

SYLLABUS

For Courses affiliated to the

KERALA UNIVERSITY OF HEALTH SCIENCES

Thrissur 680596



POST GRADUATE COURSE IN HOMEOPATHY MEDICINE

M D (HOM.) REPERTORY

Course Code: 269

(2018-19 Academic year onwards)

2018

NEW SYLLABUS

2. COURSE CONTENT

2.1 Title of course

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

2.2 Objectives of course

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

2.3 Medium of instruction:

The medium of instruction is English

2.4 Course outline

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

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

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

Part I Examination

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

Part II Examination

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

Each course shall comprise of the following

M.D. (Hom.) Repertory PART I

- (i) Paper I Repertory
- (ii) Paper II Research Methodology & Bio-statistic
- (iii) Paper III Advanced teaching of Fundamentals of Homoeopathy

M.D. (Hom.) Repertory PART II

- (i) Paper I Repertory
- (ii) Paper II Repertory
- (iii) Paper III Practice of Medicine

2.5 Duration

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

2.6 Syllabus

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

2.7 Total number of hours

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

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

2.8 Branches if any with definition

Given under clause “Course outline”

2.9 Teaching learning methods

TRAININGPROGRAMME

a) Every institution undertaking Post Graduate training shall setup an Academic cell or a curriculum committee, under the chairmanship of a senior faculty, which shall work out the details of the training in each speciality in consultation with other department faculty staff and co-ordinate and monitor the implementation of these training programmes.

b) The training programme shall be updated as and when required. The structured training programme shall be written up and strictly followed, to enable the examiners to

determine the training undergone by the candidate and the Central council inspectors to assess the same at the time of inspection.

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

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

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

Method of training:

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

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

2.10 Content of each subject in each Part

PART I

REPERTORY

I. Chronological development of repertories from Dr. Hahnemann till now. Their sources, origin, subsequent development and edition. The study of these repertories from different angles, their utility, advantages and disadvantages, scope and limitations.

II. Terminology: Meaning of different technical terms in studying repertory as rubric, sub rubric, cross reference, similar rubric, gradation, rank, elimination, generalization, particularization and synthesis. Interpretation and analysis of terminology used in Boenninghausen's, Kent's, Murphy's, Synthesis, Synthetic, Knerr and Boger's repertories and their applications in the light of modern knowledge.

III. Symptomatology: Definition, Source, different varieties of symptoms, their interrelation and meaning with each other and value in analysis or anamnesis in a case as given by different authors till now. Concept of totality of symptoms and ways of approach according to Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H.A. Robert and Richard Hughes. Boger's contribution to symptomatology and its importance.

- a. Miasmatic understanding of symptoms.
- b. Applying this knowledge to analysis of the case from different perspectives
- c. Case analysis: Importance of anamnesis in case taking and strategy by different authors
- d. Evaluation of symptoms:
 - i. One needs to understand the concepts used in evaluation and its application. Why and how of it.
 - ii. Understanding the different concepts used by different authors i.e. Kent, Boger, and Boenninghausen for evaluation of symptom.
 - iii. Evaluation of symptom by Dr. Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H A Robert, Garth Boericke, Bidwell. Integrated, dynamic and evolutionary concept.

IV. Case Taking: Art of Case Taking in different types of cases as in acute (Individual, Sporadic, Epidemic-Acute diseases with a Chronic background), Chronic (Mental diseases,

intermittent with acute-exacerbation), analysis of the case, clinical diagnosis of the case and

deduction of the case for reportorial purpose.

- i. Reportorial approach in case taking.
- ii. Utility of the repertory in presenting complaint, history of presenting complaint, past history, family history, treatment history, obstetrical history, age, sex etc.
- iii. Obstacle and anticipated difficulty

- iv. Techniques and Patterns of interventions in different situations and category of patients.
- v. Difficulties in taking chronic cases
- vi. Assessment
- vii. To understand the Herring's law of cure and its application in management of cases.
- viii. Applications
 - a. Miasmatic approach in selection of rubrics, methodology of miasmatic cleavage
 - b. Effective utility of repertory in the management of acute diseases
 - c. Importance of pathology in disease diagnosis & individualization in relation to repertory
 - d. Scientific methodology of repertorisation
 - e. Method and criteria in the selection of rubrics, precautions in psychological and psychiatric cases
 - f. Selection of potency and dose
 - g. Remedy response and prognosis

V. Repertorisation: Different methods, types, concepts and process described in different authentic writings, their working methods, advantages and disadvantages and clinical application - Hahnemann, Boenninghausen, Kent, Boger and M.L.Tyler

VI. Classification of repertories into different groups. Uses and importance of different groups of repertories. Clinical application of different repertories in different types of cases. Study of different individual groups of repertories

VII. Detailed study of the following repertories:

- a) Boenninghausen b) Kent c) Boger d) Synthetic e) Synthesis repertory.

A systematic study of each repertories, so that a comprehensive knowledge can be achieved under

- (a) Introduction including source and origin of repertory, about writer, developments and edition subsequently.
- (b) Philosophical background and fundamentals
- (c) Plan & Construction

- (d) Adaptability
- (e) Scope and Limitations,
- (f) Chapter wise detailed study of above repertories and
- (g) Interpretation of rubrics

II. Research Methodology & Biostatistics.

1. Research Methodology:

- a) Research in Biomedicine.
- b) Need of Research and Research Challenges in Homoeopathy.
- c) Types of Research Studies.
- d) Planning of Research Studies (which includes Research Questions, Research Hypothesis, Aims & Objectives, Literature Review, Study Design, Study Sample, Randomization, Blinding, Intervention, Variables, Outcome assessment etc.).
- e) Design and Conduct of Clinical Trials.
- f) Data Collection and Data Management.
- g) Assessing and Reporting Adverse Events.
- h) Ethical Issues in Biomedical Research.
- i) Writing & Publishing Research Studies.

2. Biostatistics

- a) Definition and scope of Biostatistics in Clinical Research.
- b) Types of Data and methods of Data presentation.
- c) Descriptive Statistics (Mean, Median, Mode, SD and Variance etc.).
- d) Correlation and Regression.
- e) Sampling techniques and sample size estimation.
- f) Measures of Morbidity and Mortality.
- g) Data Analysis.
- h) Use of Statistical Software

III. Advanced teaching of the Fundamentals of homoeopathy-

1. Homoeopathic concept of health with a comparative study of modern concept- concept of vital force, Susceptibility, Constitution, temperament.
2. Homoeopathic concept of Disease- definition, different types of causes, classification, symptomatology, Evaluation of symptoms.

3. Posology –principles and criteria for repetition and selection of potency.
4. Auxiliary measures.
5. Prognosis after giving the remedy (Remedy reaction)
6. Prevention of Diseases-homoeopathic and modern concept.
7. Drug Proving-Hahnemann’s method and modern view
8. Dynamisation concepts in different editions of Organon of Medicine
9. Palliation and suppression: different views and scope of homoeopathy in these areas.
10. Application of Kent’s Repertory in clinical practice. Repertorial approach in case taking and case taking in different clinical situations.
11. A brief idea about Homopath, Radar Opus and Complete dynamics.
12. Miasmatic, therapeutic & reportorial approach in
 - i) Common infectious diseases,
 - ii) Nutritional & metabolic disorders,
 - iii) Water & Electrolyte disturbances
 - iv) Palliative care and Pain managementWith special emphasis to their clinical features, diagnosis, prognosis, complications and management.
13. Micro teaching- teacher training and faculty development techniques
14. Recent advances in homoeopathic research. Application of genetics & genomics in research of homoeopathy
15. In-depth study of select polychrest remedies

1	Alumina	26	Lycopodium
2	Ammonium carb	27	Mag carb
3	Antim crud	28	Medorrhinum
4	Apis mel	29	Merc sol
5	Arg nit	30	Natrum mur
6	Ars alb	31	Natrum sulph
7	Aurum met	32	Nitric acid
8	Baryta carb	33	Nux vom
9	Calc carb	34	Phosphoric acid
10	Calc phos	35	Phosphorus
11	Causticum	36	Platina
12	Cinchona	37	Plumbum met
13	Cuprum met	38	Psorinum
14	Ferrum met	39	Pulsatilla
15	Flouric acid	40	Sepia
16	Graphites	41	Silicea
17	Hepar sulph	42	Staphysagria
18	Hyoscyamus	43	Stramonium
19	Ignatia	44	Sulphur
20	Iodum	45	Syphilinum
21	Kali bich	46	Tarentula Hispanica
22	Kali carb	47	Thuja
23	Lac caninum	48	Tuberculinum
24	Lachesis	49	Veratrum alb
25	Lilium tig	50	Zincum met

PART II

I. Detailed study of Puritan groups of repertories Gentry and Knerr

II. Critical Study of the following repertories:-

- i. Kunzli's Repertorium Generale
- ii. Kent's Final General Repertory by Pierre Schmidt
- iii. Additions to Kent's Repertory
 - a. George Vithoulkas
 - b. C.M. Boger

- iv. R P Patel's Corrected version of Kent's Repertory
- v. Kent's Comparative Repertory of Homoeopathic Materia Medica by Docks and Kokelenberg
- vi. Essential Synthesis

III. Detailed study of the following General Repertories

- i. Murphy's Repertory
- ii. Boerick's clinical repertory
- iii. Synoptic key
- iv. Phatak's repertory
- v. Clarke's clinical repertory
- vi. Clarke's Prescriber
- vii. Miasmatic Repertory by R P Patel
- viii. Repertory of Nosodes by Berkeley Squire
- ix. Pocket manual of Repertory of Homoeopathic Medicines by Bryant
- x. Materia Medica of Nosodes with Repertory by O. A. Julian
- xi. Repertory of Drug Pathogen city by Richard Hughes
- xii. Allen's Symptom Register
- xiii. Repertory of the more characteristic symptoms of our materia medica by C Lippe
- xiv. Jahr's Repertory
- xv. Systematic Alphabetic Repertory of Homoeopathic Materia Medica by C M Boger
- xvi. Fragmenta de Verebes Medicamentorum Positivus.

IV. Special or regional Repertories

- i. Bell's diarrhoea
- ii. H C Allen's fever
- iii. Minton's uterine disease
- iv. Berridge -eye
- v. Douglas - skin.
- vi. Repertory of Respiratory System by Vondenberg
- vii. Herring's Analytical repertory of Mind
- viii. Robert's Rheumatic Remedies
- ix. Repertory of Psychic medicines by Gallavardin
- x. Times of Remedies and Moon phases by C M Boger
- xi. Norton A B – Ophthalmic diseases and Therapeutics

- xii. Repertories of Desires and Aversion by Guernsey
- xiii. Homoeopathy and Child care by S K Tiwari
- xiv. Repertory of Symptoms of Rheumatism and Sciatica by Pulford
- xv. Intermittent fever with Repertory by Wells
- xvi. Intermittent fever by W A Allen
- xvii. Sensations as if by H A Robert
- xviii. Talcot's Disease of Mind
- xix. Cough and Expectoration by Lee and Clarke

V. Interpretation and comparative study of Mind rubric, effective methods of tracing and converting mental symptoms, miasmatic study of individual rubrics in mind chapter. Problems in interpretation of mind rubrics.

VI. Card repertory: History and development of different card repertories and classification Plan construction, Philosophical background, working method, clinical uses, advantages and disadvantages of Card Repertories. Study of Kishore's Card Repertory in detail.

VII. Mechanically aided Repertories

- i. Application of Information and communication Technology (ICT) in Homoeopathy-medical apps and software .Practice building & concept of digital clinic –how to set up and promote your clinic/hospital
- ii. Computer Repertories: In-depth knowledge of computer application in Homeopathic repertorisation. Comprehensive knowledge of latest version of software packages like HRS, Hompath, RADAR, Similimum, ISIS, Opus, Stimulare, P&W Synopsis, Mercurius, Complete Dynamics and their uses.
- iii. Comparative study of different software. History, evolution, merits & demerit.

VIII. System – Based diseases- diagnostic procedures, miasmatic basis, general and Homoeopathic Management

- i. Cardio – Vascular system
- ii. Respiratory system
- iii. Endocrine system
- iv. G.I.T. including liver and pancreas
- v. Haematological disorders
- vi. Musculoskeletal disorders
- vii. Neurological disorders
- viii. Genitourinary disorders

ix. Common dermatological conditions

Paper Division

PART I

Paper I – Repertory

1. Chronological development of repertories
2. Terminology
3. Symptomatology
4. Case Taking
5. Repertorisation
6. Classification of repertories into different groups
7. Detailed study of the following repertories:
 - a) Boenninghausen
 - b) Kent
 - c) Boger
 - d) Synthetic
 - e) Synthesis repertory.

Paper II- Research Methodology & Biostatistics

- i. Research Methodology
- ii. Biostatistics

Paper III- Advanced teaching of the Fundamentals of homoeopathy

PART II

Paper I -Repertory

1. Detailed study of Puritan groups of repertories Gentry and Knerr
2. Critical Study of the following repertories:-
 - i. Kunzli's Repertorium Generale
 - ii. Kent's Final General Repertory by Pierre Schmidt
 - iii. Additions to Kent's Repertory - George Vithoulkas - C.M. Boger
 - iv. R P Patel's Corrected version of Kent's Repertory
 - v. Kent's comparative Repertory of Homoeopathic Materia Medica by Docks and Kokelenberg
 - vi. Essential Synthesis
3. Detailed study of the following General Repertories
 - i. Murphy's Repertory

- ii. Boerick's clinical repertory
- iii. Synoptic key
- iv. Phatak's repertory
 - v. Clarke's clinical repertory
- vi. Clarke's Prescriber
- vii. Miasmatic Repertory by R P Patel
- viii. Repertory of Nosodes by Berkeley Squire
- ix. Pocket manual of Repertory of Homoeopathic Medicines by Bryant
- x. Materia medica of Nosodes with Repertory by O. A. Julian
- xi. Repertory of Drug Pathogen city by Richard Hughes
- xii. Allen's Symptom Register
- xiii. Repertory of the more characteristic symptoms of our materia medica by
C Lippe
- xiv. Jahr's Repertory
- xv. Systematic Alphabetic Repertory of Homoeopathic Materia Medica by C
M Boger
- xvi. Fragmenta de Verebes Medicamentorum Positivus.

Paper II- Repertory

I. Special or regional Repertories

- i. Bell's diarrhoea
- ii. H C Allen's fever
- iii. Minton's uterine disease
- iv. Berridge -eye
- v. Douglas - skin.
- vi. Repertory of Respiratory System by Vondenberg
- vii. Herring's Analytical repertory of Mind
- viii. Robert's Rheumatic Remedies
- ix. Repertory of Psychic medicines by Gallavardin
 - x. Times of Remedies and Moon phases by C M Boger
- xi. Norton A B – Ophthalmic diseases and Therapeutics
- xii. Repertories of Desires and Aversion by Guernsey
- xiii. Homoeopathy and Child care by S K Tiwari
- xiv. Repertory of Symptoms of Rheumatism and Sciatica by Pulford
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- xvi. Intermittent fever by W A Allen
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II. Interpretation and comparative study of Mind rubric, effective methods of tracing and converting mental symptoms, miasmatic study of individual rubrics in mind chapter. Problems in interpretation of mind rubrics.

III. Card repertory:

IV. Mechanically aided Repertories

- i. Application of Information and communication Technology (ICT) in Homoeopathy-medical apps and software .Practice building & concept of digital clinic –how to set up and promote your clinic/hospital
- ii. Computer Repertories: In-depth knowledge of computer application in Homeopathic repertorisation. Comprehensive knowledge of latest version of software packages like HRS, Hompath, RADAR, Similimum, ISIS, Opus, Stimulare, P&W Synopsis, Mercurius, Complete Dynamics and their uses
- iii. Comparative study of different software. History, evolution, merits & demerit.

Paper III - Practice of Medicine

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

- i. Cardio – Vascular system
- ii. Respiratory system
- iii. Endocrine system
- iv. G.I.T. including liver and pancreas
- v. Haematological disorders
- vi. Musculoskeletal disorders
- vii. Neurological disorders
- viii. Genitourinary disorders
- ix. Common dermatological conditions

2.11 No: of hours per subject

Residential programme

2.12 Practical training

Given under clause No:2.10

2.13 Records

40cases followed up during the Part I course.

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

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

2.14 Dissertation:

THESIS

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

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

2.15 Speciality training if any

Not applicable

2.16 Project work to be done if any

Not applicable

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

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

2.18 Prescribed/recommended textbooks for each subject

1. Chronic Diseases : Hahnemann S (Theoretical part)
2. Materia Medica Pura : Hahnemann S (Philosophical part)
3. Lesser Writings selected and translated by R E Dudgeon - Hahnemann S
4. Lesser Writings : Boenninghausen, Kent, Hahnemann, Farrington
5. New Remedies, Clinical cases and Lesser Writings : J T Kent
6. Study of Materia medica & Case taking : C M Boger
7. The Genius of Homoeopathy : Stuart Close
8. Principles and art of cure by Homoeopathy : H A Robert
9. Principles of Homoeopathy : Garth Boericke
10. A Brief Study course in Homoeopathy : Wright Elizabeth
11. Principles & Practice of Homoeopathy : Richard Hughes
12. Life & Works of Samuel Hahnemann : Haehl Richard
13. Lectures on the theory & practice of Homoeopathy : Dudgeon E
14. The Chronic & Pseudo-psora : Allen J H
15. Chronic Diseases, its cause & cure : Banerjee P N
16. Synoptic Key to Materia medica : Boger C M
17. The Science of Homoeopathy : Vithoukas G
18. Chronic miasms in Homoeopathy & their cures : Dr R P Patel
19. Analysis of the Rubric/ Symptoms of Dr Kent's Repertory : Dr R P Patel
20. Principles & Practice of Homoeopathy : Dr M L Dhawale
21. Studies in the Philosophy of Healing: C M Boger
22. Essentials of Repertorisation : Dr S K Tiwari
23. Homeopathic Methodology – Jodd Rowe
24. Mental symptom in Homoeopathy – Luis Detinis
25. Hahnemannian Totality Symposium Volumes – Symposium Council – M L Dhawale
26. Perceiving the rubrics of Mind – Farokh J Master

27. Complete Repertory
28. Thematic Repertory- Dr.S.K.Tiwari
29. Evolution of Repertories & Repertorisation – Jugal Kishore
30. Principles & Art of Practical Repertorisation – Munir Ahamed

2.19 Reference books

1. The art of teaching Medical students-Pritha Bhuiyan
2. Essential skill for a Medical teacher-Ronald M Harden
3. Genetics and Genomics-WaseemAhamed
4. Genetics in Medicine-Thompson and Thompson
5. Davidson`s principles and practice of Medicine
6. Harrison`s Principles of Medicine.
7. A comparison of chronic miasms – Phyllis Speight
8. Miasmatic Diagnosis – S.K. Banerjee
9. Lectures on Homoeopathic Materia Medica -Kent JT
10. Leaders in homoeopathic Therapeutics- Nash EB
11. Key Notes -HC Allen
12. A Clinical Materia Medica- Farrington EA
13. Pocket Manual of the Homoeopathic. Materia Medica -Boericke W
14. A study on Materia Medica -Choudhuri N.M.
15. Keynotes and Red Line symptoms of the Materia Medica- Lippe A
16. A manual of Materia Medica, Therapeutics and Pharmacology with Clinical Index -
Blackwood AL

2.20 Journals

All available journals related to the subject

2.21 Logbook

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

3. EXAMINATIONS

3.1 Eligibility to appear for exams [including Supplementary]

As per the clause “Schedule i.e., approximate months of regular / supplementary exams” given below

3.2 Schedule of Regular/Supplementary exams

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

3.3 Scheme of examination showing maximum marks and minimum marks

The examination shall be conducted in two parts namely:

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

Part I Examination

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

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

Examiners

a. Qualifications:

- i. MD (Hom). Regular degree (3 years of regular study).
- ii. Professor or Reader/Associate Professor with a total teaching experience of not less than seven years in the concerned subject

b. A panel of examiners shall be prepared by the University for a period of 3 years.

c. One of examiners shall be the guide. Minimum number of examiners shall be four out of which 50% should be external.

With a view to providing experience to prospective internal examiner, Skilled Assistants may be permitted, in concurrence with the External Examiners, to be present in the Examination Hall. The role of skilled assistants, however, shall be confidential, only to carrying out the instructions of the Examiners

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

M.D. (Hom) Repertory

Subjects	Theory		Practical including viva-voce		Total	Pass marks
	Max	Min	Max	Min		
1. Repertory	100	50	50	25	150	75
2. Research methodology & bio-statistics	100	50	-	-	100	50

3. Advanced teaching of fundamentals of Homoeopathy	100	50	50	25	150	75
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(II) Part –II M.D. (Hom.) Examination-Full marks of each subject and minimum number of marks required to pass shall be as under

Subjects	Theory		Practical including viva-voce		Total	Pass marks
	Max	Min	Max	Min		
Paper 1 -Repertory	100	50				
Paper 2-Repertory	100	50				
Paper 3-Practice of medicine	100	50	250	125	550	275

3.4 Papers in each year

As given under clause no: 2.10

3.5 Details of theory exams

As given under clause no: 2.10 &3.3

3.6 Model question paper for each subject with question paper pattern

See Annexure 1

3.7 Internal assessment component

Not applicable

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

As given under clause “Content of each subject in each year “ & “Scheme of examination showing maximum marks and minimum marks “ see 3.3 &3.10

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

As given under clause no: 3.3

3.10 Details of viva:

Division of marks

Viva-voce shall be conducted separately by each examiner and coordinated by the senior most internal examiner. The same person shall finalize the mark sheet of practical and Viva-voce examinations, in consultation with the other examiners. The examination shall be aimed to test the clinical acumen, ability and working knowledge of the student in the practical aspect of the speciality and his/her fitness to work independently as a specialist.

Division of marks of viva/ practical should be as follows

PART 1

PAPER I-Repertory

Practical		
Sl. No	Item	Marks
1	Short case	5
2	Long case	10
3	Log book	10
4	Total (1+2+3)	25
Viva Voce		
5	Viva Voce	25
6	Grand total (4+5)	50

PAPER III- Advanced teaching of the Fundamentals of homoeopathy

Practical		
Sl. No	Item	Marks
1	Long case	10
2	Micro Teaching	10

3	Log book	5
4	Total (1+2+3)	25
Viva Voce		
5	Viva Voce	25
6	Grand total (4+5)	50

PART II

Practical:			
Sl. No	Item		Marks
1	Short case		20
2	Long case	Presentation	10
		Clinical Examinations-	10
		Provisional diagnosis, D/d ,investigations	10
		Case analysis, evaluation	10
		General and medicinal management	10
3	Spotters-(X-ray ,ECG, Lab investigations etc..) (5 items x 3 marks each)		15
4	Micro teaching		5
5	Log book		10
6	Total (1+2+3+4+5)		100
Viva voce based on			
7	Speciality		100
8	Dissertation		50
9	Total (7+8)		150
10	Grand Total(6+9)		250

4. INTERNSHIP

4.1 Eligibility for internship

Not applicable for PG courses

4.2 Details of internship

Not applicable for PG courses

Annexure 1

MD (Hom) Part I Degree Examinations

Specialty - Repertory

Paper I – Repertory

Time: 3 Hrs

Max. Marks: 100

- Answer all questions
- Draw diagrams whenever necessary

Essay:

(20)

1. Explain in details about the case taking in different clinical situations and conditions. How the History of Presenting complaint, History of past illness, Family History and Treatment history helps in repertorisation. Explains with suitable examples from modern repertories.

Short Essays:

(8x10=80)

2. What do you mean by “cross-repertorisation”? What are the different methods of cross-repertorisation? Discuss the advantage of having many repertories.
3. How do you justify the use of TPB today? Compare the philosophical background and construction of TPB with Kent’s Repertory
4. Discuss the concept of repertory as evolved by Hahnemann. Mention chronological development of repertories till the time of Kent
5. Compare the case taking in mental diseases given by Hahnemann with case taking methods used in modern psychiatry. What is the relationship between one-sided disease & mental disease?
6. Explain the merits and demerits of different methods and techniques of repertorisation
7. Explain the utility of concomitant symptoms, Schein symptoms, particular symptoms and lesser accessory symptoms in repertorisation and prescription
8. Write denotation of the following. Give the repertories, chapter, rubric and sub rubric
 - a. Dotage
 - b. Febricula
 - c. Gonarthocace
 - d. Morvans disease
 - e. Volkmann’s syndrome

- f. Podagra g. White swelling h. Neurosis cordis i. Phlegmatic j. Strophulus Volaticus
9. Explain briefly the need of classification of repertories. How we will overcome the limitations of repertory?

MD (Hom.) Part I Degree Examinations
Paper II - Research Methodology and Biostatistics
(Common to all specialties)

Time: 3 Hrs

Max. Marks: 100

- Answer all questions
- Draw diagrams whenever necessary

Essay:

(20)

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

Short Essays:

(8x10=80)

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

MD (Hom.) Part I Degree Examinations
Paper III - Advanced Teaching of Fundamentals of Homoeopathy
(Common to all speciality)

Time: 3 Hrs

Max. Marks: 100

- Answer all questions
- Draw diagrams whenever necessary

Essay:

(20)

1. Discuss the role of miasms in the pathogenesis, clinical presentation and complications of Type II Diabetes Mellitus. Discuss the therapeutics based on Kent's Repertory

Short Essays:

(8x10=80)

2. Elaborate the sycotic component of Medorrhinum & Thuja in the mental sphere.
3. Illustrate the remedy relationship between Pulsatilla, Silicea & Fluoric acid
4. What is anamnesis? How does the history, history of presenting complaint, family history & treatment history help in case taking & repertorisation. Explain with example from different repertories
5. Comment on the merits of software in repertory. Make brief note on salient features of RADAR, COMPLETE DYNAMICS & HOMPAT
6. Describe the various criteria for selection of potency & repetition of remedy
7. Discuss in detail on evaluation of symptoms
8. Write a note on disorders of copper metabolism, its clinical presentation & miasmatic basis
9. Briefly describe Complication of Mumps, with indications of Pulsatilla & Jaborandi in management

MD (Hom) Part II Degree Examinations

Specialty - Repertory

Paper I – Repertory

Time: 3 Hrs

Max. Marks: 100

- Answer all questions
- Draw diagrams whenever necessary

Essay:

(20)

1. Comment on the basic difference in the philosophy of grading of remedies (1, 2, 3,4etc) in Synthesis, Murphy and Complete repertory. Explain the importance of various signs used in the synthesis repertory like black dots, asterisk, down arrow, square brackets, remedies without brackets and without dots etc.

Short Essays:

(8x10=80)

2. Kent's Comparative Repertory of Homoeopathic Materia Medica by Docks and Kokelenberg, its construction, relevance and application in today's practice
3. How you will convert physical examination findings and lab investigations into rubrics. Explain with examples from Synthesis Repertory
4. Synthesize rubrics for the following conditions from Kent's repertory
(a) Side effects of vaccination (b) Adenoids (c) Retarded child
(d) Politicians (e) Osteoarthritis
5. Explain the construction, relevance, merits and demerits of three repertories on rheumatism
6. Give the main remedy in the following rubrics from Synthesis repertory
a) Stomach pain >rubbing the abdomen b) Tonsillitis accompanied by salivation
c) Prophylaxis remedy for diphtheria d) Consolation > e) Astigmatism
7. Write denotations: Give the chapter, rubric and sub rubrics in Synthesis Repertory:-
a) IBS b) Bereavement c) Bulbar paralysis d) Second childhood e) Cholera f) PID
g) Ichor h) Claudication pain i) Headache increase and decrease with sun
j) Name a chapter with no 4-mark medicines and No Kunzli's dots

8. Short notes a) India's contribution to repertory b) Difference between Synthesis and Essential Synthesis c) Herring's Analytical repertory of Mind d) Boenninghausen's classification of sensations e) Boger's contribution to symptomatology
9. Why the modern repertoires and modern schools of homoeopathy incorporating Boenninghausen's concepts?

MD (Hom.) Part II Degree Examinations

Speciality – Repertory

Paper II – Repertory

Time: 3 Hrs

Max. Marks: 100

- Answer all questions

Essay:

(20)

1. Murphy's Repertory. –its language, major difference between 2nd& 3rd editions. Major and minor criteria in gradation of remedies. Murphy's concept of totality. Utility in modern times. Four important south Indians mentioned in this repertory

Short Essays:

(8x10=80)

2. Explain the different methods of analysis used in RADAR software
3. What are the priorities in the selection of rubrics in Mind, Physical Generals and Particulars?

What are the main problems in interpretation of mind rubrics and you will overcome it.

4. Differentiate the following rubrics with examples and miasm
 - (a) Absent minded, Absorbed, Abstraction of mind (b) Avarice, Miserly, covetous
 - (c) Aversion, Hatred, Misanthropy, Disgust (d) Contradiction disposition to, Contr. Intolerant of, Contrary (e) Arrogance, Haughty, Vanity, Boasting
5. Write short notes on:
 - a) Boerick's repertory b) Expression of Cross reference in various repertoires c) Phatak's Repertory d) Sensation as if Repertory by HA Robert e) Complete dynamics
6. Explain Repertoires on Fever and make a comparison with fever chapter of BBCR.
7. Mention the rubrics with chapter in Murphy's repertory (3rd Edition)

a) Cancer Metastasis b) IVDP c) Jet lag d) Side effects of infertility treatment e) Ailments from different occupations f) Tinea Versicolor g) Nappy rash h) Recurrent fever in children i) Hair fall j) Chronic reactions to vaccination

8. Briefly explains

a) Clarke's clinical repertory b) Repertory of Drug Pathogen city by Richard Hughes

9. Comment on a) Need of miasmatic study of rubrics b) Homopath software in research

MD (Hom.) Part II Degree Examinations

Paper III – Practice of Medicine

(Common for Materia Medica, Homoeopathic Philosophy, Repertory & Psychiatry Specialties)

Time: 3 Hrs

Max. Marks: 100

- Answer all questions
- Draw diagrams whenever necessary

Essay:

(20)

1. Discuss the differential diagnosis of Polyarthrititis. How will you diagnose and manage a case of SLE. Comment on the role of miasms in its aetio-pathogenesis & clinical manifestations.

Short Essays:

(8x10=80)

2. Discuss the differential diagnosis of tremor. Write the clinical presentation and role of anti miasmatic medicines in the management of Parkinsonism

3. Discuss investigations to be done in a patient presenting with secondary hypertension. Write a note on complications of Hypertension

4. Write the various radiological changes in the chest x-ray in a patient with Bronchogenic Carcinoma. Discuss the role of repertory in managing a case of bronchogenic carcinoma.

5. Write the differential diagnosis of papulo-squamous skin disorders. Discuss the clinical presentation and its homoeopathic management & reportorial approach

6. Discuss the aetiopathology & clinical presentation of hereditary spherocytosis. Comment on its miasmatic background.

7. Write in detail the investigation to be done in a patient presenting acute pancreatitis. Discuss its complication and rubrics.

8. Discuss the cause and clinical presentation of hyponatremia

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