

KERALA UNIVERSITY OF HEALTH SCIENCES
THRISSUR- 680596, KERALA
REGULATIONS, CURRICULUM, AND SYLLABUS OF
POST GRADUATE DEGREE COURSES IN
HOMOEOPATHY(MD.HOM)
(With effect from 2012-13 admission)

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1. Introduction

1.1 PREAMBLE

The regulation of the Post Graduate courses in Homoeopathy being conducted by the Kerala University of Health Sciences is in accordance with the recommendations of the Central Council of Homoeopathy with an emphasis on the health needs of the Kerala state.

1.2 NOMENCLATURE OF THE DEGREE

- a) MD(HOM)- Doctor of Medicine in Homoeopathy- Materia Medica
- b) MD(HOM) - Doctor of Medicine in Homoeopathy- Organon of Medicine
- c) MD(HOM)-Doctor of Medicine in Homoeopathy- Repertory

2. AIMS AND OBJECTIVES OF THE COURSE

- 1) The goal of post graduate 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

3. REGULATIONS

3.1 ACADEMIC ELIGIBILITY FOR ADMISSION

1) No candidate shall be admitted to MD (HOM) course unless he possesses the degree of:

- a) Bachelor of Homoeopathic Medicine and Surgery or equivalent qualification in Homoeopathy after undergoing a course of study of not less than five and half years duration including one year compulsory internship: or
- b) Bachelor of Homoeopathic Medicine and Surgery(GradedDegree)or equivalent qualification in Homoeopathy included in the Second schedule of the Act, after undergoing a course of study not less than two years duration.

2) The University or the authority prescribed by the State Government as the case may be, shall select the candidate on merit for Post Graduate Course.

3.2 REGISTRATION

A candidate on admission to the MD (HOM) shall apply to the University for registration

- a). By making a formal application in the prescribed format
- b) original degree certificate
- c) Original Council registration certificate.
- d) Equivalency and migration certificate wherever needed.
- e) Original SSLC/ equivalency certificate.
- f) The fees prescribed for the course.

3.3 DURATION OF THE COURSE

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 post graduate 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.

3.4 Course shall comprise:

(i) M.D.(Hom.) Organon of Medicine

- (i) Homoeopathic Philosophy and Organon of Medicine
- (ii) Practice of Medicine
- (iii) Materia Medica Or Repertory and
- (iv) Research Methodology, Bio-statistics & History of Medicine

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

- (i) Materia Medica
- (ii) Practice of Medicine
- (iii) Homoeopathic Philosophy and Organon of Medicine or Repertory and
- (iv) Research Methodology, Bio-statistics & History of Medicine

(iii) M.D.(Hom.) Repertory

- (i) Repertory
- (ii) Practice of Medicine
- (iii) Materia Medica or Homoeopathic Philosophy & Organon of Medicine and
- (iv) Research Methodology, Bio-statistics & History of Medicine

3.5 PERIOD OF COMPLETION OF COURSE

Twice the duration of the course

3.6 MEDIUM OF INSTRUCTION

The medium of instruction is English

3.7 ATTENDANCE

For the PG Students 365 days of the year are working days. The students are permitted to avail casual leave for 20 days, but not more than 10 days at a stretch. All PG students are eligible

for weekly off on Sundays. Those who are on duty on Sunday can avail compensatory weekly off within the week. This will be allowed by the Head of Department/Unit chief concerned without affecting the routine functioning of the department. All public holidays are working days for the post graduate students. The students are not entitled to avail any seasonal holidays/ study leave. Hence for calculation of attendance the effective no. of working days in an academic year would be 313day (365days-52 weekly off).

The candidate will also be eligible for leave supported by medical certificates and other “leave under exceptional circumstances” recommended by Head of Departments and sanctioned by the Head of Institution subject to a maximum of 63 days including casual leave (20% of the 313days) per year, exclusive of Sunday/weekly off. 80% attendance is compulsory during each year for the 3years of MD (HOM) course. If the candidate is absent for more than 10 days without prior notice, he/she will be terminated from the course and liquidated damage will be levied. Any type of leave including maternity and medical leave and casual leaves taken during the P. G. course will not be considered for calculating attendance for that calendar year (from date of joining to corresponding date of next year).

CMEs, workshops and other academic programmes conducted by recognized academic bodies are essential aspects of PG training programme. All PG students may be permitted to attend such programmes without affecting the routine working of the department concerned. The Heads of the Departments shall sanction duty leave to PG students provided they apply before the CME programme and the Head of the department is convinced about the genuinity of the programme and utility of the particular programme. There shall be a limit of 10 days for such duty leave in a year

Condonation will be allowed as per the Rules of Kerala University of Health Sciences

3.8 a) POST GRADUATE TEACHING CENTRE

1) The centre shall fulfill the minimum requirements as prescribed in the Homoeopathy(Minimum standard of Education) Regulation 1983 for undergraduate training. The centre shall obtain evaluation and approval from the Central Council of Homoeopathy before starting of MD Course

2) Post Graduate Department should have the following additional facilities namely,

a) One full time Professor in the department of speciality

b) One Reader/Associate Professor

c) Staff such as two Attendants

d) Departmental Library

e) Outpatient and inpatient departments with all facilities including clinical lab.-minimum of 250 patients in the OPD per day

f) Three beds shall be earmarked for each student

3.9 Qualification of Teacher/ Guide

1. MD (HOM) degree (3 yrs of regular study) in the concerned subject, included in the second schedule of the act.
2. Professor or Reader/ Associate Professor with a total teaching experience of not less than eight years in the concerned subject
3. Lecturer with eight years teaching experience as lecturer
4. Maximum age limit of the examiner shall be 70yrs

3.10 STUDENT GUIDE RATIO:-

- a) The student-Guide/supervisor ratio shall be 3:1 if the Guide/supervisor is of Professor cadre
- b) The student-Guide/supervisor ratio shall be 2:1 if the Guide/supervisor is of Reader/Asso.Prof. cadre
- c) The student-Guide/supervisor ratio shall be 1:1 if the Guide/supervisor is of Lecturer cadre

3.11 TRAINING PROGRAMME

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

3.12 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.

3.13 TEACHING.

All Post Graduate Student should take part in the teaching of undergraduate medical students.

3.14 THESIS

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

Each candidate should submit the dissertation (4 copies) six months prior to the completion of the course. The University will sent it to three experts(one internal two external) with instructions to return it within two weeks after valuation.

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

3.15 Obtaining eligibility certificates.

The University will release the Provisional & Permanent degree certificate only on the receipt of the course certificate issued by the Principal, based on the recommendation of the Head of the concerned department of the course. The course commences from the date on which the first candidate joins the course.

3.16 EXAMINATION

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) a certificate of having completed one year house job in the collegiate hospital.

(C) Examiners

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

One of examiners shall be the guide. Minimum number of examiners shall be three 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

3.17 CRITERIA FOR PASS

Criteria for pass mark is minimum 50% mark, and there is no provision for grace mark. The student shall be declared if he gets minimum 50% for theory and 50% marks for clinical/ practical including Viva- voce examination. The result declared by University shall be "Pass" or "Fail" but no marks shall be conveyed. Mark list will not be given ordinarily.

3.18 AWARD OF DEGREE

A Candidate who has passed all the subject of MD (HOM) will be eligible for award of degree.

3.19 Migration/ Transfer of students undergoing any post graduate course shall not be permitted under any circumstances

3.20 Norms of re-admission

If a candidate is not appearing in the college for more than six months, he/she, on the recommendation of the head of Institution should get permission from the university for re-joining.

Re- admission will be considered strictly as per the conditions stipulated in the norms of the respective Statutory Council.

4. COURSE CONTENT

Part 1

Course of study

1. Post graduate degree course shall be in the following subjects

- a. MD(Hom) Homeopathic Materia Medica
- b. MD (Hom) Organon of Medicine
- c. MD (Hom) Repertory

2. 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 post graduate students.

b. The candidate should secure 80% attendance for the

i First year, i.e. during house job.

ii First half of 2nd year.

iii Last one and half year.

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

4. 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.

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

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

7. The PG student may be permitted to attend seminars, symposium and other academic programmes 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.

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

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

Part I Exam

Name of Paper	% of attendance required
Paper I	80%
Paper II	80%
Paper III	80%
Paper IV Section A Section B	80% 80%

Part II Exam

Name of subject	% attendance required
Paper I & II	80%
Paper III	80%
Paper IV	80%

10. 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. Subsidiary subject will be selected and inform the university within six months of admission .

Besides subject of speciality every candidate has to appear in examination of (subsidiary) subjects as given below:-

Organon of Medicine

Repertory

Homoeopathic Materia Medica

Each course shall comprise of the following

(i) M.D.(Hom.) Organon of Medicine

(i) Homoeopathic Philosophy and Organon of Medicine

(ii) Practice of Medicine

(iii) Materia Medica or

Repertory and

(iv) Research Methodology, Bio-statistics & History of Medicine

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

(i) Materia Medica

(ii) Practice of Medicine

(iii) Homoeopathic Philosophy and Organon of Medicine

or

Repertory and

(iv) Research Methodology, Bio-statistics & History of Medicine

(iii) M.D.(Hom.) Repertory

(i) Repertory

(ii) Practice of Medicine

(iii) Materia Medica

Or

SYLLABUS AND SCHEME OF EXAMINATION

ORGANON OF MEDICINE

Part I

1. A) General Philosophy

Universal Concept of life in general and human being in particular with special reference to Hahnemannian concept with all his related writing. Universal concept of mind, physical world, different expression of physical world, its different components and their relationship. (The above topics shall be studied according to the following scheme)

- Introductory analysis: Subject matter and scope- Question for Philosophy, the branches of Philosophy.
- Philosophy and the Science – Logic, metaphysics & theory of causation. (Emphasis should be given to Aristotle's Philosophy)
- Science & Inductive methods of Logic: Philosophy of man-Empiricism (Should be taught from the point of view of Francis Bacon and J.S. Mill)
- The Doctrine of Force – The doctrine of monads – Life force (should be dealt in the context of Leibniz and Bergson)
- Part and whole relation – Organic view- philosophy of nature and philosophy of mind (should be taught on the basis of Hegel)
- A brief profile of the following recent trends: Existentialism, Realism, Phenomenology, Pragmatism, Positivism and Analytic Philosophy
- Medical Philosophy of Hahnemann with schools of Philosophy.

Ref: Books of Philosophy

- 1) A History of Philosophy – Frank Thilly
- 2) A History of Modern Philosophy – W.K. Wright
- 3) A History of Philosophy – Windelband
- 4) A History of Modern Philosophy – Hoffding. H
- 5) The Genius of Homoeopathy – Stuart Close
- 6) The Principles and Art of Cure by Homoeopathy – H.A. Roberts
- 7) Principles & Practice of Homoeopathy- Richard. Hughes
- 8) The science of Therapeutics-Dunham

B) Basic psychology of Human beings

General Psychology

- Introduction to Psychology – Definition schools and branches of psychology.
- Biology of Brain – brain during sleep, activity.
- Learning, memory, thinking including language development, motivation, emotion and stress including psychosomatic disorders, attention, perception, Intelligence.

Personality .Anxiety, Fear, Dreams

- Psychological assessment and testing – oriented on different methods of studying behaviour.
- Different approaches of psychology with reference to personality of Sigmund Freud, Carl Jung, Alfred Adler, Cattell, Karen Horney, Carl Rogers, Doller and Miller, Maslow.

Developmental Psychology

- Normal developments since birth to old age
- Biological, social and vocational hazards of each age group in development and its effects on later behaviour.

Social Psychology

- Social psychology – definition, new perceptive, attitudes, aggression with health related hazards due to aggression.
- Social psychology –application to medicine.

Ref- Books

- 1) Introduction to Psychology- Clifford T Morgan
- 2) General Psychology – S K Mangal
- 3) Psychology – Robert A Baron
- 4) Understanding Psychology – Robert S Feldman
- 5) Developmental Psychology – A life span approach – Elizabeth B Hurlock
- 6) Social Psychology – Robert A Baron and Donn Byrne
- 7) Abnormal Psychology-Saen&Saven

C) History of medicine

- The History of Medicine of ancient times prevalent in Greece China, Arabia and India
- Medicine of 17th 18th and 20th century
- History of Medicine – including a short study of history, development and spread of Homeopathy in modern times in India, USA, Germany and UK.

- Origin and emergence of Homoeopathy in India with a short biographical sketch including the contributions of Indian pioneers.

Ref- Books

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

Organon of medicine- Basic principles and introduction

- Introduction to Organon of Medicine:-
Review of the therapeutics, allopathy and palliative treatment that have hitherto been practiced in old school of medicine.
- Basic principles of Homeopathy

PART- II

Organon of Medicine

PAPER - I

Organon of Medicine and Homoeopathic Philosophy

A critical study of Organon of Medicine 5th and 6th edition with special emphasis to

- Dynamic concept of Health, Disease (sick) and Cure.
- Holistic concept of disease, Classification of disease, Methods of framing portraits of disease and construction of different types of totality.
- Comparative study of different ways of acquiring knowledge of medicine in ancient times and in Homeopathic System. An understanding is necessary about how other systems of therapeutics are acquiring medicinal knowledge.
- Concept of Dr. Hahnemann, Dr. Kent, Dr. Boenninghausen, Dr. Richard Hughes, Dr. Dunham in the selection of medicine, potency, dosage and time of repetition of medicine through the principles of individualization.
- Critical study on the renewed concept of Dr. Hahnemann with reference to the potency and repetition of medicine in the sixth edition of Organon of Medicine.

- Concept of prognosis and follow up after administration of Homeopathic medicine
- A comparative study of symptoms of three miasms.
 - Organon of medicine 5th & 6th (full text) and important changes in the different editions in the principles of Homoeopathy through a thorough study of the Appendix
- A comparative study of Hahnemanian concept diagnosis with reference to aphorisms chronic disease to modern concept of diagnosis.

PART II

PAPER - II

Homoeopathic Philosophy, Chronic Disease & Miasm

- A critical study on the evolution of the concepts and principles of Homoeopathy through making a bird's eye view on Lesser writings of Hahnemann
- Concepts of Homoeopathic philosophy of Dr. Kent, Dr. H.A. Roberts, Dr. Dunham, Dr. Stuart close and Dr. Richard Hughes
- Concepts of cause - effect relationship with reference to the miasmatic concept of Dr. Hahnemann – The chronic Disease and their peculiar nature.

Dr. J.H. Allen – The chronic Miasms

Dr. P.N. Banerjee (Dr. N. Ghatak) – Chronic disease its cause & treatment.

Dr. Kent

Dr. Stuart Close

Dr. H. A. Roberts

Dr. M. L. Tyler

- Application of miasmatic concept in cleavage the symptoms of prominent anti miasmatic, polychrest remedies

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

1. Organon of medicine- Hahnemann 5th and 6th edition
2. Lectures on Homoeopathic philosophy – Dr. J.T. Kent
3. The Genius of Homoeopathy – Dr. Stuart Close
4. The principles and Art of Cure by Homoeopathy – H.A. Roberts
5. The Principles and Practice of Homoeopathy – Dr. Richard Hughes
6. The Science of Therapeutics – Dr. C. Dunham
7. The Lesser Writings – Boenninghausen (A contribution to the judgement concerning the characteristic value of symptoms)
8. A manual of Pharmacodynamics – Richard Hughes
9. Materia Medica Pura – Hahnemann
10. A compend of the principles of Homoeopathy – Garth Boericke
11. A commentary on Organon of Medicine – B.K. Sarkar
12. Lectures on theory and practice of Homoeopathy -R.E. Dudgeon
13. Art of case taking and Practical Repertorisation in Homoeopathy – Dr. R.P. Patel
14. Homoeopathy its principle and Doctrine – Dr. R.P. Patel
15. Lesser writings – Dr. Kent
16. The hidden treasures of last Organon – P. Schmidt
17. A comparison of chronic miasms – Phyllis Speight
18. Miasmatic Diagnosis – S.K. Banerjee
19. Hahnemann's conception of chronic disease, as by Parasitic micro-organism – Dr. M.L. Tyler

ORGANON OF MEDICINE HOMOEOPATHIC PHILOSOPHY

Paper Division- Main

Part I

Paper I:-

Theory (i) (100 marks)

- 1) General philosophy
- 2) Basic psychology of Human being

Theory Paper (iv) (100 marks)

- 1) Research methodology and Bio statistics
- 2) History of medicine, Basic Principles of Homoeopathy

Part II

Paper I

Theory (100 marks)

Organon of medicine and Homoeopathic philosophy – (Theoriticaly Oriented)

Paper II

Theory (100 marks)

Homoeopathic Philosophy, chronic disease and miasms – (Oriented on clinical aspect)

NOTE; For the part I Examination the syllabus for main and subsidiary subjects is same. For the Part II Examination of those candidates who opts Organon as subsidiary subject theory examination will be based on questions from Paper I of part II exam. for 100 marks only. Paper II of Part II is exclusively to candidates who opts Organon as Main subject

HOMOEOPATHIC MATERIA MEDICA

The purpose of this course is to train the Homoeopathic graduates 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.

SYLLABUS

I. Basic Materia medica

1. Materia Medica – Definition
2. Sources
 - a. Of drugs- plant ,animal etc
 - b. Of symptoms – drug proving , toxicological, clinical
 - c. Of Materia Medica- source books

3. Drug proving and collection of symptoms- Methodology of
4. Dr. Hahnemann,CCRH,others etc..
5. Symptoms - classification – Different authors
6. Materia Medica
 - a. Scope and limitations of Materia Medica
 - b. Science and philosophy of Materia Medica
 - c. Construction and types of Materia Medica
 - d. Study of Materia Medica- different approaches
 - e. Critical review of Materia Medica of various authors
 - f. Application of Materia Medica – the elements involved in Homoeopathic philosophy,clinical medicine, Homoeopathic Repertory and materia medica pura

II. Study of Homoeopathic drugs

1. Study of pure effects of Homoeopathic drugs from all sources, books and to interpret the same
2. Study of relationship of remedies
3. Comparative study of Materia medica
 - a. detailed study of polychrest drugs with their drug pictures
 - b. therapeutic indications of all drugs with special reference to rare remedies
4. to ascertain the clinical efficacy of various Homoeopathic drugs by clinical trials of partially proved drugs , conduct the drug proving with new or partially proved drugs.
5. Practice of Homoeopathy - in medicine ,surgery , obstetrics and gynaecology (Homoeopathic concepts and therapeutics only)

III. Group study-study of group characteristics with remedy differentiation

-Classification of various medicines

1. Mineral kingdom

2. Animal kingdom

3. Vegetable kingdom

4. Sarcodes, Nosodes, Bowel nosodes, Bach flower remedies, Imponderabilia etc

IV. Applied materia medica

Therapeutic study of Materia Medica (drugs in various clinical conditions)

DIVISION OF SYLLABUS

HOMOEOPATHIC MATERIA MEDICA-

MD (HOM) part I

A. Basic materia medica

B. Mineral kingdom

MD(HOM) PART II

PAPER I- Animal kingdom

Vegetable kingdom

PAPER II- Sarcodes, Nosodes, Bowel nosodes, Imponderabilia

- Clinical materia medica(**therapeutics**)

Subsidiary Syllabus

SYLLABUS

Basic Materia medica

- a. Materia Medica – Definition
- b. Sources
 - II.b.i. Of drugs- plant ,animal etc
 - II.b.ii. Of symptoms – drug proving , toxicological, clinical etc
 - II.b.iii. Of Materia Medica- source books
 - II.b.iii.1. Materia Medica Pura
 - II.b.iii.2. Chronic Diseases
 - II.b.iii.3. Allen’s Encyclopedia
 - II.b.iii.4. Hering’s Guiding Symptoms
- c. Drug proving and collection of symptoms- Methodology of Dr. Hahnemann,CCRH,others etc..
- d. Materia Medica
 - II.d.i. Nature, Scope and limitations of Materia Medica
 - II.d.ii. Study of Materia Medica- different approaches

III. Study of Homoeopathic drugs

- a. Group study-study of group characteristics with remedy differentiation of the following:
 - III.a.i. Mineral kingdom – Natrum/ Kali/ Calcarea / Halogens / Metals / Acids
 - III.a.ii. Animal kingdom – Ophidia / Arachnidae / Milk Remedies
 - III.a.iii. Vegetable kingdom – Ranunculaceae / Solanaceae / Compositae / Loganaceae / Umbelliferae / Liliaceae
 - III.a.iv. Sarcodes, Nosodes, Imponderabilia etc
- b. Study of relationship of remedies
- c. Comparative study of Materia medica
- d. In-depth study of drugs given in KUHS BHMS syllabus
- e. Detailed study of polychrest drugs with their drug pictures

DIVISION OF SYLLABUS

MD (HOM) PART I

- (1.a.i.1) Basic materia medica
- (1.a.i.2) Mineral kingdom
- (1.a.i.3) Sarcodes, Nosodes & Imponderabilia

MD(HOM) PART II

- (1.a.i.4) Animal kingdom
- (1.a.i.5) Vegetable kingdom
- (1.a.i.6) Clinical Materia Medica(Therapeutics)

SYLLABUS FOR MD (HOM) REPERTORY

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

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

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

- 1. Miasmatic understanding of symptoms.
- 2. Applying this knowledge to analysis of the case from different perspectives
- 3. Case analysis: Importance of anamnesis in case taking and strategy by different authors

4. Evaluation of symptoms:

1. One needs to understand the concepts used in evaluation and its application. Why and how of it.
2. Understanding the different concepts used by different authors i.e. Kent, Boger, and Boenninghausen for evaluation of symptom.
3. Evaluation of symptom by Dr. Hahnemann, Boenninghausen, Kent, Boger, Stuart Close, H A Robert, Garth Boericke, Bidwell. Integrated, dynamic and evolutionary concept.

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

(a) Dynamics and Methods of case studying

(b) Interview:

1. Interview Structure
2. Interview Process
3. Obstacle and anticipated difficulty
4. Techniques and Patterns of interventions in different situations and category of patients.
5. Difficulties in taking chronic cases
6. Assessment
7. To understand the Herring's law of cure and its application in management of cases.
8. Applications
 - a. Miasmatic approach in selection of rubrics, methodology of miasmatic cleavage
 - b. Effective utility of repertory in the management of acute diseases

c. Importance of pathology in disease diagnosis & individualization in relation to repertory

d. Scientific methodology of repertorisation

e. Method and criteria in the selection of rubrics, precautions in psychological and psychiatric cases

f. Selection of potency and dose

g. Remedy response and prognosis

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

6. Classification of repertories into different groups. Uses and importance of different groups of repertories. Clinical application of different repertories in different types of cases.

Study of different individual groups of repertories

7. Detailed study of the following repertories:

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

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

(a) Introduction including source and origin of repertory, about writer, developments and edition subsequently. (b) Philosophical background and fundamentals (c) Plan & Construction (d) Adaptability (e) Scope and Limitations, (f) Chapter wise detailed study of above repertories and (g) interpretation of rubrics

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

9. Critical Study of the following repertories:-

1. Kunzli's Repertorium Generale

2. Kent's Final General Repertory by Pierre Schmidt

3. Additions to Kent's Repertory

- George Vithoulkas

- C.M. Boger

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

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

6. Essential Synthesis

10. Detailed study of the following General Repertories

1. Murphy's Repertory

2. Boericke's clinical repertory

3. Synoptic key

4. Phatak's repertory

5. Clarke's clinical repertory

6. Clarke's Prescriber

7. Miasmatic Repertory by R P Patel

8. Repertory of Nosodes by Berkeley Squire

9. Pocket manual of Repertory of Homoeopathic Medicines by Bryant

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

11. Repertory of Drug Pathogen city by Richard Hughes

12. Allen's Symptom Register

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

14. Jahr's Repertory

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

16. Fragmenta de Verebes Medicamentorum Positivus.

11. Special or regional Repertories

1. Bell's diarrhea

2. H C Allen's fever

3. Minton's uterine disease
4. Berridge -eye
5. Douglas - skin.
6. Repertory of Respiratory System by Vondenberg
7. Herring's Analytical repertory of Mind
8. Robert's Rheumatic Remedies
9. Repertory of Psychic medicines by Gallavardin
10. Times of Remedies and Moon phases by C M Boger
11. Norton A B – Ophthalmic diseases and Therapeutics
12. Repertories of Desires and Aversion by Guernsey
13. Homoeopathy and Child care by S K Tiwari
14. Repertory of Symptoms of Rheumatism and Sciatica by Pulford
15. Intermittent fever with Repertory by Wells
16. Intermittent fever by W A Allen
17. Sensations as if by H A Robert
18. Talcot's Disease of Mind
19. Cough and Expectoration by Lee and Clarke

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

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

14. Mechanically aided Repertories

1. Auto-Visual Repertory

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

PRACTICAL

40 cases followed up during the Part I course.

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

PAPER DIVISION:

PART I

Repertory

Paper I - Items 1 to 7 above

PART II

Repertory

Paper I – Items 8 to 10 above

Paper II – Items 11 to 14 above

RECOMMENDED READING :

Chronic Diseases : Hahnemann S (Theoretical part)

Materia Medica Pura : Hahnemann S (Philosophical part)

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

Lesser Writings : Boenninghausen, Kent, Hahnemann, Farrington

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

Study of Materia medica & Case taking : C M Boger

The Genius of Homoeopathy : Stuart Close

Principles and art of cure by Homoeopathy : H A Robert

Principles of Homoeopathy : Garth Boericke

A Brief Study course in Homoeopathy : Wright Elizabeth

Principles & Practice of Homoeopathy : Richard Hughes

Life & Works of Samuel Hahnemann : Haehl Richard

Lectures on the theory & practice of Homoeopathy : Dudgeon E

The Chronic & Pseudo-psora : Allen J H

Chronic Diseases, its cause & cure : Banerjee P N

Synoptic Key to Materia medica : Boger C M

The Science of Homoeopathy : Vithoulkas G

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

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

Principles & Practice of Homoeopathy : Dr M L Dhawale

Studies in the Philosophy of Healing: C M Boger

Essentials of Repertorisation : Dr S K Tiwari

Homeopathic Methodology – Jodd Rowe

Mental symptom in Homoeopathy – Luis Detinis

Hahnemannian Totality Symposium Volumes – Symposium Council – M L Dhawale

Perceiving the rubrics of Mind – Farokh J Master

Complete Repertory

Thematic Repertory- Dr.S.K.Tiwari

Evolution of Repertories & Repertorisation – Jugal Kishore

Principles & Art of Practical Repertorisation – Munir Ahamed

NOTE; For the part I Examination the syllabus for main and subsidiary subjects is same. For the Part II Examination of those candidates who opts Repertory as subsidiary subject theory examination will be based on questions from Paper I of Part II exam. for 100 marks only. Paper II of Part II is exclusively to candidates who opts Repertory as Main subject

(Iv) History of Medicine, Scientific Methodology including Research Methodology and Statistics

- a) History of Medicine- evolution of Medicine with special emphasis on Hahnemann's contribution to medicine in General.
- **b) Basic concept of Logic, Philosophy**
- 1. Introductory analysis Subject matter and scope- question for philosophy- The branches of philosophy
- 2. Philosophy and the sciences- Logic, metaphysics and theory of causation
- 3. Logic-Inductive &deductive (On the basis of Aristotle, Lord Bacon, & J S Mill)
- 4. The doctrine of Force- The Doctrine of monads- Life force (note- Should be dealt in the context of Leibniz & Bergson)

- 5. Part and whole relation- Organic view- Philosophy of nature & Philosophy of mind (Note- Should be taught on the basis of Hegel)
- 6. An outline treatment of the following recent trends: Existentialism, Realism & Phenomenology, Pragmatism, Positivism & Analytical Philosophy
- **c) Scientific Methodology including research methodology & biostatistics**
- 1. Definition and scope of Statistics
- 2. Sources and Presentation of Statistical data, Primary data, Secondary data, Classification, Tabulation, Presentation of statistical data by diagrams, graphs, charts etc.
- 3. Measures of Central tendency or averages
- Introduction- Difference averages-Definition- Merits &demerits- Partition values- Graphical location of the partition values
- 4. Measures of variation or dispersion
- Introduction – definition of different measures of variation, Merits & demerits- Co- efficient of variation- Skewness, Kurtosis
- 5. Correlation & Regression scatter Diagram- Correlation coefficient- Limits of correlation coefficient-Rank correlation- Lines of Regression Coefficient
- 6. Sampling Theory
- Introduction- Advantages of sampling- Principle steps in a sample survey- Different methods of sampling- sampling and nonsampling error
- 7.Theory of probability
- Introduction- Definition of various terms- Law of addition of Probability- Multiplication- Law of Probability- Conditional Probability
- 8. Theoretical Distributions
- Introduction-Binomial distribution- Normal Distribution, Chi-square Distribution & T Distribution- Standard error
- 9. Tests of significance

`Practice of Medicine

Part I

1. Infectious diseases –Diagnosis-General and medicinal management
2. Water and electrolyte disturbances-Acid –base imbalance-Its management
3. Nutritional and metabolic disorders-Management of deficiency diseases-Role of Supplementation
4. Clinical Immunology and Clinical Genetics-Diagnosis of Genetic disorders and their miasmatic basis
5. Palliative care and Pain management
6. Common Paediatric diseases, their diagnosis and Management
7. Common dermatological conditions- Diagnosis-General medical management

Practice of Medicine

Part II

System-Based diseases, diagnostic procedures, miasmatic basis General and Homeopathic Management

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

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

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

Subjects	Theor y	Practical including Viva-Voce	Total	Pass marks
(i) Materia Medica	100	50	150	75
(ii) Practice of Medicine	100	50	150	75
(iii) Homeopathic Philosophy and Organon of Medicine or Repertory	100	50	150	75
(iv) Research Methodology Bio- statistics and History of Medicine	100	--	100	50

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

Subjects	Theory	Practical including Viva-Voce	Total	Pass marks
(i) Homeopathic Philosophy and Organon of Medicine	100	50	150	75
(ii) Practice of Medicine	100	50	150	75
(iii) Materia Medica or Repertory	100	50	150	75
(iv) Research Methodology Bio- statistics and History of Medicine	100	--	100	50

(c) M.D. (Hom.) Repertory-

Subjects	Theory	Practical including Viva-Voce	Total	Pass marks
(i) Repertory	100	50	150	75
(ii) Practice of Medicine	100	50	150	75
(iii)Materia Medica or Homeopathic Philosophy and Organon of Medicine	100	50	150	75
(iv) Research Methodology Bio-statistics and History of Medicine	100	--	100	50

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

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

Subjects	Theor y	Practical including Viva-Voce	Total	Pass marks
(i) Materia Medica Paper I Paper II	100 100	200	400	200
(iii) Practice of Medicine	100	50	150	75
(iv) Homeopathic Philosophy and Organon of Medicine or Repertory	100	50	150	75

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

Subjects	Theor y	Practical including Viva-Voce	Total	Pass marks
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(i) Homeopathic Philosophy and Organon of Medicine Paper I Paper II	100 100	200	400	200
(iii) Practice of Medicine	100	50	150	75
(iv) Materia Medica or Repertory	100	50	150	75

(c) M.D.(Hom.) Repertory-

Subjects	Theor y	Practical including Viva-Voce	Total	Pass marks
(i) Repertory Paper I Paper II	100 100	200	400	200
(iii) Practice of Medicine	100	50	150	75
(iv)Materia Medica Homeopathic Philosophy and Organon of Medicine	100	50	150	75

PART II

Declaration of Results

All the examiners shall jointly assess the knowledge of the candidate for recommending the result to the University.

For Part I & Part II exams, Board of examiners shall convene a meeting after the completion of Viva Voce/ Practical examination to finalize the results and to recommend to the University that a candidate may be declared as passed or failed.

For Part I & Part II examinations, a candidate who fails in any of the three general subjects or special subjects shall be declared to have failed in that subject or subjects only, and he shall have to appear for the failed subject or subjects only on subsequent appearance in the examination.

A candidate who failed in the examination may appear again in the next examination without undergoing further course of study.

PART IV

MONITORING LEARNING PROGRESS

During the First Year of the course every post graduate student should undergo one year compulsory house job at hospital. The hospital authorities should regulate, supervise the duties of Post graduate students at hospital.

It is essential to monitor the learning progress of each candidate through continuous and regular assessment. It not only help teachers to evaluate students but also students to evaluate themselves. The monitoring be done by the staff of the department based on participation of students in various teaching learning activities. It may be structured and assessment be done using checklists that assess various aspects.

The learning outcomes to be assessed should include

1) Personal attitude

2) Acquisition of Knowledge

3) Clinical skills

4) Teaching skills

5) Dissertation

1) Personal attitudes:- The essential items are:

- Caring attitude towards patient
- Initiatives
- Organizational ability
- Potential to cope with stressful situations and undertake responsibility
- Trustworthiness and Reliability
- To understand and communicate intelligibly with patients and others

- To behave in a manner which establishes professional relationship with patients and colleagues
- Ability to work in a team
- A critical enquiring approach to the acquisition of Knowledge

The methods used mainly consist of observation. It is appreciated that these items require a degree of subjective assessment by Guide, Supervisors and Peers.

2) Acquisition of Knowledge

The methods used comprise of “ Log book” which records participation in various teaching training activities attended and the number in which presentations are made are to be recorded. The logbook should periodically be validated by the Supervisors. Some of the activities are listed and the list is not complete or final. Institutions may include additional activities if so desired.

A) Journal review/ Website review meetings

The ability to do literature search, in depth study, presentations skills and use of audio visual aiders are to be assessed. Faculty members and peers attending the meeting using a checklist make the assessment.

During the P.G. course each P.G. students shall make 10 journals club presentation and 5 website reviews and maintain the copies of journals on which presentation is make and maintain a record of journal club presentations.

B) Seminar/ Symposia:

The topics should be assigned to the students well in advance to facilitate depth in study. The ability to do literature search, in depth study, presentation skills and use of audio-visual aids are to be assessed using a checklist.

Each P.G. student shall present 10 seminar papers, take part in at least 20 seminars/ symposium during the P.G. course and maintain the records of seminar notes/presentations and also he/she should present a paper /participate in at least one national level seminar/conferences.

C) Assignments:

Each P.G. student shall take up five assignments per year from second year on wards and present ten assignments during the course period and maintain a copy of assignments taken up by the P.G. student.

D) Clinical Skills

Day to day work: Skills in OPD and IPD work should be assessed periodically. The assessment should include the candidate's sincerity and punctuality, analytical ability and communication skills.

Clinical Presentations: Candidates should periodically present to his peers and faculty members. This should be assessed using a checklist.

Each P.G. student shall present at least 20 case presentations during the period of P.G. course and maintain the records of case presented.

E) Teaching Skills

Candidates should be encouraged to teach under graduate medical students. This performance should base on assessment by the faculty members of the department and from feedback from the undergraduate students.

Each student shall conduct at least 25 classes for Undergraduate students during the P.G course and maintain the records.

F) Dissertation in the Department

Periodic presentations are to be made in the department. Initially the topic selected is to be presented before submission to the University for Registration , again before finalization for critical evaluation and another before final submission of the completed work.

G) Periodic tests:-

The department may conduct if possible three tests, two of them be annual tests, one at the end of first year and the other in second year. The third test may be held three months before final examination. The tests may include written papers, practical/clinical and viva-voce.

11) Records:-

Records, Log books, 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.

12) Log Book:

The Log book is a record of the important activities of the candidate during his training. Internal Assessment should be based on the evaluation of the logbook. Collectively log books are a tool for the evaluation of the training programs of the Institution by external agencies. The record

includes academic activities as well as the presentations and procedures carried out by the candidate.

J) Procedure for Defaulters

Every department should have a committee to review such situations. The guide and head of the department counsel the defaulting candidate. In extreme cases of default the departmental committee may recommend that defaulting candidate be withheld from appearing the examination, if she/he fails to fulfill the requirements in spite of being given adequate chances to correct himself or herself.

PART V

FORMAT OF OBSERVATIONAL CHECK LISTS

Model Evaluation form of Journal Review Presentation

Name of the Student

Name of Faculty/ Observer

Date:

Sl No	Items for observation during Presentation	Poor	Below Average	Average	Good	Very Good
1	Articles chosen was					
2	Extent of understanding of scope and objectives of the paper by the candidate					
3	Whether cross-references have been consulted					
4	Whether other relevant publications consulted					

5	Ability to respond to questions on the paper/ subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
Total Score						

Model Evaluation form for Seminar Presentation

Name of the student

Name of Faculty/Observer

Date:

Sl No	Items for observation during Presentation	Poor	Below Average	Average	Good	Very Good
1	Whether other relevant publication consulted					
2	Completeness of preparation					
3	Whether cross-references have been consulted					
4	Understanding of the subject					
5	Ability to respond to questions on the paper/ subject					
6	Audio visual aids used					
7	Ability to defend the paper					
8	Over all performance					
9	Any other observation					
Total Score						

Model Evaluation form for Clinical Works in IPD/OPD

Name of the student

Name of faculty/ Observer

Date:

(To be completed once in a month by respective unit heads including posting in other departments if any)

Sl No	Items for observation	Poor	Below Average	Average	Good	Very Good
1	Regularity of attendance					
2	Punctuality					
3	Interaction with colleagues and staff					
4	Maintenance of case record					
5	Presentation of case during rounds					
6	Investigations work up					
7	Bedside manners					
8	Rapport with patients					
9	Counseling of patients and relatives					

10	Overall quality of ward work					
Total Score						

Model Examination form for Clinical Presentation

Name of the student

Name of Faculty/ Observer

Date:

Sl No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all negative & positive points of importance					
6	Accuracy of general physical examination					
7	Whether all physical signs elicited properly					
8	Whether all major signs interpreted					
9	Diagnosis : follows logically from history & findings					
10	Investigations : Complete, relevant, proper					

11	Ability to react questioning-follows logically from history & findings					
12	Ability to defend diagnosis					
13	Ability to justify differential diagnosis					
14	Other points					
Total Score						

Model Evaluation form for Teaching Skill Practice

Name of the student

Name of the Faculty/ Observer

Date:

Sl No	Points to be considered	Strong Point	Weak Point
1	Communication of the purpose of the talk		
2	Evokes audience interest in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples & illustrations		
6	Speaking style – enjoyable, monotonous etc...specify		
7	Attempts audience participation		
8	Summary of main points at end		
9	Ask questions		
10	Answer questions asked by the audience		
11	Rapport of Speaker with audience		
12	Ability to defend questions		

13	Effectiveness of the talk		
14	Audio Visual aids		
Total Score			

Model Evaluation form for Dissertation Presentation

Name of the student

Name of faculty/Observer

Date:

Sl No.	Points to be considered	Poor	Below average	Average	Good	Very Good
1	Interest shown in the selection of topic					
2	Appropriate review of literature					
3	Discussion with Guide & Faculty					
4	Quality of protocol					
5	Preparation of proforma					
6	Usefulness of the work					
Total Score						

Continues Evaluation form for of Dissertation work by Guide/ Co-Guide

Name of the student

Name of the faculty/Observer

Date:

Sl No	Points to be considered	Poor	Below Average	Average	Good	Very Good
1	Periodic consultation with guide/co-guide					
2	Regular collection of case material					
3	Depth of analysis/ Discussion					
4	Departmental presentation of findings					
5	Quality of final output					
6	Usefulness of the work					
Total Score						

Question papers(New syllabus)

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (HOMOEOPATHY) ORGANON OF MEDICINE

Part I Examination

Homoeopathic philosophy & Organon of Medicine

Paper I

Time: 3 Hrs.

Total Marks: 100

Answer all questions

1. Explain behaviourism , biological basis of behaviour and different methods of assessing behaviour. (15)
2. Memory - definition , stages in memory processing , types of memory and methods to improve memory. (15)

Short notes

1. Stress
2. Motivation
3. Perception of form
4. Emotion (4 x 5 = 20)
 1. Relate Aristotle's philosophy with Homoeopathic philosophy (15)
 2. Logic – explain the concept of Bacon and J.S.Mill (15)

Short notes

1. Monad
2. 'Definition'
3. Metaphysics
4. Hegel's part to whole relationship (4 x 5 = 20)

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (HOMOEOPATHY) ORGANON OF MEDICINE

Part II Examination

Homoeopathic Philosophy & Organon of Medicine Paper- 1

Time: 3 Hrs.

Total Marks: 100

1. Discuss Hahneman's concept regarding the evolution of minimum dose. 20
2. Make a comparative study regarding the potency and repetition of medicines in 5th & 6th edition of Organon 20
3. Explain the concept of prognosis and follow up after administration of Homeopathic medicine. 20
4. Explain the philosophic outlook of Hahnemann in publishing the different editions of Organon 20
5. Describe the scope of Homoeopathy in the Pharmacotherapy field 20

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (HOMOEOPATHY) ORGANON OF MEDICINE

Part II Examination

Homoeopathic Philosophy & Organon of Medicine Paper- 2

Time: 3 Hrs.

Total Marks: 100

1. Compare the mental symptoms of the 3 miasms 20
2. What is the importance of individualisation in Homoeopathy? 20
3. "The Dynamics and the Life Force are Hahnemann's greatest discovery and the absolute bedrock of his system." Discuss. 20
4. Write a critical essay on the Psora Theory of Dr. Hahnemann 20
5. A critical study on the evolution of the concepts and principles of Homoeopathy making a bird's eye view on Lesser writings of Hahnemann 20

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (HOMOEOPATHY) ORGANON OF MEDICINE

Part I Examination

Homoeopathic Philosophy & Organon of Medicine (SUB)

Time: 3 Hrs.

Total Marks: 100

1. Explain behaviourism , biological basis of behaviour and different methods of assessing behaviour. (15)
2. Memory - definition , stages in memory processing , types of memory and methods to improve memory. (15)
3. Short notes
 - 1.Stress
 - 2.Motivation
 - 3.Perception of form
 - 4.Emotion (4 x 5 = 20)
4. Relate Aristotle's philosophy with Homoeopathic philosophy (15)
5. Logic – explain the concept of Bacon and J.S.Mill (15)
6. Short notes
 - 1.Monad
 - 2.'Definition'
 - 3.Metaphysics
 - 4.Hegel's part to whole relationship (4 x 5 = 20)

Part II Examination

Homoeopathic Philosophy & Organon of Medicine (SUB)

Time: 3 Hrs.

Total Marks: 100

1. Discuss Hahneman's concept regarding the evolution of minimum dose. 20
2. Make a comparative study regarding the potency and repetition of medicines in 5th & 6th edition of Organon 20
3. Explain the concept of prognosis and follow up after administration of Homeopathic medicine. 20
4. Explain the philosophic outlook of Hahnemann in publishing the different editions of Organon 20
5. Describe the scope of Homoeopathy in the Pharmacotherapy field 20

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (HOMOEOPATHY) Part I Examination

PRACTICE OF MEDICINE

(Common to all speciality)

Paper II

Time: 3 Hrs.

Total Marks: 100

Answer all questions

1. A child age 8 years was found to have Glycosuria on routine urine examination. How will you proceed to rule out diabetes mellitus and other causes of glycosurea. What are the clinical presentations of Diabetes Mellitus in different age groups? Give the specific indications of two important homoeopathic drugs in the management of complications.

(5+5+5+5= 20 Marks)

2. What are the aetio-pathogenesis, clinical presentations and complications of coronary artery disease? Discuss the investigations in detail.

(5+5+5+5= 20 Marks)

3. Discuss the clinical features and diagnosis of Ulcerative colitis. Give the indications of two important homoeopathic remedies.

(5+5+5+5= 20 Marks)

4. Explain the aetio-pathogenesis, clinical presentations and diagnosis of Rheumatoid arthritis. How will you explain the evolution of symptoms in terms of chronic miasms.

(5+5+5+5= 20 Marks)

5. Write short notes on

(5X4=20 Marks)

- a) Haemolytic anaemias
- b) Multiple sclerosis
- c) Malaria
- d) Hypothyroidism

MD (HOMOEOPATHY) Part II Examination

PRACTICE OF MEDICINE

(Common to all speciality)

Paper III

Time: 3 Hrs.

Total Marks: 100

Answer all questions

1. What are the causes and clinical presentations of vitamin B12 deficiency? Explain the investigations in detail. Describe the miasmatic expressions of the clinical presentations at deferent stages.

(5+5+5+5= 20 Marks)

2. Give the aetiopathogenesis and clinical features of Acute Lekaemias. Write the specific indications of two important homoeopathic remedies during acute blast crisis.

(5+5+5+5= 20 Marks)

3. What is essential Hypertension? How will you investigate? Explain its complications and the general management as of a life style disorder.

(5+5+5+5= 20 Marks)

4. Describe the aetiopathogenesis, and clinical features of Bronchogenic carcinoma. Give the indications of two important homoeopathic remedies.

5. Write short notes on:

(5X4=20 Marks)

- a) Idiopathic Thrombocytopenic purpura
- b) Motor Neuron Disease
- c) Dengue shock syndrome
- d) Addison's disease

MD (Hom) Part 1 Examination

Paper iv:

Research Methodology, Biostatistics and History of Medicine

(Common to all speciality)

Time 3hrs

Max.Marks 100

(Answer all Questions)

Part A

1. Discuss the need and utility of planning of statistical design. Explain clearly the steps involved in conducting a clinical trial. 15

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 1 0 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. 20

3). Write short notes on 3x5

- (a) Skewness.
- (b) Properties of normal probability curve.
- (c) Rank correlation

Part B

4). Give a detailed sketch of development of medicine in 17th, 18th and 19th century 20

5) Why Dr. Constantine Hering was known as “father of homoeopathy” in America ? Write in details about his literary work and contribution to homoeopathy 15

6) .Write short notes on:

- a) Chinese medicine 3x5
- b) Introduction of Homoeopathy in India
- c) Contribution of Arabian medicine

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (Hom)(REPERTORY)

Part 1 Examination

REPERTORY - PAPER I

Time :3 hrs

Max: 100 marks

1. Discuss the concept of repertory as evolved by Hahnemann. Mention chronological development of repertories till the time of Kent.
(10+15=25)
2. What do you mean by “cross-repertorisation”? what are the different methods of cross-repertorization? Discuss the advantage of having many repertories.
(10+10+5=25)
3. How do you justify the use of TPB today? Compare the philosophical background and construction of TPB with Kent’s Repertory
(10+15=25)
4. Write short notes on:
 - a) Hahnemann’s method of repertorisation
 - b) Qualified mentals in Boger’s Repertory
(10x2= 20)
5. Write denotation of the following
 - a. Revelry
 - b. Scurfy
 - c. Podagra
 - d. Phlegmatic
 - e. Steatoma
(5)

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (Hom) REPEERORY

Part 11 Examination

Repertory

PAPER I

TIME : 3 hrs

MAX: 100 marks

1. Card repertories – Its evolution and formation till date. Explain in detail Kishore Card Repertory (10+15=25)
2. Murphy's Repertory, its construction and its application in today's practice 15+10=25)
3. Explain Gentry's Concordance repertory; Its construction and Utility (20+5=25)
4. Compare Mind rubrics of Knerr's Repertory with Kent's Repertory (15)
5. Write denotations of the following :-
 1. Bright's disease
 2. Bulimia
 3. Fever postponing
 4. Finery
 5. Stenocardia
 6. Festering
 7. Sudoral fever
 8. Ichor
 9. Pernio
 10. Trichinosis(10)

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (Hom) REPEERORY

Part 11 Examination

Repertory

PAPER II

TIME : 3 hrs

MAX: 100 marks

1. What are the salient features of RADAR & ISIS? Compare and contrast (25)
2. Write short notes on:
 1. Douglas Skin
 2. Berridge Eye
 3. Phathak's Repertory
 4. Sensation as if Repertory
 5. Bell's Diarrhoea (5x5=25)
3. Clarke's Clinical repertory; explain its construction and advantage (15+10=25)
4. Explain Repertories on Fever and make a comparison with fever chapter of BBCR. (25)

KERALA UNIVERSITY OF HEALTH SCIENCES

Part 1 Examination

Repertory (SUB)

TIME : 3 hrs

MAX: 100 marks

Time :3 hrs

Max: 100 marks

6. Discuss the concept of repertory as evolved by Hahnemann. Mention chronological development of repertories till the time of Kent.

(10+15=25)

7. What do you mean by “cross-repertorisation”? what are the different methods of cross-repertorization? Discuss the advantage of having many repertories.

(10+10+5=25)

8. How do you justify the use of TPB today? Compare the philosophical background and construction of TPB with Kent’s Repertory

(10+15=25)

9. Write short notes on:

c) Hahnemann’s method of repertorisation

d) Qualified mentals in Boger’s Repertory

(10x2= 20)

10. Write denotation of the following

- a. Revelry
- b. Scurfy
- c. Podagra
- d. Phlegmatic
- e. Steatoma

KERALA UNIVERSITY OF HEALTH SCIENCES

Part II Examination

Repertory (SUB)

TIME : 3 hrs

MAX: 100 marks

6. Card repertories – Its evolution and formation till date. Explain in detail Kishore Card Repertory (10+15=25)
7. Murphy's Repertory, its construction and its application in today's practice (15+10=25)
8. Explain Gentry's Concordance repertory; Its construction and Utility (20+5=25)
9. Compare Mind rubrics of Knerr's Repertory with Kent's Repertory (15)
10. Write denotations of the following :-
 11. Bright's disease
 12. Bulimia
 13. Fever postponing
 14. Finery
 15. Stenocardia
 16. Festering
 17. Sudoral fever
 18. Ichor
 19. Pernio
 20. Trichinosis (10)

f. (5)

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (Hom) Materia Medica

PART I

Paper-I Materia Medica

Time : 3 hours

Total : 100 marks

1. Define Materia Medica. Discuss the Nature, Scope and Limitations of Homoeopathic Materia Medica. 20
2. Discuss the group characteristics of Natrum group of remedies. Elucidate the mental state of Natrum Muriaticum. How will you differentiate Natrum Mur & Silicea 10+5+5
3. Discuss the different sources of Homoeopathic Materia medica. Make a critical review of "Materia Medica Pura" 10 + 10 = 20
4. Write Notes on the following : 5 x 4 = 20
 - a. Kent's Lectures on Homoeopathic Materia Medica
 - b. Relationship of remedies
 - c. Graphites & Kreosote in cancer stomach
 - d. Calc carb & Calc Phos child
5. Write two characteristic symptoms of the following: 2 x 10 = 20
 - a. Kali nitricum
 - b. Merc Sulph
 - c. Aurum mur natronatum
 - d. Alumen
 - e. Natrum salicylicum
 - f. Pix liquida
 - g. Carboneum sulph
 - h. Sulphur iodatum
 - i. Cinnabaris
 - j. Strontium carb

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (Hom) Materia Medica

Part II Examination

Materia Medica- Paper 1

MTime: 3 Hrs.

Total Marks: 100

Answer all questions

1. Mention the drugs under "Sodium group"
Describe in detail the complete symptomatology of "Natrum Mur?" 20
2. Compare and contrast: 20
 - (a) Acylapha Indica with millifolium.
 - (b) Rhus tox with Radium Brom.
 - (c) Kalmia lat with Ledum pal.
 - (d) Aurum Met with staphysagaria.
- 3.. Which are the Homoeopathic medicine prepared from 'magnesium'?
Evolve the common features of magnesium group and compare with Natrum group.
Discuss the clinical use of Mag.Mur in both acute and chronic conditions. 20
4. Discuss the symptomatology of following medicines 20
 - (a) Viscum Alb.
 - (b) Scutellaria
 - (c) Methylene Blue.
 - (d) Lycopus Virg.
5. Write the indications of 20
 - (a) Myrica.
 - (b) Acylapha Indica.
 - (c) Cardus Mar.
 - (d) VIPERA.

KERALA UNIVERSITY OF HEALTH SCIENCES

MD (Hom) Materia Medica

Part II Examination

Materia Medica- Paper II

MTime: 3 Hrs.

Total Marks: 100

Answer all questions

1. Discuss “Homoeopathic Materia Medica — A problem child” 20
2. Evolve the Hahnemannian totality of any polychrest remedy of your choice delineating its acute and chronic totalities and miasmatic expressions. 20
3. Discuss in brief 2 antisycotic remedies (one from vegetable and one from mineral kingdom) from the Homoeopathic Materia Medica, giving the concept of an anti miasmatic remedy, their group features, individual expressions and their differentiations. 20
4. Discuss the chronic recurrent headache with reference to evolution, expression and management under Homoeopathy. Choose four leading remedies as an example. 20
5. Write clinical notes on 20
- (a) Lyssinum.
 - (b) X-ray.
 - (C) Vipera.
 - (d) Mororphaninum.

MD(HOM)Part I EXAMINATION

PAPER III-MATERIA MEDICA (SUB)

(Common to Homoeopathic Philosophy and Repertory)

Time: 3 hours

Maximum marks-100

Answer all questions

Time : 3 hours

Total : 100 marks

1. Define Materia Medica. Discuss the Sources of Homoeopathic Materia Medica. 20
2. Discuss the group characteristics of Acid group of remedies. Elucidate the mental state of Phosphoric Acidum. How will you differentiate Phosphoric acid & Muriatic acid in Typhoid ?

10+5+5

3. Discuss the different ways of studying materia medica. Make a critical review of "Hering's Guiding symptoms"

10 + 10 = 20

4. Write Notes on the following :

5 x 4 = 20

- a. Keynote Materia Medica
- b. Relationship of remedies
- c. Zincum met & Cuprum in Cerebral affections
- d. Calc carb & Silicea child

5. Write two characteristic symptoms of the following:

2 x 10 = 20

- a. Malandrinum
- b. Pix Liquida
- c. Adrenalin
- d. Ferrum Picricum
- e. Chloralum
- f. Calcarea Iod
- g. Natrum Salicylicum
- h. Niccolum
- i. Merc Cyanatus
- j. Hippozaenum

MD(HOM)Part II EXAMINATION

MATERIA MEDICA (SUB)

(Common to Homoeopathic Philosophy and Repertory)

Time:3hours

Maximum marks-100

Answer all questions

Time : 3 hours
marks

Total : 100

1. Discuss the group characteristics of Ophidia. Differentiate Haemorrhagic disorders of a)
Lachesis b)Crotalus Horridus c)Elaps Cor 8 + 12 = 20
2. Discuss the various general indications for prescribing Solanaceae family. Briefly describe
inflammatory disorders of 8 + 12 = 20
 - a. Hyoscyamus
 - b. Stramonium
 - c. Capsicum
3. Give the characteristic symptoms of following : 4 x 5 = 20
 - a. Tarentula Cubensis
 - b. Senega
 - c. Carduus marianus
 - d. Guaiacum
 - e. Bellis perennis
4. Compare and contrast the following : 5 x 4 = 20
 - a. Bufo & Oenanthe crocata in Epilepsy
 - b. Lac defloratum & Iris Versicolor in Sick headache
 - c. Croton tig & Jatropha in cholera
 - d. Cannabis sativa & Copaiva in urethritis

5. Write two characteristic symptoms of the following:

2 x 10 = 20

- a. Mygale
- b. Erigeron
- c. Formica rufa
- d. Senecio aureus
- e. Castoreum
- f. Ranunculus Sceleratus
- g. Aconitum Lycotonum
- h. Agraphis Nutans
- i. Phellandrium
- j. Hydrocotyle