

DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

Regulations and Curriculum of

**HOMOEOPATHY
DEGREE COURSE - PG
M.D. (Hom.) Part -1
PROGRAMME**

Academic Year 2018-19 onwards



Dr. D.Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)
(An ISO 9001 : 2015 Certified University)

Dr. A. N. Suryakar
Registrar

Ref. No. : DPU/ 847(8)2018

Date : 30/08/2018

NOTIFICATION

In pursuance of the MHRD Notification No. F.10-12/ 2016-U.3 (A) dated 23rd February, 2018 the Dr. D. Y. Patil Homoeopathic Medical College & Research Centre, Pimpri, Pune has been included under the ambit of Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be University)

And whereas in pursuance of the resolution passed by the Board of Management at its meeting held on 21st July, 2018 vide Resolution No. BM-22(ii)-18 the Regulations and Curriculum of Homoeopathy Post Graduate Course – Doctor of Medicine (M.D. (Hom) Part – I Programme for the Academic Year 2018-19 & onwards is hereby published.

The curriculum of 1st year Doctor of Medicine M.D. (Hom) consists of

1. Research Methodology & Biostatistics
2. Advanced Teaching of Fundamentals of Homoeopathy
3. Materia Medica
4. Homoeopathic Philosophy
5. Repertory

This curriculum will be useful to all the concerned. This will come into force with immediate effect.



A. N. Suryakar

(Dr. A. N. Suryakar)
Registrar

Copy to:

1. PS to Chancellor for kind information of Hon'ble Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
2. PS to Vice Chancellor for kind information of Hon'ble Vice Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
3. The Principal, Dr. D. Y. Patil Homoeopathic Medical College & Research Centre, Pimpri, Pune
4. The Controller of Examinations, Dr. D. Y. Patil Vidyapeeth, Pune.
5. Director (IQAC), Dr. D. Y. Patil Vidyapeeth, Pune.
6. Web Master for uploading on Website.

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1. INTRODUCTION

The regulation of the M.D. (Hom.) programme conducted by the Dr. D. Y. Patil Vidyapeeth (DPU) Pune, Deemed to be University is in accordance with rules and regulations of the Central Council of Homoeopathy with the basic objective of Providing quality homoeopathic education to enable students to undertake responsibilities and cope with challenges, problems and opportunities in Homoeopathy through active learning and continued education with competence and concern to ensure the practice of holistic health

2. GOALS OF THE M.D. (Hom.) PROGRAMME

The goal of Post Graduate Homoeopathic Medical education shall be to produce competent specialists and /or Teachers.

Who shall recognize the health needs of the community, and carry out professional obligations ethically and in keeping with the objectives of the National health policy.

Who shall have mastered most of the competencies, pertaining to the speciality, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.

Who shall be aware of the contemporary advance and developments in the discipline concerned.

Who shall have acquired a spirit of scientific inquiry and is oriented to the principles of research methodology and epidemiology.

To promote research in the field of Homoeopathy to contribute in the advancement of the system

3. PROGRAMME OBJECTIVES & OUTCOMES

At the end of the Post Graduate training in the discipline concerned the student shall be able to;

Recognize the importance to the concerned specialty in the context of the health needs of the community and the national priorities in the health sector.

Practice the specialty concerned ethically and in step with the principles of primary healthcare.

Identify social, economic, environmental, biological and emotional determinants of health in a given case, and take them into account while planning therapeutic, rehabilitative, preventive and primitive measure / strategies.

Diagnose and manage majority of the conditions in the specialty concerned on the basis of clinical assessment, and appropriately selected and conducted investigations

Plan and advice measures for the prevention and rehabilitation of patients

suffering from disease and disability related to the specialty.

Demonstrate competence in basic concepts of research methodology and epidemiology, and be able to critically analyze relevant published research literature.

Develop skills in using educational methods and techniques as applicable to the teaching of medical/nursing students, general physicians and paramedical health workers.

4. PROGRAMME SPECIFIC OUTCOMES

At the end of the M.D.(Hom.) Part I training in the discipline concerned the student shall be able to:

- ❖ Demonstrate competence in basic concepts of research methodology and epidemiology, be able to critically analyze relevant published research literature, be able to understand the impact of research on Homoeopathic practice
- ❖ Understand Basic Concept of Homoeopathy, integrating knowledge of HMM, Organon & Homoeopathic Philosophy and Repertory in case taking and processing, repertorial analysis, remedy selection and case management
- ❖ Outline and plan research project which they are going to undertake and submit a synopsis of their project

At the end of the M.D.(Hom.) Part II training in the discipline concerned the student shall be able to:

- ❖ Submit their completed research project duly approved by their respective guide in their specialty
- ❖ Who shall have mastered most of the competencies, pertaining to the specialty, that are required to be practiced at the secondary and the tertiary levels of the health care delivery system.

5. REGULATIONS OF M. D. (Hom.) PROGRAMME

5.1 BRANCHES OF STUDY:

Post graduate degree courses shall be in the following branches.

Sr. No.	Name of the Qualification	Abbreviation
1	Doctor of Medicine (Homoeopathy)- Homoeopathic Philosophy.	M.D. (Hom.) Homoeopathic Philosophy.
2	Doctor of Medicine (Homoeopathy)- Materia Medica	M.D. (Hom.) Materia Medica
3	Doctor of Medicine (Homoeopathy) Repertory.	M.D. (Hom.) Repertory

5.2 COURSE OF STUDY

1. The Specialties of Post Graduate Degree Course in Homoeopathy shall be in the subjects as mentioned in sub-regulation 5.1.
2. The Course shall be of three years' duration, including one year of house-job, during which the candidate shall be a resident in the campus. Provided that a candidate shall complete the course of M.D. (Hom) in a specialty subject within the duration of six years from the date of his admission.
3. The course shall comprise of the followings, namely:
 - (a) (i) Homoeopathic Philosophy
(ii) Materia Medica
(iii) Repertory
 - (b) (i) **M.D. (Hom) Homoeopathic Philosophy—**
 - A. Homoeopathic Philosophy
 - B. Research Methodology & Bio-statistics
 - C. Advanced teaching of Fundamentals of Homoeopathy
 - (ii) **M.D. (Hom.) Materia Medica—**
 - A. Materia Medica
 - B. Research Methodology & Bio-statistics
 - C. Advanced teaching of Fundamentals of Homoeopathy
 - (iii) **M.D. (Hom.) Repertory—**
 - A. Repertory
 - B. Research Methodology & Bio-statistics
 - C. Advanced teaching of Fundamentals of Homoeopathy

5.3 ELIGIBILITY FOR ADMISSION:

- ❖ No candidate shall be admitted to M.D. (Hom.) course unless he / she possesses the degree of:-
 - (i) Bachelor of Homoeopathic Medicine and Surgery or equivalent qualification in Homoeopathy included in the Schedule to the Act, after undergoing a course of study of not less than five years and six months duration including one year compulsory internship; or
 - (ii) Bachelor of Homoeopathic Medicine and Surgery (Graded Degree) or equivalent qualification in Homoeopathy included in the Second Schedule to the Act, after undergoing a course of study of not less than two years' duration.

- ❖ The candidate for M.D.(Hom.) course shall be selected on the basis of merit obtained at the AIAPGET

5.4 METHOD OF TRAINING

Period of Training: The period of training for M.D. shall be 3 years after full registration including one year of house job.

The emphasis shall be on in-service training and not on didactic lectures. The candidate should take part in seminars, group discussions, clinical meetings and journal club. The candidate shall be required to write a dissertation with detailed commentary, which would provide the candidate with necessary background 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 in the hospital campus and shall be given graded responsibility in the management and treatment of patients entrusted to his care. He shall participate in teaching and training of under- graduate students and/or interns. The candidates shall attend seminars, case presentations and journal club meetings, maintain Log Book, do the Laboratory work keeping in view the needs of each specialty subject

5.5 ATTENDANCE

Attendance:

- i.** A candidate pursuing M. D. Homoeopathy Course shall study in the concerned department of the institution for the entire period as a full time student. No candidate is permitted to work in any laboratory / college / industry / pharmacy, etc., while studying postgraduate course. No candidate should join any other course of study or appear for any other examination conducted by this university or any other university in India or abroad during the period of registration.
- ii.** Each year shall be taken as a unit for the purpose of calculating attendance.
- iii.** Every student shall attend symposia, seminars, conferences, journal review meetings and lectures during each year as prescribed by the department/college/university and not absent himself/ herself without valid reasons.
- iv.** Candidate who has put in a minimum of 80% of attendance in the theory and practical assignments separately and shows satisfactory progress shall be permitted to appear for M.D. (Hom.) Part-I & Part-II Examinations.
- v.** Any student who fails to complete the course in the manner stated above shall not be permitted to appear for the

University examinations. A certificate to this effect shall be sent to university by the Principal.

5.6 MONITORING PROGRESS OF STUDIES

Every candidate shall maintain a Log Book and record of his/her participation in the training programmes conducted by the department such as journal reviews, clinical presentations, seminars. The work diary shall be scrutinized and certified by the Head of the Department and Head of the Institution, and presented in the university practical examination, if called for. Special mention may be made of the presentations by the candidate as well as details of experiments or laboratory procedures, conducted by the candidate. The presentations will be assessed by the faculty members and peers using relevant checklists

5.7 DISSERTATION

- i.** Every candidate pursuing M.D. Homoeopathy course is required to carry out work on a selected research project under the guidance of a recognized postgraduate teacher. The results of such a work shall be submitted in the form of a Dissertation. Every candidate shall prepare and submit six printed or typed copies of dissertation of not less than 10,000 words embodying his own research and contribution in advancing the knowledge in the subject to the University for approval not later than six months prior to holding of M.D.(Hom.) Part II examination.
- ii.** The Dissertation is aimed to train a postgraduate student in research methods and techniques. It includes identification of the problem, formulation of a hypothesis, review of literature, getting acquainted with recent advances, designing of a research study, collection of data, critical analysis, and comparison of results and drawing conclusions.
- iii.** The dissertation should be written under the following headings
 1. Introduction
 2. Aims or Objectives of study
 3. Review of literature
 4. Material and Methods
 5. Results
 6. Discussion
 7. Conclusion
 8. Summary
 9. References & Bibliography

- iv. The written text of dissertation shall be not less than 50 pages and shall not exceed 200 pages excluding references, tables, questionnaires and other annexures. It should be neatly typed with double line spacing on one side of the bond paper (A4 size, 8.27” x 11.69”) and bound properly. Spiral binding should be avoided. The dissertation shall be certified by the guide and co-guide if any, Head of the Department and Head of the Institution. Six copies of dissertation thus prepared shall be submitted to the Registrar, six months before final examination on or before the dates notified by the University. The dissertation shall be submitted to the Guide/ Supervisor at least three months before the time fixed for submitting it to the University and the Guide/ Supervisor shall certify that the work has not previously formed the basis for award of any PG degree and that the work is the record of the candidates personal efforts and submitted to the University duly countersigned by the Guide / Supervisor Provided that the candidate, whose dissertation has not been accepted, may be permitted to resubmit the same within a period of six months and not more than one year after rejection.
- v. A guide shall be a full time postgraduate teacher of the institution and recognized as a guide for supervision of dissertation work. However a Co-guide can be opted wherever required. The Co-Guide shall also be a postgraduate teacher and recognized as a guide
- vi. **Synopsis:** Every candidate shall submit to the Registrar of the University in the prescribed proforma, a synopsis containing particulars of proposed dissertation work within twelve months from the date of commencement of the course on or before the dates notified by the University. The synopsis shall be sent through the proper channel. In case of its rejection the candidate has to resubmit the synopsis to the University concerned through his guide (supervisor) in any case three months clear of I-M.D. (Hom.) examination.

5.8 CRITERIA FOR SUPERVISOR (GUIDE), EXAMINER

A Person shall possess the following qualification and experience for being eligible to be a Supervisor (Guide) and Examiner.

(a) Educational qualifications and experience of Supervisor (Guide):-

A person shall possess the following qualifications and experience for being eligible to be a Supervisor (Guide), namely:-

- (i) M.D. (Hom.) included in the Second Schedule to the Act
- (ii) Professor or Reader possessing a recognized Post Graduate Degree qualification in Homoeopathy or a Lecturer holding a recognized Post Graduate Degree in Homoeopathy. With eight years teaching experience as Lecturer

(b) Educational qualification and experience for selection of Co- Supervisor (Co-Guide);

Post Graduate Degree Qualification in the special subject with experience as stated in clause (a) or seven years teaching experience as Associate Professor in a college recognized by the Medical Council of India.

5.9 STUDENT/ SUPERVISOR (GUIDE) RATIO

- a. The student – Supervisor (Guide) ratio shall be 3:1 if the Guide or Supervisor is of Professor Cadre.
- b. The Student – Supervisor (Guide) ratio shall be 2:1 if the Guide or Supervisor is of Reader Cadre.
- c. The Student – Supervisor (Guide) ratio shall be 1:1 if the Guide or Supervisor is of Lecturer Cadre.

Note:- The supervisor (guide) shall be from the teaching faculty of the Homoeopathic College wherein the concerned student has taken admission.

5.10 EXAMINERS:-

- (1) the criteria for examiners shall be the same as of the Supervisor (Guide) or Co-Supervisor (Co-Guide) as the case maybe;
- (2) one of the examiners shall be appointed as Supervisor (Guide) or Co-Supervisor (Co-Guide) as the case maybe;
- (3) at least 50% of the examiners shall be external examiners;.

5.11 REQUIREMENTS FOR POST GRADUATE TEACHING CENTRE:-

- (1) A recognized Homoeopathic College shall be treated as P.G. Centre which meets all the prescribed minimum requirement, norm and standard for conducting B.H.M.S. Degree Course, and has been running B.H.M.S. Degree Course successfully for five consecutive years at least.
- (2) Every such college or teaching hospital shall have a department of the concerned specialty and shall also have the following additional facilities, with two teachers, having at least one higher faculty namely:-

- (i) one Full Time Professor or Reader in the Department of specialty;
- (ii) one Lecturer on Full Time basis in the Department of specialty;
- (iii) staff such as two Assistants or Attendants, in the Department of Psychiatry and Paediatrics;
- (iv) outpatient department (OPD) with minimum of 250 patients on an average per day during last one calendar year in the hospital of a college whether running as a standalone M.D.(Hom.) course or running along with BHMS course.

One bed shall be earmarked per student for each clinical subject of speciality, in addition to the beds required for Bachelor of Homoeopathic Medicine and Surgery (BHMS) course in its teaching (collegiate) Homoeopathic Hospital with 30 percent bed occupancy per day on an average in a calendar year.

5.12 SCHEME OF EXAMINATION:

The Examination for the P.G. Degree shall consist of:

- 1) Written paper.
- 2) Clinical / Practical and Viva Voce Examination
- 3) Viva voce on Dissertation

M.D. (Hom) Part-I examination –

- (i) Maximum marks for each subject and minimum marks required to pass shall be as follows:-

a. M.D. (Hom.) Materia Medica

Subjects	Theory (maximum marks)	Practical / clinical Including viva-voce	Total Marks	Pass Marks
(i) Materia Medica	100	50	150	75
(ii) Research Methodology and Biostatistics	100	-----	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75

b. M.D.(Hom.) Homoeopathic Philosophy

Subjects	Theory (maximum marks)	Practical/ clinical including viva-voce	Total Marks	Pass Marks
(i) Homoeopathic Philosophy	100	50	150	75
(ii) Research Methodology and Biostatistics	100	-----	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75

c. M.D. (Hom.) Repertory

Subjects	Theory (maximum marks)	Practical/ clinical including viva-voce	Total Marks	Pass Marks
(i) Repertory	100	50	150	75
(ii) Research Methodology and Biostatistics	100	-----	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75

- ❖ Each theory examination shall be of three hours duration.
- ❖ Viva-Voce/Practical examination in each general subject, to be held by not less than four examiners together, out of which one shall be the Supervisor (Guide);
- ❖ The four examiners shall jointly assess the knowledge of the candidate for recommending the result to the University as passed or failed. Provided that if all four examiners do not arrive at consensus in assessing a student then a decision taken by three of them shall be final.
- ❖ The University shall allow a failed student to reappear in examination within six months.
- ❖ A candidate not passing examination in a subject of Part I-M.D.

(Hom.) Course shall reappear in all parts of that subject but only one chance to reappear in that subject of examination shall be provided failing which he has to reappear in examination in all the subjects (in all parts) of M.D. (Hom.) Part-I

(ii) **Eligibility for exam- M.D. (Hom) Part I**, which to be held six months after completion of house job of one year's duration. 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 or college (where course is imparted) about the completion of the course of studies in the subjects in which the candidate seeks admission to the examination; and
- (b) A certificate of having completed one year house job in a Homoeopathic hospital as an essential part of the course.
- (c) A certificate from the Guide (Supervisor) of submission of Synopsis within the time prescribed in these regulations;
- (d) There shall be minimum of 80% attendance to become eligible for appearing in M.D.(Hom.) Part – I examinations.

N.B. 1. Result declared by University shall be 'Pass' or 'Fail'.

N.B. 2. The student shall be declared pass if he gets 50% marks separately in theory and in Practical/ Clinical including viva-voce examination

5.13 CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 Terminal (theory & practical) examinations and 1 Preliminary examination (theory & practical) in each academic year.

A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject

The distribution of marks for M.D.(Hom.) Part – I is as follows:

Subject	Internal Assessment (Theory) Max. Marks	Internal Assessment (Theory) Qualifying Marks	Internal Assessment (Viva Voce / Practical) Max. Marks	Internal Assessment (Viva Voce / Practical) Qualifying Marks
Advanced Teaching of Fundamentals of Homoeopathy	200	100	100	50
Research Methodology & Biostatistics	100	50	-----	-----
Materia Medica	200	100	100	50
Homoeopathic Philosophy	200	100	100	50
Repertory	200	100	100	50



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Dr. D. Y. PATIL VIDYAPEETH, PUNE
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SYLLABUS
for
M.D. (Hom.)
Part - I



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**RESEARCH
METHODOLOGY
AND
BIostatISTICS**

**MD (HOM) PART- I
RESEARCH METHODOLOGY AND BIOSTATISTICS**

Subject Code: MDH101

**Name of Course: RESEARCH METHODOLOGY AND
BIOSTATISTICS**

**Year: M.D. (Hom.) Part-I (For Materia Medica, Homoeopathic
Philosophy and Repertory)**

Introduction:

Evidence based medicine is the need and the principle of today's medical practice. PG students are expected to practice homoeopathy based on this principle. Learning the basics of research methodology and biostatistics will help them grasp this concept in a proper way. Dissertation is the first research project the student undertakes during the course of PG. Students should be able to apply the learning immediately in their dissertation. After mastering the subject of research methodology and biostatistics the students will be able to undertake research study and help in the scientific development of homoeopathy.

Goal:

The goal of teaching research methodology and biostatistics is that the students will be able to understand the basic concepts to undertake research study and help in the scientific development of homoeopathy.

Educational Objectives & Learning Outcomes:

At the end of studying this subject the postgraduate student should possess the following competencies and thus should be able to:

1. Understand the importance of Research methodology and Biostatistics in general and specifically for Homoeopathic science
2. Know the various types of research pertaining to homoeopathy.
3. Explain the process of conducting research knowing the importance of each step
4. Learn to identify and develop "researchable problem"
5. Formulate the appropriate hypothesis for testing
6. Know the concept, scope and limitation of research designs applicable to Homoeopathic research
7. Write a scientifically and ethically sound research proposal safeguarding homoeopathic principles
8. Know various types of statistics (morbidity, mortality, vital, etc.)

9. Know the need of various sampling techniques to acquire the needed sample
10. Enlist the variables in a proposed research study
11. Learn the method of data collection and summarization by classifying in various categories
12. Represent data in tabular and graphical formats
13. Understand the significance, application and interpretation of results of various statistical tests useful for conducting homoeopathic research.
14. Understand various ethical issues in the formulation of various research designs and publications safeguarding the interest of science and participants.
15. Learn to write a scientific paper and the principles of paper presentation

Teaching Hours: 1 Lecture/ week (1hour)

Course Content:

1. Research Methodology-

a. Foundation of Research:

- Introduction, Meaning, Definition and need of Research
- Purpose of conducting Research
- Research in Biomedicine
- Utility of research in medical science and in Homoeopathy
- Logic in research
- Evidence base practice
- Ethics in research and Ethical issues in Biomedical research
- Ethical Committee
- Need of research and research challenges in Homoeopathy

b. Types of Research:

- Classification of Research
- Cross sectional /Longitudinal
- Pure and Applied
- Explorative or Formulative
- Descriptive
- Epidemiological
- Analytical /Relational /Causal
- Diagnostic Research/Study
- Basic / Fundamental
- Action Research

- Experimental
- Historical
- Quantitative
- Qualitative

c. Planning of Research Studies: Research Formulation:

- Research planning Process
- Formulation of Aims and Objectives
- Selection of a research Topic / Question / Problem for Research
- Formulation of the selected research questions /problems
- Hypothesis Formation-Techniques
- Types and qualities of Hypothesis – Null and Alternative
- Hypothesis testing
- Writing study protocol
- Biases in research
- Variables – Definition &types
- Identifying variables in a study

d. Research Study Designs:

- Research Design: Concept and Importance in Research
- Selecting suitable Research design for Homoeopathic research-advantage, limitation and utility and application
- Descriptive research design – Survey, Case Studies, Case Reports
- Observational research design – Cohort, Case Control design
- Experimental research design
- Design and Conduct of Clinical Trials
- Questionnaire Design
- Evaluation of Diagnostic Tests

e. Qualitative Research in Homoeopathy:

- Concepts and Methods
- Measurements
- Generalisation

f. Review of Literature:

- Need and purpose of Review of literature
- Sources of Literature

- Bibliography & References –methods
- Critical Evaluation of Journal / Research Article
- Recent advances / studies in homoeopathic research
- Review of Literature from Online Journals and Online resources

g. Epidemiology, Population and Sampling Methods:

- Concept and definition of Population, Sampling frame, Sample
- Characteristics of a good sample
- Sampling Types, Methods and Techniques and Size
- Probability sampling methods (Simple random, Systemic random, Stratified random, Multiphase, Multistage, Cluster, Replicate)
- Non probability sampling methods (Quota, Purposive, Accidental, Snow ball)
- Sampling and non sampling errors
- Demography Statistics & Measures of population: Vital, Morbidity, Mortality, Hospital & life table

2. Biostatistics-

a. General Concepts:

- Introduction to Biostatistics: definition and scope in clinical research
- Variability – meaning, types
- Measurements: Concept & level (Nominal, Ordinal, Interval, Ratio)
- Clinical significance
- Validity and Reliability
- Specificity and Sensitivity

b. Data Collection and Data Management:

- Meaning and importance of Data
- Sources of data
- Type of data – Primary and Secondary / Qualitative and Quantitative data
- Variables and Attributes
- Data Editing / Reduction / Summerization
- Construction of Questionnaire

c. Data Analysis and Outcome Assessment:

- Methods of Data Preparation – Univariate and Bivariate analysis (Frequency table & cross tabulation)
- Planning for Statistical Analysis
- Descriptive Statistics - Measures of Central Tendency (Mean, Median, Mode, SD & Variance, etc.) & Location (Percentile)
- Measures of Dispersion (range, Quartile, Semi quartile, inter quartile, range, Mean Deviation, Standard Deviation, Coefficient of Variation)
- Normal distribution & estimations
- Confidence Interval
- Level of Significance
- Tail of Tests
- Type I & Type II errors
- Analysis of variance: coefficient of variance
- Probability
- Poisson and Binomial distribution
- Parametric test (SEM, Z test, t test – Pair, unpaired, F test, ANOVA, SEP)
- Non Parametric Test (Chi-square test, The Mann-Whitney U test, Wilcoxon matched pair test)
- Method based on Rank order (Spearman's rank correlation, Kendall's rank correlated coefficients)
- Correlation analysis
- Regression analysis
- Odds ratio, Risk ratio, Likelihood ratio
- Interpretation of statistical test results
- Measures of Morbidity and Mortality
- Assessing and reporting adverse events

d. Use of Softwares:

- Statistical analysis software like – MS office – Excel, SPSS, Epi – info, online softwares
- Management Software like Zotero/ Mendeley

e. Report, Protocol (Synopsis) and Dissertation Writing:

- Principles of scientific writing and components of Dissertation.
- Data presentation (Tabular: Frequency distribution & Graphical: Histogram, Frequency polygon, frequency curve, line diagram, Scatter plot diagram, Types of Bar graph, types of Pie graph, Pictogram, Map diagram, Box plot graph)
- Plagiarism
- Assessing and Reporting adverse events
- Writing and Publishing research studies.
- Writing research papers and research articles

3. Funding Agencies for research projects

Work assignments (Journal):

To ensure that the students are regularly studying the subject, the students will be given regular assignments. The assignments should be maintained in a separate journal. The topics for assignment are the following:

- ❖ Central idea of Synopsis: Write the central idea for topic selection
- ❖ Developing the topic for the synopsis: Write the 3 topics and then narrow down to the single topic giving reasons
- ❖ Case Study: Formulation/ answering 3 case studies pertaining to research design/biostatistics/ethical issues with appropriate answers
- ❖ Statistical analysis plan: Develop a statistical analysis plan for one project
- ❖ Data presentation: Demonstrate 5 tabular and graphical ways of data presentations
- ❖ Example of various types of researches (one example of each).
- ❖ 2 examples of Data analysis
- ❖ 2 examples of application of statistical tests
- ❖ 2 examples of framing aim, Objectives, Hypothesis and research questions.
- ❖ 1 Critical review of Journal / Research Article.

University Examination pattern:

The University examination in course of Research Methodology and Biostatistics shall consist of 01 Theory paper of 100 marks. There is no practical/ viva voce examination in the subject

FORMAT/ SKELETON OF QUESTION PAPER

Programme and Year: **MD (HOM) PART- I**

Course Code: **MDH101**

Course: RESEARCH METHODOLOGY AND BIOSTATISTICS

Paper:-Total Marks: 100

Total Time: 3 hours

Instructions:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

The format of the University Theory question paper (Total Marks:100)

Section A

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

Section B

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 Terminal (theory & practical) examinations and 1 Preliminary examination (theory & practical) in each academic year.

A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject

The distribution of marks for M.D. (Hom.) Part I is as follows:

Subject	Internal assessment (Theory) Max. Marks	Internal Assessment (Theory) Qualifying Marks	Internal Assessment (Viva Voce / Practical) Max. Marks	Internal Assessment (Viva Voce / Practical) Qualifying Marks
Advanced Teaching of Fundamentals of Homoeopathy	200	100	100	50
Research Methodology & Biostatistics	100	50	-----	-----
Materia Medica	200	100	100	50
Homoeopathic Philosophy	200	100	100	50
Repertory	200	100	100	50

List of Recommended Books and Reference Books:

a. Research Methodology:

1. Ram Ahuja – Research Methods, Rawat Publications, New Delhi
2. Singh K. – Research Methodology, Prakashan Kendra, Luknow.
3. Kumar- Research Methodology, 2nd Edition 1999, Laxmi Narain Agarwal. Agra.
4. R. Raveendran and B. Gitanjali, A practical approach to P.G. dissertation, 1997, Jaypee Publishers, New Delhi
5. Munir Ahmed R: Research Methodology, Centre for Homoeopathic Studies, 2005
6. Munir Ahmed R, Dissertation Made Easy, Centre for Homoeopathic Studies, 2005
7. Dr. Indrayan – Research Methodology
8. G Jagdeesh, A Murty, Y K Gupta, A Prakash (Editors) – Bio-Medical Research From Ideation to Publication, Publisher – Walters Kluwer, Health (India)
9. Health Research Publication - WHO Publication 2001
10. Dr. Kothari – Research Methodology.

b. Bio-Statistics:

1. K. Park and Park – Park's Text Book of preventive and Social Medicine, M/s Bhanarasi Bhanot Publishers, Jabalpur
2. Dixit J V – Principles and Practice of Bio-statistics, Bhanot Publishers, Jabalpur.
3. B K Mahajan – Medical Statistics
4. Jekel, David Katz – Epidemiology, Bio-statistics and Preventive Medicine, W B Saunders company, Hulda Bankrost – Introduction to Bio-statistics, Hoeber-Harper publication.
5. Sunderam–Biostatistics



DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

**ADVANCED
TEACHING OF
FUNDAMENTALS OF
HOMOEOPATHY**

MD (HOM) PART I

ADVANCED TEACHING OF FUNDAMENTALS OF HOMOEOPATHY

Subject Code: MDH102

**Name of Course: ADVANCED TEACHING OF FUNDAMENTALS OF
HOMOEOPATHY**

**Year: M.D. (Hom.) Part-I (For Materia Medica, Homoeopathic
Philosophy and Repertory)**

Introduction

Advanced Teaching of Fundamentals of Homoeopathy shall comprise of integration of knowledge (learnt at degree level course) in respect of subjects namely Organon of Medicine & Homoeopathic Philosophy, Homoeopathic Materia Medica and Repertory.

The practice of Homoeopathy is based on the tenets of Homoeopathic Philosophy. This premise sharply differentiates it from the practice of Medicine in the allopathic stream where management is based on scientific evidence bereft of any underlying philosophical base. The homoeopathic practitioner has the supreme task of not only acquiring the clinical base but applying the insights born out of a study of principles of Homoeopathic philosophy and their application through Repertory and Materia Medica and evolving the therapeutic approach. Thus the trilogy of Organon, Repertory and Materia Medica conjoint with Clinical Medicine allows the correct practice of Homoeopathic science.

A student in his undergraduate days studies 12 subjects of the BHMS course in a sequential and compartmentalized manner. Knowledge is scattered across the 4½ years of training. The period of internship enables the different strands to be brought together. But it is at the Part I postgraduate level that the student actually puts to use these knowledges in an integrated manner in the clinic and at the bedside.

Goal

The Goal of Advanced study of the Fundamentals of Homoeopathy is to allow the postgraduate student to utilize the basic understanding of Health, Disease, Recovery, Cure and Palliation as seen from the perspective of Homoeopathic Philosophy and apply the operational understanding of Materia Medica and Repertory in his daily clinical work to produce evidence based results. Simultaneously, he works in the area of preventive and community health where he utilizes the principles of Organon to extend the reach of the physician in preserving health and preventing disease

Educational Objectives and Learning Outcomes:

At the end of studying this subject the postgraduate student should possess the following competencies

- ❖ Understand Basic Concept of Homoeopathy, integrating knowledge of HMM, Organon & Homoeopathic Philosophy and Repertory in case taking and processing, repertorial analysis, remedy selection and case management.
- ❖ Learn evidence based approach to practice Homoeopathy.
- ❖ Utilize Homoeopathic science as a holistic, dynamic and humane discipline
- ❖ Understand the conceptual basis of the travel of the patient from Health \longleftrightarrow Disease in the Bio-psycho-socio-spiritual environment and learn to operationalize the knowledge in the management of illness and preservation of health
- ❖ Know and demonstrate case taking skills for knowing the illness, the person and their interrelationship to determine what causes and maintains the illness.
- ❖ Know how to document the case experience in a standard way using the principles enunciated in the Organon.
- ❖ Learn to recognize the characteristics in acute and chronic disease and the significance of these in their management
- ❖ Understand the role played by the disordered vital force in altering the quantitative and qualitative aspects of susceptibility and know how to assess it
- ❖ Learn the influence of miasmatic forces in affecting disease expressions, course and outcome and methods to therapeutically deal with them.
- ❖ Demonstrate the method of processing clinical data utilizing the appropriate principles to arrive at a Hahnemannian totality.
- ❖ Recognise the acute, phase, chronic and Intercurrent totalities in a given case
- ❖ Know how to use the appropriate reportorial and non-reportorial methods to arrive at the similimum.
- ❖ Learning to strike the correspondence using the source books and commentaries of Materia Medica.
- ❖ Know the principles of homoeopathic management and use of remedial forces appropriately with respect to time of administration, potency and repetition.
- ❖ Learn the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.
- ❖ Define the scope and limitation of Homoeopathy in common medical disorders
- ❖ Realize how Aphorisms 1-6 of the 'Organon of Medicine' provide a comprehensive base for the functioning of a Homoeopathic physician

Teaching Hours: 2 hours per week.

Teaching methodology will consist of case discussion, group discussion, and seminar

Course Content:

It would be clear that the contents of the syllabus do not confine to any one subject but traverses all the three subjects i.e. Organon of Medicine and Homoeopathic Philosophy, Homoeopathic Materia Medica, and Repertory; in varying ways and are thus utilized by the clinician. Drawing up an integrated syllabus needs identification of coherent themes which will be expanded by all the contributory disciplines. From the above objectives, the following themes emerge:

1. Hahnemannian concept of Man, Vital Force, Health and Disease
2. Concept of Dynamism, Recovery and Cure and Obstacles to Cure
3. Concept of Artificial Disease and Portrait of Disease
4. Concept of Unprejudiced observation and Case taking
5. Concept of Symptomatology
6. Concept of Susceptibility and Acute and Chronic Disease
7. Concept of Suppression and Miasms
8. Concept of Totality
9. Concept of Similar and Similimum
10. Concept of Therapeutic management

The elaboration of each of these themes through the three subjects has been placed in the table below. This constitutes the teaching syllabus.

Sr. No.	Theme	Organon of Medicine and Homoeopathic Philosophy	Repertory	Homoeopathic Materia Medica
1	Hahnemannian concept of Man, Vital Force, Health and Disease	<p>Concept of man in relation to the Universe and its implication in understanding</p> <p>WHO concept of health</p> <p>Preventive Medicine and Homoeopathy</p>	<ul style="list-style-type: none"> • Concept of Man as proposed by Boenninghausen, Kent and Boger and its impact on the nature of their repertories. • Concept of causation and its place in different repertories 	Science and Philosophy and Various features, aspects & types of HMM, Importance of knowledge of concept of man from different masters and its influence on learning HMM

		<p>Mission of Physician and 'Knowledges' relevant to maintaining health in the individual and in the community</p> <p>Evolution of illness from phases of diathesis to functional and structural phases of disease</p> <p>Concept of Causation (predisposition and disposition) and bio-psychosocial etiological forces of illness</p>		
2	Concept of Dynamism, Recovery, Cure and Obstacles to Cure	Knowledge of factors aiding recovery and acting as obstacle to recovery and	Representation of obstacles to cure in different repertories	Knowledge of the utility of the obstacles to cure in study of HMM
3	Concept of Artificial Disease and Portrait of Disease	'Knowledges' of drug proving with its role in Knowledge creation	Utility of repertory in the study of Materia Medica and the building of portrait of remedies.	Concept of artificial disease and drug proving (See theme 8 for the process of building the portrait)
		• Concept of 'medical observer' and its importance in the evolution of Homoeopathic	Case taking as the process and influence of unprejudiced observation in the correct	

4	Concept of Unprejudiced observation and Case taking	physician • ‘Knowledges’ of physician along with different skills and attitude as per the writings and directions of Hahnemann on case taking	formulation and references of rubrics as well as understanding and application of different repertories. Application of concept of unprejudiced observer & interpretation & selection of rubrics.	Importance of concept of medical observer and unprejudiced observer in study of HMM
5	Concept of Symptomatology	Hahnemann’s concept of symptomatology with its importance in nosological diagnosis and implications in perceiving the totality	<ul style="list-style-type: none"> • Classification and evaluation of symptoms and the influence on erecting a repertorial totality. • Utility of inductive and deductive logic in the construction of the repertory • Concept of generalization and individualization and its application in repertory construction and repertorisation. • Symptom classification at the level of mind and body and its representation in the repertory 	<ul style="list-style-type: none"> • Classification of symptoms in the study of HMM • Concept of generalisation and group study of Materia Medica demonstrating utility with few examples listed below

6	Concept of Susceptibility Classification of Diseases and acute and Chronic Disease	<ul style="list-style-type: none"> • Concept of susceptibility with its role in the development of disease • Hahnemannian classification of disease vis-a-vis modern classification • Hahnemannian's directions in the treatment of surgical diseases, pathologically advanced diseases in view of understanding the scope and limitations of homoeopathy 	Concept of acute diseases, chronic diseases, intermittent diseases, mental disease, periodic disorder, and its application in structuring different regional and clinical repertory with few examples e.g. Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory	Clinical Materia Medica and its clinical application through insight in to comparative Materia Medica with few demonstrative examples (listed below) with leading indications
7	Concept of Suppression and Miasms	Evolving concept of Miasms with their role in understanding various expressions, course and outcomes of diseases	Referring the miasmatic expression in standard repertories and also studying the rubrics of Miasm directly listed. Also study of rubrics of suppression in different repertories and its application	Understanding the application of miasm in the study of Materia Medica of anti-miasmatic remedies listed

8	Concept of Totality	Hahnemannian concept of totality of symptoms and its representation at the bedside	<ul style="list-style-type: none"> • Totality as envisaged by Boenninghaus en, Kent and Boger and the structure and operational methods of repertorization • Application of Computers and softwares (HOMPATH RADAR, etc) in the resolution of the case. 	Building of portrait of artificial drug disease with few examples of polychrests listed below. Portrait of Disease
9	Concept of Similar and Similimum	Concept of Law of Similar, Single, simple in relation to dose	Relationship of Remedies as defined by Boenninghaus en	Remedy differentiation through reference to source books, commentaries and Clinical Materia Medica. Relationship of remedies.
10	Concept of Therapeutic management	<ul style="list-style-type: none"> • Evaluation of remedy response in assessing remedy reaction with implication in understanding the concept of suppression, palliation and second prescription. • Knowledge of various ancillary measures useful in aiding recovery 	-----	Knowledge of remedy relationship in aiding second prescription

The above themes are expanded as to the scope of each, the contents that the theme covers, the teaching and evaluation methodology and the sample questions that may be asked which would do justice to the integration demanded.

Teaching methodology:

Case based with group discussion to evolve concepts covering all the contents mentioned above followed by exposition on key concepts by correlating with discussion.

Evaluation methodology

1. LAQs and Bed-side examination on case.

Elaboration of Theme 2 (*Concept of Dynamism, Recovery and Cure and Obstacles to Cure*)

This theme will explain the concept of dynamism and its application to the phenomenon of health looked at from the holistic perspective. This will also explain the concept of cure, recovery and obstacle to cure from the dynamic perspective. The obstacles can be within the human being or/and without and needs an in depth understanding for bringing about a Hahnemannian cure

Contents

1. Concept of vital force in maintaining health and in Genesis of disease. (ORG)
2. Concepts of recovery and cure and the essential difference between the two. (ORG)
3. Concept of pseudo chronic diseases. (ORG)
4. Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG)
5. Role of miasm in causing and maintaining disease and addressing the same to ensure cure. (Further elaborated in theme 7) (ORG)
6. Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)

Teaching methodology

1. Case based followed by exposition.

Evaluation

1. SAQ
2. Short notes.

Elaboration of Theme 3 (*Concept of Artificial Disease and Portrait of Disease*)

Natural disease and artificial disease have many parallels and both need to be studied on similar planes to apply in practice. Student should learn the concept of artificial disease through the process of drug proving and how to give meaning to it along with the process of natural disease.

Through these processes they would be able to create portrait of natural and artificial disease based on Hahnemannian guidelines. This is elaborated further in Theme 8.

Contents

- 1) Knowledges of physician (ORG)
- 2) Drug proving (ORG, HMM)
- 3) Process of recording and system of recording artificial and natural diseases (ORG)
- 4) Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM)
- 5) Art of creating portrait of polychrest remedies through analysis, evaluation and construction at level of mind, physical general and particulars (HMM) will be taken in Theme8.
- 6) Creating portrait of the disease through reportorial study of specific remedy

Teaching methodology

1. Few case based examples of polychrest remedies and evolving Portrait with the help of study through repertory and Materia Medica. Group task.

Evaluation:

1. LAQ.
2. SAQ

Elaboration of Theme 4 (*Concept of Unprejudiced observation and Case taking*)

Aphorism six is the backbone of homoeopathic practice. The process of becoming unprejudiced has deeper implication for the evolution of the physician. This theme will deal with the principle and practice of this concept and process of case taking, the dos and don'ts giving further insights in to the directions of case taking. The student needs to know the influence of this in understanding and application of HMM and repertory.

Contents

1. Studying the guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG)
2. Demonstrating the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in detail. (ORG)
3. Utilising the concept of unprejudice in perceiving the patient and constructing totality for correct prescribing. (ORG)
4. Understanding the concept of man as per Kent, Boger and Boenninghausen and its influence on their writing of repertory and HMM (REP ANDHMM)

Methodology

1. Case based simulation/video. Role playing and evolving differential Materia Medica, formulating rubrics and its search from different repertories

Evaluation:

1. SAQ and bed-side on case.

Elaboration on Theme 5 (*Concept of Symptomatology*)

Patients and Provers express themselves through symptoms and signs. The student needs to classify and rearrange them as per diagnostic/philosophical principles to arrive at the clinical diagnosis and homoeopathic understanding respectively. This will aid in assessing the susceptibility, prescribing the remedy and determining the potency and repetition. It also helps in the regulation of remedy and planning the ancillary treatment measures. This is an important step in practice and serves as a master key to open several locks to ensure successful patient care from the holistic perspective

Content:

1. Symptomatology and value of a symptom from the stand point of homoeopathic practice. (ORG)
2. Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory)
3. Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep)
4. Understanding the concept of classification and its utility in study of HMM
5. Understanding the concept of generalisation vs individualisation, and its utility in generalising the individual drug symptom in to Group symptom and deriving group characteristics (HMM)

6. Study of Materia Medica with the help of concept of generalisation. (HMM).

A list of group of remedies is demonstrative to understand the process rather than to learn all the groups in detail. (HMM)

Teaching Methodology:

Case based demonstrating the different types of symptoms and their value in the construction of repertories, individualisation and prescribing. Exposition on construction of different repertories. Group study through cases with few examples.

Evaluation:

1. LAQs, SAQs, Bed-side examination.

Elaboration of Theme 6 (*Concept of Susceptibility and Acute and Chronic Disease*)

Susceptibility is the central core of Homoeopathic practice. It is an inherent capacity of a living being to receive and react to stimuli. Individual reaction differs in each patient. So does the reaction of individual provers and homoeopathic remedies. Evolving the totality of symptom and arriving at a remedy is half the work done. However, knowledge of susceptibility will help in the regulation of the remedy. The same nosological disease differs in its dimension when it manifests in different patients thus giving a good indication of susceptibility.

Hahnemann classified different diseases according to their expression and outcome at dynamic level and non dynamic level; he determined them based on susceptibility exhibited by those classes of diseases in most of the patients. This classification helped in defining scope and limitation of homoeopathy and approach to these illnesses. Many leading homoeopaths then took upon themselves to study these diseases and put down their understanding and approach. Thus many clinical Materia Medicas and repertories arose which are helpful in dealing with these conditions. Student needs to become aware of these concepts, and how the repertory and HMM should be able to applied in these clinical situations.

The student should know how to use the repertories and remedies and hence a representative sample of these for studies should be taken up.

Content:

1. Various parameters in determining susceptibility in different types of cases
- acute, chronic, intermittent, mental, and periodic illnesses and its application in practice.(ORG)
2. Application of the knowledge of classification of disease as given by

Hahnemann and modern medicine in defining the scope and limitations by demonstrating its application in different types of cases. (ORG)

3. Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g. Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory with examples. (REP)
4. Clinical Materia Medica and remedial differentiation in different types of diseases with the help of clinical materia medica as per list.

Evaluation:

1. LAQs (scenario based),
2. SAQs
3. Bed-side applications.

Elaboration of Theme 7 (*Concept of Suppression and Miasms*)

Hahnemann saw that relapsing chronic diseases needed to be investigated further to find a solution for the chronicity. He discovered that suppression and obstacles to cure are repetitive in a set of cases and hence defined the concept of Miasm. Concept of chronic disease is a fundamental foundation on which susceptibility evolves and expresses with time. Their study helps in individualisation as well as in tackling the obstacles in the clinical set up. A study of Miasms helps in the better understanding of remedies and their evolution for application at bedside. Understanding different rubrics related to suppression and Miasm helps in coming to a group of remedies in a more meaningful way.

Contents:

1. Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management through clinical cases. (ORG)
2. Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and M L Dhawale (ORG)
3. Use of Miasm in classifying and understanding the evolution of different remedies (HMM)
4. Utilising the knowledge of indications of anti-miasmatic remedies as per list.
5. Role of miasm as a fundamental cause and its influence in the expressions in disease and remedies through the Miasms of Psora, Sycosis, Tubercular and Syphilis. (HMM)
6. Rubrics of suppression from different repertories (REP)
7. Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP)

Teaching methodology:

Case based, group discussion followed by exposition.

Evaluation:

1. LAQ
2. SAQ
3. Bed-side and viva.

Elaboration on theme 8 (*Concept of Totality*)

All the labour one puts in practice is to understand the totality of patients with all types of disease expressions. Totality helps in individualisation and hence understanding susceptibility and HMM. Once the case is received the expressions are classified and evaluated based on the general concept of evaluation. One needs to build the totality and decide the approach - repertorial or Non repertorial. If repertorial, then it would follow the available expressions as per Kent, Boenninghausen and Boger. If non repertorial, it may be based on key notes or synthetic, etc. This journey takes to the final prescribing totality. Mastering this process helps to overcome different obstacles in prescribing as the available data differs in different individuals and gets one ready in the clinical and bedside situation with prescription. Knowledge of different repertories and software helps in speeding up the process as well as in coming to a small group of remedies.

Understanding different remedies through their totalities helps in matching artificial disease with natural disease. So the process of building artificial totality is as important as the natural totality. The section has a select list of remedies which will demonstrate their competency of evolving totalities. Once the discipline is mastered, other remedies may be used as the case demands. Hence rather than this being a test of memory, it should be a test of understanding the concepts through application.

Contents:

1. Process of constructing acute, chronic and inter current totalities. (ORG)
2. Mastering the concept of classification and evaluation of symptoms (REP)
3. Understanding the process of repertorial and non repertorial approach and how to select one (REP)
4. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger. (REP)
5. Solving the case with the help of softwares like HOMPAT and RADAR. (REP)
6. Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note. (REP)
7. Differentiation of similar remedies in acute and chronic cases by

reference to source books, commentators and clinical Materia Medica. (HMM)

8. Building up totalities of different remedies through source books and other commentators from the list. (HMM)

Teaching methodology

Case based demonstrating process of evolving totalities along with all the different approaches and study of HMM

Evaluation

1. LAQ
2. SAQ
3. Bed-side on case

Elaboration on theme 9 (*Concept of Similar and Similimum*)

We have already dealt with the concept of susceptibility. We should now understand the concept of single, simple and minimum to apply in practice. This theme will explain the concept of similimum i.e. not the remedy alone but the potency and repetition which has to be perfect. How to decide the potency and repetition becomes one of the most important steps in practice.

The theme also will deal with the concept of remedy relationship between similar remedies through the chapter of concordance from TPB and its application in practice.

The important concept in HMM is differentiation of similar remedies. One needs to follow the principles and process for this. The student must become aware in order to avoid the common pitfall of differentiation being superficial and non-analytical.

Content:

1. Understanding single, simple, minimum substance as similimum following from the Law of Similars. (ORG)
2. Learning the concept of concordances as evolved by Boenninghausen and its utility in practice. (REP)
3. Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical Material Medica. (HMM)
4. Understanding remedy relationships- complementary, inimical, antidotal, follows well, similar with examples. (HMM)

Teaching methodology:

Case based with group discussion followed by exposition.

Evaluation:

1. SAQ

Elaboration on theme 10 (*Concept of Therapeutic management*)

Prescribing the remedy does not end the process of cure; on the contrary it starts the process and need more finer and analytical observation to complete the process. Remedy response is the final frontier to cross and the most difficult. There are standard rules and twelve observation of Kent to help but each case and follow up can be a challenge for Homoeopathic physician. Mastering this step will go a long way in the making or breaking of successful practice. One also needs to understand the concept of palliation and suppression to further enhance the process of recovery and cure.

Knowledge of remedy relationship plays an important role in the selection and regulation of remedies at different times to overcome any obstacle. Hence this concept needs to be studied simultaneously.

Ancillary mode of treatment is equally stressed by the Master so that we can add to the process and quality of cure.

Contents

1. Practical application of Kent's 12 observations in the assessment of remedy response and in the second prescription. (ORG)
2. Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG)
3. Remedy relationship in determining the second prescription. (HMM)
4. Patient education and orientation about disease. (ORG)
5. Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease. (ORG)

Teaching methodology

1. Case based demonstration of all 12 types of remedy responses.
2. Case demonstrating various types of ancillary modes.

Note: Case from earlier themes can be carried forward which will demonstrate the above aspects. Assessment:

1. LAQ in combination with other themes.
2. SAQ
3. Bed-side case.

Note: The example of remedies below is given as per the manner in which the study of HMM is to be pursued for Advanced Teaching of Fundamentals of Homoeopathy. The student is expected to use the list as a means to demonstrate his approach to the study of HMM.

List of remedies for different aspects of the study of Applied Materia Medica

Theme 6 Clinical MM		Theme 7 Anti-miasmatic		Theme 8 Drug picture		Theme 5 Group Study	
1	Aconite	1	Bacillinum	1	Alumina	Cocepts of Group Study and Analysis of HMM – e.g.	
2	Aesculus	2	Tubercul-inum	2	Antimony crud		
3	Aethusa	3	Thuja	3	Apis mel		
4	Agaricus	4	Medorrhinum	4	Arg met		
5	Aloes	5	Psorinum	5	Arg nit	1	Sodium
6	Ammonium carb	6	Sulphur	6	Ars alb	2	Magnesium
7	Anacardium	7	Syphilinum	7	Aurum met	3	Calcarea
8	Antimony ars			8	Baryta carb	4	Kali
9	Antimony tart			9	Baryta mur.	5	Baryta
10	Arn mont			10	Calc. carb.	6	Ferrum
11	Ars iod			11	Calc. f.	7	Aurum
12	Baptisia			12	Calc. iod.	8	Loginneacea
13	Bell.			13	Calc. phos.	9	Solanacea
14	Bellis p.			14	Calc. sulph.	10	Compositae
15	Berberis v.			15	Calc. sil	11	Ophidia
16	Borax			16	Causticum	12	Spider
17	Bromium			17	China	13	Metals
18	Bry. Alb.			18	Conium	14	Iodum
19	Cactus g.			19	Ferrum met.	15	Acids
20	Calc. ars.			20	Ferrum phos.	16	Ammonium
21	Carbo. An			21	Fluoric acid	17	Plant Kingdom
22	Canth.			22	Graph.		
23	Carb. veg.			23	Ignatia		
24	Caulophyllum			24	Iodine		
25	Cham.			25	Kalibichrom.		
26	Chelid. m.			26	Kali brom.		
27	Chin. ars.			27	Kali carb.		
28	Cicuta v.			28	Kali iod.		
29	Cimicifuga			29	Kali mur.		
30	Cina			30	Kali sulph.		
31	Coca			31	Lac. can.		
32	Cocculus			32	Lachesis		
33	Coccusacti			33	Lycopodium		
34	Collinsonia			34	Lyssin		

35	Coloc.			35	Mag. carb.		
36	Corallium rubrum			36	Mag. mur		
37	Crategus			37	Mag. phos.		
38	Crotalus h.			38	Mag. sulph		
39	Croton tig			39	Medorrhinum		
40	Cup. met.			40	Mercurius sol		
41	Digitalis			41	Naja		
42	Dioscorea			42	Natrum carb.		
43	Drosera			43	Natrum mur.		
44	Dulcamara			44	Natrum phos.		
45	Echinacia			45	Natrum sulph.		
46	Euphrasia			46	Nitric acid		
47	Gelsemiu m			47	Nux vom.		
48	Glonoine			48	Opium		
49	Hammamelis			49	Petroleum		
50	Helleborus			50	Phos.		
51	Hep. sulph			51	Phos. ac		
52	Hyosc.			52	Platina		
53	Hyper.			53	Psorinum		
54	Ipecac			54	Puls.		
55	Kali ars.			55	Rhus tox.		
56	Lactroductusm			56	Sanicula		
57	Laurocerasus			57	Sepia		
58	Ledum			58	Silica		
59	Lilium tig.			59	Stannum met.		
60	Lobelia			60	Staph		
61	Manganum			61	Stram.		
62	Merc. dul.			62	Sulphur		
63	Merc. iod. fl.			63	Tarent h.		
64	Merc. ior. r.			64	Thuja		
65	Mercurius cor.			65	Tuberculinum		
66	Mezereum			66	Verat. alb.		
67	Mur. ac.			67	Zincum		
68	Murex						
69	Nuxmoschata						
70	Phytolacca						

71	Plumbum						
72	Podophyllum						
73	Pyrogen						
74	Ranunculuc bulb						
75	Ratanhia						
76	Rheum						
77	Rhododendron						
78	Rumex						
79	Ruta g.						
80	Sabadilla						
81	Sabina						
82	Sambucus						
83	Sanguinaria						
84	Sarsaparilla						
85	Secale cor.						
86	Selenium						
87	Senega						
88	Spigelia						
89	Spongia						
90	Sticta						
91	Symph.						
92	Tarent. c.						
93	Thlaspibursa						
94	Verat. vir.						

University Examination:

The University examination in course of Advanced Study of Fundamentals of Homoeopathy shall consist of

- a. 01 Theory paper of 100marks
- b. Practical / clinical including viva voce examination of 50marks

FORMAT/ SKELETON OF QUESTION PAPER

Programme and Year: MD (HOM) PART- I

Course Code: MDH102

Course: ADVANCED TEACHING OF FUNDAMENTALS OF HOMOEOPATHY

Paper:-Total Marks: 100

Total Time: 3 hours

Instructions:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline.. As it is only for the placement sake, the distribution has been done.

The format of the University Theory question paper (Total Marks:100)

Section A

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)

a) b) c) d) e)

Section B

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)

a) b) c) d) e)

a. Viva Voce Pattern:

Long Case	25 Marks
Viva	25 Marks
Total	50 Marks

CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 Terminal (theory & practical) examinations and 1 Preliminary examination (theory & practical) in each academic year.

A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject

The distribution of marks for M.D.(Hom.) Part – I is as follows:

Subject	Internal Assessment (Theory) Max. Marks	Internal Assessment (Theory) Qualifying Marks	Internal Assessment (Viva Voce / Practical) Max. Marks	Internal Assessment (Viva Voce / Practical) Qualifying Marks
Advanced Teaching of Fundamentals of Homoeopathy	200	100	100	50
Research Methodology & Biostatistics	100	50	-----	-----
Materia Medica	200	100	100	50
Homoeopathic Philosophy	200	100	100	50
Repertory	200	100	100	50

Reference Books: List of Reference Books is the same as for Materia Medica, Homoeopathic Philosophy and Repertory



DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

MATERIA MEDICA

M.D. (Hom.) PART – I
MATERIA MEDICA

Subject code- MDH 103

Name of course- Materia Medica

Year/ Semester – M.D. (Hom.) Part –I

INTRODUCTION

- i. Homoeopathic Materia Medica is differently constructed as compared to other Materia Medica.
Homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animals or their isolated organs is only a partial study of life processes under such action that it does not lead us to a full appreciation of the action of the medicinal substance; the drug substance as a whole is lost sight of.
- ii. Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on healthy persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the whole of a person; and it is just such as ‘a person as a whole’ to whom the knowledge of drug action is to be applied.
- iii. The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories or explanations about their interpretation or inter-relationship. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
- iv. Polychrests and the most commonly indicated drugs for every day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications. They should be thoroughly dealt with explaining all comparisons and relationship. Students should be conversant with their sphere of action and family relationship.
- v. The less common and rare drugs should be taught in outline, emphasizing only their most salient features and symptoms. Rare drugs should be dealt with later.
- vi. While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned. The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself of memorize a few drugs for a particular disease. This Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and

their curative value in sickness but will even lighten his burden as far as formal examination are concerned.

- vii. Application of Materia Medica should be demonstrated from cases in the OPD and IPD. Lectures on comparative Materia Medica and therapeutics as well as tutorials should be as far as possible integrated with lectures on clinical medicine.
- viii. For the teaching of drugs the college should keep specimens for demonstrations to students and audio-visual material shall be used for teaching and training purposes. The medicine are to be taught under the following headings, namely:-
 - 1) Common name, family, habitat, parts used, preparation, constituents (of source material)
 - 2) Proving data.
 - 3) Sphere of action
 - 4) Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities ad concomitants) and constitution.
 - 5) Comparative study of medicines.
 - 6) Therapeutic application (applied Materia Medica)

The syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic Materia Medica. It will include the basic philosophical background and conceptual framework necessary to understand the different approaches and their clinical applications.

The syllabus will thus prepare the ground and train the student in grasping philosophical-conceptual and factual facets of Materia Medica and thus prepare him to take larger role in the exploration of Materia Medica at academic, clinical and research level.

Purpose of M.D. (Homoeopathy) - Materia Medica: The purpose of this course is to train the basic Homoeopathic graduate in the field of Homoeopathic Materia Medica, to ensure a better healer and to produce excellent thinkers, research scholars and teachers in Homoeopathy as well as to achieve highest standards in the system of Homoeopathy.

GOALS-

We are committed to *empowering* students with the knowledge of Homoeopathic Materia Medica and helping them in *acquiring the skills* to become a good Homoeopathic physician and Researcher.

EDUCATIONAL OBJECTIVES-

1. Comprehensive training in the *theory and practice* of Homoeopathic Materia Medica both *clinical and therapeutic and research* in related fields.
2. To *simplify the understanding of drugs* and develop students *analytical abilities* through the study of *comparative* Materia Medica.
3. Knowledge and skills related to *pathophysiology* of homoeopathic drugs in order to apply it in day-to-day *homoeopathic practice*.
4. Developing *proficiency* in students for use of over 3000 homoeopathic remedies in patient care.

KNOWLEDGE: At the end of the course.....

A postgraduate in M.D. (Homoeopathy) - Materia Medica shall:

1. Have the high degree of proficiency both in theoretical and practical aspects of Homoeopathic Materia Medica backed by scientific knowledge and philosophy.
2. Have the confidence to assess and manage the patients who are sick and in cases of paucity of symptoms ability to overcome it by the knowledge of Homoeopathic Materia Medica.
3. Have the caring attitude and sympathy towards sick and maintain high moral and ethical standards.
4. Have the knowledge regarding latest happenings and issues pertaining to the prevention of disease and promotion of health and the epidemiology underlying the common health problems with special relevance to India.

Year	Knowledge
M.D. (Hom.) Part-I	To have in-depth understanding of Homoeopathic Materia Medica, Repertory, Organon and its interrelationship in homoeopathic management of cases.

SKILLS: At the end of the course.....

General Objectives:

1. To develop high standards in approach and management of sick, in order to fulfill his/ her only mission.
2. To develop excellent teaching skills, different techniques and educational methods in teaching homoeopathic students and its practitioners.
3. To practice medicine ethically and in step with principles of health care and the philosophy of Homoeopathy.

4. To demonstrate empathy and holistic approach towards sick and exhibit interpersonal behaviour in accordance with expectations of the society.
5. To educate the people and promote preventive measures for common health problems by Homoeopathy, in order to achieve better health standards.
6. Undertake common health problems, and carry out research both basic and clinical with the objective of publishing his/ her work and presenting of various scientific for a by which our fellow Homoeopathy can be Benefited.
7. To develop integrated application of all subjects and its application in holistic approach & clinical understanding of a case.

Year	Skill
M.D. (Hom.) Part – I	Minimum 150 cases to be studied. Camps organised by the College.

Course Outcome-

- Student will be able to apply clinical materia medica in acute and chronic diseases.
- Students will be able to apply integrated application of all homoeopathic subjects in management of cases.
- Student will be able to elicit the correct totality with correct remedy of a case.
- Student will be able to deliver a lecture to undergraduate students & present cases in class seminar.

LIST OF THEORY & PRACTICAL TOPICS INCLUDING TEACHING HOURS FOR THEORY & PRACTICAL

Year	Lectures	Teaching hrs (each lecture 2 hrs)
M.D. (Hom.) Part – I	HMM lecture	1 lectures per week
	Case discussion	1 lecture per week
	Journal club discussion	1 lecture per week

INTEGRATION-

In order to achieve the objectives, the department of Homoeopathic Materia Medica will coordinate with other departments viz. organon, repertory, surgery, medicine, gynecology, community medicine to have integrated teaching learning on various topics in Materia Medica. This will ensure that student of homoeopathic Materia Medica can learn use of different types of drugs namely polychrest remedies, organ remedies, biochemic medicines, rare remedies, mother tincture, nosodes, sarcodes, & bach flower remedies.

**DETAILED THEORY & PRACTICAL SYLLABUS –
GIVE DETAILS OF EACH TOPIC
HOMOEOPATHIC MATERIA MEDICA LECTURE PLANNER
TEACHING PLAN:**

In addition to UG Syllabus, the following topics shall be taught in detail:

1. Science and philosophy of Hom. Materia Medica
2. The nature and scope of Homoeopathic Materia Medica; Definition
3. Comparison of Homoeopathic Materia Medica with other pharmaceutical systems.
4. Concept of artificial and natural diseases. Concept of Drug Proving. Understanding the evolution, philosophy and construction of the sourcebook
5. Concept of health and developmental study of man. Normal physiological functioning and its development and its application in the study of Hom. Materia Medica. Study of Physiological Materia Medica.
6. Study of normal structural organisation of man and its application in the study of sphere of action of remedies
7. Concept of causation from the Hahnemannian perspective, viz. fundamental, exciting, maintaining causes and its application in the study of Hom. Materia Medica
8. Bio-Psycho-Social concept of Aetio-pathogenesis and evolution of the disease phenomena to integrate with the study of Hom. Materia Medica.
9. Development and maturation of mind from childhood to old age-normal characteristics and the relevance and application to Homoeopathic Materia Medica.
10. Study of mental symptom, mental state, disposition, constitutions, temperaments and evolutionary study of Hom. Materia Medica
11. Clinico-pathological correlations of the diseases and integrating pathogenesis in study of Hom. Materia Medica.
12. Study of Clinical Materia Medica and its practical application at the bedside
13. Study of Hom. Medicines as per list.

LIST OF REMEDIES FOR A MATERIA MEDICA PART – I Exam

Remedy List follows the Part I syllabus and covers the remedies which are indicated in

- a. Clinical Materia Medica
- b. Physiological Materia Medica
- c. Sources of Materia Medica
- d. Study with Clinico-pathologico-miasmatic correlations.

List of Drugs for M.D. (Hom.) Part – I

Sr. No.	Drugs	Sr. No.	Drugs
1.	Aco. n.	108.	Ipecac.
2.	Aesculus	109.	Kali ars.
3.	Aethusa	110.	Kali bichrom.
4.	Agaricus	111.	Kali brom.
5.	Allium cepa	112.	Kali carb.
6.	Aloe	113.	Kali Chlor.
7.	Aloes	114.	Kali iod.
8.	Alumina	115.	Kali iod.
9.	Ammonium carb.	116.	Kali mur.
10.	Anacardium	117.	Kali Sulph.
11.	Anthracinum	118.	Kalmia
12.	Antimony ars.	119.	Lac. c.
13.	Antimony crud.	120.	Lachesis
14.	Antimony tart.	121.	Lactrodectus m.
15.	Apis mel.	122.	Lathyrus sat.
16.	Aranea d.	123.	Laurocerasus
17.	Arg. met.	124.	Ledum
18.	Arg. nit.	125.	Leptandra
19.	Arn. mont	126.	Lilium tig.
20.	Ars. alb.	127.	Lobelia
21.	Ars. iod.	128.	Lycopodium
22.	Ars. sul.	129.	Lycopus
23.	Arsenic Alb	130.	Lyssin
24.	Arum. t.	131.	Mag. carb.
25.	Asafoetida	132.	Mag. mur.
26.	Aurum	133.	Mag. phos.
27.	Aurum mur.	134.	Mag. Sulph
28.	Aurum mur . n.	135.	Manganum
29.	B. Coli	136.	Medorrhinum
30.	Bacillinum	137.	Merc. cyan.
31.	Badiaga	138.	Merc. Dul.
32.	Bapticia	139.	Merc. iod. fl.
33.	Baryta carb.	140.	Merc. ior. r.
34.	Baryta iod.	141.	Mercurius cor.
35.	Baryta mur.	142.	Mercurius sol.
36.	Bell.	143.	Mezereum

37.	Bellis p.	144.	Mur. ac.
38.	Berberis v.	145.	Murex
39.	Borax	146.	Mygale
40.	Bothrops	147.	Naja
41.	Bovista	148.	Natrum ars.
42.	Bromium	149.	Natrum carb.
43.	Bry. alb.	150.	Natrum mur.
44.	Cactus g.	151.	Natrum phos.
45.	Calc. ars.	152.	Natrum sulph.
46.	Calc. carb.	153.	Nitric acid
47.	Calc. f.	154.	Nux moschata
48.	Calc. iod.	155.	Nux vom.
49.	Calc. Phos.	156.	Opium
50.	Calc. s.	157.	Pertussin
51.	Calc. sil.	158.	Petroleum
52.	Camphor	159.	Phos.
53.	Carbo . an.	160.	Phos. ac.
54.	Cannabis Sativa	161.	Phytolacca
55.	Cannabis indica	162.	Picric acid
56.	Canth.	163.	Platina
57.	Capsicum	164.	Plumbum
58.	Carb. veg.	165.	Podophyllum
59.	Carbolic acid	166.	Psorinum
60.	Caulophyllum	167.	Puls.
61.	Causticum	168.	Pyrogen
62.	Cenchrus	169.	Ranunculus B
63.	Cham.	170.	Ranunculus S
64.	Chelid. m.	171.	Ratanhia
65.	Chin. Ars.	172.	Rheum
66.	China	173.	Rhododendron
67.	Chlorum	174.	Rhus tox.
68.	Cicuta V.	175.	Rumex
69.	Cimicifuga	176.	Ruta g.
70.	Cina	177.	Sabadilla
71.	Cinnaberis	178.	Sabina
72.	Cistus	179.	Sambucus
73.	Coca	180.	Sanguinaria
74.	Cocculus	181.	Sanicula
75.	Coccus cacti	182.	Sarsaparilla
76.	Collinsonia	183.	Secal cor.
77.	Coloc.	184.	Selenium

78.	Conium	185.	Senega
79.	Corallium rubrum	186.	Sepia
80.	Crategus	187.	Silica
81.	Croc. sat.	188.	Spigelia
82.	Crotalus h.	189.	Spongia
83.	Croton Tig	190.	Stannum met.
84.	Cup. met.	191.	Staph.
85.	Digitalis	192.	Staphylococin
86.	Dioscoria	193.	Sticta pulmonalis
87.	Diptherinum	194.	Stram.
88.	Drosera	195.	Sulphur
89.	Dulcamara	196.	Sumbul
90.	Echinesia	197.	Symph.
91.	Elaps	198.	Syphilinum
92.	Euphrasia	199.	Tabaccum
93.	Ferrum met.	200.	Tarent h.
94.	Ferrum phos.	201.	Tarent. c.
95.	Fluoric acid	202.	Theridion
96.	Gelsemium s.	203.	Thlapsi bursa pastoris
97.	Glonoine	204.	Thuja
98.	Graph.	205.	Thyroidinum
99.	Hammamelis	206.	Trillium
100.	Helleborus	207.	Tuberculinum bovinum
101.	Hep. sul.	208.	Uranium nitrate
102.	Hydrastis	209.	Valeriana off.
103.	Hyosc.	210.	Verat. alb.
104.	Hyper.	211.	Verat. vir.
105.	Ignatia	212.	Viburnum o.
106.	Iodine	213.	Vipera
107.	Ipecac	214.	Zincum

List of Groups, Families

Sr. No.	Plant Kingdom	Sr. No.	Mineral Kingdom	Sr. No.	Animal Kingdom
1.	Rutaceae family	1.	Halogen group	1.	Ophidia
2.	Compositae family	2.	Acid group,	2.	Spider
3.	Ranunculaceae Family	3.	Mag Group	3.	Insect group
4.	Umbelliferae family	4.	Merc group	4.	Mollusca
5.	Solanaceae Family	5.	Alkali group	5.	Fish Group
6.	Fungi Group	6.	Calcareo group		
7.	Coniferae family	7.	Carbon group		
8.	Rubiaceae family	8.	Radioactive group		
9.	Scrophulariaceae Family	9.	Ferrum group		
10.	Apocynaceae family	10.	Natrum group		
11.	Loganiaceae Family	11.	Baryta group		
12.	Aracaceae family	12.	Argentum group		
13.	Papaveraceae Family	13.	Antimony group		
14.	Anacardiaceae family	14.	Metal group		
15.	Euphorbiaceae family	15.	Phosphorous & Phosphate		
16.	Cucurbitaceae family	16.	Silica & Silicate		
17.	Melanthaceae family	17.	Arsenic & Arsenates		
18.	Menispermaceae family	18.	Sulphur & Sulphate		
19.	Ericaceae family	19.	Ammonia group		
20.	Liliaceae family				

PRACTICAL SYLLABUS

Year	
M.D. Part-I	<p>Training: OPD & IPD training : (During one year of house job and postings), Quick totality formation and use of knowledge of keynotes in prescribing. Different types of prescription. Study of Hahnemanian classification of disease with drugs. To understand Concept of causation from the Hahnemannian perspective, viz. fundamental, exciting, maintaining causes and its application in the selection of remedy. Utility of Kent 12 observation in practice. Understanding of duration of short acting remedies, long acting remedies, mother tincture. Use of remedy relationship in prescription. Understanding of second prescription in practice. Selection of drug in Genus epidemicus. To understand Clinico-pathological correlations of the diseases and integrating pathogenesis in study of Hom. Materia Medica. Study of drugs through repertory & Conversion of symptoms into rubrics and vice versa. Use of understanding of Constitution, Temperaments & Diathesis during prescription. Bed side learning of Materia Medica through miasmatic understanding.</p>

FORMAT/ SKELETON OF QUESTION PAPER

Programme and Year: **M.D. (Hom.) PART – I**

Course Code: **MDH103**

Course: **MATERIA MEDICA**

Paper:-Total Marks: 100

Total Time: 3 hours

Instructions:

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2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
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6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

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(50 Marks)

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Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

Section B

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

Oral /Practicals

M.D. (Hom.) Part-I examination– Maximum marks for each subject and minimum marks required to pass shall be as follows:-

Subject	Theory	Practical	Total	Pass Marks
Materia Medica	100	50	150	75
Research Methodology Bio-statistics and History of Medicine	100	-	100	50
Advanced teaching of Fundamentals of Homoeopathy	100	50	150	75

Distribution of Marks (Practical)

Sr. No.	Contents	Marks
Materia Medica		
1	Case	20
2	Communication Skills	05
3	Viva	25
Advanced Teaching of Fundamentals of Homoeopathy		
4	Case	25
5	Viva	25
	Total	100

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Subject	Internal Assessment (Theory) Max. Marks	Internal Assessment (Theory) Qualifying Marks	Internal Assessment (Viva Voce / Practical) Max. Marks	Internal Assessment (Viva Voce / Practical) Qualifying Marks
Advanced Teaching of Fundamentals of Homoeopathy	200	100	100	50
Research Methodology & Biostatistics	100	50	-----	-----
Materia Medica	200	100	100	50
Homoeopathic Philosophy	200	100	100	50
Repertory	200	100	100	50

LIST OF RECOMMENDED BOOKS & REFERENCE BOOKS:

List of Recommended Reference Books for Homoeopathic Materia Medica (Including Applied Aspects)-

1. S.Hahnemann - Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S.Hahnemann - Chronic Diseases Vol I & II, B. Jain Publishers, New Delhi;
3. T. E. Allen- Encyclopedia of Homoeopathic Materia, Medica Vol 1 to,12.B.Jain
4. T.F.Allen - Handbook of Homoeopathy Materia Medica, B. Jain Publisher, New Delhi.
5. C. Hering- Guiding Symptoms of Homoeopathic Materia Medica, B, Jain Publisher, New Delhi.
6. J. T. Kent - Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
7. H. Coulter- Drug Pictures of Homoeopathic Materia medica, B. Jain Publisher, New Delhi.
8. Burt-Physiological Materia Medica, B.Jain Publisher, New Delhi.
9. M. L. Tyler - Durg Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
10. Dunham - Pharmecodynamics I to IV, B. Jain Publisher, New Delhi.
11. Harvey Farrington - P. G Studies *in* Homoeopathy, B. Jain Publishers New Delhi.
12. E.A.Farrington- Clinical Materia Medica, B. Jain Publisher, NewDelhi.
13. E.A.Farrington- Comparative Materia Medica, B. Jain Publisher, New Delhi.
14. George Vitholkas - Classical Talks in Homoeopathy 3volumers, B. Jain Publishers, New-Delhi.
15. M. L. Dhawale - Symposium volumes, published by Dr. M. L. Dhawale Memorial Trust, Mumbai
16. X. M Choudhary - Materia Medica. B. Jain Publisher, New Delhi.
17. K. N. Mathur - Systemic Materia Medica. B. Jain Publisher, New Delhi.
18. C. M. Boger- Synopthic Key, B. Jain Publisher, New Delhi.
19. H. C. Allen Keynotes of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
20. E. B. Nash - Leaders in Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
21. Otto Lesser - Materia Medica, B. Jain Publisher, New Delhi.
22. Pulford-Text Book of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
23. W. Boericke- Clinical Materia Medica, B. Jain Publisher, New Delhi.

24. Clarke - Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
25. Dr. Ramjee Singh – Ladder to Excellence in Homoeopathic Education.
26. Dr. Ramjee Singh – Text book of Homoeopathic Materia Medica.
27. Dr. Bhasme Arun – How to study Materia Medica.
28. Dr. Bhasme Arun – Medicine Voyage Through Time.
29. Jan Scholten – Homoeopathy & Minerals
30. Jan Scholten – Homoeopathy & Elements
31. Dr. Rajan Shankaran – Insight into Plant Kingdom Vol. I, II, III
32. Catherine S. Coulter – Portraits Vol. I, Portraits Vol. II, Portraits Vol. III
33. Symposium Volumes –ICR
34. Dr. George Vithalkous – Materia Medica Viva
35. Dr. George Vithalkous – Essence of Materia Medica
36. Vermulein –Prisma
37. T.F.Allen -Nosodes
38. Stephenson: - Materia Medica & New Provings
39. Hughes - Cyclopaedia of Drug Pathogenesis
40. Anschutz – New Remedies
41. Boericke - Materia Medica and Repertory
42. Ghosh - Drugs of Hindoostan
43. Clarke - Dictionary of Homoeopathic Materia Medica
44. Kent: Lectures on Homoeopathic Materia Medica and New Remedies
45. Wheeler & Kenyon - Principles & Practice of Homoeopathy
46. Pierce: Plain Talks on Homoeopathic Materia Medica with Comparisons
47. Farrington Harvey - Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing
48. Tyler Margaret – Drug Pictures
49. Royal – Materia Medica
50. Boericke & Dewey - Twelve Tissue Remedies
51. E. A. Farrington - Clinical Materia Medica
52. Dr. Dhadphale G.B. – Group Study /Analysis of Homoeopathic Materia Medica.
53. Dr. Dhadphale G B – General Features of Homoeopathic Materia Medica.
54. N.M. Choudhuri - A study on Materia Medica and repertory
55. Allen -Key-Notes
56. Guernsey -Key-Notes
57. Lippe – Materia Medica
58. Nash - Leaders in Homoeopathic Therapeutics
59. Boger - Synoptic Key & Repertory to the Homoeopathic Materia Medica

60. Pulford - Key to Homoeopathic Materia Medica
61. Mathur - Systematic Materia Medica of Homeopathic Remedies
62. Comparative Materia Medicas (Gross, Farrington and Roberts)
63. Allen - Therapeutics of Fevers
64. Tyler - Pointers to Remedies
65. Nash -Typhoid
66. Nash – Respiratory Organs
67. Hering & Wells -Typhoid
68. Guernsey -Haemorrhoids
69. Bell -Diarrhoea
70. Roberts – Rheumatic Remedies
71. Pulford -Pneumonia
72. Pulford -Influenza
73. Pulford – Digestive Organs
74. Pulford - Children’s Types
75. Cartier – Respiratory Organs
76. Royal - Diseases of Chest
77. Royal –Nervous Diseases
78. Royal Practice of Medicine
79. Yingling - Accoucher’s Manual
80. Underwood – Headache



DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

**HOMOEOPATHIC
PHILOSOPHY**

M.D. (Hom.) PART – I
HOMOEOPATHIC PHILOSOPHY
SUBJECT CODE – MDH104
NAME OF COURSE – MD (HOMOEOPATHY)-HOMOEOPATHIC
PHILOSOPHY - M.D. (Hom.) PART – I

YEAR – PART I

INTRODUCTION:

- Homeopathic philosophy is an integral subject which elucidates the fundamental principles of practice of homoeopathy.
- Deeper insight of these principles is necessary from the point of view of its background, observation, genesis, Logic, derivation, experimentation, application, and evolution.
- The syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic health-care.
- The ground that he has covered earlier in the undergraduate course is gone over again but from a very different clinical perspective. This will be facilitated with the candidate simultaneously doing his resident training and seeing the phenomena of health being transformed into disease in his clinical studies. Having thus re-visited the basic sciences, the candidate is now prepared to undertake the journey deeper into the healing science and art attempting to come into more intimate contact with the principles that Hahnemann identifies critical for achieving the ‘Highest Ideal of cure’
- Every candidate pursuing M. D. Homoeopathy in Homoeopathic Philosophy, is required to carry out work on a selected research project under the guidance of a recognized postgraduate teacher. The results of such a work shall be submitted in the form of a dissertation. The dissertation is aimed to train a postgraduate student in research methods and techniques which will develop a research aptitude and ability of critical analysis which is essential in today’s era of evidence based medicine.

GOALS:

1. Have the higher degree of proficiency both in theoretical and practical aspects of "Organon of Medicine" backed by scientific knowledge and philosophy of Homoeopathy.
2. Have the in depth knowledge of principles and laws of Homoeopathy so as to facilitate optimal care within the scope of Homoeopathy.
3. Have the ability to interpret the principles (taught by Hahnemann) in the context of developments in the health science on the present day.
4. To inculcate ability of scientific investigation, rational experimentation and practicing evidence based medicine through various research activities and Dissertation work.

EDUCATIONAL OBJECTIVES:**KNOWLEDGE OBJECTIVES:**

- At the end of the course student should be able to, understand and employ the concept of unprejudiced observation to each morbid condition and to treat them by the Holistic principles and philosophy of Homoeopathy.
- To investigate what is to be cured in disease and to know what is curative in the various medicine in order to understand better the scope and limitations of Homoeopathy.
- Gain knowledge of various research methodologies, data collection, statistical analysis etc and its application in the subject of Homoeopathic Philosophy and Organon of medicine.
- The student should be able to adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment throughout the professional life.

SKILLS OBJECTIVES:

1. Shall obtain the communicative and interpersonal skills to communicate and interact with health care teams.
2. Shall be able to co ordinate the recent advances in science with his/ her knowledge of Homoeopathy, so as to reflect better art of healing.
3. To develop an open mind to update him/ her by self-study attending courses conferences and seminars relevant to the specialty.
4. To develop critical thinking and logical analysis and evidence approach in practice.

Course Outcomes: At the end of the course,

- 1.1 Student must know concept of medical observer, unprejudiced observer, mission and knowledge's of physician.
- 1.2 Student must develop skills of case taking to comprehend his patient as a person as a whole, his dispositional state of Mind and Body, along with the disease process with its causes.
- 1.3 Student must have knowledge of Susceptibility, remedy selection, posology, remedy reactions, second prescription, remedy relations and be able to apply it in the management of cases.
- 1.4 The student must be able to design study for his research.

INTEGRATION:

- In order to achieve the above objectives, the Department of Organon of medicine will coordinate with other departments of HMM, Repertory, Medicine, surgery, Gynaec, and PSM, to have integrated teaching – learning sessions on various topics in Philosophy. This will ensure that students of homoeopathic philosophy are provided with integrated, applicative teaching of various homeopathic laws, theories and principles.

SYLLABUS:

THEORY:

A postgraduate student of Organon needs to be grounded in the fundamentals of General Philosophy, Logic, Scientific Method and study of Man in Universe. Evolutionary study of Hahnemannian concepts in these disciplines will enable the student to firmly grasp the homoeopathic principles in evolution and the methods and techniques developed by Hahnemann. This will prepare him to critically study the contributions of masters-past and present. The major area of focus would be, concepts of Principles and Practice, a study of the interpretations and views of the stalwarts in Homoeopathy like Kent, Stuart Close, H.A. Robert, J.H. Allen, Dunham and Richard Hughes on Hahnemannian concepts and fundamentals of Homoeopathy is essential. It also aims at making a comparative study of various philosophies with a view to bring out relative merit of the individual contribution to the Hahnemannian concepts of Homoeopathy.

In addition to undergraduate syllabus, the following topics will be covered in Part-I:

HAHNEMANN AND EVOLUTIONARY HAHNEMANNIAN PHILOSOPHY

Following concepts have to be studied from Organon of Medicine 1st Edition to 6th Edition as it evolved and its application in the Clinical set up.

1. Concept of Medical Observer and Unprejudiced observer his 'Mission' and Knowledges as conceived by Hahnemann. Methods to operationalize these in the light of current advances of methods to study man. Homoeopathic case taking and its various *Dos & don'ts*. Relationship with demands placed on the Healing Professions in the Modern World
2. Development of the Scientific Spirit and Methods of Science with reference to Hahnemannian Homoeopathy as a Science. Study of Precursors of Organon- Medicine of Experience, An essay on the New Principles and Study of Editions of Organon in ground plan, Evolutionary study of Principle of Similia, Vital Principle, Posology and its Scientific application in Homoeopathy
3. Concept and Methods of Drug proving integrating modern analytical developments in study of effects of drugs on human organism.
4. Concept of Symptomatology, Susceptibility, Suppression and its importance in Totality formation-Evolutionary study importance in Health, Constitution, Diathesis, Disease, Recovery, Cure, Drug-effects, Remedy-effects, Suppression and Palliation, Local Application and Remedy-Reaction and regulation so that the various observations made by Hahnemann in the management of Chronic Diseases-One sided, Miasmatic, (Single and Complex), Mental diseases, Intermittent diseases, Surgical diseases, Local diseases.
5. Concept of Aetiology, Pathology, Clinical Diagnosis, and their importance in understanding Homoeopathic Theory of Chronic Diseases; its Principles, Classification and Identification of the Four Miasmatic Types, their pre- dispositions and Diseases associated with each Type. Combination of Miasms: Concept, Implications and Identification. Representation of the Four Miasmatic Types in the Homoeopathic Materia Medica and Classification of Drugs on Miasmatic Basis. Homoeopathic Management of Miasmatic Disorders and its impact on Therapeutics Principles & Applications of Organon in clinical practice-Management of Acute Diseases-Sporadic, Epidemic, Pandemic
6. Remedy-Selection: Concepts of Individualization; Totality of Symptoms; and Portrait of the Disease Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship,
7. Concept of Non remedial, ancillary methods in treatment of diseases.

8. Importance of an in-depth study of Aphorisms 1-6 as conveying the Fundamental Approach to the teaching of Organon and Homoeopathic Philosophy.
9. Considering the applicative nature of subject, following topics have been added in the syllabus:
 - Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the Hahnemannian concept of health.
 - Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticuloendothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
 - Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic care.
 - Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression.
 - Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution.

PRACTICAL

M. D. Part – I

Method of Training :

- The emphasis should be on bed side/practical training and not on didactic lectures alone.
- The candidates shall take part in seminars, group discussions, clinical meetings.
- The candidates shall be required to write a dissertation with detailed commentary which shall provide the candidate with necessary background 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 given graded responsibility in the management and treatment of patients.
- He shall participate in teaching and training of undergraduate students or interns.
- The candidates shall attend seminars, case presentations and journal club meetings, maintain Log Books, do the Laboratory works, visit Homoeopathic Industries; (where ever required), keeping in view the needs of each specialty subject.
- Teaching learning Methodologies would specifically include student centric and participative methods such as Mini Cex, OSCE etc.

UNIVERSITY EXAMINATION-

M.D. (HOM) PART-I EXAMINATION –

A student of M.D.(Hom.) Homoeopathic Philosophy will appear for:

- A. Homoeopathic Philosophy and Organon of Medicine
- B. Research Methodology & Bio-statistics
- C. Advanced teaching of Fundamentals of Homoeopathy.

M.D. (Hom.) Homoeopathic Philosophy:- Theory/Practical exam:

Maximum marks for each subject and minimum marks required to pass shall be as follows:-

Subject	Theory	Practical	Total	Pass Marks
Homeopathic philosophy	100	50	150	75
Research Methodology Bio-statistics and History of Medicine	100	-	100	50
Advanced teaching of Fundamentals of Homoeopathy	100	50	150	75

Practical Exam:

Subject	Case	Viva	Communication skills	Total
Homeopathic philosophy	20	25	05	50
Advanced teaching of Fundamentals of Homoeopathy	25	25	--	50

FORMAT/ SKELETON OF QUESTION PAPER

Programme and Year: MD (HOM) PART- I

Course Code: MDH104

Course: HOMOEOPATHIC PHILOSOPHY

Paper:-Total Marks: 100

Total Time: 3 hours

Instructions:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline.. As it is only for the placement sake, the distribution has been done.

The format of the University Theory question paper (Total Marks:100)

Section A

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

Section B

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

The distribution of marks for Practical and Oral examination shall be as follows:

a. Homeopathic Philosophy	
i. Long case	20 marks
ii. Communication Skill	05 marks
iii. Viva	25 marks
Total	50 marks
b. Advanced Teaching of Fundamentals of Homoeopathy	
i. Long case	25 marks
ii. Viva	25 marks
Total	50 marks

CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 Terminal (theory & practical) examinations and 1 Preliminary examination (theory & practical) in each academic year.

A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject

The distribution of marks for M.D.(Hom.) Part-I is as follows:

Subject	Internal Assessment (Theory) Max. Marks	Internal Assessment (Theory) Qualifying Marks	Internal Assessment (Viva Voce / Practical) Max. Marks	Internal Assessment (Viva Voce / Practical) Qualifying Marks
Advanced Teaching of Fundamentals of Homoeopathy	200	100	100	50
Research Methodology & Biostatistics	100	50	-----	-----
Materia Medica	200	100	100	50
Homoeopathic Philosophy	200	100	100	50
Repertory	200	100	100	50

List of Recommended Reference Books for Organon of Medicine:

- 1) S. Hahnemann - Organon of Medicine- 6th Edition, B. Jain Publisher, New Delhi.
- 2) S. Hahnemann-Lesser Writings, B. Jain Publisher, New Delhi.
- 3) S. Hahnemann-Chronic Diseases, B. Jain Publisher, New Delhi.
- 4) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, New Delhi.
- 5) J. T. Kent - Minor Writings, B. Jain Publisher, New Delhi.,
- 6) J. T. Kent - Lesser writings, B. Jain Publisher, New Delhi.
- 7) Sarkar, B. K. Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta.
- 8) H. A. Robert - Principles and practices of Homoeopathy, B. Jain Publisher, New Delhi.
- 9) S. Close - Genius of Homoeopathy, B. Jain Publisher, New Delhi.

- 10) Boeninghausen - Lesser Writings, B. Jain Publisher, New Delhi.
- 11) Farrington - Lesser Writing, B. Jaia Publisher, New Delhi.
- 12) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, New Delhi.
- 13) M.L. Dhawale - Symposium Volumes, Indian Books and Periodicals Publishers Delhi.
- 14) G. Boericke- Principles of Homoeopathy, B. Jain Publisher, New Delhi.
- 15) Clarke - Constitutional Medicine, B. Jain Publisher, New Delhi.
- 16) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, New Delhi.
- 17) W. K. Wright - A History of Modern Philosophy
- 18) Wideband- A History of Modern Philosophy.
- 19) Banerjee - Chronic Disease its cause and cure, B. Jain Publisher, New Delhi.
- 20) J. K. Allen-Chronic Miasms, B. Jain Publisher, New Delhi.
- 21) Phillis Speight- Chronicmiasms.
- 22) Bradford - Life History of Hahnemann Vol. I & Vol. II, B. Jain Publisher, New Delhi.
- 23) Dudgeon-Principles and Practices of Homoeopathy, B. Jain Publisher. New Delhi
- 24) Richard Hael; Life of Hahnemann, B. Jain Publisher, New Delhi.
- 25) Datta: Contemporary Philosophy
- 26) Durant Will: The story of Philosophy
- 27) Hospers John: Introduction to Philosophy
- 28) Irving Copi: Introduction to Logic
- 29) Sharma C. D.: Indian Philosophy
- 30) Wolf A. Textbook of logic – Surjit Publication
- 31) Allen.: The Chronic Miasms
- 32) Boenninghausen Von C. M. F.: Lesser Writings.
- 33) Boger, C. M.: Studies in the Philosophy of Healing
- 34) Boger, C. M.: Collected Works
- 35) Bradford: Life History of Hahnemann Vol. 1 &2
- 36) Clarke: Constitutional Medicine
- 37) Close Stuart: The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy
- 38) Dhawale M. L.: Principles and Practice of Homoeopathy: Vol1
- 39) Dhawale M. L.: Perceiving1
- 40) Dhawale M. L: ICR Symposium on Hahnemannian Totality
- 41) Dhawale M. L. Life and Living
- 42) Dudgeon: Principles and Practice of Homoeopathy

- 43) Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A collection of Papers elucidating and illustrating the Principles of Homoeopathy
- 44) Farrington: Lesser writings
- 45) Haehl Richard: Life & Work of Hahnemann Vol.– I &II
- 46) Ortega: The Chronic Miasms
- 47) Roberts, H. A.: The Principles and Art of Cure by Homoeopathy.
- 48) Sarkar B.K.: Essays on Homoeopathy
- 49) Shepherd Dorothy: Magic of Minimum dose
- 50) Speight Phyllis: Chronic Miasms
- 51) Whitmont E. Psyche & Substance
- 52) Whitmont E. The Symbolic Quest



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Dr. D. Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

REPERTORY

M.D. (Hom.) PART – I

SUBJECT CODE: MDH105

Name of Course: REPERTORY

Year: M.D. (Hom.) Part - I

INTRODUCTION:

Repertory is a compendium of symptoms and signs that are represented as rubrics collected from various sources-clinical and non clinical. Symptoms and signs are elicited after a proper case taking and the necessary Physical examination. The information so gathered needs to be organized on the basis of a schema which is firmly founded in Homoeopathic Philosophy. The symptoms and signs too need to be looked from the characteristic nature of the symptom. How does anyone designate a symptom as common or characteristic? Principles and rules of symptom evaluation and classification laid down will guide the student. Repertory as a tool comes to the rescue of a homoeopath only after the satisfactory completion of this lively as well as sometimes a tedious process. Hence, arise the need to study the processes of Case Taking and of Repertorisation from where the tool of the Repertory derives its importance.

Repertory is a medium for facilitating reliable prescription in practice of Homoeopathy. At the outset, it needs to be clarified that repertory doesn't have a final say in the selection of prescription. It is merely a suggestive exercise to arrive at the group of similar medicine, among which the most similar can be found. The final word on specifying of most similar indicated remedy depends on the similarity that medicine shows to the symptom picture as recorded in Materia Medica. This, however, doesn't dilute the importance of the use and study of repertories.

The use of repertory economizes on the reference to a huge volume of "possible" needless data. The reason behind using a repertory is to filter out the medicines, which may not be probably indicated for the case in question. Since this process entails the elimination of a large or small group of medicines, the possible elimination of medicines has to be carried out without prejudice and on sound reasoning, so that no medicine is excluded for consideration as most similar arbitrarily or whimsically. Thus, the study of repertory assumes a significant role for unbiased prescription, justifiable as per the principles of Homoeopathy.

The study of repertories at the postgraduate level should offer opportunities for the scientific development of repertory as an independent entity to facilitate the selection of most similar medicine. Efforts should also be made

to create interdisciplinary role for repertory with all the basic and clinical subjects in Homoeopathy.

A postgraduate candidate of repertory is therefore expected to play a pivotal role in systematizing prescriptions at all levels (pathological, clinical, psychosomatic, etc.) and in all clinical disciplines.

Goal:

The goal of Teaching Repertory at Post Graduate level is:

- ❖ Master the competencies related to case taking and repertorisation.
- ❖ Acquire a spirit of scientific inquiry and be oriented to the principles of research methodology in Repertory

Educational Objectives & Learning Outcomes:

At the end of the M.D (Hom) Part I Repertory the student will be able to

- 1) Explain the historical evolution of repertories in context of philosophical and structural evolution
- 2) Develop the technique and skill of clinical interview fulfilling the required demands of homoeopathic case taking.
- 3) Solve a given case on basis of concepts and general principles of repertorisation from any of the three classical approaches of repertorisation.

Teaching Hours:

Theory	2 hours/week
Case Discussion	2 hours/week
Journal Club	2 hours/week
Seminar	2 hours/week

Course Content: Part –I

In addition to UG Syllabus, the following topics shall be taught in detail:

- A. Introduction to the Concept of Repertorisation and Historical evolution of the Repertory**
- a. Concept of Repertorization
 - b. Studying the Philosophy and scientific background of repertories
 - c. Historical evolution of the early repertories – significance of understanding the evolution – utility of this understanding
 - d. Classification of repertories- importance of understanding the classification
 - e. Merits and demerits of repertory

- B. Case Receiving: Principles and Techniques**
- a. Case receiving and concept of the observer
 - b. Unprejudiced observation: the concept and the methods
 - c. Demands of case taking in various settings: urban, rural, tribal
 - d. Demands of case taking in various departments, e.g. medicine, gynecology, pediatrics, skin, rheumatology, etc.
 - e. Demands of acute and chronic case taking
 - f. Planning of a Clinical Interview
 - g. Techniques of Case taking
 - h. Evaluation of a Clinical Interview
 - i. Common difficulties of case taking and their solutions
- (Note: Specialized case taking will be taken by the specialty subjects)
- C. General Principles of Repertorization**
- a. Generalization
 - b. Causation
 - c. Concomitance
 - d. Individualization
 - e. Evaluation
 - f. Classification of Symptoms
 - i. Mental symptoms based on understanding of normal and abnormal psychology, clinical disorders and the presentations
 - ii. Physical symptoms based on understanding of normal body's physical structure – functioning of various tissues - organs and systems
 - iii. Pathological symptoms and signs based on understanding of pathology
 - g. Doctrine of Analogy
- D. Three Classical Approaches of Repertorization**
- a. Understanding Boenninghausen's philosophy – his life and works – application of philosophy to practice – Therapeutic Pocket Book-structure and its use
 - b. Understanding Kentian philosophy – his life and works – application of philosophy to practice –Structure of Kent's Repertory and its use.
 - c. Understanding Boger's philosophy – his life and works – application of philosophy to practice – Structure of BBCR and its use.

University Examination:

The University examination in course of Repertory specialty shall consist of 01 Theory paper of 100 marks and Practical / clinical including viva voce examination of 100 marks

Subjects	Theory (maximum marks)	Practical/ clinical including viva-voce	Total Marks	Pass Marks
(i) Repertory	100	50	150	75
(ii) Research Methodology and Biostatistics	100	-----	100	50
(iii) Advanced Teaching of Fundamentals of Homoeopathy	100	50	150	75

FORMAT/ SKELETON OF QUESTION PAPER

Programme and Year: MD (HOM) PART- I

Course Code: MDH105

Course: REPERTORY

Paper:-Total Marks: 100

Total Time: 3 hours

Instructions:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

The format of the University Theory question paper (Total Marks:100)

Section A

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

Section B

(50 Marks)

- Q1. Long answer question (1x 10=10 marks)
Q2. Long answer question (1X 10=10 marks)
Q3. Long answer question (Answer any 1 out of 2) (1x10=10 marks)
Q4. Short Answer Question (Any 4 out of 5) (4X5=20 Marks)
a) b) c) d) e)

The distribution of marks for Practical and Oral examination shall be as follows:

a. Repertory	
i. Long case	20 marks
ii. Communication Skill	05 marks
iii. Viva	25 marks
Total	50 marks
b. Advanced Teaching of Fundamentals of Homoeopathy	
i. Long case	25 marks
ii. Viva	25 marks
Total	50 marks

Note: 1. There shall be one common long case for each candidate

CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 Terminal (theory & practical) examinations and 1 Preliminary examination (theory & practical) in each academic year.

A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject. The distribution of marks for M.D.(Hom.) Part - I is as follows:

Subject	Internal Assessment (Theory) Max. Marks	Internal Assessment (Theory) Qualifying Marks	Internal Assessment (Viva Voce / Practical) Max. Marks	Internal Assessment (Viva Voce / Practical) Qualifying Marks
Advanced Teaching of Fundamentals of Homoeopathy	200	100	100	50
Research Methodology & Biostatistics	100	50	-----	-----
Materia Medica	200	100	100	50
Homoeopathic Philosophy	200	100	100	50
Repertory	200	100	100	50

List of Recommended Reference Books for Repertory.

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
2. Fredrick Schroyens - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, Karoi Bagh, New Delhi.
4. Barthel and Klunkcr- synthetic Repertory of the Materia Medica, B. Jain Publisher, New Delhi.
5. Allen T. F. - Boenninighausen's Therapeutic Pocket Book, B. Jain Publisher, New Delhi.
6. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.

7. Knerr C. B. - Repertory of Hering's Guiding Symptoms of our Materia Medica, B. Jain Publisher, New Delhi.
8. Jugal Kishore - Card Repertory - Kishore Publication. Indira Chowk, Caughtant Place, New Delhi,
9. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
10. Neathy Edwin-An Index of aggravations and ameliorations, B. Jain Publisher, New Delhi.
11. Hering -Analytical Repertory of the symptoms of mind, B. Jain Publisher, New Delhi.
12. Clarke J. H. - Clinical Repertory, B. Jain Publisher, New Delhi.
13. Docks and Kokelenberg Kent's Comparative Repertory of the Homoeopathic Materia Medica
14. Roberts Herbert - Sensations as if, B. Jain Publisher, New Delhi.
15. Gallawardin - J. P. Repertory of Psychic Medicines with Materia Medica, B. Jain Publisher, New Delhi.
16. Hahnemann's - Chronic Diseases, B. Jain Publisher, New Delhi.
17. Hahnemann's - Materia Medica Purrs, B. Jain Publisher. New Delhi.
18. Boenninghausen - the Lesser Writings, B. Jain Publisher, New Delhi.
19. J. IC Kent - New Remedies, Clinical Cases and Lesser Writings, B, Jain Publisher, New Delhi.
20. C. M. Boger - Study of Materia Medica and Case taking, B. Jain Publisher, New Delhi.
21. Garth Boericke - Principles and practice of Homoeopathy, B. Jain Publisher, New Delhi.
22. Wright Elizabeth -A Brief Study course in Homoeopathy, B. Jain Publisher, New Delhi.
23. Bidwell G L. How to use the Repertory, B. Jain Publisher, New Delhi.
24. Bell James - l'he Homoeopathic of Diarrhea, B. Jain Publisher. New Delhi.
25. Allen H. C. - Therapeutics of Fever, B. Jain Publisher, New Delhi.
26. Berridge E. W. - Complete Repertory on the Diseases of eyes, B. Jain Publisher, New Delhi
27. Minton-Uterine Therapeutics, B. Jain Publisher, New Delhi.
28. Tyler M. L. Repertoriong B. Jain Publisher, New Delhi.
29. Banerjee P. N. - Chronic Diseases as causes and cure, B. Jain Publisher, NewDelhi.
30. Boger CM. - Synoptic Key to Materia Medica with Repertory,
31. Boericke W. - Boericke's Materia Medica with Repertory, B. Jain Publishers, New Delhi.
32. Dr. Shashikant Tiwari - Essentials of Repertorisation, B. Jain Publishers, New Delhi.

33. C. M. Boger- Studies in Philosophy of Healing, B. Jain Publishers. New Delhi.
34. M. L. Dhawale- Principles and practice of Homoeopathy.
35. Dr. Munir Ahmed R.- Introduction to Principles to Repertorisation
36. Barford, T. L: Lesser writings of CMF Von Boenninghausen.
37. Bannan, Robert: Collected Works of Boger.
38. Boger, C. M: Studies in Philosophy of Healing
39. Castro, J. B ; Encyclopaedia of Repertory.
40. Dhawale, M. L. : Principles and Practice of Homoeopathy.
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43. Hahnemann : Lesser writings.
44. Harinadham, K: the principles and Practice of Repertorization.
45. Kishore, Jugal : Evolution of Homoeopathic Repertories and Repertorization.
46. Khanaj, V: Repererie.
47. Kanjilal, J. N : Repertorization.
48. Kent, J. T: Lectures on Homoeopathic Philosophy.
49. Kent, J. T: Use of Repertory: How to study the Repertory, How to Use the Repertory.
50. Kent, J. T: what the Doctor Needs to Know in Order to make a Successful Prescription.
51. Kent: Lesser writings.
52. Mohanty, N: Textbook of Homoeopathic Repertory.
53. Patel, R. P: Art of Case taking and Practical Repertorization.
54. Rastogi, D. P: an Overview of repertories for P. G. Student.
55. Sarkar, B. K: Essentials of Hom. Philosophy and Place of repertory in Hom. Practice.
56. Tarafdar, D: Repertory Explained.
57. Tiwari, S. K : Essentials of Repertorization.
58. Tyler, M. L: Different Ways of Finding a Remedy.
59. Tyler, M. L. and John Weir, Repertorization.
60. Allen, H.C.: The therapeutics offevers.
61. Allen, W: Repertory of Intermittent Fevers.
62. Allen: Symptom Register.
63. Boericke, W: Pocket manual of Homoeopathic materiamedica.
64. Boger, C. M: A Synoptic Key of the materiamedica.
65. Boger, C. M: general analysis.
66. Borland, Douglas: Pneumonias.
67. Borland, Children types.
68. Boenninghausen's A Systematic Alphabetrical repertory of Homoeopathic medicines.

69. Bell, J. B.: The Homoeopathic Therapeutics of Diarrhoea.
70. Berridge: Complete Repertory to the Homoeopathic materia Medica on the Dis. of the eye.
71. Bakshi, J.P.S.: Phoenixrepertory.
72. Boger, C. M. : Times of remedies and moonphases.
73. Boger, C. M: Boenninghausen's Characteristics andrepertory.
74. Clark, J. H. :A Clinical Repertory to the dictionary of Homoeopathic materia Medical
75. Clarke, J. H. : Prescriber.
76. Douglas: Skindiseases.
77. Gentry, W. D. : the Concordance Repertory of the materia Medica.
78. Guerensey, W. J.; the Homoeopathic Therapeutic of haemorrhoids.
79. Hering, C: Analalytical repertory of the symptoms of the Mind.
80. Hughes, Richard: Cyclopaedia of drugpathogenesy.
81. Kent, J. T. Repertory of the Homoeopathic materiamedica.
82. Knerr, C.B: Repertory of Herring's Guiding Symptoms of our Materia Medica.
83. Kunzli, Jost: Kent's repertorium Generale.
84. Lippe's Repertory.
85. Murphy, R: Homoeopathic Clinical repertory.
86. Nortan, A. B.: Repertory of Ophthalmic Diseases and the rapeutics.
87. Nash: Leaders in Respiratory Organs.
88. Pulford, Alfred: Repertory of Rheumatism, sciatica, Etc.
89. Pulford, Alfred: Homoeopathic Leaders in Pneumonia.
90. Roberts, H. A (Ed): Boenninghausen's Therapeutic pocket Book.
91. Roberts, H. A.: Sensation as if.
92. Roberts, H. A.: The Rheumaticremedies.
93. Squire, Berkely: A repertory of Homoeopathic Nosodes and sarcodes.
94. Shivraman, P.: a concise repertory of Aggravations and Ameliorations.
95. Shrivastava, G. D. and J. Chandra: Alphabetical Repertory of Characteristic of Homoeopathic Materia Medica
96. Tiwari, S. K. ; Homoeopathy and childcare.
97. Underwood, D. F. : Headache and its materia Medica.
98. Van den Berg: Therapeutics of Respiratory System.
99. Ward, J. W. : Unabrridghed Dictionary of Sensations As If.
100. Yingling, W. A. ; Accoucher's emergency manual in Obstetrics.
101. Zandorvoot, Roger: Complete Repertory.
102. Zandorvoot, Roger: Repertorium Universale.
103. Schroyens, Fredrick, Synthesis repertory.
104. Barthel and Klunker: Synthetic Repertory.
105. Phatak, S. R.: A concise Repertory of homoeopathic medicines.
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107. Schmidt, P and Diwan Harishchand: Kent's Final general repertory.

108. Bidwell I.G (Reprint 1981) "*How to use the repertory* " B Jain publisher
109. Phatak.S.R; Clinical Experiences;;
110. Sankaran.P; Introduction to Boger's SynopticKey
111. How To Find The Simillimum with Boger- Boenninghausen's Repertory By Dr. Bhanu D. DESAI

NAME OF PROGRAMME: M.D (HOM) PROPOSED ACADEMIC CALENDER 2018-19

Semester	Activity	Date	Month	Working Days	Sunday	Public Holidays	Vacation	Total
First term	Classes begin for first term / semester	01/08/2018 To 31/08/2018	Aug	24	4	3	-	31
		01/09/2018 To 30/09/2018	Sep	23	5	2	-	30
		01/10/2018 To 31/10/2018	Oct	25	4	2	-	31
		01/11/2018 To 30/11/2018	Nov	18	4	2	06	30
DIWALI VACATION 5/11/2018 TO 10/11/2018								
	1st Term End Examination	01/12/2018 To 31/12/2018	Dec	25	5	5	-	31
		01/1/2019 To 31/1/2019		26	4	1	-	31
			Total	141	26	15	06	184
econd term		01/02/2019 To 31/02/2019	Feb	23	4	1	-	28
		01/03/2019 To 30/03/2019	Mar	24	5	2	-	31
		01/4/2019 To 31/4/2019	April	23	4	3	-	30
		01/5/2019 To 10/5/2019	May	13	2	1	15	31
SUMMER VACATION 15/05/2019 TO 30/05/2019								
		01/6/2019 To 30/06/2019	June	24	5	1	-	30
		01/7/2019 To 31/07/2019	July	27	4	-	-	31
			Total	134	24	8	15	181

Total working days: 275 Total Sundays: 50
Total public holidays : 19 Total vacation days : 21

COURSE CODES
NAME OF PROGRAMME: M.D.(Hom.)

M.D. (Hom.) (Part I)(REGULAR) (MATERIA MEDICA)

Course	Course Code	Theory Code	Viva Code
Research Methodology & Biostatistics	MDH 101	MDH 101	-----
Advanced Teaching of Fundamentals of Homoeopathy	MDH 102	MDH 102	MDH 103
Materia Medica	MDH 103	MDH 103	

M.D. (Hom.) (Part I)(REGULAR) (HOMOEOPATHIC PHILOSOPHY)

Course	Course Code	Theory Code	Viva Code
Research Methodology & Biostatistics	MDH 101	MDH 101	-----
Advanced Teaching of Fundamentals of Homoeopathy	MDH 102	MDH 102	MDH 104
Homoeopathic Philosophy	MDH 104	MDH 104	

M.D. (Hom.) (Part - I) (REGULAR) (REPERTORY)

Course	Course Code	Theory Code	Viva Code
Research Methodology & Biostatistics	MDH 101	MDH 101	-----
Advanced Teaching of Fundamentals of Homoeopathy	MDH 102	MDH 102	MDH 105
Repertory	MDH 105	MDH 105	

Appendix 'A'

(FORMAT FOR SUBMISSION OF TOPIC BY P.G. STUDENT)

Name of the P.G.College Department _____ Name of the Guide & College
Name _____ Contact Number of Guide _____

Through Proper Channel only

To,

The Registrar

Dr. D. Y. Patil Vidyapeeth, Pune – 411 018.

**Sub.: Submission of Title & Synopsis of Dissertation Respected
Sir/Madam,**

I Dr.

(Surname/Name/Father/Husband Name)

registered for _____ in the _____ batch under the guidance of

Dr. _____

(Year)

(Guide Name)

(Post)

(Designation)

(Department)

(College)

I am due to appear for _____ in _____

(Course and Subject)

(Exam Month & Year)

I am submitting herewith Title & Synopsis of Dissertation as mentioned
below & as suggested by my aforesaid Guide.

Title of Synopsis

Kindly accept and register my Title of Synopsis.

(Candidate Name & Signature)

The qualification of the teacher is recognised by the Central Council.

(Guide Name & Signature)

(HOD Name & Signature with Dept. Seal)

(Signature & Seal of Dean of College)

Appendix 'B'

REPORT OF ETHICS COMMITTEE

Department : _____ Candidate admitted year : _____

Course and Subject : _____

College Name & Address : _____

Reference No. _____ Date: _____

To,
Candidate Name.....
Department.....
College Address.....

**Sub: Research Proposal of entitled
(Title & Synopsis of Dissertation)**

.....
.....

**Ref:-
(Letter! Proposal of Student)**

Dear Student,

The above mentioned research proposal of Title & Synopsis of
Dissertation was discussed in the Ethics Committee meeting held on **(Date)**

.....
at our College.

Ethics Committee has unanimously approved your Title & Synopsis of
Dissertation. This work will be done under the guidance and supervision of
your guide

Dr.

The Title is Recommended for study by the student from Date:
(it will be mandatory for the student to work on the University approved
Title for minimum period of 18 months after its approval.)

(Signature) (Name)

Chairperson, Ethics Committee (College Name)

Attendance / Progress Form of Postgraduate Student's

Faculty -

1. Name of the College:-
2. Name of the Student:-
3. Subject Specialty:-
4. Year of Batch:
(Degree / Diploma! Super Specialty)
5. Period of Report:-
6. Posting during the period:- i) _____ ii) _____
iii) __iv) _____
7. Attendance:-
8. Study of literature's &References: _____
9. Work Progress: _____
(Medicine/Surgical/ Clinical etc.):- 12.Title:-
13. Name of Guide.- 14.Signature:-

Guide

HOD
Dean



Dr. D. Y. PATIL VIDYAPEETH, PUNE

(DEEMED TO BE UNIVERSITY)

FACULTY OF HOMOEOPATHY

GUIDELINES TO PREPARE TITLE & SYNOPSIS

Sr. No.	Item	Guidelines
1)	TITLE:	Title should be Clear,concise & brief. Title should have mentioned important variables related to the study. Title should have mentioned PICO criteria i.e. Patient, Participant, Intervention, Comparator & Outcome Title should reflect Study design, Primary objectives & target population Title should not have been repeated in three years prior to year of submission of synopsis.
2)	RESEARCH GAP	Gaps areas in research on the topic selected done till now have to be identified
3)	RESEARCH QUESTION:	1)Research question should follow FINER criteria i.e. Feasible, Interesting, Novel, Ethical & Relevant 2) Research question should be socially relevant
4)	HYPOTHESIS:	1)Hypothesis should be Clearly stated Hypothesis should reflect relation between two or more variables (dependent / independent)
4)	INTRODUCTION:	Introduction should clearly mention Rationale of the study Introduction should have Relevant Epidemiological data Introduction should clearly mention the Solutions to bridge the existing knowledge gaps
5)	REVIEW OF LITERATURE:	1) Review of Literature should specify recent / ongoing research relevant to the present study. 2) Review of Literature should specify existing knowledge gap for the stated problem. 3) Review of Literature should justify research question. 4) Review of Literature should include references from the following sources :- Text book, Govt. Reports, Classical text book, Reference books, Text book, Journals, Database, Websites

6)	OBJECTIVES:	<p>Objectives should meet <i>SMART</i> criteria. i.e. <i>Specific</i> target a specific area for improvement. <i>Measurable</i> — quantify or at least suggest an indicator of progress. <i>Assignable</i> — specify who will do it. <i>Realistic</i> state what results can realistically be achieved, given available resources. <i>Time-related</i>—specify when the result(s) can be achieved. Primary & Secondary objectives should be clearly & separately mentioned in respect of the topic selected for study. Objectives should describe endpoints in respect of the topic selected for study.</p>
7)	METHODOLOGY:	<p>Methodology should clearly specify the following points. Type of study design Setting (location of study) Duration of Study Method of selection of study subjects (Eligibility criteria) a. Inclusion criteria b. Exclusion criteria Method of selection of comparison / control group Matching criteria Operational definitions Specification of instruments & related measurements</p>
8)	RESEARCH METHODOLOGY SPECIFIED & EXPLAINED FOR DATA COLLECION:	<p>Research Methodology specified & explained for data collection should clearly specify the following points. Sample size Sampling technique Methods for data collection relevant to objectives Study instrument / data collection tool. Data management & analysis procedure (Coding & use of computers) Plan for statistical analysis.</p>
9)	REFERENCE STYLE:	<p>VANCOUVER style should be adopted. For more details kindly refer the following link. In case of *rill) / titaT Format of JAIM should be adopted. For more details kindly refer the following link</p>
10)	ANNEXURES:	<p>Case Record Form / Questionnaire / Proforma or any other study instrument to be used in study. Informed Consent form (Including vernacular language) Abbreviations Validated & Authentic Parameters for assessment of study outcomes. Authentic documents of collaborate research work (utilize of infrastructure, human resources etc.).</p>

PLEASE NOTE :

Title & Synopsis should not reflect any type of student identity i.e. name of the student/ guide/ College, mobile number, contact details, etc.

Student should attend the Research Methodology workshop within the period of one year / within first year from the date of admission It is responsibility of the College to schedule / make available opportunity to students to attend the Research Methodology workshop.



Dr. D. Y. PATIL VIDYAPEETH, PUNE
(DEEMED TO BE UNIVERSITY)
FACULTY OF HOMOEOPATHY

Synopsis Evaluation checklist					
Sr. No.	Item	Component	Yes	No	N.A
1	Title	Clear & brief Important variable mentioned Patient/Participant Intervention Comparator Outcome Reflects study design Reflects primary objectives Includes target population Whether the title/study has been repeated			
2	Research Gap	Gaps in research done till now have been identified			
3	Research question	Feasible Interesting Novel Ethical Relevant Socially relevant			
4	Hypothesis	Clearly stated Reflects relation between two or more variables			
5	Introduction	Rationale of the study Relevant epidemiological data Solution to bridge the existing knowledge gaps			
6	Review of literature	Includes recent / ongoing research relevant to the present study Presents knowledge gap for the stated problem Justifies research question			

		References from the following sources:- Textbook, govt. reports, classical text book, reference books, text book, Journals, database, websites.			
7	Objectives:	Meets SMART criteria ? Specific – target a specific area for improvement. Measurable – quantity or at least suggest an indicator of progress Assignable – specify who will do it Realistic – state what results can realistically be achieved, given available resources. Time-related – specify when the results can be achieved.			
8	Methodology	Type of study design Setting (location of study) Duration of study Method of selection of study subjects (eligibility criteria) - Inclusion criteria - Exclusion criteria Method of selection of comparison / control group Matching criteria Operational definitions Specification of instruments & related measurements.			
9	Research methodology specified and explained for data collection	Sample size Sampling technique Method for data collection relevant to objectives Study instrument /data collection tool. Data management & analysis procedure (coding & use of computers) Plan for statistical analysis			

10	Reference style:	VANCOUVER			
11	Annexures:	Case record form / Questionnaire / Performa /any other study instrument to be used in study Informed consent form (including vernacular language) Abbreviation validated & authentic Parameters for assessment of study outcomes. Authentic documents of collaborate research work (utilize of infrastructure, human resources etc.) Appendix 'A' (Title of synopsis submission letter) Appendix 'B' (approval of ethics committee) Certificate of research methodology workshop attended by student			
12	Concluding remarks by assessor:	Accepted Accepted with modifications Rejected			
13	Modifications suggested:	Data base, websites.			
14	Objectives:	Meets SMART criteria ? Specific – target a specific area for improvement. Measurable – quantity or at least suggest an indicator of progress Assignable – specify who will do it Realistic – state what results can realistically be achieved, given available resources. Time-related – specify when the results can be achieved.			

15	Methodology	Type of study design Setting (location of study) Duration of study Method of selection of study subjects (eligibility criteria) Inclusion criteria Exclusion criteria Method of selection of comparison / control group Matching criteria Operational definitions Specification of instruments & related measurements.			
16	Research methodology specified and explained for data collection	Sample size Sampling technique Method for data collection relevant to objectives Study instrument /data collection tool. Data management & analysis procedure (coding & use of computers)			
17	Reference style:	VANCOUVER In case of _____ / format of JAIM?			
18	Annexures:	Case record form / Questionnaire / Performa /any other study instrument to be used in study Informed consent form (including vernacular language) Abbreviation validated & authentic Parameters for assessment of study outcomes. Authentic documents of collaborate research work (utilize of infra structure , human resources etc.) Appendix 'A' (Title of synopsis submission letter) Appendix 'B' (approval of			

		ethics committee) Certificate of research methodologyworkshop attended by student			
19	Concluding remarks by assessor:	Accepted Accepted with modifications Rejected			
20	Modifications suggested:				

Signature
Date:
&Designation

Name

DPU

Dr. D. Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

**Syllabus for
Post Graduate
Homoeopathy
M.D. (Hom.) Part - II**

**Academic Year
2019 - 2020 onwards**



Dr. D.Y. PATIL VIDYAPEETH, PUNE
(Deemed to be University)

(Re-accredited by NAAC with a CGPA of 3.62 on a four point scale at 'A' Grade)
(An ISO 9001 : 2015 Certified University)

Dr. A. N. Suryakar
Registrar

Ref. No. : DPU/ 875-VI

Date : 11/09/2019

NOTIFICATION

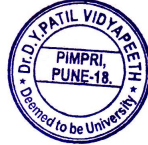
In pursuance of the MHRD Notification No. F.10-12/ 2016-U.3 (A) dated 23rd February, 2018 the Dr. D. Y. Patil Homoeopathic Medical College & Research Centre, Pimpri, Pune has been included under the ambit of Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be University) from the Academic Year 2018-19.


And whereas in pursuance of the resolution passed by the Board of Management at its meeting held on 30th July, 2019 vide Resolution No. BM-26(i)-19 the syllabus of Homoeopathy Post Graduate Course – Doctor of Medicine (M.D. (Hom) Part – II Programme for the Academic Year 2019-20 & onwards is hereby published.

The syllabus of 2nd year Doctor of Medicine M.D. (Hom) consists of

1. **Materia Medica**
2. **Homoeopathic Philosophy**
3. **Repertory**

This syllabus will be useful to all the concerned. This will come into force with immediate effect.




(Dr. A. N. Suryakar)
Registrar

Copy to:

1. PS to Chancellor for kind information of Hon'ble Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
2. PS to Vice Chancellor for kind information of Hon'ble Vice Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune.
3. The Principal, Dr. D. Y. Patil Homoeopathic Medical College & Research Centre, Pimpri, Pune
4. The Controller of Examinations, Dr. D. Y. Patil Vidyapeeth, Pune.
5. Director (IQAC), Dr. D. Y. Patil Vidyapeeth, Pune.
6. Web Master for uploading on Website.

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MATERIA MEDICA

SUBJECT CODE - MDH 201
NAME OF COURSE - MATERIA MEDICA
YEAR / SEMESTER – M.D (HOM.) PART II

1.1 INTRODUCTION

Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories or explanations about their interpretation or inter-relationship. Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homeopathic student to study each drug individually and as a whole and help him to be a good prescriber.

1.2 GOALS

We are committed to empowering students with the knowledge of Materia Medica and helping them in acquiring the skills to become a good Homoeopathic physician and Researcher.

1.3 COURSE OBJECTIVES

1. Student should have the high degree of proficiency both in theoretical and practical aspects of Materia Medica backed by scientific knowledge and philosophy.
2. Have the confidence to assess and manage the patients who are sick and in cases of paucity of symptoms ability to overcome it by the knowledge of Materia Medica.
3. Have the knowledge regarding latest happenings and issues pertaining to the prevention of disease and promotion of health and the epidemiology underlying the common health problems.
4. PG student should have understanding and application of the Materia medica based on clinico-symptomatic correlation.
5. PG student should have excellent teaching skills, different techniques and educational methods in teaching homoeopathic students and its practitioners.

COURSE OUTCOMES:-

M.D. (Hom.) Part-II student at the end of the course -

1. Will be able to describe basic knowledge of science and philosophy of Materia medica.

2. Will be able to manage cases with clinical application of Materia Medica.
3. Will be able manage common health problems.
4. Will be able correlate and apply Materia medica in cases.
5. Will be able to take lecture and seminars of homoeopathic students.

1.4 INTEGRATION-

Integrated teaching of homoeopathic management of a given case with respect to Homoeopathic Philosophy and Repertory.

1.5 DETAILED THEORY SYLLABUS -

1.5.1 - THEORY

- 1) Different eras and concept of the earlier times and their influence on construction of Materia Medica.
- 2) Evolution of Materia Medica with focus on the evolving concept, masters and the books, their construction and utility.
- 3) Sources of Materia Medica, Drug proving, and collection of symptom.
- 4) Types of Materia Medica - concept, philosophy, scope and limitation.
- 5) Different approach of study of Materia medica i.e. Psycho - Clinico - Pathological, synthetic, comparative, analytic and remedy relationship.
- 6) Building a portrait of artificial disease, and drug picture integrating concept studied in the part one.
- 7) History and Theory of biochemic system of medicine and biochemic medicines.
- 8) Comparative materia medica: from symptomatic, regional location, closely coming drug pictures and group symptoms its application in the practice of medicine, surgery and gynaecology-obst.
- 9) Mother tinctures, nosodes, (including bowel nosodes), sarcodes and bach flower therapy.
- 10) Materia Medica of acute illness, emergencies.

Sr. No.	Therapeutics
1.	Drugs for Urinary c/o
2.	Drugs for GIT c/o
3.	Drugs for Respiratory c/o
4.	Drugs for Heart c/o
5.	Drugs for Liver c/o
6.	Drugs for Uterine c/o
7.	Drugs for Mouth c/o
8.	Drugs for Rectal c/o
9.	Drugs for Thyroid c/o
10.	Drugs for Glandular c/o
11.	Drugs for affections of Locomotor system
12.	Drugs for Paralysis
13.	Drugs for Diabetes
14.	Drugs for Hypertension
15.	Drugs for Affection of eye
16.	Drugs for Affections of ear
17.	Drugs for Vertigo
18.	Drugs for Collapse
19.	Drugs for Debility
20.	Drugs for Neuralgia
21.	Drugs for Fever
22.	Drugs for Schizophrenia
23.	Drugs for Anxiety disorder
24.	Hysterical remedies
25.	Drugs for behavioral disorder

Sr. No.	Topic	Contents
1	Mother tincture	<p>A. Indications of Mother tincture</p> <p>B. List of Drugs</p> <ol style="list-style-type: none"> 1) Abroma aug 2) Abroma radix 3) Acalypha indica 4) Andersonia or Amoorah rohitaka 5) Andrographis paniculata 6) Azadirachta indica 7) Aegle mar 8) Atista indica 9) Atista radix 10) Blumea odorata 11) Beorhaavia diff 12) Calotropis gigantean 13) Carica papaya 14) Cephalandra indica 15) Cynodon dactylon 16) Desmodium gangeticum 17) Embelia ribes 18) Ficus rel 19) Gymnema syl 20) Holarrhena antidysentrica 21) Hydrocotyle 22) Justicia adhatoda 23) Luffa amara 24) Luffa aspera 25) Menispermum 26) Nyctanthes 27) Ocimum sanctum 28) Psoralea cor 29) Rauwolfia serpentina 30) Saraca indica 31) Syzygium jamb 32) Swertia or gentiana chirata 33) Terminalia arjuna 34) Terminalia chebula 35) Tinospora cordifolia 36) Vernonia anthelmintica

Sr. No.	Topic	Contents
2	Nosodes	A. Indications of Nosodes B. List of Drugs 1) Anthracinum 2) Bacillinum 3) Botulinum 4) Carcinosis 5) Diphtherinum 6) Enterococcinum 7) Hippozeninum 8) Hydrophobinum 9) Influenzinum 10) Malandrinum 11) Malaria 12) Medorrhinum 13) Morbillinum 14) Pertussinum 15) Psorinum 16) Pyrogenium 17) Scarlatinum 18) Tetenotoxinum 19) Tuberculinum 20) Vaccininum 21) Variolinum
3	Bowel nosodes	A. History and theory of Bowel Nosodes B. List of Drugs 1) Bach Morgan 2) Dysentery co. 3) Bach gaertner 4) Bacillus no 7 5) Sycotic co 6) Bacilli of morgan 7) Bacillus no 10
4	Sarcodes	A. Indications of Sarcodes B. List of Drugs 1) Adrenaline 2) Cholesterinum 3) Cortisone 4) Fel tauri 5) Folliculinum

Sr. No.	Topic	Contents
		6) Insulinum 7) Oleum Jecoris aselli 8) Oophorium 9) Orchitinum 10) Pancreatinum 11) Parathyroidinum 12) Pepsinum 13) Pituitrinum 14) Thyroidinum
5	Bach flower remedy	A. History and theory of Bach Flower Remedy B. Indications of Bach Flower Remedy C. List of Drugs 1) Agrimony 2) Aspen 3) Beech 4) Centaury 5) Cerato 6) Cherry Plum 7) Chestnut Bud 8) Chicory 9) Clematis 10) Crab Apple 11) Elm 12) Gentian 13) Gorse 14) Heather 15) Holly 16) Honeysuckle 17) Hornbeam 18) Impatiens 19) Larch 20) Mimulus 21) Mustard 22) Oak 23) Olive 24) Pine 25) Red Chestnut 26) Rock Rose

Sr. No.	Topic	Contents
		27) Rock Water 28) Scleranthus 29) Star of Bethlehem 30) Sweet Chestnut 31) Vervain 32) Vine 33) Walnut 34) Water Violet 35) White Chestnut 36) Wild Oat 37) Wild Rose 38) Willow
6	Biochemic remedy	A. History & theory of Biochemic Remedy B. Indications of Biochemic Remedy C. List of Drugs 1) Calc fl 2) Calc phos 3) Calc sul 4) Ferrum phos 5) Kali mur 6) Kali phos 7) Kali sul 8) Mag phos 9) Natrum mur 10) Natrum Phos 11) Natrum sul 12) Silicea

List of Drugs/ Medicines for M.D. (Hom.) Part – II

Sr. No.	Drugs	Sr. No.	Drugs
1.	Acetanilidum	106.	Formalin
2.	Adonis vernalis	107.	Formica rufa
3.	Ailanthus g	108.	Fraxinus americana
4.	Agraphis n.	109.	Fragaria
5.	Aletris farinosa.	110.	Fucus ves
6.	Alfalfa	111.	Gallicum acid
7.	Ammonium brom	112.	Gallium ap
8.	Ammonium benzoicum	113.	Gambogia
9.	Ammonium iod	114.	Ginseng
10.	Ammonium phosp.	115.	Granatum
11.	Amyl nitrite	116.	Gratiola
12.	Anhalonium	117.	Guaiacum
13.	Anthracinum	118.	Hekla lava
14.	Angustura v	119.	Helonias
15.	Antipyrine	120.	Heloderma
16.	Apium graveolans	121.	Hydrocyanic acid
17.	Apomorphia	122.	Iberis
18.	Aralia.racemosa	123.	Indigo
19.	Arsenicum brom	124.	Iodoformum
20.	Arsenicum hydrog.	125.	Iris vers
21.	Ars met	126.	Jaborandi
22.	Asafoetida	127.	Jalapa
23.	Asarum Europ	128.	Kali cyanatum
24.	Asparagus	129.	Kali nitricum
25.	Aspidosperma	130.	Lithium carbonium
26.	Asterias rubens.	131.	Lactium acid
27.	Aurum arsenic.	132.	Lapis alb
28.	Aurum iod	133.	Lacithin
29.	Avena sativa	134.	Lemna minor
30.	Alstonia s.	135.	Menyanthes
31.	Arsenic sulph. flav	136.	Moschus
32.	Allium sativa.	137.	Mephitis
33.	Arundo	138.	Mercurius sulph
34.	Asafoetida	139.	Morphinum
35.	Balsamum peru	140.	Myrica
36.	Badiaga	141.	Napathaline
37.	Baryta acetica	142.	Niccolum
38.	Benzenum	143.	Ocimum canum

Sr. No.	Drugs	Sr. No.	Drugs
39.	Boric acid	144.	Oenathe
40.	Bothrops.l.	145.	Oleander
41.	Bufo	146.	Oleum animale
42.	Butyric acid	147.	Onosmodium
43.	Cadmium sulph	148.	Oophorium
44.	Caladium	149.	Ornithogalum
45.	Calcareo acetica	150.	Oxalic acid
46.	Canchalagua	151.	Paeonia
47.	Carbolicum acid	152.	Palladium
48.	Carduus benedictus	153.	Pareiara brava
49.	Carlsbad	154.	Paris quadrifolia
50.	Cascara sag	155.	Passiflora Incarnata
51.	Castanea vesica	156.	Petroselinum
52.	Ceanothus	157.	Phellandrium
53.	Cedron.s	158.	Physostigma
54.	Chaparro a	159.	Pilocarpus Micro
55.	Chenopodium aphis	160.	Piper nigrum
56.	Chenopodium g	161.	Pix Liquida
57.	Chelone	162.	Plantago major
58.	Chimphila umbel	163.	Pothos foetidus
59.	Chininum sulph	164.	Ptelea
60.	Chionanthus	165.	Quercus g.spiritus.
61.	Chloroform	166.	Radium Bromide
62.	Chromic acid	167.	Raphanus
63.	Chrysarobinum	168.	Robinia
64.	Cimex	169.	Rosa damascene
65.	Cinearia	170.	Rumex crispus
66.	Cinnaberis m.	171.	Saguinaria Canaden
67.	Cinnamonum	172.	Squilla maritime
68.	Cistus.c	173.	Sabal serrulata
69.	Citrus v	174.	Saccharum officinale
70.	Clematis	175.	Salicylicum acidum
71.	Cobultum	176.	Senna
72.	Cocainum	177.	Serum anguillar ich
73.	Coccinella septempunctate	178.	Solanum lycopersicum
74.	Condurango	179.	Solidago virga
75.	Convellaria majus.	180.	Spartium scoparium
76.	Copavia	181.	Strontia carb

Sr. No.	Drugs	Sr. No.	Drugs
77.	Cratagus	182.	Strophanthus Hispidus
78.	Cubeba	183.	Strychnium
79.	Cuprum aceticum	184.	Sulphur iodatum
80.	Cuprum arsenitum	185.	Tellurium
81.	Curare	186.	Terebinthina
82.	Cyclamen	187.	Teucrium marum v.
83.	Cypripedium	188.	Thallium
84.	Carduus marianus	189.	Thiosinaminum
85.	Daphne indica	190.	Trintrotolene
86.	Dolichos pruriens	191.	Trombidium
87.	Duboisia	192.	Urtica Urens
88.	Elaterium e.	193.	Ustilago
89.	Eucalyptus g.	194.	Veratrum viride
90.	Eugenia jambos	195.	Vaccinium
91.	Euonymus	196.	Valeriana
92.	Euphorhia	197.	Vanadium
93.	Eupion	198.	Variolinum
94.	Eosin	199.	Verbascum
95.	Equisetum	200.	Vespa rabro
96.	Eriodictyon (yerba santa)	201	Vinca Minor
97.	Erigeron	202	Viola odorata
98.	Fabiana imbricata	203	Viola tricolor
99.	Fagopyrum	204	Viscum album
100.	Ferrum ars	205	Wyethia
101.	Ferrum magnetium	206	Xanthosylum
102.	Ferrum mur	207	X-ray
103.	Ferrum iod	208	Yucca
104.	Ferrum picricum	209	Zincum v
105.	Filix mas	210	Zingiber

Value Addition: Introduction to Principles of Bioethics in Materia Medica

1.5.2 PRACTICAL –

To be Submitted to Principal / Director before submitting Final Exam Form

Sr. No.	Contents	M.D. (Hom.) Part - II
1	Maintenance of Log Book	Regular
2	Maintenance of daily work record	Regular
3	Maintenance of Case Record	50 OPD/ 25 IPD cases
5	Journal Review	5 self and 5 others
6	PG / UG Teachings / Lecture	5 specialty and 5 others
7	Case Discussion	5 self and 5 others
8	Seminars / Presentation	5
9	Delegation in Seminar / Conference	1 National or 1 State seminar / Conference
10	Paper publication in journal	1
11	Pre binding copy of dissertation	Yes
12	Seminar on dissertation before submission	Yes

1.6 FORMAT / SKELETON OF QUESTION PAPER

PROGRAMME AND YEAR : M.D. (HOM.) PART – II
COURSE CODE: MDH 201 PAPER:-I (MDH 201 A)

COURSE : MATERIA MEDICA

TOTAL MARKS : 100 TOTAL TIME: 3 HRS.

INSTRUCTIONS:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

Q 1 - Long Answer Question. [1*20=20 marks]

Q 2 - Long Answer Question [1*20=20 marks]

Q 3 - Long Answer Question [1*20=20 marks]

Q 4 - Write Long answer (any 2 out of 3) [2*10=20 marks]

- (a)
- (b)
- (c)

Q 5 - Write Short Answer (any 4 out of 5) [4*5=20 marks]

- (a)
- (b)
- (c)
- (d)
- (e)

COURSE CODE : MDH 201 PAPER : - II (MDH 201 B)
COURSE : MATERIA MEDICA
TOTAL MARKS: 100 TOTAL TIME: 3 HRS.

INSTRUCTIONS:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

Q 1- Long Answer Question. [1*20=20 marks]

Q 2- Long Answer Question [1*20=20 marks]

Q 3- Long Answer Question [1*20=20 marks]

Q 4- Write Long answer (any 2 out of 3) [2*10=20 marks]

- (a)
- (b)
- (c)

Q 5- Write Short Answer (any 4 out of 5) [4*5=20 marks]

- (a)
- (b)
- (c)
- (d)
- (e)

ORAL / PRACTICALS

Distribution of Marks (Practical)

Sr. No.	Contents	Marks
Materia medica		
1	Long Case	60
2	Short Case	30
3	Dissertation	50
4	Viva	50
5	Comm. Skills	10
	Total	200

M.D. (Hom.) Part-II examination– Maximum marks for each subject and minimum marks required to pass shall be as follows:-

Subject	Theory	Practical	Total	Pass marks
Materia Medica	200	200	400	200

1.7 CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 online periodical examinations of 20 marks each, 2 Terminal (theory and practical) examinations and 1 Preliminary examination (theory and practical) in each academic year. A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject. The distribution of marks for M.D.(Hom.) Part II is as follows:

INTERNAL ASSESSMENT EXAMINATION PATTERN

Examination	Theory Marks	Oral / Practical Marks
Periodical-I	20	10
Terminal-I	50	50
Periodical-II	20	10
Terminal-II	50	50
Prelim	200	200

TERMINAL EXAM (50 Marks)

Q1. Long Answer Question (1x20= 20 Marks)

Q2. Long Answer Question (1x20= 20 Marks)

Q3. Long Answer Question (1x10= 10 Marks)

PRELIM EXAM (200 Marks)

Prelim exam pattern will be same as per final exam pattern given in 1.6

LIST OF RECOMMENDED BOOKS AND REFERENCE BOOKS:

List of Recommended Reference Books for Homoeopathic Materia Medica
(Including Applied Aspects) -

1. S. Hahnemann - Materia Medica Pura Vol I and II, Jain Publishers, New Delhi.
2. S. Hahnemann - Chronic Diseases Vol I and II, B. Jain Publishers, New Delhi;
3. T. E. Allen- Encyclopedia of Homoeopathic Materia, Medica Vol 1 to, 12. B. Jain.
4. T. F. Allen - Handbook of Homoeopathy Materia Medica, B. Jain Publisher, New Delhi.
5. C. Hering - Guiding Symptoms of Homoeopathic Materia Medica, B, Jain Publisher, New Delhi.
6. J. T. Kent - Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
7. H. Coulter- Drug Pictures of Homoeopathic Materia medica, B. Jain Publisher, New Delhi.
8. Burt-Physiological Materia Medica, B. Jain Publisher, New Delhi.
9. M. L. Tyler - Durg Pictures of Homoeopathic Materia Medica,
10. Jain Publisher, New Delhi.
11. Dunham - Pharmacodynamics I to IV, B. Jain Publisher, New Delhi.
12. Harvey Farrington - P. G Studies in Homoeopathy, B. Jain Publishers New Delhi.
13. E. A. Farrington-- Clinical Materia Medica, B. Jain Publisher, New Delhi.
14. E. A. Farrington- Comparative Materia Medica, B. Jain Publisher, New Delhi.
15. George Vitholkas - Classical Talks in Homoeopathy 3volumers,
16. Jain Publishers, New-Delhi.

17. M. L. Dhawale - Symposium volumes, published by Dr. M. L. Dhawale Memorial Trust, Mumbai
18. X. M Choudhary - Materia Medica. B. Jain Publisher, New Delhi.
19. K. N. Mathur - Systemic Materia Medica. B. Jain Publisher, New Delhi.
20. C. M. Boger- Synopthic Key, B. Jain Publisher, New Delhi.
21. H. C. Allen Keynotes of Homoeopathic Materia Medica, B. Jain
22. Insight into plants Vol-1,2,3 Rajan Shankaran Publisher, New Delhi.
23. E. B. Nash - Leaders in Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
24. Otto Lesser - Materia Medica, B. Jain Publisher, New Delhi.
25. Pulford-Text Book of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
26. W. Boericke- Clinical Materia Medica, B. Jain Publisher, New Delhi.
27. Clarke - Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
28. Dr. Ramjee Singh – Ladder to Excellence in Homoeopathic Education.
29. Dr. Ramjee Singh – Text book of Homoeopathic Materia Medica.
30. Dr. Bhasme Arun – How to study Materia Medica.
31. Dr. Bhasme Arun – Medicine Voyage Through Time.
32. Jan Scholten – Homoeopathy and Minerals
33. Jan Scholten – Homoeopathy and Elements
34. Dr. Rajan Shankaran – Insight into Plant Kingdom Vol. I, II, III
35. Catherine S. Coulter – Portraits Vol. I, Portraits Vol. II, Portraits Vol. III
36. Symposium Volumes –ICR
37. Dr. George Vithalkous – Materia Medica Viva
38. Dr. George Vithalkous – Essence of Materia Medica
39. Vermulein –Prisma
40. T. F. Allen - Nosodes

41. Stephenson: - Materia Medica and New Provings
42. Hughes - Cyclopaedia of Drug Pathogenesis
43. Anschutz – New Remedies
44. Boericke - Materia Medica and Repertory
45. Ghosh - Drugs of Hindoostan
46. Clarke - Dictionary of Homoeopathic Materia Medica
47. Kent: Lectures on Homoeopathic Materia Medica and New Remedies
48. Wheeler and Kenyon - Principles and Practice of Homoeopathy
49. Pierce: Plain Talks on Homoeopathic Materia Medica with Comparisons
50. Farrington Harvey - Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing
51. Tyler Margaret – Drug Pictures
52. Royal – Materia Medica
53. Boericke and Dewey - Twelve Tissue Remedies
54. E. A. Farrington - Clinical Materia Medica
55. Dr. Dhadphale G.B. – Group Study /Analysis of Homoeopathic Materia Medica.
56. Dr. Dhadphale G B – General Features of Homoeopathic Materia Medica.
57. N.M. Choudhuri - A study on Materia Medica and repertory
58. Allen -Key-Notes
59. Guernsey -Key-Notes
60. Lippe – Materia Medica
61. Nash - Leaders in Homoeopathic Therapeutics
62. Boger - Synoptic Key and Repertory to the Homoeopathic Materia Medica
63. Pulford - Key to Homoeopathic Materia Medica
64. Mathur - Systematic Materia Medica of Homeopathic Remedies
65. Comparative Materia Medicas (Gross, Farrington and Roberts)

66. Allen - Therapeutics of Fevers
67. Tyler - Pointers to Remedies
68. Nash -Typhoid
69. Nash – Respiratory Organs
70. Hering and Wells -Typhoid
71. Guernsey - Haemorrhoids
72. Bell - Diarrhoea
73. Roberts – Rheumatic Remedies
74. Pulford - Pneumonia
75. Pulford - Influenza
76. Pulford – Digestive Organs
77. Pulford - Children’s Types
78. Cartier – Respiratory Organs
79. Royal - Diseases of Chest
80. Royal –Nervous Diseases
81. Royal Practice of Medicine
82. Yingling - Accoucher’s Manual
83. Underwood – Headache



**HOMOEOPATHIC
PHILOSOPHY**

SUBJECT CODE- MDH 202
NAME OF COURSE- HOMOEOPATHIC PHILOSOPHY
YEAR / SEMESTER – M.D (HOM.) PART II

1.1 INTRODUCTION:

- Homeopathic philosophy is an integral subject which elucidates the fundamental principles of practice of homoeopathy.
- Deeper insight of these principles is necessary from the point of view of its background, observation, genesis, Logic, derivation, experimentation, application and evolution.
- The syllabus has been designed with the objective of delivering to the candidate the entire experience of basic and applied aspects of Homoeopathic health- care.

1.2 GOALS:

A postgraduate in Homoeopathic Philosophy shall have the higher degree of proficiency both in theoretical and practical aspects of "Organon of Medicine" backed by scientific knowledge and philosophy of Homoeopathy.

1.3. COURSE OBJECTIVES AND OUTCOMES:

EDUCATIONAL OBJECTIVES AND OUTCOMES:

1.3.1 OBJECTIVE:

Students must know concepts of Organon of philosophy as conceived by Dr. Hahnemann and must be able to operationalise them in clinical practice along with current advances of medical science.

OUTCOMES:

- Student must know concept of medical observer, unprejudiced observer, mission and knowledges of physician.
- Student must develop skills of case taking to comprehend his patient as a person as a whole, his dispositional state of Mind and Body, along with the disease process with its causes.
- Student must have knowledge of Aetiology, Symptomatology, Suppression and its importance in Totality formation, concept of individualisation by taking holistic approach to the patient.

- Student must have knowledge of different clinical conditions, and current advancements in modern medical science.
- Student must have knowledge and importance of pathology, clinical diagnosis and the miasmatic diagnosis of the case and correlated implication of it for management of the cases.
- Student must have knowledge of Susceptibility, remedy selection, posology, remedy reactions, second prescription, remedy relations and be able to apply it in the management of cases.

1.3.2 OBJECTIVE:

Student should be able to apply knowledge of various research methodologies, data collection, statistical analysis etc in the subject of Homoeopathic Philosophy and Organon of medicine.

OUTCOME :

Student should be able to work on the topic from Organon of philosophy as the research project and must be able to write dissertation for the same.

1.4 INTEGRATION:

Integrated teaching of homoeopathic management of a given case with respect to Materia Medica and Repertory.

1.5 SYLLABUS :

1.5.1 THEORY: Paper I- MDH 202 A

(Homoeopathic Philosophy – theory and principles)

- Study of the Hahnemann's chronic diseases with specific emphasis on applicative aspects of Minimum dose, potency scales, miasms, cure, recovery, suppression, prevention of diseases. The other illustrious followers to be studied with respect to, philosophical concepts, critical comparisons and applications in Materia medica, Repertory.
- Study of Comparative aspects of the following concepts in Homoeopathy with Modern advancements:
 - a. Man in Health, Constitution, Diathesis, Disease, Recovery and Cure
 - b. Symptomatology, Classification and Evaluation

- c. Susceptibility, Immunology, Suppression and Miasms
- d. Clinical Classification and Identification of the Four Miasmatic Types, Combination of Miasms: Concept, Implications and Identification with emphasis on practical utility and application.
- In depth study of Remedy Administration: Potency-selection, Repetition, Second Prescription, Susceptibility, Placebo and Remedy Relationship, Palliation, suppression, recovery and cure.

Paper II- MDH 202 B

(Applicative and integrative Homoeopathic Philosophy)

- General Philosophy-Study of Development of Western Philosophy and its reflections on Medicine in general and Homoeopathy in specific. (Existentialism, Substantialism, Realism, Pragmatism, Idealism, Romanticism Materialism, Naturalism, Vitalism)
- Relationship between Philosophy, Science and Logic-Inductive and Deductive, Contribution of Lord Bacon, Logical fallacies, Application in Homoeopathy.
- Concept of Law of simple/minimum/single; Law of Similars: Evolution, Deduction, and Scientific Experimental Proof; Application and Corollaries Concept of the Dynamic Action and the Dose, in Relation to current research in Physics, metaphysics, quantum theory, molecular and nanomedicine.
- A brief study of MIT approach in Homoeopathy.

VALUE ADDITION:

Introduction to Principles of Bioethics in Homoeopathic Philosophy

1.5.2 PRACTICAL

To be Submitted to Principal / Director before submitting Final Exam Form Sr. No.	Contents	Part - II
1	Maintenance of Logbook	Regular
2	Maintenance of daily work record	Regular
3	Maintenance of Case Record	50 OPD/25 IPD cases
5	Journal Review	5 Self and 5 others
6	PG/UG Teachings / Lecture	5 Specialty and 5 others
7	Case Discussion	5 self and 5 others
8	Seminars / Presentation	5
9	Delegation in Seminar / Conference per part (Outside)	1 National or 1 state seminar / Conference
10	Paper publication in journal	1
11	Pre binding copy of dissertation	Yes
12	Seminar on dissertation before submission	Yes

❖ Record of 50 OPD and 25 IPD Cases fully worked out

1.6 FORMAT/ SKELETON OF QUESTION PAPER

PROGRAMME AND YEAR : M.D. (Hom.) PART – II
COURSE CODE: MDH 202 PAPER:-I (MDH 202A)

COURSE: HOMOEOPATHIC PHILOSOPHY

TOTAL MARKS: 100 TOTAL TIME: 3 HRS.

INSTRUCTIONS:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

Q 1- Long Answer Question. [1*20=20 marks]

Q 2- Long Answer Question [1*20=20 marks]

Q 3- Long Answer Question [1*20=20 marks]

Q 4- Write Long answer (any 2 out of 3) [2*10=20 marks]

- (a)
- (b)
- (c)

Q 5- Write Short Answer (any 4 out of 5) [4*5=20 marks]

- (a)
- (b)
- (c)
- (d)
- (e)

COURSE CODE: MDH 202 PAPER:-II (MDH 202B)
COURSE: HOMOEOPATHIC PHILOSOPHY
TOTAL MARKS: 100 TOTAL TIME: 3 HRS.

INSTRUCTIONS:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

Q 1- Long Answer Question. [1*20=20 marks]

Q 2- Long Answer Question [1*20=20 marks]

Q 3- Long Answer Question [1*20=20 marks]

Q 4- Write Long answer (any 2 out of 3) [2*10=20 marks]

- (a)
- (b)
- (c)

Q 5- Write Short Answer (any 4 out of 5) [4*5=20 marks]

- (a)
- (b)
- (c)
- (d)
- (e)

ORAL /PRACTICALS

DISTRIBUTION OF MARKS (PRACTICAL)

Sr no	Contents	Marks
Homoeopathic Philosophy		
1	Long Case	60 (Case Taking 30 plus Case Working 30)
2	Short Case	30 (Case Taking 15 plus Case Working 15)
3	Dissertation	50
4	Viva	50
5	Comm. Skills	10
	Total	200

M.D. (Hom.) Part-II examination–

Maximum marks for each subject and minimum marks required to pass shall be as follows:-

Subject	Theory	Practical	Total	Pass Marks
Homoeopathic Philosophy	200	200	400	200

1.7 CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 online periodical examinations of 20marks each, 2 Terminal (theory and practical) examinations and 1 Preliminary examination (theory and practical) in each academic year. A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject

The distribution of marks for M.D.(Hom.) Part II is as follows:

INTERNAL ASSESSMENT EXAMINATION PATTERN

Examination	Theory Marks	Oral / Practical Marks
Periodical-I	20	10
Terminal-I	50	50
Periodical-II	20	10
Terminal-II	50	50
Prelim	200	200

TERMINAL EXAM QUESTION PAPER PATTERN (50 Marks)

Q1. Long Answer Question (1x20= 20 Marks)

Q2. Long Answer Question (1x20= 20 Marks)

Q3. Long Answer Question (1x10= 10 Marks)

PRELIM EXAM (200 Marks)

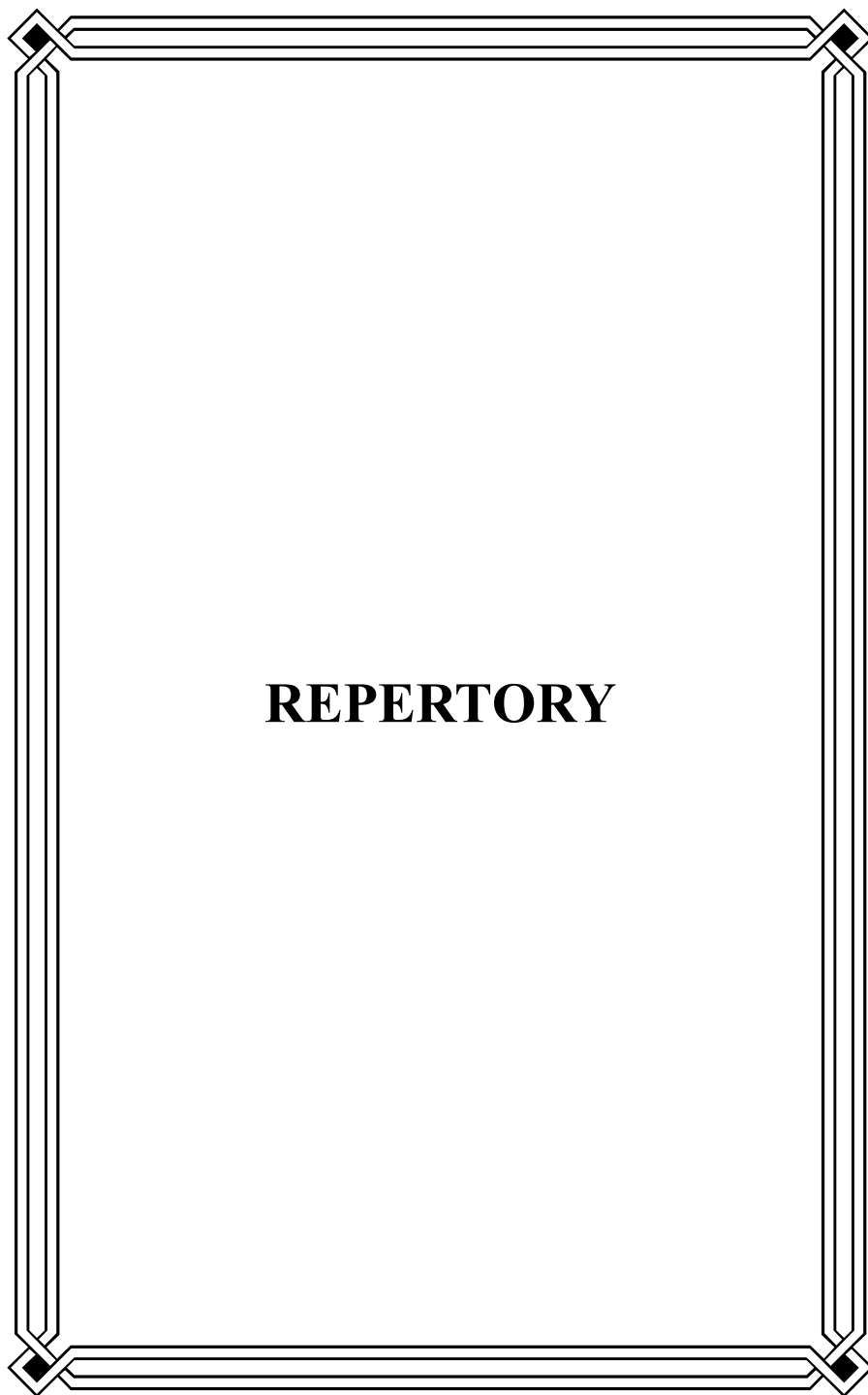
Prelim exam pattern will be same as per final exam pattern given in 1.6

List of Recommended Reference Books for Organon of Medicine:

- 1) S. Hahnemann - Organon of Medicine- 6th Edition, B. Jain Publisher, New Delhi.
- 2) S. Hahnemann-Lesser Writings, Reprint edition, B. Jain Publisher, New Delhi.
- 3) S. Hahnemann-Chronic Diseases, 3rd edition, B. Jain Publisher, New Delhi.
- 4) J. T. Kent - Lectures on Homoeopathy Philosophy, 7th edition, B. Jain Publisher, New Delhi.
- 5) J. T. Kent - Lesser writings, print edition, B. Jain Publisher, New Delhi.
- 6) Sarkar, B. K. Commentary on Organon of Medicine, 10th Edition, Birla Publications, New Delhi.
- 7) H. A. Robert - Principles and practices of Homoeopathy revised and enlarged edition, B. Jain Publisher, New Delhi.
- 8) S. Close - Genius of Homoeopathy, 2nd edition, B. Jain Publisher, New Delhi.
- 9) Boeninghausen - Lesser Writings, Reprint edition, B. Jain Publisher, New Delhi.
- 10) Farrington - Lesser Writing, Reprint edition, B. Jain Publisher, New Delhi.
- 11) M. L. Dhawale, - Principles and Practices of Homoeopathy, 4th edition, Indian Books and Periodicals Publishers, New Delhi.
- 12) M. L. Dhawale - Symposium Volumes, 3rd edition, Indian Books and Periodicals Publishers Delhi.
- 13) G. Boericke - Principles of Homoeopathy, 3rd edition, B. Jain Publisher, New Delhi.

- 14) Clarke - Constitutional Medicine, 1st edition, B. Jain Publisher, New Delhi.
- 15) C. M. Boger - Studies in the Philosophy of healing, 2nd edition, B. Jain Publisher, New Delhi.
- 16) W. K. Wright - A History of Modern Philosophy,
- 17) Wideband- A History of Modern Philosophy,
- 18) Banerjee - Chronic Disease its cause and cure, B. Jain Publisher, New Delhi.
- 19) J. H. Allen-Chronic Miasms, B. Jain Publisher, New Delhi.
- 20) Phillis Speight—Chronic Miasms, TBS The Book Service Ltd (1 January 1961).
- 21) Bradford - Life History of Hahnemann Vol. I and Vol. II, B. Jain Publisher, New Delhi.
- 22) Dudgeon-Principles and Practices of Homoeopathy, B. Jain Publisher. New Delhi
- 23) Richard Hael; Life of Hahnemann, old edition, B. Jain Publisher, New Delhi.
- 24) Datta: Contemporary Philosophy
- 25) Durant Will: The story of Philosophy
- 26) Hospers John: Introduction to Philosophy
- 27) Irving Copi: Introduction to Logic
- 28) Sharma C. D.: Indian Philosophy
- 29) Wolf A. Textbook of logic – Surjit Publication
- 30) Allen.: The Chronic Miasms
- 31) Boger, C. M.: Studies in the Philosophy of Healing
- 32) Boger, C. M.: Collected Works
- 33) Clarke: Constitutional Medicine
- 34) Close Stuart: The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy, 2nd edition, B. Jain publications.
- 35) Dhawale M. L.: Principles and Practice of Homoeopathy: Vol 1
- 36) Dhawale M. L.: Perceiving1
- 37) Dhawale M. L: ICR Symposium on Hahnemannian Totality

- 38) Dhawale M. L. Life and Living
- 39) Dudgeon: Principles and Practice of Homoeopathy
- 40) Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A collection of Papers elucidating and illustrating the Principles of Homoeopathy
- 41) Farrington: Lesser writings
- 42) Haehl Richard: Life and Work of Hahnemann Vol.– I and II
- 43) Dhawale M. L.: Principles and Practice of Homoeopathy: Vol1
- 44) Dhawale M. L.: Perceiving1
- 45) Dhawale M. L: ICR Symposium on Hahnemannian Totality
- 46) Dhawale M. L. Life and Living
- 47) Dudgeon: Principles and Practice of Homoeopathy
- 48) Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A collection of Papers elucidating and illustrating the Principles of Homoeopathy
- 49) Farrington: Lesser writings
- 50) Haehl Richard: Life and Work of Hahnemann Vol.– I and II
- 51) Ortega: The Chronic Miasms
- 52) Roberts, H. A.: The Principles and Art of Cure by Homoeopathy.
- 53) Sarkar B.K.: Essays on Homoeopathy
- 54) Shepherd Dorothy: Magic of Minimum dose
- 55) Speight Phyllis: Chronic Miasms
- 56) Whitmont E. Psyche and Substance
- 57) Whitmont E. The Symbolic Quest.



REPERTORY

SUBJECT CODE- MDH 203
NAME OF COURSE- REPERTORY
YEAR / SEMESTER – M.D (HOM.) PART II

1.1 INTRODUCTION:

“The use of Repertory is one of the higher branches of Homoeopathy , as an art and before it can be mastered, the law governing the Homoeopathic treatment and cure of disease as given to us in the Organon and Chronic Diseases must be learnt” -Glen Irving Bidwell.

The “Totality of Symptoms”, in contrast to pathology plays the key role in understanding a drug or patient in homoeopathy. The selection of the similimum from vast symptomatology of Materia medica always demands some way of differentiating or sorting out similar looking drug, and Repertorisation is one such comprehensive scientific and precise tool of accomplishing this.

Homoeopathy demands a physician to establish similarity not merely at the level of the “Portrait Of Disease”, as in Aphorism 5 and 6 of “Organon of Medicine” . A portrait is an interpretation of the subject, perceived by the artist as an essential attribute of the subject. The concept of “Totality of Symptoms”, is not a quantitative sum total of all attributes but rather a highly qualitative concept. A qualitative, disciplined and an analytical reportorial approach, the method and the technique, involving the philosophical approach enables the physician to tackle all types of cases he is likely to be confronted with, in the clinical practice.

A sign or symptom occurring in any person is not isolated phenomenon; it may have multiple inter- relationships including causes, associated phenomenon and effects. These may be often apparent or submerged psychological components, sometimes of minor but often of major importance. The response of the patient to his disorder, his reactions to it and understanding of it, are essential and often, deeply revealing parts of the history.

Disease is expressed in groups or combination of symptoms out of thousands of symptoms of both the phenomenon of disease as well as the individual’s specific reactions to the dynamics of disease.

A student of Repertory may in the beginning, be confused by his inability to deal with large number of signs and symptoms collected by him in a single case and may spend lot of time and energy and yet come to poor results.

It is therefore very essential that he is given an understanding regarding the “Grading of Symptoms”. He has to know which symptoms are of vital importance and which may be completely ignored.

1.2 GOALS:

The goal of Teaching Repertory at Post Graduate level is:

- ❖ Master the competencies related to case taking and repertorisation.
- ❖ Acquire a spirit of scientific inquiry and be oriented to the principles of research methodology in Repertory

1.3. COURSE OBJECTIVES AND OUTCOMES

OBJECTIVES:

The objective of teaching repertory at post graduate level is

- ❖ That a student has understanding of the competencies associated with case taking, case analysis and repertorization in different settings
- ❖ The student develops knowledge and competencies associated with proper selection of repertory and the process of repertorization
- ❖ The student develops a spirit of research in Homoeopathy and Repertory and be able to contribute to the scientific development of repertory

OUTCOMES:

At the end of course in Repertory the student will

- ❖ Have knowledge of philosophy, construction, scopes and limitations of repertories
- ❖ Be able to choose an appropriate repertory for a given case and must be able to construct of proper Repertorial Totality
- ❖ Be able to demonstrate conversion of patients symptoms into appropriate rubric
- ❖ Be able to demonstrate the steps of repertorization to choose the appropriate remedy for a case

1.4 INTEGRATION :

Integrated teaching of homoeopathic management of a given case with respect to Materia Medica and Homoeopathic Philosophy.

1.5 SYLLABUS:

1.5.1 THEORY:

PAPER I

SUBJECT CODE: MDH 203 A

CONTENTS

1. Approaches and Concepts of Repertorisation.
2. Historical evolution of Repertories in general.
3. Philosophical and scientific development of Repertories.
4. Future methods and uses of Repertory for the study of Materia Medica in clinical conditions, both at mental and physical level.
5. Importance of Case taking and Anamnesis of the case.
6. Importance of concept of the Interviewer, case writer and observer in homoeopathic case taking.
7. Merits, concepts and methods of Unprejudiced observation
8. Difficulties anticipated and faced while case taking and their solutions
9. Case recording methods and techniques, the art and science.
10. Formation of Totality of symptoms According to Hahnemann, Boenninghausen, Kent, Boger,
11. Observations on the study of Homoeopathic Case Taking by authors like – Hahnemann, Boenninghausen, Kent, Bidwell, Boger, H. A. Roberts, Stuart Close, Margaret Tyler, Elizabeth Wright, B. K Sarkar, Garth Boericke, Gibson Miller, Douglas Borland, T. F. Allen, M. L. Dhawale.
12. Case analysis – Scope, nature of case, prognosis, etc
13. Symptom analysis, types of symptoms, glossary of symptoms ,gradation and evaluation of symptoms
14. Classification of symptoms as per Hahnemann, Boenninghausen, Boger, Garth Boericke, Kent, etc
15. Hahnemannian Classification of disease and its Clinico-pathological co-relation.

16. Approach and method of homoeopathic case taking in urban, rural and various settings.
17. Approach and method of homoeopathic case taking in various departments: Medicine, Surgery, Obstetrics, Gynaecology and their sub-specialties.
18. Application of different repertories in the practice of Medicine, Surgery, Obstetrics, Gynaecology and all their sub-specialties.
19. General principles of Repertorisation – Individualization, generalisation (grand and limited), causation, concomitance, evaluation.
20. Observation on study of Repertory and Repertorisation by Hahnemann, Boenninghausen, Kent, Boger, Bidwell, Farrington, Roberts, Knerr, Tyler, Dhawale, etc.
21. Components of repertorisation – medium, methods, process and technique.

PAPER II
COURSE CODE M .D. H. 203 B

CONTENTS

1. Boenninghausen's philosophy – his life and works,
2. Boger's philosophy – his life and works,
3. Boger's Synoptic Key – Introduction, Plan and Constructions of Boenninghausen's Therapeutic Pocket Book - Application of philosophy in development and Construction
4. Boger Boenninghausen's Characteristics and Repertory- Application of philosophy in development and construction.
5. Boger's Synoptic Key – Application of philosophy in development and construction.
6. Comparative study of approaches of Boenninghausen's Therapeutic Pocket Book, Kent's Repertory and Boger Boenninghausen's Characteristics and Repertory
7. Boenninghausen's Therapeutic Pocket Book: Its use in Clinical practice.

8. Boger Boenninghausen's Characteristics and Repertory- Its use in Clinical practice.
9. Boger's Synoptic Key – Its use in Clinical practice.
10. J. T. Kent – His life and works,
11. Sources for construction of Repertories (Kunzli's Repertory, Final General Repertory, Synthetic Repertory)
12. Kent's Repertory - Application of its approach and philosophy in development of structure
13. Kunzli's Repertory – Application of its approach and philosophy in development of structure
14. Final General Repertory-Application of its approach and philosophy in development of structure
15. Synthetic Repertory - Application of its approach and philosophy in development of structure
16. Comparative study of (Kent's Repertory, Kunzli's Repertory, Final General Repertory, Synthetic Repertory)
17. Kent's Repertory- Its approach and use in Clinical practice.
18. Kunzli's Repertory- Its approach and use in Clinical practice.
19. Final General Repertory – Its approach and use in Clinical practice.
20. Synthetic Repertory – Its approach and use in Clinical practice.
21. Introduction of Puritan Type of Repertories (Lippe's, Knerr, Gentry, Herring's Analytical Repertory)
22. Introduction of Regional Type of Repertories: (Bell's -Diarrhoea, Repertory of Eyes- Berridge., Uterine therapeutics -Henry Minton. Therapeutics of Respiratory system –Vandenberg, Skin diseases -M.F. Douglas, Repertory of Respiratory Diseases by Nash.)
23. Application and basis of philosophy and approach in development of structure of (Lippe, Knerr, Gentry, Herring's Analytical Repertory)

24. Application and basis of philosophy and approach in development of structure of (Bell's -Diarrhoea, Repertory of Eyes- Berridge., Uterine therapeutics -Henry Minton.-Therapeutics of Respiratory system - Vandenberg, Skin diseases -M.F. Douglas, Repertory of Respiratory Diseases by Nash.)
25. Knerr's Repertory- Its approach and use in Clinical practice.
26. Regional repertories (Bell's -Diarrhoea, Repertory of Eyes- Berridge., Uterine therapeutics - Henry Minton.-Therapeutics of Respiratory system -Vandenberg, Skin diseases - M.F. Douglas, Repertory of Respiratory Diseases by Nash.) — Its approach and use in Clinical practice.
27. Introduction of Clinical Type of Repertories –(Sensations as if by H. A. Roberts, Allen W. A.- Repertory of Intermittent Fevers, Allen H.C.- Repertory of Fevers H. A. Roberts' - Rheumatic remedies, Clarke's- Clinical Repertory, Clarke's - Prescriber, Boericke's - Repertory to Pocket manual of Homoeopathic Materia Medica)
28. Application of philosophy and approach in development of structure of–(Sensations as if H. A. Roberts, Allen W. A. - Repertory of Intermittent Fevers, Allen H. C.- Repertory of Fevers H. A. Roberts' - Rheumatic remedies, Clarke's- Clinical Repertory, Clarke's - Prescriber, Boericke's - Repertory to Pocket manual of Homoeopathic Materia Medica.)
29. Clinical Repertories their approach and use in Clinical practice. (Sensations as if by H. A. Roberts, Allen W. A. - Repertory of Intermittent Fevers, Allen H.C.- Repertory of Fevers H.A. Roberts' - Rheumatic remedies, Clarke's- Clinical Repertory, Clarke's - Prescriber, Boericke's - Repertory to Pocket manual of Homoeopathic Materia Medica)
30. Introduction to Modern Type of Repertories (Complete repertory, Murphy's repertory and synthesis repertory)
31. Introduction to Alphabetical Type of Repertory by S. R. Phatak and Miasmatic Repertory by R.P. Patel.
32. Computerized Type of Repertories – Introduction, their creators, philosophy, method, approach to Materia Medica, Advantages and limitations in communication with the computer

33. Role of computer in Homoeopathy (Software to be studied for content as to what repertory / repertories are included, technique, highlights of the software program, expert system if any.)
34. Application of philosophy and approach in development of structure of (Complete repertory, Murphy's repertory and synthesis repertory, Alphabetical Repertory by S. R. Phatak and Miasmatic Repertory by R .P. Patel)
35. Features, techniques, differences and Comparative analysis of different software programs like Hompath, ISIS, RADAR, Stimulare and Vital Quest.
36. Approaches and their uses in Clinical practice - (Complete repertory, Murphy's repertory and Synthesis repertory, Alphabetical Repertory by S. R. Phatak and Miasmatic Repertory by R. P. Patel)
37. Utility of Homeopathy based software programs like Hompath, Radar, Hompath Zomeo.

VALUE ADDITION:

Introduction to Principles of Bioethics in Repertory

1.5.2 PRACTICAL –

To be Submitted to Principal / PG Co-Ordinator before submitting Final Exam Form

Sr. No	Contents	Part - II
1	Maintenance of Logbook	Regular
2	Maintenance of daily work record	Regular
3	Maintenance of Case Record	50 OPD/25 IPD cases
5	Journal Review	5 self and 5 others
6	PG/UG Teachings / Lecture	5 specialty and 5 others
7	Case Discussion	5 self and 5 others
8	Seminars / Presentation	5
9	Delegation in Seminar / Conference per part	1 National or 1state seminar /Conference
10	Paper publication in journal	1
11	Pre binding copy of dissertation	Yes
12	Seminar on dissertation before submission	Yes

1.6 UNIVERSITY EXAMINATION

THEORY

FORMAT/ SKELETON OF THEORY QUESTION PAPER

PROGRAMME AND YEAR: M.D. (HOM.) PART – II

COURSE CODE: MDH 203 PAPER:-I (MDH 203A)

COURSE: REPERTORY

TOTAL MARKS: 100

TOTAL TIME: 3 HRS.

INSTRUCTIONS :

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

Q 1- Long Answer Question. [1*20=20 marks]

Q 2- Long Answer Question [1*20=20 marks]

Q 3- Long Answer Question [1*20=20 marks]

Q 4- Write Long answer (any 2 out of 3) [2*10=20 marks]

(a)

(b)

(c)

Q 5- Write Short Answer (any 4 out of 5) [4*5=20 marks]

(a)

(b)

(c)

(d)

(e)

COURSE CODE : MDH 203 PAPER : II (MDH 203 B)
COURSE : REPERTORY
TOTAL MARKS: 100 TOTAL TIME : 3 HRS.

INSTRUCTIONS:

1. Use blue/ black ball point pen only. Gel pen is not permitted
2. Do not write anything on the blank portion of the question paper.
3. All questions are compulsory
4. The number to the right indicates full marks
5. Draw diagrams wherever necessary
6. Distribution of syllabus in question paper is only meant to cover entire syllabus within the stipulated frame. The question paper pattern is a mere guideline. As it is only for the placement sake, the distribution has been done.

Q 1- Long Answer Question. [1*20=20 marks]

Q 2- Long Answer Question [1*20=20 marks]

Q 3- Long Answer Question [1*20=20 marks]

Q 4- Write Long answer (any 2 out of 3) [2*10=20 marks]

- (a)
- (b)
- (c)

Q 5- Write Short Answer (any 4 out of 5) [4*5=20 marks]

- (a)
- (b)
- (c)
- (d)
- (e)

FORMAT OF UNIVERSITY ORAL /PRACTICALS EXAMINATION

Sr No	Contents		Marks
1	Long case	Case- Taking - 30 marks	60 marks
		Case Working - 30 marks	
2	Short case	Case- Taking - 15 marks	30 marks
		Case Working -15 marks	
3	Dissertation		50 marks
4	Viva		50 marks
5	Communication skills		10 marks
	Total		200 marks

M.D. (Hom.) Part-II examination –

Maximum marks for each subject and minimum marks required to pass shall be as follows:-

Subject	Theory	Practical	Total	Pass marks
Repertory	200	200	400	200

1.7 CONTINUOUS INTERNAL ASSESSMENT

The university has introduced a system of continuous internal assessment for assessing student performance throughout the course of studies. There shall be 2 online periodical examinations of 20 marks each, 2 Terminal (theory and practical) examinations and 1 Preliminary examination (theory and practical) in each academic year. A student must secure at least 50% of total marks fixed for internal assessment in a particular subject in order to be eligible to appear in University Examination in that subject

The distribution of marks for M.D.(Hom.) Part II is as follows:

INTERNAL ASSESSMENT EXAMINATION PATTERN

Examination	Theory Marks	Oral / Practical Marks
Periodical-I	20	10
Terminal-I	50	50
Periodical-II	20	10
Terminal-II	50	50
Prelim	200	200

TERMINAL EXAM QUESTION PAPER PATTERN (50 Marks)

Q1. Long Answer Question (1x20= 20 Marks)

Q2. Long Answer Question (1x20= 20 Marks)

Q3. Long Answer Question (1x10= 10 Marks)

PRELIM EXAM (200 Marks)

Prelim exam pattern will be same as per final exam pattern given in 1.6

List of Recommended Reference Books for Repertory :

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyns - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, Karoi Bagh, New Delhi.
4. Barthel and Klunkcr- synthetic Repertory of the Materia Medica, B. Jain Publisher, New Deihi.
5. Allen T. F. - Boenninighausen's Therapeutic Pocket Book, B. Jain Publisher, New Delhi.
6. C. M. Boger - Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
7. Knerr C. B. - Repertory of Herrings Guiding Symptoms of our Materia Medica, B. Jain Publisher, New Delhi.
8. Jugal Kishore - Card Repertory - Kishore Publication. Indira Chowk, Caughtant Place, New Delhi,
9. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
10. Neathy Edwin – An Index of aggravations and ameliorations, B. Jain Publisher, New Delhi.
11. Hering - Analytical Repertory of the symptoms of mind, B. Jain Publisher, New Delhi.
12. Clarke J. H. - Clinical Repertory, B. Jain Publisher, New Delhi.
13. Docks and Kokelenberg Kent's Comparative Repertory of the Homoeopathic Materia Medica

14. Roberts Herbert - Sensations as if, B. Jain Publisher, New Delhi.
15. Gallawardin - J. P. Repertory of Psychic Medicines with Materia Medica, B. Jain Publisher, New Delhi.
16. Hahnemann's - Chronic Diseases, B. Jain Publisher, New Delhi.
17. Hahnemann's - Materia Medica Purrs, B. Jain Publisher. New Delhi.
18. Boenninghausen - the Lesser Writings, B. Jain Publisher, New Delhi.
19. J. I C Kent - New Remedies, Clinical Cases and Lesser Writings, B, Jain Publisher, New Delhi.
20. C. M. Boger - Study of Materia Medica and Case taking, B. Jain Publisher, New Delhi.
21. Garth Boericke - Principles and practice of Homoeopathy, B. Jain Publisher, New Delhi.
22. Wright Elizabeth - A Brief Study course in Homoeopathy, B. Jain Publisher, New Delhi.
23. Bidwell G L. How to use the Repertory, B. Jain Publisher, New Delhi.
24. Bell James - The Homoeopathic of Diarrhea, B. Jain Publisher. New Delhi.
25. Allen H. C. - Therapeutics of Fever, B. Jain Publisher, New Delhi.
26. Berridge E. W. - Complete Repertory on the Diseases of eyes, B. Jain Publisher, New Delhi
27. Minton - Uterine Therapeutics, B. Jain Publisher, New Delhi.
28. Tyler M. L. Repertoriomg B. Jain Publisher, New Delhi.
29. Banerjee P. N. - Chronic Diseases as causes and cure, B. Jain Publisher, New Delhi.
30. Boger C. M. - Synoptic Key to Materia Medica with Repertory,
31. Boericke W. - Boericke's Materia Medica with Repertory, B. Jain Publishers, New Delhi.
32. Dr. Shashikant Tiwari - Essentials of Repertorisation, B. Jain Publishers, New Delhi.

33. C. M. Boger- Studies in Philosophy of Healing, B. Jain Publishers. New Delhi.
34. M. L. Dhawale- Principles and practice of Homoeopathy
35. Dr. Munir Ahmed R.r- Introduction to Principles to Repertorisation
36. Barford, T. L: Lesser writings of CMF Von Boenninghausen.
37. Bannan, Robert: Collected Works of Boger.
38. Boger, C. M: Studies in Philosophy of Healing
39. Castro, J. B ; Encyclopaedia of Repertory.
40. Dhawale, M. L. : Principles and Practice of Homoeopathy.
41. Dhawale, M. L. (Ed): ICR Symposium Volume on Hahnemannian Totality, Area D.
42. Hahnemann, S : Organon of Medicine.
43. Hahnemann : Lesser writings.
44. Harinadham, K : The Principles and Practice of Repertorization.
45. Kishore, Jugal : Evolution of Homoeopathic Repertories and Repertorization.
46. Khanaj, V: Repererie.
47. Kanjilal, J. N : Repertorization.
48. Kent, J. T: Lectures on Homoeopathic Philosophy.
49. Kent, J. T: Use of Repertory: How to study the Repertory, How to Use the Repertory.
50. Kent, J. T : What the Doctor Needs to Know in Order to make a Successful Prescription.
51. Kent: Lesser writings.
52. Mohanty, N: Textbook of Homoeopathic Repertory.
53. Patel, R. P: Art of Case taking and Practical Repertorization.
54. Rastogi, D. P: An Overview of repertories for P.G. Student.
55. Sarkar, B. K: Essentials of Hom. Philosophy and Place of repertory in Hom. Practice.

56. Tarafdar, D: Repertory Explained.
57. Tiwari, S. K : Essentials of Repertorization.
58. Tyler, M. L: Different Ways of Finding a Remedy.
59. Tyler, M. L. And John Weir, Repertorization.
60. Allen, H.C.: The therapeutics of fevers.
61. Allen, W: Repertory of Intermittent Fevers.
62. Allen: Symptom Register.
63. Boericke, W: Pocket manual of Homoeopathic materia medica.
64. Boger, C. M: A Synoptic Key of the materia medica.
65. Boger, C. M: General analysis.
66. Borland, Douglas: Pneumonias.
67. Borland, Children types.
68. Boenninghausen' A Systematic Alphabetrical repertoryof Homoeopathic medicines.
69. Bell, J. B.: The Homoeopathic Therapeutics of Diarrhoea.
70. Berridge: Complete Repertory to the Homoeopathic materia Medica on the Dis. of the eye.
71. Bakshi, J. P. S.: Phoenix repertory.
72. Boger, C. M. : Times of remedies and moon phases.
73. Boger, C. M: Boenninghausen's Characteristics and repertory.
74. Clark, J. H. : A Clinical Repertory to the dictionary of Homoeopathic materia Medical
75. Clarke, J. H. : Prescriber.
76. Douglas: Skin diseases.
77. Gentry, W. D. : the Concordance Repertory of the materia Medica.
78. Guerensey, W. J.; the Homoeopathic Theraputic of haemorrhoids.
79. Hering, C: Analalytical repertory of the symptoms of the Mind.
80. Hughes, Richard: Cyclopaedia of drug pathogenesisy.

81. Kent, J. T. Repertory of the Homoeopathic materia medica.
82. Knerr, C.B: Repertory of Herring's Guiding Symptoms of our Materia Medica.
83. Kunzli, Jost: Kent's repertorium Generale.
84. Lippe's Repertory.
85. Murphy, R: Homoeopathic Clinical repertory.
86. Nortan, A. B.: Repertory of Ophthalmic Diseases and therapeutics.
87. Nash: Leaders in Respiratory Organs.
88. Pulford, Alfred: Repertory of Rheumatism, sciatica, Etc.
89. Pulford, Alfred: Homoeopathic Leaders in Pneumonia.
90. Roberts, H. A (Ed) : Boenninghausen's Therapeutic pocket Book.
91. Roberts, H. A.: Sensation as if.
92. Roberts, H. A.: The Rheumatic remedies.
93. Squire, Berkely: A repertory of Homoeopathic Nosodes and sarcodes.
94. Shivraman, P.: A concise repertory of Aggravations and Ameliorations.
95. Shrivastava, G. D. and J. Chandra : Alphabetical Repertory of Characteristic of Homoeopathic Materia Medica
96. Tiwari, S. K.; Homoeopathy and childcare.
97. Underwood, D. F. : Headache and its Materia Medica.
98. Van den Berg: Therapeutics of Respiratory System.
99. Ward, J. W. : Unabridged Dictionary of Sensations As If.
100. Yingling, W. A.; Accoucher's emergency manual in Obstetrics.
101. Zandorvoot, Roger: Complete Repertory.
102. Zandorvoot, Roger: Repertorium Universale.
103. Schroyens, Fredrick, Synthesis repertory.
104. Barthel and Klunker: Synthetic Repertory.

105. Phatak, S. R.: A concise Repertory of homoeopathic medicines.
106. Phatak, S. R.: Repertory of Biochemic remedies.
107. Schmidt, P and Diwan Harishchand: Kent's Final general repertory.
108. Bidwell I.G (Reprint 1981) "How to use the repertory "B Jain publisher
109. Phatak S. R. ; Clinical Experiences;
110. Sankaran P. ; Introduction to Boger's Synoptic Key
111. How To Find The Simillimum with Boger- Boenninghausen's Repertory By Dr. Bhanu D. Desai.