical including viva-voce	Total	Pass marks
1. Materia medica	100	50	150	75

2. Research methodology & bio-statistics	100		100	50
3. Advanced teaching of fundamentals of Homoeopathy	100	50	150	75

(II) Part –II M.D. (Hom.) Examination-Full marks of each subject and minimum number of marks required to pass shall be as under

Subjects	Theory	Practical including viva-voce	Total	Pass marks
Materia medica				
Paper 1	100	200	400	200
Paper 2	100			
3. Practice of medicine	100	50	150	75

3.4 Papers in each year

As given under clause no: 2.10 &2.25

3.5 Details of theory exams

As given under clause no: 2.10 &2.25

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3.6 Model Question paper for each subject with question paper pattern

M.D HOMOEOPATHY DEGREE EXAMINATION – PART I

Materia Medica Paper – I

Time : 3 hours

Total : 100 marks

1. Discuss the group characteristics of Kali group of remedies. Elucidate the mental state of Causticum. How will you differentiate Causticum & Phosphorus
10 + 5 + 5
2. How will you study Materia Medica ? Write the different ways of studying Materia Medica. 10
3. Critical review of Hering's "Guiding Symptoms" 10
4. Compare and contrast the following : 5 x 2 = 10
 - a. Alumina & Alumen rectal complaints
 - b. Calcarea sulph & Natrum ars in allergic disorders
5. Differentiate the following: 5 x 2 = 10
 - a. Graphites & Kreosote in cancer stomach
 - b. Picric acid & Zincum met in spinal affections
6. Write Notes on: 10 x 4 = 40
 - a. Tissue Remedies
 - b. Mercury group
 - c. Platina
 - d. Relationship of remedies

M.D HOMOEOPATHY DEGREE EXAMINATION – PART II

Materia Medica Paper – I

Time : 3 hours

Total : 100Marks



1. Discuss the group characteristics of Ophidia. Give indications in Hemorrhagic disorders of a) Crotalus Horridus b) Lachesis c) Elaps 8 + 12 = 20
2. Write the group features of solanacea family? Differentiate Belladonna, stramonium and hyosyamus in various types of fevers. [10]
3. elucidate the mental features of lycopodium with sulphur and argentum nitricum? [10]
4. Describe the general features of archnidae. Add a note on sycotic manifestations of Aranea Diadema [10]
5. Compare and contrast the following : [5 x 2 =10]
 - a. Asafoetida & Moschus in Hysteria
 - b. Asterias reubens and Opium in apoplexy
6. Differentiate the following: [5 x 2 =10]
 - a. Pulsatilla & Stellaria media in rheumatic affections
 - b. Absinthium and Oenanthe crocata in epilepsy
7. Give the characteristic symptoms of following : [10 x 4 = 40]
 - a. Elaps Cor b. Cistus canandaensis c. Coccus cacti d. Capsicum

M.D HOMOEOPATHY DEGREE EXAMINATION – PART II

Materia Medica Paper – II

Time : 3 hours

Total : 100 Marks

1. Discuss the group characteristics of Milk remedies. Describe in brief Lac caninum [20]
2. Discuss in detail Medorrhinum child [10]

3. What are imponderabilia ? Briefly describe clinical application of any one.
[10]

4. Write the indication of following remedies in angina pectoris : a) Tabacum b) Latrodectus mactans c) Crataegus d) Haemotoxylon. 1 10

5. Describe the characteristics of the following remedies in acid peptic disease a) Robinia b) Iris Versicolor [5 x 2 = 10]

6. Write Notes on : [10 x 4 = 40]

a. Ambra Grisea

b. Bacillinum

c. Magnets

d. Thyroidinum

MD(Hom) Part1 Examination

Paper II

Research Methodology, Biostatistics and History of Medicine

Time 3hrs Max.Marks100

(Answer all Questions)

1. Discuss the need and utility of planning of statistical design. Explain clearly the steps involved in conducting a clinical trial. 20

2) Two types of diets were administered to two groups of boys for increase in weight and the following increases in weight (in lbs.) were recorded after 20 days
Increase in weight Diet A: 4 3 2 2 10 5 6 3 Diet B: 5 4 4 2 3 2 7 1 Test whether there is any significant difference between the two diets with respect to increase in

- weight. 10
- 3) What are the research challenges in Homoeopathy and the methods to overcome it 10
- 4) How will you plan a research study 10
- 5) What are different methods of data collections 10
- 6) Define the scope of Biostatics in clinical research 10
- 7) Which are the different sampling techniques and compare its merits and 10
- 8) Discuss merits and demerits of different statistical soft wares 10
- 9) Difference between Mean, Meadian and Mode 10

M.D HOMOEOPATHY DEGREE EXAMINATION – PART I

Paper III - Advanced Teaching in Fundamentals of Homoeopathy

1. Discuss the role of miasms in the pathogenesis, clinical presentation and complications of Type II Diabetes Mellitus. Discuss the therapeutics based on Kent's Repertory 20
2. Elaborate the sycotoc component of Medorrhinum & Thuja in the mental sphere. 10
3. Illustrate the remedy relationship between Pulsatila, Silicea & Flouric acid 10
4. What is anamnesis ? How does the past history, history of presenting complaint, family history & treatment history help in case taking & repertorisation. Explain with example from different repertories 10
5. Comment on the merits of softwares in repertory. Make brief note on salient features of RADAR, COMPLETE DYNAMICS & HOMPETH 10

6. Describe the various criteria for selection of potency & repetition of remedy 10
7. Discuss in detail on evaluation of symptoms 10
8. Write a note on disorders of copper metabolism, its clinical presentation & miasmatic basis 10
9. Briefly describe Complication of Mumps, with indications of pulsatilla & jaborandi in management 10

M.D HOMOEOPATHY DEGREE EXAMINATION – PART II

Paper III – Practice of Medicine

1. Discuss the differential diagnosis of Polyarthrits. How will you diagnose and manage a case of SLE. Comment on the role of miasms in its aetiopathogenesis & clinical manifestations. 20
2. Discuss the differential diagnosis of tremor. Write the clinical presentation and role of anti miasmatic medicines in the management of Parkinsonism 10
3. Discuss investigations to be done in a patient presenting with secondary hypertension. Write a note on complications of Hypertension 10
4. Write the various radiological changes in the chest x-ray in a patient with Bronchogenic Carcinoma. Discuss the role of repertory in managing a case of bronchogenic carcinoma. 10
5. Write the differential diagnosis of papulo-squamous skin disorders. Discuss the clinical presentation and its homoeopathic management & reportorial approach 10
6. Discuss the aetiopathology & clinical presentation of hereditary spherocytosis. Comment on its miasmatic background. 10
7. Write in detail the investigation to be done in a patient presenting acute pancreatitis. Discuss its complication and rubrics. 10

8. Discuss the cause and clinical presentation of hyponatremia 10
9. Comment on Renal Profile. Discuss the management of acute renal failure.
Give important rubrics from synthesis 10

3.7 Internal assessment component

Not applicable

3.8 Details of practical/clinical practicum exams to include Duration Marks Types of cases/ questions

As given under clause “Content of each subject in each year “ & “Scheme of examination showing maximum marks and minimum marks “

3.9 Number of examiners needed (Internal & External) and their qualifications

As given under clause “Scheme of examination showing maximum and minimum marks “

3.10 Details of viva: division of marks

Viva-voce shall be conducted separately by each examiner and coordinated by the senior most internal examiner. The same person shall finalize the mark sheet of practical and Viva-voce examinations, in consultation with the other examiners. The examination shall be aimed to test the clinical acumen, ability and working

Division of marks of viva/ practicals should be as follows

PART 1

PAPER 1-Materia medica

Practicals

Short case – 5

Long case – 10

Log book – 10

Total 25

Viva voce - 25

Grand total – 50marks

PART 2

Practicals

Short case- 25

Long case – 50

Log book – 25

Total – 100

Viva voce – based on

Materia medica - 50

Dissertation – 50

Total – 100marks

Grand total – 200 marks

knowledge of the student in the practical aspect of the speciality and his/her fitness to work independently as a specialist.

4 INTERNSHIP

4.1 Eligibility for internship

Not applicable for PG courses

4.2 Details of internship Not applicable for PG courses

4.3 Model of Internship Mark lists

Not applicable for PG courses

5 ANNEXURES

5.1 Check Lists for Monitoring: Log Book, Seminar Assessment etc. As shown under clause “Logbook

5.2 Template for Dissertation

As given under under clause “Dissertation : Guide/ Co-Guide / Change of Guide “

5.3 Template for Mark List showing Maximum & Minimum

KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR – 680596

STATEMENT OF MARKS

Name of the Candidate:

Reg.No:

Name of College:

Name of Course: MD(Hom) MATERIA MEDICA

Examination:MD(Hom) MATERIA MEDICA Part II Regular Examination

Month & Year of Examination: Date of Publication:

Sl no	Subjects	Theory			Practical/ viva			Total			Remarks
		Max	Min	Awarded	Max	Min.	Awarded	Max	Min	Awarded	
1	Materia medica										
	Paper 1	100	50		100	100		400	200		

	Paper 2	100	50		100						
2	Practice of medicine	100	50		50	25		150	75		
Grand Total								550	275		
Total in words											



SYLLABUS

for Courses affiliated to the

KERALA UNIVERSITY OF HEALTH SCIENCES

Thrissur 680596



POST GRADUATE COURSE IN HOMEO MEDICINE

M D(HOM.) HOMEOPATHIC PHILOSOPHY

Course Code:268

(2016-17 Academic year onwards)

2016

NEW SYLLABUS

2 COURSE CONTENT

2.1 Title of course

MD (HOM) – Doctor of Medicine in Homoeopathy – Homoeopathic Philosophy

2.2 Objectives of course

- 1) The goal of postgraduate medical education shall be to produce competent specialists and or medical teachers
- 2) Who shall recognize the health needs of the community and carry out professional obligations ethically.
- 3) Who shall be aware of the contemporary advance and developments in the discipline concerned
- 4) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology, epidemiology
- 5) And who shall have acquired the basic skills in teaching of the medical and paramedical professionals

2.3 Medium of instruction:

The medium of instruction is English

2.4 Course outline

The course shall be of three years duration, including one year of house-job or equivalent thereof

- a) All the days of the year will be working days for the postgraduate students.
- b) The candidate should secure 80% attendance for the
 - 1) First year, i.e, during house job.
 - 2) First half of 2ndyear.
 - 3) Last one and half year.

1. A candidate for MD (Hom) shall opt one of the special subject as his specialty at the time of admission and the degree shall be awarded in that specialty.
2. The P.G. candidate shall pursue a regular course of study and research in the department under the guidance of a guide recognized by the university, emphasis is being on practical training, participate in seminars, group discussions, clinical meetings, journal clubs etc.
3. The candidate shall be a resident in the hospital campus and shall be given graded responsibility in the management of patients entrusted to his care. He shall participate in teaching and training of undergraduate student and interneers.
4. Candidate is required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.
5. The PG student may be permitted to attend seminars, symposium and other academic programs conducted by registered organizations, academic bodies and institutions in and out side state. The head of institution shall sanction duty leave to PG students, limited to 10 days in an academic year.
6. The student shall be required to attend at least 80% of total lecture, seminar, clinical discussion, journal club and group discussion separately in each paper/subject of the examination in order to become eligible to appear for examination.
7. The different components of attendance of part I and part II exam are given below

Part I Examination

Name of the paper	% of attendance required
Paper 1	80%
Paper 2	80%
Paper 3	80%

Part II Exam

Name of the subject	% of attendance required
Paper 1 & 2	80%
Paper 3	80%

Each course shall comprise of the following

- (i) Homoeopathic Philosophy and Organon of Medicine
- (ii) Research Methodology & Bio-statistics
- (iii) Advanced teaching of Fundamentals of Homoeopathy

2.5 Duration

The course shall be of three years duration, including one year of house-job or equivalent thereof

2.6 Syllabus

Given under clause "Content of each subject in each year "

2.7 Total number of hours

Given under clause "Content of each subject in each year "

The concept of health care counseling shall be incorporated in all relevant areas.

2.8 Branches if any with definition

Given under clause "Course outline "

2.9 Teaching learning methods

TRAININGPROGRAMME

- a) Every institution undertaking Post Graduate training shall setup an Academic cell or a curriculum committee, under the chairmanship of a senior faculty, which shall work out the details of the training in each speciality in consultation with

other department faculty staff and also co ordinate and monitor the implementation of these training programme.

b) The training programme shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidate and the Central council inspectors to assess the same at the time of inspection.

c) The Post Graduate student shall maintain a record (logbook) of the work carried out by them and the training programme undergone during the period of training.

d) The record books shall be checked and assessed by the faculty members imparting the training, monthly.

e) The Post Graduate student shall be required to participate in teaching and training programme of undergraduate students and interns.

Method of training:

The emphasis should be on in service training and not on didactic lectures. The candidates should take part in seminars, group discussions, clinical meetings etc. The candidate should be required to write a thesis or dissertation with detailed commentary which should provide the candidate with necessary back ground of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be a resident in the campus and shall be given graded responsibility in the management and treatment of patients entrusted to his case. He shall participate in teaching of undergraduate students or interns. Adequate number of posts of clinical residents shall be created for this purpose..

A candidate for M.D.(Hom.) shall opt one of the subjects of speciality at the time of admission and the degree shall be awarded in that speciality..

2.10 Content of each subject in each year

Homoeopathic Philosophy

Part I

Concepts of Principles and Practice:

I.General Philosophy: universal concept of life in general and human being in particular with special emphasis to Hahnemannian concept with all his related writings.(.the above topics shall be studied according to the following scheme.

. Philosophy and science-Logic, metaphysics and theory of causation(Emphasis should be given to aristotle's philosophy)

.Science and Inductive methods of Logic-(Should be taught from the point of view of Francis bacon and J.S.Mill)

.The doctrine of Force-the doctrine of monads-life force (should be dealt in the context of Leibitz and Bergson)

.Part and whole relation-(should be taught on the basis of Hegal)

.Medical philosophy of Hahnemann with the different schools of philosophy.

References:

A History of Philosophy–Frank Thilly

A History of Modern Philosophy–W. K. Wright

A History of Philosophy -Windleband

A History of Modern Philosophy- Hoffding.H

The Genius of Homoeopathy-Stuart Close

II.General Psychology:

.Introduction to Psychology-definition, schools and branches of Psychology

. Attention perception, learning, memory, thinking, motivation, emotion, stress, psychosomatic disorders, intelligence, personality, anxiety, fear, dreams.

.Psychological assessment and testing-oriented on different methods of studying behavior.

.Different approaches of Psychology with reference to personality of Sigmund Freud, Carl Jung, Alfred Adler, Karen Horney, Doller and Miller, Maslow.

.Developmental Psychology.

.Social Psychology

1. Ref-Books

1) Introduction to Psychology- Clifford T Morgan

2) General Psychology–S K Mangal

3) Psychology–Robert A Baron

4) Understanding Psychology–Robert S Feldman

5) Developmental Psychology–A life span approach–Elizabeth B Hurlock

6) Social Psychology–Robert A Baron and Donn Byrne

7) Abnormal Psychology-Saen & Saven

III.A.fundamental Principles of Homoeopathy-Evolution of principles, its application and relevance.(with reference to the writings of Hahnemann and all Stalwarts)

B .A critical study of Organon of Medicine-5th and 6th edition-including the appendix and introductory part. Also make a comparative study of the different editions of Organon of Medicine.

IV.History of Medicine

Evolution of medicine from Prehistoric period to modern time with special emphasis to Hahnemann's contribution to medicine in general.

Reference books:

- 1) Glimpses of History of Medicine–D.D Banerjee
- 2) Pioneers of Homeopathy–Dr.Mahendra Singh
- 3) History of medicine and Homeopathy–Navin Pawaskar
- 4) History of Homeopathy in India–SaratChandra Ghosh
- 5) History of Medicine–Samareendar Reddy
- 6) Medicine The voyage Through Time-Dr. Arun Bhasme

Part II

Paper I

Detailed study of the philosophy of Dr.J.T.kent,Dr. Stuart Close, Dr.H.A.Robert's,Dr.Dunham,Dr.Richard Hughes,Dr.Dudgeon.

Lesser writings of Dr.Hahnemann, Dr.J.T.Kent and Dr.Boeninghausen

Paper II

A.The chronic Diseases-

i, Hahnemannian concept

li, Concepts of : Dr.J.H.Allen

Dr.Stuart Close

Dr.J.T.Kent

Dr. H.A.Robert's

Dr.P.N.Banerjee

Application of miasmatic concept in cleavage of the symptoms of important anti-miasmatic remedies.

Reference Books:

.List of Books recommended for study and reference apart from those included in Syllabus:

1. Organon of medicine- Hahnemann 5th and 6th edition
2. Lectures on Homoeopathic philosophy – Dr. J.T. Kent
3. The Genius of Homoeopathy – Dr. Stuart Close
4. The principles and Art of Cure by Homoeopathy – H.A. Roberts
5. The Principles and Practice of Homoeopathy – Dr. Richard Hughes
6. The Science of Therapeutics – Dr. C. Dunham
7. The Lesser Writings – Boenninghausen (A contribution to the judgement concerning the characteristic value of symptoms)
8. A manual of Pharmacodynamics – Richard Hughes
9. Materia Medica Pura – Hahnemann
10. A compend of the principles of Homoeopathy – Garth Boerick
11. A commentary on Organon of Medicine – B.K, Sarkar
12. Lectures on theory and practice of Homoeopathy -R.E. Dudgeon
13. Art of case taking and Practical Repertorisation in Homoeopathy – Dr. R.P. Patel
14. Homoeopathy its principle and Doctrines – Dr. R.P. Patel
15. Theory of Chronic diseases-Dr.Hahnemann
16. Lesser writings of Dr.Hahnemann and Dr. Kent
17. The hidden treasures of last Organon – P. Schmidt
18. A comparison of chronic miasms – Phyllis Speight

19. Miasmatic Diagnosis – S.K. Banerjee

20. Hahnemann's conception of chronic disease, as by Parasitic micro-organism – Dr.M.L. Tyler

ORGANON OF MEDICINE HOMOEOPATHIC PHILOSOPHY

Paper Division-

Part I

Paper I:-

Theory (100 marks)

1) General philosophy & psychology, History of Medicine, Organon of Medicine and Fundamental principles

Part II

Paper I

Theory (100 marks)

Concepts of Homoeopathic Philosophy of different Pioneers & lesser writings.

Paper II

Theory (100 marks)

Chronic disease and miasms – concept of Hahnemann and different pioneers

Research methodology & biostatistics.

Research Methodology:

(A) Research in Biomedicine. (B) Need of Research and Research Challenges in Homoeopathy. (C) Types of Research Studies.

(D) Planning of Research Studies (which includes Research Questions, Research Hypothesis, Aims & Objectives, Literature Review, Study Design, Study Sample,

Randomization, Blinding, Intervention, Variables, Outcome assessment etc.). (E) Design and Conduct of Clinical Trials. (F) Data Collection and Data Management. (G) Assessing and Reporting Adverse Events. (H) Ethical Issues in Biomedical Research. (I) Writing & Publishing Research Studies.

2. Biostatistics— (A) Definition and scope of Biostatistics in Clinical Research. (B) Types of Data and methods of Data presentation. (C) Descriptive Statistics (Mean, Median, Mode, SD and Variance etc.). (D) Correlation and Regression. (E) Sampling techniques and sample size estimation. (F) Measures of Morbidity and Mortality. (G) Data Analysis. (H) Use of Statistical Softwares.

Advanced study of the fundamentals of homoeopathy

1. Homoeopathic concept of health with a comparative study of modern concept- concept of vital force, Susceptibility, Constitution, temperament.
2. Homoeopathic concept of Disease-definition, different types of causes, classification, symptomatology, Evaluation of symptoms.
3. Individualisation-Case Taking
4. Posology –principles and criteria for repetition and selection of potency.
5. Auxillary measures.
6. Prognosis after giving the remedy(Remedy reaction)
7. Prevention of Diseases-homoeopathic and modern concept.
8. Drug Proving-Hahnemann's method and modern view
9. Dynamisation concepts in different editions of Organon
10. Concepts of Miasms-comparisons of Master's concept with other pioneers,its application
11. .Palliation and suppression :different views and scope of homoeopathy.
12. .Mental diseases-Hahnemann's and modern concept.

13. Application of Kents Repertory & other modern repertories like synthesis, Murphy's, & complete repertory in clinical practice, education and research.

14. Repertorial approach in case taking and case taking in different clinical situations

15. Computer Repertories – application of homoeopathic softwares like HOMPAT, RADAR, ISIS etc. in clinical practice

16. Miasmatic, therapeutic & repertorial approach in common infectious diseases, nutritional & metabolic disorders.

17. In-depth study of select polychrest remedies (List appended)

1. Sulphur 2. Phosphorus 3. Calc carb 4. Lycopodium 5. Nux vom 6. Ars alb 7. Sepia
8. Kali carb 9. Mag carb 10. Baryta carb 11. Arg nit 12. Aurum met 13. Calc phos
14. Platina 15. Silicea 16. Natrum mur 17. Cinchona 18. Rhus tox 19. Aconite 20.
Bryonia 21. Natrum sulph 22. Antim crud 23. Graphites 24. Apis 25. Lacheses 26.
Medorrhinum 27. Psorinum 28. Thuja 29. Syphilinum 30. Staphysagria 31.
Tuberculinum 32. Ignatia 33. Pulsatilla 34. Zincum met 35. Cuprum met
36. Iodum 37. Belladonna 38. Ipecac 39. Antim tart 40. Veratrum alb 41. Opium
42. Alumina 43. Plumbum met 44. Liliun tig 45. Ammonium carb 46. Kali bich 47.
Causticum 48. Hepar sulph 49. chamomilla 50. Cina 51. Sabina 52. Conium 53.
Kreosote 54. Phosphoric acid 55. Tarentula Hispanica 56. Phytolacca 57. Ferrum
met 58. Lac caninum 59. Flouric acid 60. Nitric acid 61. Petroleum 62. Hyoscyamus
63. Stramonium 64. Podophyllum 65. Arnica 66. Stannum met 67. Spigelia 68.
Sanguinaria 69. Merc sol 70. Actearacemos

Miasmatic, therapeutic and repertorial approach in the following communicable and non-communicable diseases with their clinical features, diagnosis, prognosis, complications and accessory management. Give emphasis to applied part.

1. Common infectious diseases - Diagnosis – General and medicinal management.

2. Water and electrolyte disturbances – Acid - base imbalance – Its management.
3. Nutritional and metabolic disorders – Management of deficiency diseases- Role of Supplementation.
4. Palliative care and Pain management.
5. Common dermatological conditions – Diagnosis – General medical management.

PART II Paper III (Practice of medicine)

System – Based diseases, diagnostic procedures, miasmatic basis General and Homoeopathic Management

1. Cardio – Vascular system
2. Respiratory system
3. Endocrine system
4. G.I.T. including liver and pancreas
5. Haematological disorders
6. Musculo – skeletal disorders
7. Neurological disorders
8. Genito - urinary disorders

2.11 No: of hours per subject

Residential programme Given under clause No: 2.10

2.12 Practical training

Given under clause No:2.10

2.13 Records

Records, Logbooks, mid marks obtained in tests will be maintained by the head of department and will be made available to the University or Central council of Homeopathy.

2.14 Dissertation: Guide/Co-Guide/ Change of Guide

THESIS

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate teacher as a guide. All Post graduate students should submit a synopsis of the thesis duly attested by the competent authorities in the prescribed proforma within twelve months from the date of admission. Candidate is required to write a thesis or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.

Each candidate should submit the dissertation (4copies) six months prior to the completion of the course. The University will send it to four experts (one internal two external) with instructions to return it within two weeks after valuation. Dissertation may be classified as "Accepted", "Accepted with modifications" or "Rejected". At least two experts should accept the dissertation for it to be considered as accepted. If it is accepted with modifications, the candidate will be given 45 days for correction and resubmission through proper channel. If it is rejected, the candidate will not be permitted to appear for the examination. She/he should repeat the work and submit within a period of six months. Such dissertations will be valued in the examination centre itself at the time of practical/clinical examination

2.15 Speciality training if any

Not applicable

2.16 Project work to be done if any

Not applicable

2.17 Any other requirements [CME, Paper Publishing etc.] Publication/ acceptance of at least 1 research paper/article in a scholarly journal.

2.18 Prescribed/recommended textbooks for each subject

Given under clause “Content of each subject in each year “

2.19 Reference books

Given under clause “Content of each subject in each year “

2.20 Journals

All available journals related to the subject

2.21 Logbook

Log book serve as a document of the trainee’s work. The trainee shall maintain this Logbook of Journal review presentation/ Seminar presentation/ Clinical works in IPD and OPD/ Clinical presentation/ Teaching skill practice and Dissertation presentation and shall be countersigned by concerned HoD

3 EXAMINATIONS

3.1 Eligibility to appear for exams [including Supplementary]

As per the clause “Schedule ie , approximate months of regular / supplementary exams “given below

3.2 Schedule of Regular/Supplementary exams

A. The university examination for a subject shall be conducted twice in a year at an interval of 4-6 months, as notified by the university from time to time.

B. Th supplementary examination will be held within 6 months of regular examination and failed students shall be eligible to appear in its supplementary examinations as the case may be.

C. In case a student fails to appear in regular examination for cognitive reason, he/she will appear in supplementary examination as regular students. In such

cases his/ her non appearance in regular examination will not be treated as an attempt. Such students after passing examination will join the studies with regular students and appear for next professional examination after completion of the required period of study.

3.3 Scheme of examination showing maximum marks and minimum marks

The examination shall be conducted in two parts namely:

- (a) M.D. (Hom.) Part I, which is to be held six months after completion of house job of one year's duration.
- (b) M.D. (Hom.) Part II, which is to be held one year six months after Part I examination.

Part I Examination

Every candidate seeking admission to Part I of the examination shall submit application to the University with the following documents, namely:

- (a) A certificate from the Principal or Head of the institution about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and
- (b) Certificate of having completed one year house job in the collegiate hospital.

(C) Examiners

1. MD (Hom). Regular degree in concerned subject, (3 years of regular study), included in the second schedule of the act. 2. Professor or Reader/Associate Professor with a total teaching experience of not less than seven years in the concerned subject

3. A panel of examiners shall be prepared by the University for a period of 3 years which shall be approved by the Central Council of Homoeopathy

One of examiners shall be the guide. Minimum number of examiners shall be four out of which 50% should be external With a view to providing experience to

prospective Internal examiner, Skilled Assistants may be permitted, inconcurrence with the External Examiners, to be present in the Examination Hall. The role of skilled assistants, however, shall be confidential, only to carrying out the instructions of the Examiners

(i) Part-IM.D. (Hom.)Examinations-Full marks for each subject and minimum number of marks required to pass shall be as follows:-

(c) M.D.(Hom.)Homeopathic Philosophy-

Subjects	Theory	Practical including viva-voce	Total	Pass marks
1. Homoeopathic philosophy and organon of medicine	100	50	150	75
2. Research methodology & bio-statistics	100		100	50
3. Advanced teaching of fundamentals of Homoeopathy	100	50	150	75

(II) Part –II M.D. (Hom.) Examination-Full marks of each subject and minimum number of marks required to pass shall be as under

Subjects	Theory	Practical including viva-voce	Total	Pass marks
1.Homoeopathic philosophy				
Paper 1	100	200	400	200
Paper 2	100			
3. Practice of medicine	100	50	150	75

3.4 Papers in each year

As given under clause no: 2.10 &2.25

3.5 Details of theory exams

As given under clause no: 2.10 &2.25

3.6 Model question paper for each subject with question paper pattern

Homoeopathic philosophy

Part I

Paper I

Answer all questions

Total marks-100

1. Compare the differences in dynamisation and regarding repetition of doses in the 5th and 6th edition 20 marks

Write in detail 10x 8

2. Explain in detail the concept of Logic of Lord Bacon and J.S.Mill

3. Differentiate philosophy and science. explain the branches of philosophy.

4. Define memory. describe the types and steps in memory

5. Explain Renaissance period.

6. Define Mental Diseases. Classify it. Give the management of different types.

7. Explain the art of Interrogation according to Dr.Hahnemann

8. Explain the fundamental principles of Homoeopathy.

9 Classify Intermittent diseases, give the management of different types of Intermittent fevers.

Homoeopathic philosophy

Part II

Paper I

Answer all questions

Total marks-100

1. Explain in details the concept of Individualisation of different Pioneers.

20marks

Write in detail 8 X 10=80 marks

2. Prognosis and follow up after administration of Homoeopathic medicine according to Dr.Kent and Dr.H.A.Roberts.
3. Scope and limitations of homoeopathy according to Stuart Close.
4. Give the views of Richard Hughes regarding selection of Medicine,
5. Homoeopathy is a Science of Therapeutics -Explain according to Dunham
6. What were the views of Dr.Hahnemann in the treatment of Asiatic Cholera.
7. Explain the concept of Susceptibility according to different authors.
8. Explain the content of the Essay on the new principle for ascertaining the curative power of drugs.
9. Comment on the writing of Dr.J.T.Kent on Series in Degrees

Homoeopathic philosophy

Part II

Paper II

Answer all questions

Total marks-100

1. Define psora, explain in detail the evolution and origin of Psora. Explain the symptoms of latent psora. 5+5+10 =20marks

Write in detail 10X8=80 marks

2. Explain the general pathology of Homoeopathy according to Stuart Close.

3. Why Dr.H.A.Robert's considers Psora as a deficiency miasm

4. Explain the pseudopsora according to J.H.Allen

5. Give the general directions given by Hahnemann regarding diet and regimen in the treatment of chronic diseases.

6. Compare the mental features of psora, syphilis and sycosis.

7. Concept of sycotic miasm according to J.T.Kent.

8. Explain scrofula and its miasmatic basis.

9. Syphilitic stigma

MD(Hom)Part1

Examination Paper II

Research Methodology, Biostatitics and History of Medicine

(Common to all speciality)

Time 3hrs

Max.Marks100

(AnswerallQuestions)

1. Discuss the need and utility of planning of statistical design. Explain clearly the steps involved in conducting a clinical trial. 20
- 2) Two types of diets were administered to two groups of boys for increase in weight and the following increases in weight (in lbs.) wererecorded after20 days
Increasein weight DietA: 4 3 2 2 10 5 6 3 DietB: 54 4 2 3 27 1 Test whether there is any significant difference between the two diets with respect to increase in weight. 10
- 3)How will you plan a research study 10
- 4)What are the research challenges in Homoeopathy and the methods to overcome it 10
- 5)What are different methods of data collections 10
- 6)Define the scope of Biostatics in clinical research 10
- 7)Which are the different sampling techniques and compare its merits 10
- 8)Discuss merits and demerits of different statistical softwares 10
- 9) Difference between Mean, Median & Mode 10

Model Question Paper

M.D HOMOEOPATHY DEGREE EXAMINATION – PART I

Paper III - Advanced Teaching in Fundamentals of Homoeopathy

1. Discuss the role of miasms in the pathogenesis, clinical presentation and complications of Type II Diabetes Mellitus. Discuss the therapeutics based on Kent's Repertory 20
2. Elaborate the sycotic component of Medorrhinum & Thuja in the mental sphere. 10
3. What is anamnesis ? How does the past history, history of presenting illness, family history & treatment history help in case taking & repertorisation. Explain with example from different repertories 10
4. Illustrate the remedy relationship between Pulsatilla, Silicea & Fluoric acid 10
5. Comment on the merits of softwares in repertory. Make brief note on salient features of RADAR, COMPLETE DYNAMICS & HOMPAT 10
6. Describe the various criteria for selection of potency & repetition of remedy 10
7. Discuss in detail on evaluation of symptoms 10
8. Write a note on disorders of copper metabolism, its clinical presentation & miasmatic basis 10
9. Briefly describe Complication of Mumps, with indications of pulsatilla & jaborandi in management [10]

M.D HOMOEOPATHY DEGREE EXAMINATION – PART II

Paper III – Practice of Medicine

1. Discuss the differential diagnosis of Polyarthritis. How will you diagnose and manage a case of SLE. Comment on the role of miasms in its aetiopathogenesis & clinical manifestations. 20
2. Discuss the differential diagnosis of tremor. Write the clinical presentation and role of anti miasmatic medicines in the management of Parkinsonism 10
34
3. Discuss investigations to be done in a patient presenting with secondary hypertension. Write a note on complications of Hypertension 10
4. Write the various radiological changes in the chest x-ray in a patient with Bronchogenic Carcinoma. Discuss the role of repertory in managing a case of bronchogenic carcinoma. 10
5. Write the differential diagnosis of papulo-squamous skin disorders. Discuss the clinical presentation and its homoeopathic management & reportorial approach 10
6. Discuss the aetiopathology & clinical presentation of hereditary spherocytosis. Comment on its miasmatic background. 10
7. Write in detail the investigation to be done in a patient presenting acute pancreatitis. Discuss its complication and rubrics. 10
8. Discuss the cause and clinical presentation of hyponatremia 10
9. Comment on Renal Profile. Discuss the management of acute renal failure. Give important rubrics from synthesis 10

3.7 Internal assessment component

Not applicable

3.8 Details of practical/clinical practicum exams to include Duration Marks Types of cases/ questions

As given under clause “Content of each subject in each year “ & “Scheme of examination showing maximum marks and minimum marks “

3.9 Number of examiners needed (Internal & External) and their qualifications

As given under clause “Scheme of examination showing maximum and minimum marks “

3.10 Details of viva: division of marks

Viva-voce shall be conducted separately by each examiner and coordinated by the senior most internal examiner. The same person shall finalize the mark sheet of practical and Viva-voce examinations, in consultation with the other examiners.

The examination shall be aimed to test the clinical acumen, ability and working knowledge of the student in the practical aspect of the speciality and his/her fitness to work

independently as a specialist.

Division of marks of viva/ practicals should be as follows

PART 1

PAPER 1-organon of medicine

Practicals

Short case – 5

Long case – 10

Log book – 10

Total 25

Viva voce - 25

Grand total – 50marks

PART 2

Practicals

Short case- 25

Long case – 50

Log book – 25

Total – 100

Viva voce – based on

Organon of medicine- 50

Dissertation – 50

Total – 100marks

Grand total – 200 marks

4 INTERNSHIP

4.1 Eligibility for internship

Not applicable for PG courses

4.2 Details of internship Not applicable for PG courses

4.3 Model of Internship Mark lists Not applicable for PG courses

5 ANNEXURES

5.1 Check Lists for Monitoring: Log Book, Seminar Assessment etc. As shown under clause “Logbook

5.2Template for Dissertation

As given under under clause “Dissertation : Guide/ Co-Guide / Change of Guide “

5.3 Template for Mark List showing Maximum & Minimum

KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR – 680596

STATEMENT OF MARKS

Name of the Candidate:

Reg.No:

Name of College:

Name of Course: MD(Hom) ORGANON OF MEDICINE

Examination:MD(Hom) ORGANON OF MEDICINE Part II Regular Examination

Sl no	Subjects	Theory			Practical/ viva			Total			Remarks
		Max	Min	Awarded	Max	Min.	Awarded	Max	Min	Awarded	
1	Organon of medicine										
	Paper 1	100	50		100	100		400	200		
	Paper 2	100	50		100						
2	Practice of medicine	100	50		50	25		150	75		
Grand Total								550	275		
Total in words											

S.O A.C/A.R/D.R

Controller of Examinations

SYLLABUS

for Courses affiliated to the

KERALA UNIVERSITY OF HEALTH SCIENCES

Thrissur 680596



POST GRADUATE COURSE IN HOMEO MEDICINE

M D(HOM.) REPERTORY

Course Code:269

(2016-17 Academic year onwards)

2016

NEW SYLLABUS

2 COURSE CONTENT

2.1 Title of course

MD (HOM) – Doctor of Medicine in Homoeopathy- Repertory

2.2 Objectives of course

- 1) The goal of postgraduate medical education shall be to produce competent specialists and or medical teachers
- 2) Who shall recognize the health needs of the community and carry out professional obligations ethically.
- 3) Who shall be aware of the contemporary advance and developments in the discipline concerned
- 4) Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology, epidemiology
- 5) And who shall have acquired the basic skills in teaching of the medical and paramedical professionals

2.3 Medium of instruction:

The medium of instruction is English

2.4 Course outline

The course shall be of three years duration, including one year of house-job or equivalent thereof

- a) All the days of the year will be working days for the postgraduate students.
 - b) The candidate should secure 80% attendance for the
 - 1) First year, i.e, during house job.
 - 2) First half of 2ndyear.
 - 3) Last one and half year.
1. A candidate for MD (Hom) shall opt one of the special subject as his specialty at the time of admission and the degree shall be awarded in that specialty.

2. The PG candidate shall pursue a regular course of study and research in the department under the guidance of a guide recognized by the university, emphasis being on practical training, participate in seminars, group discussions, clinical meetings, journal clubs etc.
3. The candidate shall be a resident in the hospital campus and shall be given graded responsibility in the management of patients entrusted to his care. He shall participate in teaching and training of undergraduate student and interneers.
4. Candidate is required to write a theses or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.
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7. The different components of attendance of part I and part II exam are given below

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Name of the paper	% of attendance required
Paper 1	80%
Paper 2	80%
Paper 3	80%

Part II Exam

Name of the subject	% of attendance required
Paper 1 & 2	80%
Paper 3	80%

Each course shall comprise of the following

- (i) M.D.(Hom.) Repertoy
- (i) Repertory
- (ii) Research Methodology & Bio-statistic
- (iii) Advaned teaching of Fundamentals of Homoeopathy

2.5 Duration

The course shall be of three years duration, including one year of house-job or equivalent thereof

2.6 Syllabus

Given under clause "Content of each subject in each year "

2.7 Total number of hours

Given under clause "Content of each subject in each year "

The concept of health care counseling shall be incorporated in all relevant areas.

2.8 Branches if any with definition

Given under clause "Course outline "

2.9 Teaching learning methods

TRAININGPROGRAMME

- a) Every institution undertaking Post Graduate training shall setup an Academic cell or a curriculum committee, under the chairmanship of a senior faculty, which shall work out the details of the training in each speciality in consultation with other department faculty staff and also coordinate and monitor the implementation of these training programme.
- b) The training programme shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to determine the training undergone by the candidate and the Central council inspectors to assess the same at the time of inspection.
- c) The Post Graduate student shall maintain a record (logbook) of the work carried out by them and the training programme undergone during the period of training.
- d) The record books shall be checked and assessed by the faculty members imparting the training, monthly.
- e) The Post Graduate student shall be required to participate in teaching and training programme of undergraduate students and interns.

Method of training:

The emphasis should be on in service training and not on didactic lectures. The candidates should take part in seminars, group discussions, clinical meetings etc. The candidate should be required to write a thesis or dissertation with detailed commentary which should provide the candidate with necessary back ground of training in research methods and techniques along with the art of writing research papers and learning and making use of library. The candidate shall be a resident in the campus and shall be given graded responsibility in the management and treatment of patients entrusted to his case. He shall participate in teaching of undergraduate students or interns. Adequate number of posts of clinical residents shall be created for this purpose..

A candidate for M.D.(Hom.) shall opt one of the subjects of speciality at the time of admission and the degree shall be awarded in that speciality..

2.10 Content of each subject in each year

REPERTORY

1. Chronological development of repertories from Dr. Hahnemann till now. Their sources, origin , subsequent development and edition. The study of these repertories from different angles, their utility, advantages and disadvantages, scope and limitations.
2. Terminology: Meaning of different technical terms in studying repertory as rubric, sub rubric, cross reference, similar rubric, gradation, rank, elimination, generalization, particularization and synthesis. Interpretation and analysis of terminology used in Boenninghausen's, Kent's, Murphy's, Synthesis, Synthetic, Knerr's and Boger's repertories and their applications in the light of modern knowledge.
3. Symptomatology: Definition, Source, different varieties of symptoms, their interrelation and meaning with each other and value in analysis or anamnesis in a case as given by different authors till now. Concept of totality of symptoms and ways of approach according to Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H.A. Robert and Richard Hughes. Boger's contribution to symptomatology and its importance.
 - a. Miasmatic understanding of symptoms.
 - b. Applying this knowledge to analysis of the case from different perspectives

c. Case analysis: Importance of anamnesis in case taking and strategy by different authors

d. Evaluation of symptoms:

1. One needs to understand the concepts used in evaluation and its application. Why and how of it.

2. Understanding the different concepts used by different authors i.e.

Kent, Boger, and Boenninghausen for evaluation of symptom.

3. Evaluation of symptom by Dr. Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H A Robert, Garth Boericke, Bidwell. Integrated, dynamic and evolutionary concept.

4. Case Taking: Art of Case Taking in different types of cases as in acute (Individual, Sporadic, Epidemic-Acute diseases with a Chronic background), Chronic (Mental diseases, intermittent with acute-exacerbation), analysis of the case, clinical diagnosis of the case and deduction of the case for repertorial purpose. Repertorial approach in case taking. Utility of the repertory in presenting complaint, history of presenting complaint, past history, family history, treatment history, obstetrical history, age, sex etc.

3. Obstacle and anticipated difficulty

4. Techniques and Patterns of interventions in different situations and category of patients.

5. Difficulties in taking chronic cases

6. Assessment

7. To understand the Herring's law of cure and its application in management of cases.

8. Applications

a. Miasmatic approach in selection of rubrics, methodology of miasmatic cleavage

b. Effective utility of repertory in the management of acute diseases

- c. Importance of pathology in disease diagnosis & individualization in relation to repertory
- d. Scientific methodology of repertorisation
- e. Method and criteria in the selection of rubrics, precautions in psychological and psychiatric cases
- f. Selection of potency and dose
- g. Remedy response and prognosis
5. Repertorisation: Different methods, types, concepts and process described in different authentic writings, their working methods, advantages and disadvantages and clinical application - Hahnemann, Boenninghausen, Kent, Boger and M.L.Tyler
6. Classification of repertories into different groups. Uses and importance of different groups of repertories. Clinical application of different repertories in different types of cases. Study of different individual groups of repertories
7. Detailed study of the following repertories:
- a) Boenninghausen b) Kent c) Boger d) Synthetic e) Synthesis repertory.
- A systematic study of each repertories, so that a comprehensive knowledge can be achieved under
- (a) Introduction including source and origin of repertory, about writer, developments and edition subsequently. (b) Philosophical background and fundamentals (c) Plan & Construction (d) Adaptability (e) Scope and Limitations, (f) Chapter wise detailed study of above repertories and (g) interpretation of rubrics
8. Detailed study of Puritan groups of repertories Gentry and Knerr
9. Critical Study of the following repertories:-
1. Kunzli's Repertorium Generale
 2. Kent's Final General Repertory by Pierre Schmidt

3. Additions to Kent's Repertory

- George Vithoulkas

- C.M. Boger

4. R P Patel's Corrected version of Kent's Repertory

5. Kent's Comparative Repertory of Homoeopathic Materia Medica by Dockx and Kokelenberg

6. Essential Synthesis

10. Detailed study of the following General Repertories

1. Murphy's Repertory

2. Boericke's clinical repertory

3. Synoptic key

4. Phatak's repertory

5. Clarke's clinical repertory

6. Clarke's Prescriber

7. Miasmatic Repertory by R P Patel

8. Repertory of Nosodes by Berkeley Squire

9. Pocket manual of Repertory of Homoeopathic Medicines by Bryant

10. Materia medica of Nosodes with Repertory by O. A. Julian

11. Repertory of Drug Pathogen city by Richard Hughes

12. Allen's Symptom Register

13. Repertory of the more characteristic symptoms of our materia medica by C Lippe

14. Jahr's Repertory

15. Systematic Alphabetic Repertory of Homoeopathic Materia Medica by C M Boger

16. Fragmenta de Verebes Medicamentorum Positivus.

11. Special or regional Repertories

1. Bell's diarrhea
2. H C Allen's fever
3. Minton's uterine disease
4. Berridge -eye
5. Douglas - skin.
6. Repertory of Respiratory System by Vondenberg
7. Herring's Analytical repertory of Mind
8. Robert's Rheumatic Remedies
9. Repertory of Psychic medicines by Gallavardin
10. Times of Remedies and Moon phases by C M Boger
11. Norton A B – Ophthalmic diseases and Therapeutics
12. Repertories of Desires and Aversion by Guernsey
13. Homoeopathy and Child care by S K Tiwari
14. Repertory of Symptoms of Rheumatism and Sciatica by Pulford
15. Intermittent fever with Repertory by Wells
16. Intermittent fever by W A Allen
17. Sensations as if by H A Robert
18. Talcot's Disease of Mind
19. Cough and Expectorations by Lee and Clarke
12. Interpretation and comparative study of Mind rubric, effective methods of tracing and converting mental symptoms, miasmatic study of individual rubrics in mind chapter.
Problems in interpretation of mind rubrics.
13. Card repertory: History and development of different card repertories and classification.

Plan construction, Philosophical background, working method, clinical uses, advantages and disadvantages of Card Repertories. Study of Kishore's Card Repertory in detail.

14. Mechanically aided Repertories

1. Auto-Visual Repertory

2. Computer Repertories: In-depth knowledge of computer application in Homeopathic repertorisation. Comprehensive knowledge of latest version of software packages like HRS, Hompath, RADAR, Smilimum, ISIS, Opus, Stimulare, P&W Synopsis, Mercurius, Complete Dynamics and their uses. Comparative study of different softwares. History, evolution, merits & demerit.

PRACTICAL

40cases followed up during the Part I course.

1. Kent (5 a/c & 10 c/c cases)
2. Boger (5 cases)
3. Boenninghausen (5 cases)
4. Synthesis (5 cases)
5. Synthetic (5 cases)
6. Cross Repertorisation (5 cases)

PAPER DIVISION:

PART I

Repertory

Paper I - Items 1 to 7 above

PART II

Repertory

Paper I – Items 8 to 10 above

Paper II – Items 11 to 14 above

RECOMMENDED READING :

Chronic Diseases : Hahnemann S (Theoretical part)

Materia Medica Pura : Hahnemann S (Philosophical part)

Lesser Writings selected and translated by R E Dudgeon - Hahnemann S

Lesser Writings : Boenninghausen, Kent, Hahnemann, Farrington

New Remedies, Clinical cases and Lesser Writings : J T Kent

Study of Materia medica & Case taking : C M Boger

The Genius of Homoeopathy : Stuart Close

Principles and art of cure by Homoeopathy : H A Robert

Principles of Homoeopathy : Garth Boericke

A Brief Study course in Homoeopathy : Wright Elizabeth

Principles & Practice of Homoeopathy : Richard Hughes

Life & Works of Samuel Hahnemann : Haehl Richard

Lectures on the theory & practice of Homoeopathy : Dudgeon E

The Chronic & Pseudo-psora : Allen J H

Chronic Diseases, its cause & cure : Banerjee P N

Synoptic Key to Materia medica : Boger C M

The Science of Homoeopathy : Vithoukas G

Chronic miasms in Homoeopathy & their cures : Dr R P Patel

Analysis of the Rubric/ Symptoms of Dr Kent's Repertory : Dr R P Patel

Principles & Practice of Homoeopathy : Dr M L Dhawale

Studies in the Philosophy of Healing: C M Boger

Essentials of Repertorisation : Dr S K Tiwari

Homeopathic Methodology – Jodd Rowe

Mental symptom in Homoeopathy – Luis Detinis

Hahnemannian Totality Symposium Volumes – Symposium Council – M L Dhawale

Perceiving the rubrics of Mind – Farokh J Master

Complete Reportory

Thematic Reportory- Dr.S.K.Tiwari

Evolution of Repertories & Repertorisation – Jugal Kishore

Principles & Art of Practical Repertorisation – Munir Ahamed

Research methodology& biostatics.

Research Methodology

(A) Research in Biomedicine.

(B) Need of Research and Research Challenges in Homoeopathy.

(C) Types of Research Studies.

(D) Planning of Research Studies (which includes Research Questions, Research Hypothesis, Aims & Objectives, Literature Review, Study Design, Study Sample, Randomization, Blinding, Intervention, Variables, Outcome assessment etc.).

(E) Design and Conduct of Clinical Trials.

(F) Data Collection and Data Management.

(G) Assessing and Reporting Adverse Events.

(H) Ethical Issues in Biomedical Research. (I) Writing & Publishing Research Studies.

2. Biostatistics— (A) Definition and scope of Biostatistics in Clinical Research.

(B) Types of Data and methods of Data presentation.

(C) Descriptive Statistics (Mean, Median, Mode, SD and Variance etc.). (D) Correlation and Regression.

(E) Sampling techniques and sample size estimation.

(F) Measures of Morbidity and Mortality.

(G) Data Analysis.

(H) Use of Statistical Soft wares.

Advanced study of the fundamentals of homoeopathy

1. Homoeopathic concept of health with a comparative study of modern concept- concept of vitalforce,Susceptibility,Constitution,temperament.
2. Homoeopathic concept of Disease-definition,different types of causes,classification,symptomatology,Evaluation of symptoms.
3. Individualisation-Case Taking
4. Posology –principles and criteria for repetition and selection of potency.
5. Auxillary measures.
6. Prognosis after giving the remedy (Remedy reaction)
7. Prevention of Diseases-homoeopathic and modern concept.
8. Drug Proving-Hahnemann’s method and modern
9. Dynamisation concepts in different editions of Organon
10. Concepts of Miasms-comparisons of Master’s concept with other pioneers,its application
11. .Palliation and suppression :different views and scope of homoeopathy.
12. .Mental diseases-Hahnemann’s and modern concept.
13. Application of Kents Repertory & other modern repertories like synthesis, Murphy’s, & complete repertory in clinical practice, education and research.
14. Repertorial approach in case taking and case taking in different clinical situations
15. Computer Repertories – application of homoeopathic softwares like HOMPAT, RADAR, ISIS etc. in clinical practice
16. Miasmatic, therapeutic & repertorial approach in common infectious diseases, nutritional & metabolic disorders.
17. In-depth study of select polychrest remedies (List appended)

1. Sulphur 2. Phosphorus 3. Calc carb 4. Lycopodium 5. Nux vom 6. Ars alb 7. Sepia 8. Kali carb 9. Mag carb 10. Baryta carb 11. Arg nit 12. Aurum met 13. Calc phos 14. Platina 15. Silicea 16. Natrum mur 17. Cinchona 18. Rhus tox 19. Aconite 20. Bryonia 21. Natrum sulph 22. Antim crud 23. Graphites 24. Apis 25. Lacheses 26. Medorrhinum 27. Psorinum 28. Thuja 29. Syphilinum 30. Staphysagria

31. Tuberculinum 32. Ignatia 33. Pulsatilla 34. Zincum met 35. Cuprum met 36. Iodum 37. Belladonna 38. Ipecac 39. Antim tart 40. Veratrum alb 41. Opium 42. Alumina 43. Plumbum met 44. Liliun tig 45. Ammonium carb 46. Kali bich 47. Causticum 48. Hepar sulph 49. chamomilla 50. Cina 51. Sabina 52. Conium 53. Kreosote 54. Phosphoric acid 55. Tarentula Hispanica 56. Phytolacca 57. Ferrum met 58. Lac caninum 59. Flouric acid 60. Nitric acid 61. Petroleum 62. Hyoscyamus 63. Stramonium 64. Podophyllum 65. Arnica 66. Stannum met 67. Spigelia 68. Sanguinaria 69. Merc sol 70. Actearacemos

Miasmatic, therapeutic and repertorial approach in the following communicable and non-communicable diseases with their clinical features, diagnosis, prognosis, complications and accessory management. Give emphasis to applied part.

1. Common infectious diseases - Diagnosis – General and medicinal management.
2. Water and electrolyte disturbances – Acid - base imbalance – Its management.
3. Nutritional and metabolic disorders – Management of deficiency diseases- Role of Supplementation.
4. Palliative care and Pain management.
5. Common dermatological conditions – Diagnosis – General medical management.

PARTII PAPER III

System – Based diseases, diagnostic procedures, miasmatic basis General and Homoeopathic Management

1. Cardio – Vascular system
2. Respiratory system
3. Endocrine system
4. G.I.T. including liver and pancreas
5. Haematological disorders

6. Musculo – skeletal disorders
7. Neurological disorders
8. Genito - urinary disorders

2.11 No: of hours per subject

Residential programme Given under clause No: 2.10

2.12 Practical training

Given under clause No:2.10

2.13 Records

Records, Logbooks, mid marks obtained in tests will be maintained by the head of department and will be made available to the University or Central council of Homeopathy.

2.14 Dissertation: Guide/Co-Guide/ Change of Guide

THESIS

Every candidate shall carry out work on an assigned research project under the guidance of a recognized Postgraduate teacher as a guide. All Post graduate students should submit a synopsis of the thesis duly attested by the competent authorities in the prescribed proforma within twelve months from the date of admission. Candidate is required to write a thesis or dissertation on a subject approved by the University of not less than 10,000 (Ten Thousand) words.

Each candidate should submit the dissertation (4copies) six months prior to the completion of the course. The University will send it to four experts (one internal two external) with instructions to return it within two weeks after valuation. Dissertation may be classified as "Accepted", "Accepted with modifications" or "Rejected". At least two experts should accept the dissertation for it to be considered as accepted. If it is accepted with modifications, the candidate will be given 45 days for correction and resubmission through proper channel. If it is rejected, the candidate will not be permitted to appear for the examination. She/he should repeat the work and submit within a period of six months. Such dissertations will be valued in the examination centre itself at the time of practical/clinical examination

2.15 Speciality training if any

Not applicable

2.16 Project work to be done if any

Not applicable

2.17 Any other requirements [CME, Paper Publishing etc.]

Publication/ acceptance of at least 1 research paper/article in a scholarly journal.

2.18 Prescribed/recommended textbooks for each subject

Given under clause “Content of each subject in each year “

2.19 Reference books

Given under clause “Content of each subject in each year “

2.20 Journals

All available journals related to the subject

2.21 Logbook

Log book serve as a document of the trainee’s work. The trainee shall maintain this Logbook of Journal review presentation/ Seminar presentation/ Clinical works in IPD and OPD/ Clinical presentation/ Teaching skill practice and Dissertation presentation and shall be countersigned by concerned HOD

3 EXAMINATIONS

3.1 Eligibility to appear for exams [including Supplementary]

As per the clause “Schedule ie , approximate months of regular / supplementary exams “given below

3.2 Schedule of Regular/Supplementary exams

A. The university examination for a subject shall be conducted twice in a year at an interval of 4-6 months, as notified by the university from time to time. B. Th supplementary examination will be held within 6 months of regular examination and failed students shall be eligible to appear in its supplementary examinations as the case may be. C. In case a student fails to appear in regular examination for cognitive reason, he/she will appear in supplementary

examination as regular students. In such cases his/ her non appearance in regular examination will not be treated as an attempt. Such students after passing examination will join the studies with regular students and appear for next professional examination after completion of the required period of study.

3.3 Scheme of examination showing maximum marks and minimum marks

The examination shall be conducted in two parts namely:

- (a) M.D. (Hom.) Part I, which is to be held six months after completion of house job of one year's duration.
- (b) M.D. (Hom.) Part II, which is to be held one year six months after Part I examination.

Part I Examination

Every candidate seeking admission to Part I of the examination shall submit application to the University with the following documents, namely:

- (a) A certificate from the Principal or Head of the institution about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and
- (b) Certificate of having completed one year house job in the collegiate hospital.

(C) Examiners

1. MD (Hom). Regular degree in concerned subject, (3 years of regular study), included in the second schedule of the act.
2. Professor or Reader/Associate Professor with a total teaching experience of not less than seven years in the concerned subject
3. A panel of examiners shall be prepared by the University for a period of 3 years which shall be approved by the Central Council of Homoeopathy

One of examiners shall be the guide. Minimum number of examiners shall be four out of which 50% should be external. With a view to providing experience to prospective internal examiner, Skilled Assistants may be permitted, in concurrence with the External Examiners, to be present in the Examination Hall. The role of skilled assistants, however, shall be confidential, only to carrying out the instructions of the Examiners

- (i) Part-IM.D. (Hom.) Examinations-Full marks for each subject and minimum number of marks required to pass shall be as follows:-

(c) M.D.(Hom.)Homeopathic Philosophy-

Subjects	Theory	Practical including viva-voce	Total	Pass marks
1. Repertory	100	50	150	75
2. Research methodology & bio-statistics	100		100	50
3. Advanced teaching of fundamentals of Homoeopathy	100	50	150	75

(II) Part –II M.D. (Hom.) Examination-Full marks of each subject and minimum number of marks required to pass shall be as under

Subjects	Theory	Practical including viva-voce	Total	Pass marks
Repertory				
Paper 1	100	200	400	200
Paper 2	100			
3. Practice of medicine	100	50	150	75

3.4 Papers in each year

As given under clause no: 2.10 &2.25

3.5 Details of theory exams

As given under clause no: 2.10 &2.25

3.6 Model question paper for each subject with question paper pattern

MD (Hom)(REPERTORY) Part 1 Examination

REPERTORY - PAPER I

Time :3hrs Max: 100 marks

1. Explain in details about the case taking in different clinical situations and conditions. How the History of Presenting complaint, History of past illness, Family History and Treatment history helps in repertorisation. Explains with suitable examples from modern repertories. (20)
2. What do you mean by “cross-repertorisation”? what are the different methods of cross-repertorization? Discuss the advantage of having many repertories. (10)
3. How do you justify the use of TPB today? Compare the philosophical background and construction of TPB with Kent’s Repertory (10)
4. Discuss the concept of repertory as evolved by Hahnemann. Mention chronological development of repertories till the time of Kent (10)
5. Compare the case taking in mental diseases given by Hahnemann with case taking methods used in modern psychiatry. What is the relationship between one-sided disease & mental disease (10)
6. Explain the merits and demerits of different methods and techniques of repertorisation (10)
7. Explain the utility of concomitant symptoms, schein symptoms, particular symptoms and lesser accessory symptoms in repertorisation and prescription (10)
8. Write denotation of the following . Give the repertories, chapter, rubric and sub rubric a. Dotage b. Febricula c. Gonarthocace d. Morvans disease e. Volkmann;s syndrome
f. Podagra g. White swelling h. Neurosis cordis i. Phlegmatic j. StrophulusVolaticus (10)
9. Explain briefly the need of classification of repertories. How we will overcome the limitations of repertory? (10)

MD (Hom) REPEERORY

Part 11 Examination

PAPER I

TIME : 3 hrs MAX: 100 marks

1. Comment on the basic difference in the philosophy of grading of remedies (1,2,3,4etc) in Synthesis, Murphy and Complete repertory. Explain the importance of various signs used in the synthesis repertory like black dots, asterisk, down arrow, square brackets, remedies without brackets and without dots etc. (20)
2. Kent's Comparative Repertory of Homoeopathic MateriaMedica by Dockx and Kokelenberg, its construction, relevance and application in today's practice (10)
3. How you will convert physical examination findings and lab investigations into rubrics. Explain with examples from Synthesis Repertory? (10)
4. Synthesize rubrics for the following conditions from Kent's repertory (a) Side effects of vaccination (b) Adenoids (c) Retarded child (d) Politicians (e) Osteoarthritis (10)
5. Explain the construction, relevance, merits and demerits of three repertoires on rheumatism (10)
6. Give the main remedy in the following rubrics from Synthesis repertory
a) Stomach pain > rubbing the abdomen b) Tonsillitis accompanied by salivation
c) Prophylaxis remedy for diphtheria d) Consolation > e) Astigmatism (10)
7. Write denotations : Give the chapter, rubric and sub rubrics in Synthesis Repertory :- a) IBS b) Bereavement c) Bulbar paralysis d) Second childhood e) Cholera f) PID g) Ichor h) Claudication pain i) Headache increase and decrease with sun j) Name a chapter with no 4 mark medicines and No Kunzli's dots (10)
8. Short notes a) India's contribution to repertory b) Difference between Synthesis and Essential Synthesis c) Hering's Analytical repertory of Mind d) Boenninghausen's classification of sensations e) Boger's contribution to symptomatology (10)
9. Why the modern repertoires and modern schools of homoeopathy incorporating Boenninghausen's concepts? (10)

MD (Hom) REPEERORY

Part 11 Examination

PAPER II

TIME : 3 hrs MAX: 100 marks

1. Murphy's Repertory. –its language, major difference between 2nd & 3rd editions. Major and minor criteria's in gradation of remedies. Murphy's concept of totality. Utility in modern times. Four important south Indians mentioned in this repertory (20)
2. Explain the different methods of analysis used in RADAR software (10)
3. What are the priorities in the selection of rubrics in Mind, Physical Generals and Particulars. What are the main problems in interpretation of mind rubrics and you will overcome it. (10)
4. Differentiate the following rubrics with examples and miasm (a) Absent minded, Absorbed, Abstraction of mind (b) Avarice, Miserly, covetous (c) Aversion, Hatred, Misanthropy, Disgust (d) Contradiction disposition to, Contr. intolerant of, Contrary (e) Arrogance, Haughty, Vanity, Boasting (10)
5. Write short notes on: a) Boerick's repertory b) Expression of Cross reference in various repertories c) Phathak's Repertory d) Sensation as if Repertory by HA Robert e) Complete dynamics (10)
6. Explain Repertories on Fever and make a comparison with fever chapter of BBCR. (10)
7. Mention the rubrics with chapter in Murphy's repertory (3rd Edition)
 - a) Cancer Maetastais
 - b) IVDP
 - c) Jet lag
 - d) Side effects of infertility treatment
 - e) Ailments from different occupations
 - f) TineaVersicolor
 - g) Nappy rash
 - h) Recurrent fever in children
 - i) Hair fall
 - j) Chronic reactions to vaccination (10)
8. Briefly explains
 - a) Clarke's clinical repertory
 - b) Repertory of Drug Pathogen city by Richard Hughes (10)
9. Comment on
 - a) Need of miasmatic study of rubrics
 - b) Homopath software in research (10)

MD (Hom) Part1 Examination

Paper II

Research Methodology, Bio statistics and History of Medicine

Time 3hrs Max.Marks100

(Answer all Questions)

Part A

1. Discuss the need and utility of planning of statistical design. Explain clearly the steps involved in conducting a clinical trial. 20
- 2) Two types of diets were administered to two groups of boys for increase in weight and the following increases in weight (in lbs.) were recorded after 20 days
Increase in weight Diet A: 4 3 2 2 10 5 6 3 Diet B: 5 4 4 2 3 2 7 1 Test whether there is any significant difference between the two diets with respect to increase in weight. 10
- 3) What are the research challenges in Homoeopathy and methods to overcome it 10
- 4) How will you plan a research study 10
- 5) What are different methods of data collections 10
- 6) Define the scope of Biostatistics in clinical research 10
- 7) Which are the different sampling techniques and compare its merits 10
- 8) Discuss merits and demerits different statistical soft wares
- 9) Difference between Mean, Mode & Median

M.D HOMOEOPATHY DEGREE EXAMINATION – PART I

Paper III - Advanced Teaching in Fundamentals of Homoeopathy

1. Discuss the role of miasms in the pathogenesis, clinical presentation and complications of Type II Diabetes Mellitus. Discuss the therapeutics based on Kent's Repertory 20
2. Elaborate the sycotic component of Medorrhinum & Thuja in the mental sphere. 10
3. Illustrate the remedy relationship between Pulsatilla, Silicea & Fluoric acid 10

4. What is anamnesis ? How does the past history, history of presenting complaint, family history & treatment history help in case taking & repertorisation. Explain with example from different repertories 10
5. Comment on the merits of soft wares in repertory. Make brief note on salient features of RADAR, COMPLETE DYNAMICS & HOMPATH 10
6. Describe the various criteria for selection of potency & repetition of remedy 10
7. Discuss in detail on evaluation of symptoms 10
8. Write a note on disorders of copper metabolism, its clinical presentation & miasmatic basis 10
9. Briefly describe Complication of Mumps, with indications of pulsatilla & jaborandi in management 10

M.D HOMOEOPATHY DEGREE EXAMINATION – PART II

Paper III – Practice of Medicine

1. Discuss the differential diagnosis of Poly arthritis. How will you diagnose and manage a case of SLE. Comment on the role of miasms in its aetio pathogenesis & clinical manifestations. 20
2. Discuss the differential diagnosis of tremor. Write the clinical presentation and role of anti miasmatic medicines in the management of Parkinsonism 10
3. Discuss investigations to be done in a patient presenting with secondary hypertension. Write a note on complications of Hypertension 10
4. Write the various radiological changes in the chest x-ray in a patient with bronchogenic Carcinoma. Discuss the role of repertory in managing a case of bronchogenic carcinoma. 10
5. Write the differential diagnosis of papulo-squamous skin disorders. Discuss the clinical presentation and its homoeopathic management & repertorial approach 10
6. Discuss the aetiopathology & clinical presentation of hereditary spherocytosis. Comment on its miasmatic background. 10
7. Write in detail the investigation to be done in a patient presenting acute pancreatitis. Discuss its complication and rubrics. 10

8. Discuss the cause and clinical presentation of hyponatremia 10

9. Comment on Renal Profile. Discuss the management of acute renal failure. Give important rubrics from synthesis 10

3.7 Internal assessment component

Not applicable

3.8 Details of practical/clinical practicum exams to include Duration Marks Types of cases/questions

As given under clause “Content of each subject in each year “ & “Scheme of examination showing maximum marks and minimum marks “

3.9 Number of examiners needed (Internal & External) and their qualifications

As given under clause “Scheme of examination showing maximum and minimum marks “

3.10 Details of viva:

Division of marks

Viva-voce shall be conducted separately by each examiner and coordinated by the senior most internal examiner. The same person shall finalize the mark sheet of practical and Viva-voce examinations, in consultation with the other examiners.

The examination shall be aimed to test the clinical acumen, ability and working knowledge of the student in the practical aspect of the speciality and his/her fitness to work independently as a specialist.

Division of marks of viva/ practicals should be as follows

PART 1

PAPER 1-Repertory

Practicals

Short case – 5

Long case – 10

Log book – 10

Total 25

Viva voce - 25

Grand total – 50marks

PART 2

Practicals

Short case- 25

Long case – 50

Log book – 25

Total – 100

Viva voce – based on

Repertory - 50

Dissertation – 50

Total – 100marks

Grand total – 200 marks

4 INTERNSHIP

4.1 Eligibility for internship

Not applicable for PG courses

4.2 Details of internship

Not applicable for PG courses

4.3 Model of Internship Mark lists

Not applicable for PG courses

5 ANNEXURES

5.1 Check Lists for Monitoring:

Log Book, Seminar Assessment etc. As shown under clause “Logbook ☐

5.2 Template for Dissertation

As given under under clause “Dissertation : Guide/ Co-Guide / Change of Guide “

5.3 Template for Mark List showing Maximum & Minimum

KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR – 680596

STATEMENT OF MARKS

Name of the Candidate:

Reg.No:

Name of College:

Name of Course: MD (Hom) REPERTORY

Examination: MD (Hom) Repertory Part II Regular Examination

Moth & Year of Examination:

Date of Publication:

Sl no	Subjects	Theory			Practical/ viva			Total			Remarks
		Max	Min	Awar ded	Max.	Min.	Awar ded	Max.	Min.	Awar ded	
1	Repertory										
	Paper 1										
	Paper 2	100	50		100	100		400	200		
		100	50		100						
2	Practice of medicine	100	50		50	25		150	75		
Grand Total								550	275		
Total in words											