



DR. M. L. DHAWALE MEMORIAL
HOMOEOPATHIC INSTITUTE

(Recognized by the Central Council of Homoeopathy, New Delhi and
Maharashtra University of Health Sciences, Nashik)

Sr. No	Name of the value-added courses (with 15 or more contact hours) offered during the last five years	Course Code (where ever applicable)	Year of offering	Number of students who successfully completed the course in the specified year	Upload relevant documents
1	English Literature Course		2022	25	
2	Standardized Case Record Sessions		2022	87	
3	Homoeopathic management of CRF and ESRD Patients on Haemodialysis		2022	09	
4	Standardized Case Record Sessions		2021	95	
5	English Literature Course		2019	33	
6	Standardized Case Record Sessions		2019	90	
7	English Literature Course		2018	26	
8	Standardized Case Record Sessions		2018	82	

PRINCIPAL
DR. BIPIN S. JAIN
M.D. (Hom.), MBA (Ed. Mgt.)





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COURSE IN ENGLISH LITERATURE AND SKILLS

SYLLABUS for 2019-2020

Sr. no.	Course particulars	Details
1.	Title of the course	Certificate course in English literature and skills
2.	Duration of the course	12 weeks (3 months)
3.	Course goals/objectives	<p><u>Aims:</u></p> <ol style="list-style-type: none">1. To enhance the communication ability (Reading, Listening, Writing and Talking) of the students studying Homoeopathy.2. To develop the logical processes in the students through literature.3. To introduce ICR literature in the early formative days.4. Training of sensitivity through the use of literature. <p><u>Objectives:</u></p> <ol style="list-style-type: none">1. Explaining the difference between Indian syntax (arrangement of words in a sentence) and English syntax to make them aware of the thought-processes involved in using any language2. Getting the students to appreciate the classification of language skills into the four-fold Reading – Listening and Talking – writing skills. This, because awareness leads to control.3. Introducing basic units of grammar as spelt out below in objectives.4. Giving some training to the students in utilizing these grammatical units5. Getting them to develop a grasp of reading skills through the concept of the 'core sentence'.6. Taking their writing skills to the point of writing an accurate and simple paragraph7. Getting them to be participating well in group discussions through awareness about and practice of the rudiments of listening and speaking skills8. Helping them to develop the basic logical processes of Analysis – Synthesis – Verification and Deductive & Inductive Logic9. Opening their sensitivities through exposure to and discussion of comparatively short pieces of literature which focus on simple, single and deep emotions10. Exposing them to a lot of humor to make them comfortable with language.
4.	Course contents, syllabus and curriculum	English Reading, Writing and Communication skill development English Grammar – Parts of speech, tenses, direct and indirect speech, active and passive voice, English literature ICR literature
5.	Teaching methods and tools/ teaching learning methods	<ol style="list-style-type: none">1. Lecturing/ power point presentation2. Discussion3. Small written focused activities4. Reading of general literature/ ICR literature



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6.	Assessment procedure	Pre and post formative evaluation through tests
7.	Texts and reference books	English literature and ICR literature
8.	Course policies	How will you grade all required work? = all assignments, papers and exams, class participation How will you deal with Student behaviour issues – attendance problems, late submissions, request for extensions
9.	Course schedule	12 sessions every week on Friday for 3 hours – 10 am to 1 pm 6 th Dec 2019 to 28 th Feb 2020
10.	Course syllabus	
11.	Refined course design	
12.	Proposed fee's structure	
13.	Eligibility criteria for students	M.D. Part – I
14.	Eligibility criteria for director, course instructor and mentor	Mrs. Rohini M. Belsare, Dr. Madhavi P. Tamboli, M. D (Hom)
15.	Infrastructure - administrative block, equipment, instruments	

Planning of the course

Ssn no.	Date	Topic	Batch
0	25-11-2019	Pre – test	M.D. Part-I
1	6-12-2019	<ol style="list-style-type: none"> 1. Differentiate between the syntax of English and Indian languages. 2. Understand the concept of the core sentence and identify the core sentence of the paragraph. 3. Comprehend the concept of sentence building. 4. Appreciate the construction of OM and SCR 	M. D Part I
2	13-12-19	<ol style="list-style-type: none"> 1. Re visit the core sentence 2. Name and differentiate the different parts of the speech 3. Appreciate the difference in an index and contents 4. Understand the structure and construction of the textbook- Principles and Practice 	
3	20-12-19	<ol style="list-style-type: none"> 1. Name and differentiate the Nouns 2. Pronouns 3. Understand the structure and construction of the books- <ol style="list-style-type: none"> a. Paediatrics in Homeopathy b. Staphysagria 4. Enjoying the various forms of literature through poems and write up 	
4	27-12-19	<ol style="list-style-type: none"> 1. Name and differentiate the Uncountable and Countable Nouns 2. Understand the use of Articles 3. Understand the structure and construction of the books- <ol style="list-style-type: none"> a. Paediatrics in Homeopathy b. Staphysagria 4. Enjoying the various forms of literature through poems and write up 5. Explore their creative talent. 	
5	3-01-20	<ol style="list-style-type: none"> 1. Understand the usage of verbs <ol style="list-style-type: none"> a. Name and differentiate the transitive and intransitive verbs 	



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		<ol style="list-style-type: none"> 2. Utilization of the singular and plural 3. Usage of Adverbs 4. An Introduction of the founders: Biography of LDD, MLD 5. Enjoying the various forms of literature through poems and write up 6. Explore their creative talent 	
6	10-01-20	<ol style="list-style-type: none"> 1. Revise the usage of Adverbs 2. Understand Tenses <ol style="list-style-type: none"> a. Introduction to Tenses b. Present Tense and its uses 3. Enjoying the various forms of literature through poems and write up 4. Explore their creative talent 	
7	17-01-20	<ol style="list-style-type: none"> 1. Revising adverbs 2. Understand Past Tense and its uses 3. Understand Future Tense and its uses 4. Enjoying the various forms of literature through poems and write up 5. Explore their creative talent 	
8	24-01-20	<ol style="list-style-type: none"> 1. Revise Tenses-Past and Future 2. Understand the usage of <ol style="list-style-type: none"> a. Preposition and Conjunction b. Adjectives c. Punctuations 3. Enjoy the various forms of literature through a write up. 4. Explore their creative side 	
9	31-1-20	<ol style="list-style-type: none"> 1. Differentiate between phrases and clauses 2. Identify independent and dependent clauses. 3. Identify simple, compound, and complex sentences. 4. Construct simple, compound, and complex sentences. 5. Effectively use multiple types of sentences in a single piece of writing. 6. Enjoy the various forms of literature through a write up. 	
10	14-2-21	<ol style="list-style-type: none"> 1. Recognize the differences between direct and indirect speech 2. Form statements in indirect speech 3. Enlist the rules for converting direct speech to indirect speech and indirect speech to direct speech 4. Convert sentences from active to passive voice and vice versa. 5. Enjoy the various forms of literature through a write up. 6. Explore their creative side. 	
11	21-02-20	<ol style="list-style-type: none"> 1. Recognize the differences between direct and indirect speech 2. Form statements in indirect speech 3. Enlist the rules for converting direct speech to indirect speech and indirect speech to direct speech 4. Convert sentences from active to passive voice and vice versa. 5. Enjoy the various forms of literature through a write up. 6. Explore their creative side. 	
12	28-02-20	Post test	



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THURSDAY SCR Session

Year 2021

Day and time- Every Thursday, 2.30 PM to 5.30 PM

Case Sr no.	Case name	Topics/Objectives covered in session	Date	*SCR tools	No of students attended	Students Feedback	Plan for further Improvement
1	Case of dermatitis with allergic rhinitis and with leucorrhea Guide- Dr Laveena Number of sessions taken- 5	1) understanding the self as unprejudiced observer through CSEF and LST 2) Understanding the Psychodynamic and psychosomatic theories of Carl Jung, Freud. 3) studying mental state at the level of emotions, thoughts, behaviours, defence	From 20/1/21 to 17/2/21	CSEF LST CI	12	Understanding the similar words and the difference between them while describing patient	Reading Glossary from operational manual discussed some words and its meaning

		mechanism, and dreams at subconscious. 4) Importance of knowledge of physician of various castes, cultures and their norms					
2	Case of Allergic rhinitis and tension headache Guide- Dr Aditya Number of sessions taken- 7	- Understating the importance of history evaluation -Importance of person diagnosis -Psycho-somatic disease - Homeopathic MM and interconnection with conscious ad subconscious mind - Role of observer - Concept of therapeutic problem resolution	7/7/21	Introduction to PDPRIP	16	-	-
		-Concept homeopathic drug and its action -concept of drug disease - Perceiving the disease in patient - Concept of causation	14/7/21 to 29/7/21	PDPRIP Completed	16	Dream and its interpretation Concept was difficult to understand	--Dream analysis was explained though examples --Paper presentation F11 from symposium

		-Concept of group learning -Importance of collecting factual data in case taking -Understanding patient in his circumstances - Concept of unprejudiced observer	5/8/21	Introduction to LST	10	--	volume --
		-Concept of man -Concept of somatization -Knowledges of physician -Different stages of grief -Understanding patient at chronological manner	12/8/21	LST	16	How to understand the patient at various levels ie. Emotions, actions, behaviors and intellect	Student given presentation to Fill the mental state of case and to be discussed in next session
		Learning to understanding the basic dispositional qualities and expression of patient through LST and mental state	19/8/21	Mental state	9	--	Reading paper B from symposium Volume
3	Case of 2-year-old with	-Coming to the psychiatric diagnosis	2/9/21	Introduction to 36 column of	20	Difficulty in understanding of	More symptom

<p>Constipation and ODD</p> <p>Guide- Dr ARK</p> <p>Dates- 26th August 21 to 7th October 21</p> <p>No of Session taken - 5 session</p>	<p>of Oppositional defiant disorder in 2-year-old child</p> <p>-Understanding the concept of symptom classification</p>		<p>symptom classification</p>		<p>symptom and as it is expressed by patient in their own language</p>	<p>needed to classified in next session</p>
	<p>-Classifying all the expressions as common and characteristic, and under various symptomatology headings with help of symptom classification form</p> <p>- Knowing Various Symptoms and its meaning</p>	16/9/21	<p>Symptom Classification</p>	13	--	--
	<p>- Concept of Miasm</p> <p>- Concept of physiological discharges and miasm</p> <p>- disposition, diathesis and disease</p>	23/9/21	--	10	<p>Difficulty in understanding the miasm</p>	<p>More symptom classification as per maismatic classification</p>
	<p>4) Concept of Old and recent symptoms, philosophical correlation of symptomatology</p> <p>-Sycotic Miasm</p>	30/9/21	<p>Symptom classification continued</p>	20	--	--

		5) Learning concept of totality and importance of concomitant in the totality through	7/10/21	Reportorial approach-Boenninghausen's	16	--	--
4	Case of BA Guide- Dr Heena/Dr ARK Dates- 14 October 21 to 2nd December 21 No of Session taken – 6 Session	Evaluation of history given by patient and coming to problem definition and problem resolution, philosophical background behind PDPRIP	14/10/21	History Evaluation	10	--	--
		-Learning to do PDPRIP in case of BA Patient	21/10/21	PDPRIP	16	--	--
		-Patient understanding through analytical tool like Life space table _Role of various precipitating, maintaining and fundamental causations in the genesis of the disease and its expression at mind and body - Concept of dream analysis	28/10/21	LST Dream Analysis Mental state	20	Our own Individual prejudices unable us to go beyond our standards and hampers the patient understanding	Power point presentation on paper of Standard fundamental of function from symposium volume

		Concept of standard fundamentals of function B4 and B5 paper, mind as instrument.	18/11/21	--	16	--	--
		Conceptual Image - miasmatic coverage Essential evolutionary totality	25/11/21	LST completed CI EET	14	--	--
		-Concept of formulating the totality and reportorial approach -Materia medica differentiation between Silica, phosphorus, kali carb	2/12/21	Reportorial totality MM differentiation RREF	10	--	--
5	Case of GERD, Recurrent AGE, BPH Guide- Dr Akshata/Dr ARK Dates- 9 th December 2021 to No of Session taken -	Old SCR data and its significance in case with scantily available data Concept of Homeopathic consultant	9/12/21	History evaluation	13	--	--
		Clinical importance of process of Review of case	16/12/21	--	21	--	--
		Planning case taking with the help of PDPRIP	30/12/21	PDPRIP	15	--	--
		Understanding own feeling states while case taking	3/2/22	LST	16	--	Group activity was given to make LST and

		Patient understanding though LST					PSPD
		Patient understanding though LST and PSPD	10/2/22	LST PSPD	13	--	--
		-concept of defense mechanism Miasmatic travel through CI Learning to fill EET	17/2/22 and 24/2/22	PSPD CI EET	12	--	--
		-Concept of totality of symptom and reportorial totality -Concept of Non reportorial approach	3/3/22 to 10/3/22	Reportorial and non-Reportorial approach	14	--	--

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SCR_FRIDAY_SESSION Module

Session	Title	Number of sessions	Session plan	Session objective	Tool to be demonstrated	Session outcome	Session evaluation	Session assessment	Reading material
	Screening & Completing the assessment	2	<p>1st session: This can also be done by "drama" when a patient and doctor are oriented to converse and the students are asked to fill the form. The trainee physician is asked to present the screening to the supervisor.</p>	<p>1) At the end of session the student should learn the basic data required for completing the screening. 2) At the end of session the student will learn which data to be filled in which part of the screening form. 3) At the end of session student will learn what action to take after screening is over. 4) At the end of session the student will learn how to present the screening to supervisor.</p>	screening form	<p>1) Students will be oriented to the type of data to be captured in the screening. 2) Students will be aware of where to fill which data in the screening form 3) Students will be aware of the relevance of screening 4) Students will be aware of the importance of communication in screening (with patient, with supervisor) 5) Student will be aware of how complete or incomplete data and its recordign can lead to further difficulty in case management 6) How good communication ensures the patient seeking homoeopathic treatment for the complaints.</p>	<p>At the end of session: 1) 100% of students will become aware of various sections of the screening form 2) 100% of students will become aware of what to fill where 3) 100% will be able to understand the relevance of communication 4) 100% will be able to understand what needs to be done durign screening 5) 100% will realise how to prescribe in screening OPD.</p>	MCQ	Operational manual revised edition
			<p>2nd session: The students will be shared a plan paper case of screening and asked to fill the form. They will have to answer the: 1) Incompleteness of data 2) How to create a totality 3) How to present to the supervisor the data which is incomplete.</p>	<p>1) At the end of session students will be aware of how the situation of data incompleteness can arise - lack of knowledge, lack of skill, lack of attitude 2) At the end of session the student will be aware of how to help the colleague who is facing such difficult in real life situation. 3) At the end of session student will realise the importance of acquiring relevant knowledge, skill attitude essential for a homoeopathic physician. 4) At the end of session student will become aware of how to present the case to the supervisor.</p>	screening form	<p>1) Student will list down the incompleteness of data 2) Students will realise the gaps in their own KSA in addressing to the screening form 3) Students will realise the difficulties the supervisor can go through with paucity of data 4) Students will realise the need to work on which areas of KSA in homoeopathic practice</p>	<p>At the end of the session: 1) 100% students will become oriented to demands of screening as an activity. 2) 100% will become aware of the utility of screening form and activity. 3) 100% students will be oriented to a better job next time in real life situation.</p>	<p>actual assessment of their own screening sheet by their neightbout and mark it against the standard. On going submission of screenig sheet for assessment once in a month or 5 patients per posting.</p>	Operational manual revised edition



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SCR_FRIDAY_SESSION Module

<p>History Analysis - PD PR IP</p>	<p>2</p>	<p>1st session: A history will be given to students in advance to fill the PD - PR - IP form. The discussion will be on use of the tool in helping us analyse the history form submitted by patient.</p>	<p>1) At the end of session the student will be able to identify the data submitted by the patient. 2) At the end of the session the student will be able to understand how to correlate the various data shared by the patient. 3) At the end of session the student will be able to identify the possible cause of the suffering of the patient. 4) At the end of the session the student will be able to identify the areas which need to be explored in the interview. 5) At the end of session student will become aware of how to assess the sensitivity of the patient from the document submitted. 6) At the end of session student will be able to understand the importance of planning of an interview. 7) At the end of session student will be able to plan a possible interview plan with alternative plans. 8) At the end of session student will be able to plan the possible course of actions required to resolve the suffering of the patient</p>	<p>History form, PD - PR - IP form</p>	<p>1) Students will become aware of the various areas on which patient is expected to submit the written history. 2) The students will become aware of the various headings of PD PR IP form and its implication 3) Students will become aware of the which data to fill where and why. 4) Students will become aware of the role of sensitivity of physician in understanding the patient. 5) Students will become aware of how such tools help in understanding and addressing that sensitivity of the physician.6) The students will become aware of the various connections that can be projected based on the data - controlled imagination 7) Students will become aware of importance of planning of an interview. 8) Students will become aware of importance of planning alternative interview plan. 9) Students will become oriented to how areas which need to be resolved are brought to the awareness of physician by this tool. 10) The student will learn that the concept of self observation initiates through this tool</p>	<p>At the end of the session:1) 100% students will be aware of the areas on the history form 2) 100% students will become aware of which data to be placed in which area 3) 100% students will become aware of the process of correlating the data 4) 100% students will become aware of the process involved in creating a interview plan 5) 100% students will become aware of the utility of adopting the tool for better patient care.</p>	<p>actual assessment of identification data of the case. Placement of data at appropriate places. The correlation of data. Controlled imagination application for creation of PD, PR and IP. How much awareness of difficulties are perceived by the student to take the interview - self awareness and measures to overcome the same.</p>	<p>Operational manual. Text book for case receiving. History form, written history of the patient, PDPRIP form</p>
<p>RECORDING SECTION OF SCR</p>	<p>3</p>	<p>1st session: Recording of various "Physical" entries. It will demand use of practice SCR and getting oriented to the various sections.</p>	<p>1. student will be oriented to the various sections of the SCR in which the physical data has to be documented. 2) the student will be able to will be oriented to the logic behind these sections 3) the student will be able to establish the relevance of te data recording section of teh SCR. 4) the student will be able to demosntrate the application of the data to various section fo teh SCR.</p>	<p>SCR - recording section</p>	<p>1) at the end of the session student will be able to identify various sections of the recording of data of physical nature 2) at the end to session student will be able to appreciate the logic in the various sections 3) at the end of session student will be able to realise the responsibility of accurate recording in the SCR 4) at end of session the student will be able to appreciate the logical extension of recording to the subsequent sections of SCR 5) at teh end of session student will realise hte importance of recording teh intensity and how it has to be marked</p>	<p>1) at the end of session atleast 100% students will know the various sections of recording in the SCR 2) at the end of session 100% students will know how and why to give intensity to symptom 3) at the end of session 100% student will know the importance of accurate recording 4) at the end of session 80% of the students will be able to fill the appropriate sections of SCR relevant to physical data 5) at the end of session 80% of students will be able to attend to all the relevant transfer entries.</p>	<p>the students will submit 3 cases from the OPDs they attend to their supervisor after 1 week of the session.</p>	<p>operational manual.</p>



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SCR_FRIDAY_SESSION Module

			2nd session: recording of mental state SCR. The recording of data in the mental state SCR will be demonstrated	1) the student will be oriented as to how to write a Life space 2) student will be oriented on how to use the LST 3) the student will be oriented as to how to fill the various pages of recording section of mental state SCR	1) Mental state SCR 2) Life space table 3)	1) at the end of session student will learn do's and don't of writing of Life space 2) at the end of session student will learn the technical approach to use the LST and dynamic approach of filling the LST 3) at the end of session student will be able to understand what is the demand of recording of each page of Mental state SCR	1) at the end of session student will be able to demonstrate how to write a life space 2) at the end of session student will be able to record in the mental state SCR	student will submit atleast 1 SCR in which he has attempted Mental state SCR to his supervisor every 15 days.	1) operational manual 2) SV areas A and B 1 & 2 6) Perceiving -
			3rd session: it will demonstrate the synthesis of mental state recorded for understanding how the mind of the patient works	4) the student will be oriented as to how to create a PSPD 5) student will be oriented as to how to write the diagnostic net 6) student will be oriented to how to create the page 23	Mental state SCR	4) at the end of session the student will be able to understand how to demonstrate mental state dynamics as understood by the physician in the mental state SCR 5) at the end of session student will be able to correlate the various processes applied by patient through use of PSPD and Diagnostic net	3) at the end of session student will be able to assess the dynamics of mental functions of patient through use of PSPD and diagnostic net	student will submit atleast 1 SCR in which he has attempted Mental state SCR to his supervisor every 15 days.	3) for diagnostic net - 4) for PSPD -5) SV area H
	CI	2	in both the sessions we will demonstrate how to analyse the data recorded in the SCR keep in mind the miasmatic perspective, use of tool of SFFT, dynamic correlation in the various sections, final arriving of the dominant and fundamental miasm	1) at the end of session the student will be able to use 36 column form 2) at the end of session student will be able to understand the clinico - pathological correlation and how to make them 3) at the end of session student will understand how to derive the miasmatic conclusion based on obj.2 4) at the end of session student will be able to give a comprehensive submission of the conceptual image of the case	SCR processing section, 36 column form, how to do a SFFT	1) at the end of session student will be able to demonstrate use of 36 column form 2) at the end of session student will understand how to do a SSFT 3) at the end of session student will be able to understand how to arrive at clinico - pathological correlation 4) at the end of session student will be able to use the CI section of SCR 5) at the end of session student will be able to understand how to derive the Fundamental and dominant miasm of the case.	1) at the end of session student will submit one test case working done through the CI of a case using the 36 column form 2) at the end of session student will submit SFFT of the case 3) at the end of session the student will be able to derive the dominant by understanding of the pathological process and stage of disease 4) at the end of session the student will derive the fundamental miasm with reason of the case	student will submit 1 case in 15 days to his supervisor with 36 column form and CI along with SFFT of the case	organon of medicine - aphorism of cause, and miasm exposition, robert's philosophy, phylis speget miasm, robin's pathological basis of disease, for SFFT - perceiving and SV area A.
	EET	1	The student will be asked to erect an EET of the case and the logic and the technical aspects of the areas of the Eet will be explained to them.	The student will be able to- 1. the Logic of EET Form. 2. understand the concept of evolution of disease. 2. understand the various areas of the EET form. 4. learn how to fill up the EET. 5. Learn the importance of Keywords in EET.	EET	at the end of the session - the student will be able to understand the phenomenon of evolution disease in an individual. 2. understand all the relevant areas of the form. 3. understand what to write where in the EET. 4. understand the concept of Evolution of Portrait of the patient.	At the end of the session: 1) students will be aware of concept of EET and will be able to appreciate the evolutionary concept of disease.	student will have to submit atleast 2 EET in the next week post session to their respective OPD supervisors and get it corrected .	OM, Area d Symposium volume

SCR_FRIDAY_SESSION Module

Repertorial Totality	1	The student will be asked to erect a Repertorial totality as per the symptomatology of the case and the Philosophical approach which will suit type of available totality	the student will be able to - 1. learn about the various repertorial approaches. 2. learn philosophy and logic of application of different repertorial approaches. 3. should be able to construct a repertorial totality. 4. student should learn and understand the concept of RS and PDF	Repertorization, RS, PDF	student will be aware about the - 1. concept and need of repertorization. 2. concept of philosophy driven Repertorial approaches. 3. Concept of Non - Repertorial approaches. 4. students will be aware on the process of conversion symptom to Rubric. 5. will be able to construct a repertorial totality and Repertorize it. 6. learn the importance of utility of repertorization in practice.	At the end of the session: 1) students will be aware of concept of RS and PDF 2. students will be aware of the 5 different kind of approaches 3) students will be sensitized to the process of conversion of symptom to rubrics 4) 1students will become aware of the utility of repertorization clinical practice	actual assessment will be done during the session. Also the student will construct the repertorial totality of minimum 1 case within one week and get it corrected from their respective OPD supervisors, who will certify the submission.	OM, Principles and practice, Symposium volume.
Planning Programming, TPD-TPR	1	The student will be asked to fill up the planning and programme of the case and also define the problem of the patient and enumerate the steps to resolve the problem.	At the end of the session - 1. The student will be able to understand the importance of planning & programming, of a clinical case. 2. the student should be able to understand the need for defining the problem of the patient and also evolve methods on how to have a Problem resolution. 3. the student should be able to understand the various headings of planning and programming page and TPD_TPR page.	Planning and programming page, Page 99 and TPD-TPR page	Students will become aware of the various areas of the P & P page 2) The students will become aware of the various headings of P&P page, education and orientation page and TPD_TPR page and its implication and relevance in filling up the pages. 3) Students will become aware of the which data to fill where and why. 4) Students will become aware of the need to formulate at therapeutic Problem definition and also chart out a resolution 5) Students will become aware of how such tools help in understanding the which has to be treatment given 6) student will also be able to see the utility of Philosophy like susceptibility, reactivity in clinical practice	At the end of the session: 1) students will be aware of P & P page, Education & Orientation Pg and TPD- TPR page 2. students will be aware of areas in the P & P page 3) students will become aware of which data to be entered where in the pages. 4) students will become aware of the process of Problem definition and problem resolution .Evaluation	Actual assessment of identification data of the case. Placement of data at appropriate places. The correlation of data. Controlled imagination application in the pages .	OM-Planning & programming
Follow - up analysis	2	A detailed follow-up will be given to students in advance to fill the RREF form. The discussion will be on use of the tool in helping us analyse the follow up management and evaluate the response to the treatment.	At the end of session the student will be able to identify how to formulate follow - up criteria 2) At the end of the session the student will be able to understand the importance of Kent's twelve observation in clinical practice. 3) At the end of session the student will be able to understand the utility of Hering's Law of cure in clinical practice. 4) At the end of the session the student will be able to analyze the follow-up of the patient with regards to - Subjective distress,	FU criteria, RREF	Students will become aware of the various areas on the follow - up's are evaluated 2) The students will become aware of the various headings of RREF form and its implication. 3) Students will become aware of the which data to fill where and why. 4) Students will become aware of the role of precise analysis of the follow-up in understanding the response to treatment 5) Students will become aware of how such tools help in understanding the	At the end of the session: 1) students will be aware of how to write Follow-up criteria. 2. students will be aware of areas in the RREF form 3) students will become aware of which data to be placed in which area of RREF form 4) students will become aware of the process of Remedy Response Evaluation 5) students will become aware of the utility of adopting the tool for better patient care.	actual assessment of identification data of the case. Placement of data at appropriate places. The correlation of data. Controlled imagination application RREF. How	OM- step 10- the second prescription and progress record follow-up, Kents twelve observation- kent's philosophy.

SCR_FRIDAY_SESSION Module

				<p>change in the general symptomatology, changes in the disease activity, appearance of any new symptoms.</p> <p>5) At the end of session student will become aware of how to assess the response of the remedy. 6) At the end of session student will be able to understand the importance of second prescription in Homoeopathic practice.</p>		<p>treatment given</p> <p>6) student will also be able to see the utility of Philosophy like Kent twelve Observation and Hering guiding symptoms in clinical practice</p>		<p>much awareness of difficulties are perceived by the student to do the Remedy response evaluation. after the session the student has to fill one SCR with the relevant page in the next week get it corrected from their respective OPd supervisor and inform the SCR team.</p>
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Configuration of SCR COMMITTEE

1. Dr. Manali Jain (Batch 2018-2021)
2. Dr. Rupam Dwivedi (Batch 2018-2021)
3. Dr. Lucky Nagdev (Batch 2019-2022)
4. Dr. Anam Chaudhary (Batch 2019-2022)
5. Dr. Shivani Rana (Batch 2020-2024)
6. Dr. V. Shivani (Batch 2020-2024)





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SCR COMMITTEE

OBJECTIVES-

CONFIGURATION-

SCHEDULED MEETING-

ISSUES TO BE ADDRESSED-

METHODOLOGY OF WORKING-

ANY ISSUES FACED IN A YEAR-

NO. OF MEETINGS-

TOTAL MEETING HOURS-

BM





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HIGHER FUNCTIONS:

Consciousness	<ul style="list-style-type: none">• Sleep• Drowsiness• Catatonia• Akinetic mutism• Stupor• Coma
Delirium	<ul style="list-style-type: none">• Definition
Delusion	<ul style="list-style-type: none">• Holistic• Guilt• Grandeur
Hallucination	<ul style="list-style-type: none">• Definition• Example
Memory	<ul style="list-style-type: none">• Dementia-MMSE- Score<ul style="list-style-type: none">▪ Language▪ Attention▪ Calculation▪ Registration▪ Recall▪ Orientation
Language/speech	<ul style="list-style-type: none">• Listening to speech• Speaking• Writing• Sign• Touch

SENSORY SYSTEM:

- Must be examined with eyes closed.
- Always compare on opposite side of body.
- Always examine proximally as well as distally.

Touch	<p>1) Fine touch:</p> <ul style="list-style-type: none"> • Explain the procedure. • Ask subject to close eyes. • Use wisp of cotton or feather. • Ask subject to tell 'YES' when he feels touch. • Ask subject to also mention the area where he feels touch. • Apply only one stimulus at a time. • Just touch and don't make brushing movements. <p>2) Pressure touch:</p> <ul style="list-style-type: none"> ❖ Tactile localization: <ul style="list-style-type: none"> • Give instructions to localize with the help of a ball pen the part of body which is touched by examiner. • Ask subject to hold pen and close eyes. • Touch skin of one part of body with wisp of cotton and ask subject to localise with part of pen. • Measure distance between two points-touched by examiner and identified by subject (Known as localization distance). • Sensations elicited on different dermatomes of body. • Repeat on opposite side.
Temperature	<ul style="list-style-type: none"> • Take two test tubes- one with hot water and other with crushed ice. • Ask subject to close eyes. • Place one test tube at a time at one part of the body. • Ask to denote if he feels temp.
Pain	<p>1) Superficial:</p> <ul style="list-style-type: none"> • Ask subject to close eyes. • Take object having tip of pin. • Stimulus applied –forehead, face, upper limb,chest, lower limb. • Ask subject to tell 'YES' when he feels the pain. • Ask subject to mention area where he feels the pain. • Repeat on opposite side. <p>2) Deep:</p> <ul style="list-style-type: none"> • Ask subject to close eyes. • Use blunt instrument to press on skin areas like claves, tendo achillis. • Ask subject to tell 'YES' when he feels the pain. • Ask subject to mention area where he feels the pain. • Repeat on opposite side.
Sense of vibration	<ul style="list-style-type: none"> • Take tuning fork of 120 hz frequency. • Ask subject to close eyes. • Vibrate blades by hitting blades on hypothenar eminence of palms or against thighs. • Place foot of vibrating tuning fork on bony prominence like lower end of tibia, styloid process of radius, medial or lateral malleolus.. • Ask weather can feel vibrations. • Ask to raise finger when he stop feeling vibrations.
Sense of joint movements and positions	<p>1) Joint movement: Done to recognize particular position of limb when limb is moved.</p> <ul style="list-style-type: none"> • Ask to close eyes.

	<ul style="list-style-type: none"> • First tested at the most distal joint that is terminal phalynx. • Fix proximal phalynx then move terminal phalynx few times and put in one of the positions and ask weather it is upward or downward. <p>2) Joint position:</p> <ul style="list-style-type: none"> • Ask subject to close eyes. • Place one limb in a particular position. • Ask to keep other limb in same position.
Stereognosis	<p>Ability to identify known objects with closed eyes.</p> <ul style="list-style-type: none"> • Give instruction to identify object when asked to handle object. • Ask subject to close eyes. • Place familiar object in one hand and ask to recognize by palpating it.
Graphesthesia	<ul style="list-style-type: none"> • Ask subject to close eyes. • Draw different figures or numbers with blunt end of a ball pen or with finger. • Ask subject to recognize the same.

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CNS- MOTOR FUNCTIONS/CRANIAL NERVES/REFLEXES:

1) Nutrition	<ul style="list-style-type: none"> • Hypertrophy: muscles are weak in spite of their size. • Wasting: Flabby, smaller, softer than normal. • Measurements: • For upper limb: Measure the circumference 4 inches above and below the olecranon (elbow). • For lower limb: Measure the circumference 6 inches above and below the tibial tuberosity (knee). A difference in the circumference gives objective evidence of wasting.
2) Tone	<ul style="list-style-type: none"> • Hypotonia-less resistance to passive movements. • Hypertonia- increased resistance to passive movements. ➤ Clasp knife spasticity: resistance is passive initially-release of resistance. ➤ Leadpipe rigidity: Resistance throughout the movement. ➤ Cogwheel rigidity: resistance interrupted by muscle.
3) Power	<p>Wrist joint-</p> <p>Flexor:</p> <ul style="list-style-type: none"> ➤ Place one hand on wrist. ➤ Ask subject to flex fingers towards forearm and apply resistance to movements. <p>Extensor:</p> <ul style="list-style-type: none"> ➤ Place one hand on wrist. ➤ Ask subject to make a fist. ➤ Ask to extend fist against resistance. <p>Elbow joint-</p> <p>Flexor:</p> <ul style="list-style-type: none"> ➤ Ability to raise forearm against resistance. <p>Extensor:</p> <ul style="list-style-type: none"> ➤ Ability to extend forearm against resistance. <p>Shoulder joint-</p> <p>Abductor:</p> <ul style="list-style-type: none"> ➤ Move upper limb opposed to trunk to see ability to abduct limb against resistance. <p>Adductor:</p> <ul style="list-style-type: none"> ➤ Ability to adduct arm against resistance. <p>Pectoralis muscle:</p> <ul style="list-style-type: none"> ➤ Ask to take arms forward. ➤ Clasp hands against resistance. <p>Serratus anterior muscle:</p> <ul style="list-style-type: none"> ➤ Ask to push out stretched arms against wall. ➤ Look for winging of scapula.

Elevator of scapula:

- Ask to shrug shoulders .
- Try to press them down from behind.

Flexor group of muscles:

- Ask to flex fingers against resistance.
- Ability to grasp object.

Adductor muscles of finger joints:

- Place papers between adjacent fingers and see whether can hold tightly or not when papers are pulled away.

Abductor group of muscles:

- Ability to open fingers against resistance.

Abductors at hip joint:

- Ask to move limb outwards against resistance.

Adductors at hip joint:

- Ask to abduct limb.
- Ask him to bring limb inward against resistance.

Flexor at knee joint:

- Ask to raise limb.
- Support limb at thigh and ankle with hand.
- Ask to bend his knee.

Extensor at knee joint:

- Ask to bend knee.
- Press with hand on shin.
- Ask to straight leg.

Dorsiflexor at ankle joint:

- Ask to elevate foot against resistance.

Plantarflexor of ankle joint:

- Ask to depress foot against resistance.

Evertor muscles of foot:

- Ask to turn foot outward against resistance.

Invertor of foot:

- Ask to turn foot inward against resistance.

Flexor of toes:

- Ask to flex toes against resistance.

Extensors of toes:

- Dorsiflex toes against resistance.

Grades of power:

0: No

1: Flicker of contraction only.

2: Movements with gravity eliminated.

	<p>3: Movement against gravity. 4: movement against gravity and some resistance. 5: Movement against gravity with full resistance-normal</p>
Cranial nerves	<p>Introduce yourself. Confirm name and age of patient. Explain procedure. Take consent.</p>
1-Olfactory nerve	<p>Ask for any change in sense of smell.</p>
2-Optic nerve	<p>Inspect- pupils- size and alignment. Visual acuity-Wear glasses or not.</p> <ul style="list-style-type: none"> ➤ Ask to read letter at 6mm ➤ If unable than at 3 mm ➤ If unable than at 1mm ➤ Assess ability to count fingers ➤ Assess ability to detect moving hand <p>Visual inattention:</p> <ul style="list-style-type: none"> ➤ Ask to look into your eyes ➤ Keep both hands on either sides above and downwards and ask with hand's finger is moving. <p>Visual field:</p> <ul style="list-style-type: none"> ➤ Ask to cover one eye with palm of hand ➤ Close your one eye ➤ Ask to tell when finger moves up and down.
3(oculomotor), 4(Trochlear), 6(abducens)	<p>Move finger Look for any nystagmus Look for any eye constriction. Note any ptosis.</p>
5 trigeminal	<p>Sensation on face-</p> <ul style="list-style-type: none"> ➤ fine touch, pin prick touch. ➤ Do on both sides ➤ First with eyes open then with eyes closed. <p>Assess temporalis and massester muscle bulk (wasting)</p> <ul style="list-style-type: none"> ➤ Clench jaw and relax ➤ Weakness of deviation-open mouth then ask to close against resistance
7 facial nerve	<p>Ask to raise eyebrows. Ask to close eyes tight and not allowing to open Puff cheeks and do not let to push in. Teeth clench.</p>
8 Vestibulocochlear nerve	<p>Take consent Close one ear and speak in other ear at close and far distance.</p> <p>Rinne's test: Take tuning fork. Vibrate blades against hypothenar eminence of palm and place foot of vibrating blade behind ear. Ask to tell weather he can feel vibrations and tell when he stops hearing.</p> <p>Weber's test: Place the vibrating tuning fork on forehead. Ask weather he can hear louder in one ear or other ear or in middle of forehead.</p>
9,10 Glossopharyngeal	<p>Ask to open mouth Tell to make sound Assess soft palate and uvula-symmetry and uvula movement.</p>

	Ask to cough Ask to tak sip of water and swallow.
11 Accessory nerve	Ask to shrug shoulder Do not allow to push down Sternocleidomastoid- Move to one side. Do not allow to move against resistance.
12 Hypoglossal	Examine tongue Ask to open mouth Ask to protrude tongue(see for any deviation). Ask to put tongue in one cheek, give resistance(assess tongue power, weakness)

for

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CHECKLIST FOR GENERAL CLINICAL EXAMINATION- Part 1

Student Name-

1) PULSE:	<ul style="list-style-type: none">• Introducing self to the patient• Orienting patient about the examination and its aim• Taking patients permission• Examining pulse in both the sides to check symmetry• Using 3 fingers for palpation• Using Index finger to assess the force/volume, blocking the flow of blood• Use of middle finger for palpating the character of pulse (Feeble, rapid, bounding etc.)• Using Ring finger to obliterate back pulsations of ulnar artery• Assessing the rate, rhythm, volume, condition of the wall• Examining pulse for entire 1 minute.• Minimum 3 readings to be taken if abnormal• Palpating Right carotid artery and other arteries• Examining peripheral arteries (names of arteries and its sites)
2) TEMPRATURE	<ul style="list-style-type: none">• Washing thermometer with antiseptic or cold water• Shaking mercury down• Orienting patient (Or Mother if patient is child) how to hold thermometer in its place either axilla or mouth• Checking temperature for full 1-2 minute• Various sites to check temp. mouth or axilla etc• Checking oral temp: Instruction to be given to patient breath trough nose and keep lips closed
3) JVP	<ul style="list-style-type: none">• Keeping patient at 45 degree upright position• Asking patient to look away in opposite direction, fixing neck• Find pulsation in the neck of carotid artery• Confirming the Jugular vein flickering (to differentiate with carotid artery pulsations)• Confirming JV by doing Abdomino-jugular reflex• Noting the highest upper level of visible Jugular vein and marking it



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	<ul style="list-style-type: none"> • Identifying Sternum angle • Measuring the jugular venous pressure
4) BP	<ul style="list-style-type: none"> • Examining the working status of sphygmomanometer • Removing the clothing from the arm • Keeping appropriate fitting of the cuff • Keeping adequate distance between cuff and cubital fossa • Keeping the Rubber Bladder above the Brachial artery • Keeping arm at the heart level • Keeping arm supported • Making patient sit erect, avoid any movement • Checking BP in B/L arms and legs if needed • Inflating the rubber bladder rapidly • Doing palpatory method first to assess systolic BP • Doing auscultatory method next • Checking BP in Supine sitting, lying position if needed
5) Lymphadenopathy	<ul style="list-style-type: none"> • Appropriate Standing position • Neck position while examining the patient • Inspecting enlarged lymph nodes at all known regions • Look for symmetry, masses, scars and any swelling. • Palpating the lymph nodes by using pads of middle and index fingers • Rolling the skin of overlying lymph nodes while palpating to feel lymph nodes • Different areas where to do palpation for lymph nodes • Palpate for tenderness, size, overlying skin, consistency, shape, matting, edges etc.
6) Oedma	<ul style="list-style-type: none"> • Inspecting the area of oedema • Appearance of the skin over the area of Oedema • Looking for generalised ,localised, unilateral, bilateral, site and extent of oedema • Examining at Ankles, Shin of the tibia, medial malleoli, Dorsum of foot ,face, periorbital region • Examining sacrum in bed ridden patient • Checking for pedal oedema by applying pressure for 5 to upto 30 seconds to assess the grades (0 to 4) of Oedema • Checking for pitting and non pitting • Measuring the girth and distance in cm in case of unilateral oedema
7) Cyanosis	<ul style="list-style-type: none"> • Knowing the difference between central and peripheral cyanosis • Examining skin At peripheral extrimities, tip of nose, ear lobule, finger tips, nails • Examining mucous membranes like tongue, lips, hard palate etc • Looking for temperature of the involved limb (cold in peripheral cyanosis) • Giving local heat to involved part if cyanosis subsides

8) Pallor	<ul style="list-style-type: none">• Examining color of mucous membranes of mouth• Examining the palpebral Conjunctiva and other different areas for pallor• Instruction given to the patient while examining the conjunctiva• Colour of creases of the palm of the hand
9) Jaundice	<ul style="list-style-type: none">• Orienting patient while examining for icterus• Different Sites for the examination of jaundice• Examination of jaundice in Neonates

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