

MD (HOM) PART I
PAPER III: ADVANCED TEACHING OF FUNDAMENTALS OF HOMOEOPATHY
Syllabus

As per CCH amendment 2015 and CCH gazette notification dated 29th Jan 2016, the subject Advanced Teaching of Fundamentals of Homoeopathy is included in MD (Hom) Part I syllabus.

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

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

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

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

The paper will help to focus on the arena of clinical practice where the Fundamentals of Homoeopathy become operational.

Competencies :

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

- Understand Basic Concept of Homoeopathy, integrating knowledge of HMM, Organon & Homoeopathic Philosophy and Repertory in case taking and processing, repertorial analysis, remedy selection and case management.
- Learn evidence based approach to practice Homoeopathy.
- As well as -
 - a. Utilize Homoeopathic science as a holistic, dynamic and humane discipline
 - b. Understand the conceptual basis of the travel of the patient from Health ↔ Disease in the Bio-psycho-socio-spiritual environment and learn to operationalize the knowledge in the management of illness and preservation of health

- c. Know and demonstrate case taking skills for knowing the illness , the person and their interrelationship to determine what causes and maintains the illness
- d. Learn the evidence based approach to the practice of Homoeopathy in line with modern medical practices.
- e. Know how to document the case experience in a standard way using the principles enunciated in the Organon.
- f. Learn to recognize the characteristics in acute and chronic disease and the significance of these in their management
- g. Understand the role played by the disordered vital force in altering the quantitative and qualitative aspects of susceptibility and know how to assess it
- h. Learn the influence of miasmatic forces in affecting disease expressions, course and outcome and methods to therapeutically deal with them.
- i. Demonstrate the method of processing clinical data utilizing the appropriate principles to arrive at a Hahnemannian totality.
- j. Recognise the acute, phase, chronic and Intercurrent totalities in a given case
- k. Know how to use the appropriate repertorial and non-repertorial methods to arrive at the similimum.
- l. Learning to strike the correspondence using the source books and commentaries of Materia Medica.
- m. Know the principles of homoeopathic management and use of remedial forces appropriately with respect to time of administration, potency and repetition.
- n. Learn the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.
- o. Define the scope and limitation of Homoeopathy in common medical disorders
- p. Realize how Aphorisms 1-6 of the ‘Organon of Medicine’ provide a comprehensive base for the functioning of a Homoeopathic physician

Themes :

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

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

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

| No | Theme | Organon of Medicine and Homoeopathic Philosophy, | Repertory | Homoeopathic Materia Medica |
|----|--|---|--|--|
| 1 | Hahnemannian concept of Man, Vital Force, Health and Disease | <p>Concept of man in relation to the Universe and its implication in understanding</p> <ul style="list-style-type: none"> • WHO concept of health • Preventive Medicine and Homoeopathy • Mission of Physician and 'Knowledges' relevant to maintaining health in the individual and in the community • Evolution of illness from phases of diathesis to functional and structural phases of disease • Concept of Causation (predisposition and disposition) and bio-psycho-social etiological forces of illness | <ul style="list-style-type: none"> • Concept of Man as proposed by Boenninghausen, Kent and Boger and its impact on the nature of their repertories. • Concept of causation and its place in different repertories | <p>Science and Philosophy and Various features, aspects & types of HMM, Importance of knowledge of concept of man from different masters and its influence on learning HMM</p> |
| 2 | Concept of Dynamism, Recovery, Cure and Obstacles to Cure | Knowledge of factors aiding recovery and acting as obstacle to recovery and | Representation of obstacles to cure in different repertories | Knowledge of the utility of the obstacles to cure in study of HMM |
| 3 | Concept of Artificial Disease and Portrait of Disease | 'Knowledges' of drug proving with its role in Knowledge creation | Utility of repertory in the study of Materia Medica and the building of portrait of remedies. | Concept of artificial disease and drug proving (See theme 8 for the process of building the portrait) |
| 4 | Concept of Unprejudiced observation and Case taking | <ul style="list-style-type: none"> • Concept of 'medical observer' and its importance in the evolution of Homoeopathic physician • 'Knowledges' of | Case taking as the process and influence of unprejudiced observation in the correct formulation and references of rubrics as well as | Importance of concept of medical observer and unprejudiced observer in study of HMM |

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| | | physician along with different skills and attitude as per the writings and directions of Hahnemann on case taking | understanding and application of different repertories. Application of concept of unprejudiced observer & interpretation & selection of rubrics. | |
| 5 | Concept of Symptomatology | Hahnemann's concept of symptomatology with its importance in nosological diagnosis and implications in perceiving the totality | <ul style="list-style-type: none"> • Classification and evaluation of symptoms and the influence on erecting a repertorial totality. • Utility of inductive and deductive logic in the construction of the repertory • Concept of generalization and individualization and its application in repertory construction and repertorisation. • Symptom classification at the level of mind and body and its representation in the repertory | <ul style="list-style-type: none"> • Classification of symptoms in the study of HMM • Concept of generalisation and group study of Materia Medica demonstrating utility with few examples listed below |
| 6 | Concept of Susceptibility Classification of Diseases and acute and Chronic Disease | <ul style="list-style-type: none"> • Concept of susceptibility with its role in the development of disease • Hahnemannian classification of disease vis-a-vis modern classification • Hahnemannian's directions in the treatment of surgical diseases, pathologically advanced diseases in view of understanding the | Concept of acute diseases, chronic diseases, intermittent diseases, mental disease, periodic disorder, and its application in structuring different regional and clinical repertory with few examples e.g. Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory | Clinical Materia Medica and its clinical application through insight in to comparative Materia Medica with few demonstrative examples (listed below) with leading indications |

| | | scope and limitations of homoeopathy | | |
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| 7 | Concept of Suppression and Miasms | Evolving concept of Miasms with their role in understanding various expressions, course and outcomes of diseases | Referring the miasmatic expression in standard repertories and also studying the rubrics of Miasm directly listed. Also study of rubrics of suppression in different repertories and its application | Understanding the application of miasm in the study of Materia Medica of anti-miasmatic remedies listed below |
| 8 | Concept of Totality | Hahnemannian concept of totality of symptoms and its representation at the bedside | <ul style="list-style-type: none"> • Totality as envisaged by Boenninghausen, Kent and Boger and the structure and operational methods of repertorization • Application of Computers and softwares (HOMPATH RADAR, etc) in the resolution of the case. | Building of portrait of artificial drug disease with few examples of polychrests listed below. Portrait of Disease. |
| 9 | Concept of Similar and Similimum | <ul style="list-style-type: none"> • Concept of Law of Similar, Single, simple in relation to dose | Relationship of Remedies as defined by Boenninghausen | Remedy differentiation through reference to source books, commentaries and Clinical Materia Medica. Relationship of remedies. |
| 10 | Concept of Therapeutic management | <ul style="list-style-type: none"> • Evaluation of remedy response in assessing remedy reaction with implication in understanding the concept of suppression, palliation and second prescription. • Knowledge of various ancillary measures useful in aiding recovery | | Knowledge of remedy relationship in aiding second prescription. |

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

Elaboration of Theme 1

This theme constitutes the understanding of health, disease, how health is maintained and what causes disease and the role of vital force in the maintenance of health and progress to disease from the Hahnemannian perspective. It integrates the WHO concept which shows the world moving towards the holistic concept of health. Theme highlights how biological, psychological, sociological factors play a role in the causation, evolution and maintenance of illness and how these factors were taken up by Dr Hahnemann when he explained the concept of man and the higher purpose of life. Theme further explains how the work of his followers (Kent, Boenninghausen, and Boger) further expanded this understanding to evolve further the concept of man and his purpose. It continues to give insight how their understanding influenced the construction, structure and philosophy of the respective repertories and how it also influenced the structure and arrangement of their Materia Medicas.

Thus the student will be made aware of the basic foundation of all the three subjects and of the important contributors. The theme will help to understand the science and philosophy of HMM and direct the student to understand HMM from bio-psycho-social perspective. One should have a missionary zeal to practice this science. Hence the student will be made aware of the mission of the physician and the higher purpose of living and how to achieve it and become a Hahnemannian practitioner of the healing art.

Contents:

1. Health, disease, causation, vital force, evolution of disease-predisposition-disposition-diathesis-disease, mission and knowledges of the physician, Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger.
2. Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BCCR) representation of above concepts in the repertories.
3. Science and philosophy of HMM
4. Physiological and anatomical MM
5. Construction of different HMM especially Materia medica Pura, Chronic Disease, Hering's Guiding Symptoms, Allen's Encyclopedia, Kent's lectures, Boger's synoptic key and Allen's keynotes

Teaching methodology:

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

Evaluation methodology

1. LAQs and Bed-side examination on case.

Elaboration of Theme 2

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

Contents

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

Teaching methodology

1. Case based followed by exposition.

Evaluation

1. SAQ
2. Short notes.

Elaboration of Theme 3

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

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

Contents

- 1) Knowledges of physician (ORG)
- 2) Drug proving (ORG,HMM)
- 3) Process of recording and system of recording artificial and natural diseases (ORG)
- 4) Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM)
- 5) Art of creating portrait of polychrest remedies through analysis, evaluation and construction at level of mind, physical general and particulars (HMM) will be taken in Theme 8.
- 6) Creating portrait of the disease through reportorial study of specific remedy

Teaching methodology

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

Evaluation:

1. LAQ.
2. SAQ
3. Short notes.

Elaboration of Theme 4

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

Contents

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

Methodology

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

Evaluation:

1. SAQ and bed-side on case.

Elaboration on Theme 5

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

Content:

1. Symptomatology and value of a symptom from the stand point of homoeopathic practice. (ORG)
2. Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two.(ORG, Repertory)
3. Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB.(Rep)
4. Understanding the concept of classification and its utility in study of HMM
5. Understanding the concept of generalisation vs individualisation, and its utility in generalising the individual drug symptom in to Group symptom and deriving group characteristics(HMM)
6. Study of Materia Medica with the help of concept of generalisation. (HMM).
A list of group of remedies is demonstrative to understand the process rather than to learn all the groups in detail. (HMM)

Teaching Methodology:

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

Evaluation:

1. LAQs, SAQs, Bed-side examination.

Elaboration of Theme 6

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

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

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

Content:

1. Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, mental, and periodic illnesses and its application in practice.(ORG)
2. Application of the knowledge of classification of disease as given by Hahnemann and modern medicine in defining the scope and limitations by demonstrating its application in different types of cases.(ORG)
3. Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g. Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory with examples. (REP)
4. Clinical Materia Medica and remedial differentiation in different types of diseases with the help of clinical materia medica as per list.

Evaluation:

1. LAQs (scenario based),
2. SAQs
3. Short notes and
4. Bed-side applications.

Elaboration of Theme 7

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

Contents:

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

Teaching methodology:

1. Case based, group discussion followed by exposition.

Evaluation:

1. LAQ
2. SAQ
3. Short-notes
4. Bed-side and viva.

Elaboration on theme 8

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

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

Contents:

1. Process of constructing acute, chronic and intercurrent totalities.(ORG)
2. Mastering the concept of classification and evaluation of symptoms (REP)
3. Understanding the process of repertorial and non repertorial approach and how to select one (REP)
4. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger.(REP)
5. Solving the case with the help of softwares like HOMPAT and RADAR.(REP)

6. Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note. (REP)
7. Differentiation of similar remedies in acute and chronic cases by reference to source books, commentators and clinical materia medica. (HMM)
8. Building up totalities of different remedies through source books and other commentators from the list.(HMM)

Teaching methodology

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

Evaluation

1. LAQ
2. SAQ
3. Short notes
4. Bed-side on case

Elaboration on theme 9

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

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

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

Content:

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

Teaching methodology:

1. Case based with group discussion followed by exposition. Group tasks.

Evaluation:

1. SAQ
2. Short notes

Elaboration on theme 10

Prescribing the remedy does not end the process of cure; on the contrary it starts the process and need more finer and analytical observation to complete the process. Remedy response is the final frontier to cross and the most difficult. There are standard rules and twelve

observation of Kent to help but each case and follow up can be a challenge for Homoeopathic physician. Mastering this step will go a long way in the making or breaking of successful practice. One also needs to understand the concept of palliation and suppression to further enhance the process of recovery and cure.

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

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

Contents

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

Teaching methodology

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

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

Assessment:

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

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

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

| Theme 6 Clinical MM | Theme 7 Anti-miasmatic | Theme 8 Drug picture | Theme 5 Group Study |
|------------------------|---------------------------|-------------------------|------------------------|
| 1. Aconite | 1. Bacillinum | 1. Alumina | Cocepts of |
| 2. Aesculus | 2. Tuberculinum | 2. Antimony crud | Group Study |
| 3. Aethusa | 3. Thuja | 3. Apis mel | and Analysis of |
| 4. Agaricus | 4. Medorrhinum | 4. Arg met | HMM – e.g. |
| 5. Aloes | 5. Psorinum | 5. Arg nit | 1. Sodium |
| 6. Ammonium carb | 6. Sulphur | 6. Ars alb | 2. Magnesium |
| 7. Anacardium | 7. Syphilinum | 7. Aurum met | 3. Calcarea |
| 8. Antimony ars | | 8. Baryta carb. | 4. Kali |

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| 9. Antimony tart | | 9. Baryta mur. | 5. Baryta |
| 10. Arn mont | | 10. Calc. carb. | 6. Ferrum |
| 11. Ars iod | | 11. Calc. f. | 7. Aurum |
| 12. Baptisia | | 12. Calc. iod. | 8. Loginneacea |
| 13. Bell. | | 13. Calc. phos. | 9. Solanacea |
| 14. Bellis p. | | 14. Calc. sulph. | 10. Compositae |
| 15. Berberis v. | | 15. Calc. sil | 11. Ophidia |
| 16. Borax | | 16. Causticum | 12. Spider |
| 17. Bromium | | 17. China | 13. Metals |
| 18. Bry. alb. | | 18. Conium | 14. Iodum |
| 19. Cactus g. | | 19. Ferrum met. | 15. Acids |
| 20. Calc. ars. | | 20. Ferrum phos. | 16. Ammonium |
| 21. Carbo. an | | 21. Fluoric acid | 17. Plant Kingdom |
| 22. Canth. | | 22. Graph. | |
| 23. Carb. veg. | | 23. Ignatia | |
| 24. Caulophyllum | | 24. Iodine | |
| 25. Cham. | | 25. Kali bichrom. | |
| 26. Chelid. m. | | 26. Kali brom. | |
| 27. Chin. ars. | | 27. Kali carb. | |
| 28. Cicuta v. | | 28. Kali iod. | |
| 29. Cimicifuga | | 29. Kali mur. | |
| 30. Cina | | 30. Kali sulph. | |
| 31. Coca | | 31. Lac. can. | |
| 32. Cocculus | | 32. Lachesis | |
| 33. Coccus cacti | | 33. Lycopodium | |
| 34. Collinsonia | | 34. Lyssin | |
| 35. Coloc. | | 35. Mag. carb. | |
| 36. Corallium rubrum | | 36. Mag. mur | |
| 37. Crategus | | 37. Mag. phos. | |
| 38. Crotalus h. | | 38. Mag. sulph | |
| 39. Croton tig | | 39. Medorrhinum | |
| 40. Cup. met. | | 40. Mercurius sol. | |
| 41. Digitalis | | 41. Naja | |
| 42. Dioscorea | | 42. Natrum carb. | |
| 43. Drosera | | 43. Natrum mur. | |
| 44. Dulcamara | | 44. Natrum phos. | |
| 45. Echinacia | | 45. Natrum sulph. | |
| 46. Euphrasia | | 46. Nitric acid | |
| 47. Gelsemium | | 47. Nux vom. | |
| 48. Glonoine | | 48. Opium | |
| 49. Hammamelis | | 49. Petroleum | |
| 50. Helleborus | | 50. Phos. | |
| 51. Hep. sulph | | 51. Phos. ac | |
| 52. Hyosc. | | 52. Platina | |
| 53. Hyper. | | 53. Psorinum | |
| 54. Ipecac | | 54. Puls. | |
| 55. Kali ars. | | 55. Rhus tox. | |
| 56. Lactroectus m | | 56. Sanicula | |
| 57. Laurocerasus | | 57. Sepia | |
| 58. Ledum | | 58. Silica | |
| 59. Lilium tig. | | 59. Stannum met. | |
| 60. Lobelia | | 60. Staph | |
| 61. Manganum | | 61. Stram. | |
| 62. Merc. dul. | | 62. Sulphur | |

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| 63. Merc. iod. fl. 64. Merc. ior. r. 65. Mercurius cor. 66. Mezereum 67. Mur. ac. 68. Murex 69. Nux moschata 70. Phytolacca 71. Plumbum 72. Podophyllum 73. Pyrogen 74. Ranunculuc bulb 75. Ratanhia 76. Rheum 77. Rhododendron 78. Rumex 79. Ruta g. 80. Sabadilla 81. Sabina 82. Sambucus 83. Sanguinaria 84. Sarsaparilla 85. Secale cor. 86. Selenium 87. Senega 88. Spigelia 89. Spongia 90. Sticta 91. Symph. 92. Tarent. c. 93. Thlaspi bursa 94. Verat. vir. | | 63. Tarent h. 64. Thuja 65. Tuberculinum bov 66. Verat. alb. 67. Zincum | |
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Assessment:

The Theory Paper shall comprise of 3 LAQ of 20 marks each of which one will be case based. One combined question of 20 marks will comprise of two parts of 10 marks each. SAQs will be of total of 20 marks with five of 5 marks each. Theoretical Q. 70 Marks and Case Based Q. 30 Marks.

**M.D. (Hom.) PART - I SYLLABUS
PRACTICE OF MEDICINE
[SPECIALITY SUBJECT]**

INTRODUCTION:

Purpose of M.D. (Homoeopathy) - Practice of Medicine:

The purpose of this course is to train the basic Homoeopathic graduate in the field of general medicine and to treat the sick depending upon the principles and philosophy of Homoeopathy and to produce excellent, professional thinkers, researchers and teachers in Homoeopathy with special emphasis in the field of Medicine.

A postgraduate in M.D. (Homoeopathy) - Practice of Medicine shall:

- 1) Have the efficiency to assess and manage the patients who are sick, and in cases of severe illness or crisis manager it till such time as hospitalization in critical care unit may be found.
- 2) Have high degree of proficiency both in theoretical practical aspects of "Practice of Medicine" and related disciplines backed by scientific knowledge and philosophy of Homoeopathy.
- 3) Have an intense and personal relationship with the patient and he she should demonstrate humanistic qualities to wards the patient.
- 4) Have to maintain objectively, compassion and understand the patient's behaviour however unpleasant, if required he/ she should take help from family members, nurses and psychiatrists but should not lose temper with sick patients.
- 5) Have the knowledge regarding issues pertaining to the field of Preventive Medicine and the Epidemiology underlying the communicable and infectious diseases with special relevance to India.

Aims:

1. To recognize the need of health care of the sick in the spirit of the Organon of Medicine.
2. Shall obtain competency in providing physical, mental and spiritual health to the needy, so as to achieve a permanent restoration of health (as quoted in Organon of medicine).
3. Shall obtain the communicative and interpersonal skills to communicate and interact with health care team.
4. Shall adopt scientific temper and unbiased approach to augment self-knowledge, to improve the quality of treatment throughout the professional life.
5. To develop an open mind to update him/ her by self-study, attending course, conferences and seminars relevant to the specialty.
6. Shall be able to co-ordinate the recent advances in science with his/ her knowledge of Homoeopathy so as to reflect better art of healing.

General Objectives:

- 1) To recognize the importance of physical, mental, social, spiritual health and its adaptability in the context of health while practicing Homoeopathy.
- 2) To describe etiology, patho-physiology, principles of diagnosis, miasmatic analysis and management of common diseases in adult and children with the knowledge of Homoeopathic principles and therapeutics.
- 3) To undertake common health problems, use information technology and carry out presenting of various scientific fora by which our fellow practitioners of Homoeopathy can be benefited.
- 4) To play responsible role in implementation of National health programme effectively.
- 5) To plan and advice preventive and primitive measures in the rehabilitation of the sick.
- 6) To develop skills in using educational methods and different techniques application in teaching Homoeopathic students and its practitioners.

As per aphorism 3, the Homoeopathic Physician must study natural disease and artificial drug disease in depth. Disease is a dynamic derangement of the vital force. It is the person who is sick

and the expressions of disease differ in individuals. One needs to study the disease in its proper evolution. The anamnesis, the travel from health to sickness and the progress of disease has to be properly recorded, and inter-connections to be studied so that one can achieve cure.

Over a period of time, the concept and knowledge about diseases has extended through technological advancement and relentless research by modern medicine. The homoeopathic physician needs to study these advances adequately. He needs to integrate and interpret them according to the Homoeopathic concepts and miasms. Thus the following inclusions in the Medicine Syllabus of MD (Hom) are essential.

- Hahnemann's directions for studying symptoms -subjective and objective
- Kent's idea of Qualified Mentals and his concept of Totality.
- Boeninghausen's guidelines of making a complete symptom i.e. Locality, Sensation, Modality and Accompaniment (Concomitant).
- Boger's ideas of disease process, the pathogenesis, the characteristic individualistic way the development and progress takes place, the evolution of disease and his masterly contribution of the addition of time dimension to the existing concept of complete symptom-all these enrich the study of disease.
- Integration of the above concepts to come to a final understanding of susceptibility-qualitative & quantitative, the only basis of therapeutic intervention and prognostication in medicines. These also will guide us to the scope and limitation of homoeopathy in individual cases and in disease at large.

PART I

Part I syllabus will impart knowledge of the basic clinical approach needed by a clinician for the practice of Medicine while Syllabus of Part II will demonstrate the application of these to the study of disease.

Paper - I

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

- 1. Introduction to the Practice of Evidence based Medicine**
 - a. Concept of evidence based practice and its importance in Homoeopathy today.
 - b. Importance of developing an ethical base while adhering to the above.
- 2. Developing a Basic Clinical Approach**
 - a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the Hahnemannian concept of health
 - b. Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
 - c. Different components which influence health at individual, family and community level leading to insight into preventive and community medicine through Hahnemannian philosophy of holistic care.
 - d. Concept of predisposition and disposition and its influence on development of diseases
 - e. Bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease.
 - f. Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and

- the Hahnemannian concept of disease and its expression
- g. Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution
- h. Bed side- General and Systematic examination and understanding their basis
- i. Role of physical examination and clinical investigation in the study of disease and miasm.
- j. Understanding the process of clinical diagnosis
- k. Importance of differential diagnosis-probable diagnosis and final diagnosis.

3. Studying the Cardinal manifestations of disease through their Pathophysiology with Hahnemannian classification of symptoms and miasmatic classification

- a. Pain
 - i. Pain: Pathophysiology
 - ii. Chest Pain
 - iii. Abdominal pain
 - iv. Headache
 - v. Back and Neck pain
- b. Fever-types
- c. Alteration in Nervous system functions
 - i. Faintness, syncope, dizziness, vertigo
 - ii. Weakness, myalgias, imbalance
 - iii. Numbness, tingling and sensory loss
 - iv. Acute confusional states
 - v. Aphasias
 - vi. Memory loss and dementia
 - vii. Sleep disorder
- d. Alteration in Respiratory and Circulation
 - i. Dyspnoea
 - ii. Cough and hemoptysis
 - iii. Cyanosis
 - iv. Edema
 - v. Shock
- e. Alteration in Gastrointestinal functions
 - i. Dysphagia
 - ii. Nausea, vomiting, indigestion
 - iii. Diarrhea and Constipation
 - iv. Weight loss
 - v. Gastrointestinal bleeding
 - vi. Jaundice
 - vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
 - i. Incontinence and lower urinary symptoms
 - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
 - i. Erectile dysfunction
 - ii. Disturbances of Menstruation
 - iii. Leucorrhoea
 - iv. Hirsutism
 - v. Infertility
- h. Alteration in Skin functions
 - i. Itching

- ii. Eruptions
 - iii. Disorders of pigmentation
 - i. Hematological alterations
 - i. Anemia
 - ii. Bleeding
 - iii. Enlargement of Lymph nodes and spleen
- 4. Basic Concepts of Nutrition, Nutritional Diseases and miasmatic assessment**
- a. Nutritional and Dietary assessment
 - b. Malnutrition
 - c. Vitamin and Mineral deficiency
 - d. Obesity
 - e. Eating disorders
- 5. Interpretations of Laboratory and Radiological Investigations**
- a. Hematology - All basic tests
 - b. Serology
 - c. Biochemistry
 - d. Microbiology
 - e. Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
 - f. Basis Concepts of Radio Imaging like X-rays, CT, MRI
 - g. USG
 - h. ECG (Basic applications)

List of Recommended Reference Books for the Practice of Medicine -

1. Harrison - Textbook of principles of internal medicine, McGraw-Hill, the, health Profession Division, New Delhi.
2. A. P. I. - Text Book of medicine, Published by Association of Physicians of India Bombay.
3. Davidson - Principles and practice of Medicine, Published by I larcourt Publishers Ltd. London.
4. Price - Text Book of Medicine. Harcourt Publishers, International Company, Asia.
5. Cecil -Text Book of Medicine, Harcourt Publishers, International Company, Asia.
6. Kollegh - Practical Approach to Pediatrics.
7. Armstrong - Infectious Diseases, 2 Vol. Mosby Publishers, London.
8. Das P. C. - Text Book of Medicine.
9. Davis - Signs and Symptoms in Emergency medicine
10. Fauci - Harrison's Principles of Internal Medicine. 2 Vols. Published by McGraw - Hill, New York.
11. Gami -Bedside Clinical Medicine
12. Kumar/ Clarke - Clinical Medicine, W. B. Saunders Harcourt Brace & Company Ltd. London.
13. Warner - Savill 's system of Clinical medicine.
14. Alagravan-Manual of practical medicine, 2nd Edition, 2002, Jaypee Publishers, Delhi.
15. Bhat - Short and long cases in Medicine, 2002, Jaypee Publishers, New Delhi.

16. Gupta - Differential Diagnosis, 6th Edition, Jaypee Publishers, New Delhi.
17. Jacques Wallach - Interpretation of Diagnostic Tests
18. Michael Swash Hutchison - Clinical Methods
19. Chamberlian Colin Ogilive - Symptoms and Signs in Clinical Medicine
20. Rustom Jal Vakil - Physical Diagnosis
21. Stanley Hoppenfeld - Physical Examination of the Spine and Extremities
22. P.J. Mehta - Practical Medicine
23. Barbara Bates - Physical Examination & History Taking.
24. John Bernard Henry - Clinical Diagnosis and Management by Lab Methods
25. James Wyngaarden Lloyd H. Smith - Cecil Textbook of Medicine- 2 Volumes
26. Harrison - Principles of Internal Medicine – 2 Volumes
27. API - API Textbook of Medicine
28. MacBryde - Signs & Symptoms
29. Rustom Vakil, Farokh Erach Udawadia - Diagnosis & Management of Medical Emergencies
30. Praveen Kumar, Michael Clark - Clinical Medicine.

M.D. (Hom.) PART – I SYLLABUS
HOMOEOPATHIC MATERIA MEDICA (INCLUDING APPLIED ASPECTS)
[SPECIALITY SUBJECT]

INTRODUCTION:

Purpose of M.D. (Homoeopathy) - Homoeopathic Materia Medica:

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

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

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

Aims:

- 1) To recognize the need of physical, social mental and spiritual health care of the sick in the spirit of Organon of Medicine.
- 2) Shall obtain competency in providing complete health care (physical, mental, social and spiritual) to the needy, so as to achieve a permanent restoration of health in gentle manner as quoted in Organon of Medicine.
- 3) To investigate what is to be cured in disease and what is curative in the various medicines in order to understand the scope and limitations of Homoeopathy.
- 4) Shall obtain the communicative and interpersonal skills to communicate and interact with health care teams.
- 5) Shall have a profound knowledge in Homoeopathic Materia Medica including rare and uncommon remedies in order to achieve restoration of health at any levels of sickness.
- 6) Shall adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment throughout his/ her professional life.
- 7) Shall be able to coordinate the recent advances in science with his/ her knowledge of Homoeopathy, so as to reflect better art of healing.
- 8) To develop an open mind to update him/ her by self-study, attending courses, conferences and seminars relevant to the specialty.

General Objectives:

- 1) To develop high standards in approach and management of sick, in order to fulfill his/ her only mission.
- 2) To develop excellent teaching skills, different techniques and educational methods in teaching homoeopathic students and its practitioners.
- 3) To practice medicine ethically and in step with principles of health care and the philosophy of Homoeopathy.
- 4) To demonstrate empathy and holistic approach towards sick and exhibit interpersonal behaviour in accordance with expectations of the society.

- 5) To play important role in implementing national health programmes.
- 6) To educate the people and promote preventive measures for common health problems by Homoeopathy, in order to achieve better health standards.
- 7) Undertake common health problems, use information technology, and carry out research both basic and clinical with the objective of publishing his/ her work and presenting of various scientific for a by which our fellow Homoeopathy can be Benefited.
- 8) To prove medicines which are partially proved in order to ascertain its true nature and qualities for the better implementation of similia.

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

The syllabus of MD-Part I deals with the understanding of the basic science and philosophy of Materia Medica. This Part will help the student to understand the functional, structural, psychological and causative aspects of Materia Medica. It will also give him insight in to Clinical Materia medica useful in their resident posting

In Part II, we should evolve matching methods and techniques that will experientially deliver to the candidate the entire experience of understanding Materia Medica by forming the portrait at the level of artificial disease and matching at the level of natural disease. Different approaches to Materia medica also will form a part of this year. It also will guide the student to understand the different authors and their philosophical and conceptual background and clinical application. Differential and comparative Materia Medica then becomes the next step for bedside differentiation. Group study is the integrated component of understanding Materia Medica as it helps in exploring the general indications as well as understanding the components with the characteristics.

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

Materia Medica study at the postgraduate level will require a definite methodology. The steps needs clear definition. It should be clear that the purpose of the study is to equip the physician with a Philosophy and a Method and not cram him with facts that are possible to refer to the books while at the bedside.

PART-I

Paper -I

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

1. Science and philosophy of Hom Materia Medica
2. The nature and scope of Homoeopathic Materia Medica; Definition
3. Comparison of Homoeopathic Materia Medica with other pharmaceutical systems.
4. Concept of artificial and natural diseases. Concept of Drug Proving. Understanding the evolution, philosophy and construction of the source book
5. Concept of health and developmental study of man. Normal physiological functioning and its development and its application in the study of Hom Materia Medica. Study of Physiological Materia Medica
6. Study of normal structural organisation of man and its application in the study of sphere of action of remedies
7. Concept of causation from the Hahnemannian perspective, viz. fundamental,

- exciting, maintaining causes and its application in the study of Hom Materia Medica
8. Bio-Psycho-Social concept of Aetio-pathogenesis and evolution of the disease phenomena to integrate with the study of Hom Materia Medica
 9. Development and maturation of mind from childhood to old age-normal characteristics and the relevance and application to Homoeopathic materia Medica
 10. Study of mental symptom, mental state, disposition, constitutions, temperaments and evolutionary study of Hom Materia Medica
 11. Clinico-pathological correlations of the diseases and integrating pathogenesis in study of Hom Materia Medica
 12. Study of Clinical Materia Medica and its practical application at the bedside
 13. Study of Hom. Medicines as per list.

LIST OF REMEDIES FOR A MATERIA MEDICA PART - I EXAM

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

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

It covers roughly 50% of the remedies in the syllabus. It does not take in the rare remedies which are best studied in Part II.

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| 1. Aco. n. | 35. Baryta mur. |
| 2. Aesculus | 36. Bell. |
| 3. Aethusa | 37. Bellis p. |
| 4. Agaricus | 38. Berberis v. |
| 5. Allium cepa | 39. Borax |
| 6. Aloe | 40. Bothrops |
| 7. Aloes | 41. Bovista |
| 8. Alumina | 42. Bromium |
| 9. Ammonium carb. | 43. Bry. alb. |
| 10. Anacardium | 44. Cactus g. |
| 11. Anthracinum | 45. Calc. ars. |
| 12. Antimony ars. | 46. Calc. carb. |
| 13. Antimony crud. | 47. Calc. f. |
| 14. Antimony tart. | 48. Calc. iod. |
| 15. Apis mel. | 49. Calc. Phos. |
| 16. Aranea d. | 50. Calc. s. |
| 17. Arg. met. | 51. Calc. sil. |
| 18. Arg. nit. | 52. Camphor |
| 19. Arn. mont | 53. Carbo . an. |
| 20. Ars. alb. | 54. Cannabis Sativa |
| 21. Ars. iod. | 55. Cannabis indica |
| 22. Ars. sul. | 56. Canth. |
| 23. Arsenic Alb | 57. Capsicum |
| 24. Arum. t. | 58. Carb. veg. |
| 25. Asafoetida | 59. Carboic acid |
| 26. Aurum | 60. Caulophyllum |
| 27. Aurum mur. | 61. Causticum |
| 28. Aurum mur . n. | 62. Cenchrus |
| 29. B. Coli | 63. Cham. |
| 30. Bacillinum | 64. Chelid. m. |
| 31. Badiaga | 65. Chin. Ars. |
| 32. Baptisia | 66. China |
| 33. Baryta carb. | 67. Chlorum |
| 34. Baryta iod. | 68. Cicuta V. |

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| 69. Cimicifuga | 114. Kali iod. |
| 70. Cina | 115. Kali iod. |
| 71. Cinnaberis | 116. Kali mur. |
| 72. Cistus | 117. Kali Sulph. |
| 73. Coca | 118. Kalmia |
| 74. Cocculus | 119. Lac. c. |
| 75. Coccus cacti | 120. Lachesis |
| 76. Collinsonia | 121. Lactrodectus m. |
| 77. Coloc. | 122. Lathyrus sat. |
| 78. Conium | 123. Laurocerasus |
| 79. Corallium rubrum | 124. Ledum |
| 80. Crategus | 125. Leptandra |
| 81. Croc. sat. | 126. Lilium tig. |
| 82. Crotalus h. | 127. Lobelia |
| 83. Croton Tig | 128. Lycopodium |
| 84. Cup. met. | 129. Lycopus |
| 85. Digitalis | 130. Lyssin |
| 86. Dioscoria | 131. Mag. carb. |
| 87. Diptherinum | 132. Mag. mur. |
| 88. Drosera | 133. Mag. phos. |
| 89. Dulcamara | 134. Mag. Sulph |
| 90. Echinesia | 135. Manganum |
| 91. Elaps | 136. Medorrihinum |
| 92. Euphrasia | 137. Merc. cyan. |
| 93. Ferrum met. | 138. Merc. Dul. |
| 94. Ferrum phos. | 139. Merc. iod. fl. |
| 95. Fluoric acid | 140. Merc. ior. r. |
| 96. Gelsemium s. | 141. Mercurius cor. |
| 97. Glonoine | 142. Mercurius sol. |
| 98. Graph. | 143. Mezeureum |
| 99. Hammamelis | 144. Mur. ac. |
| 100. Helleborus | 145. Murex |
| 101. Hep. sul. | 146. Mygale |
| 102. Hydrastis | 147. Naja |
| 103. Hyosc. | 148. Natrum ars. |
| 104. Hyper. | 149. Natrum carb. |
| 105. Ignatia | 150. Natrum mur. |
| 106. Iodine | 151. Natrum phos. |
| 107. Ipecac | 152. Natrum sulph. |
| 108. Ipecac. | 153. Nitric acid |
| 109. Kali ars. | 154. Nux moschata |
| 110. Kali bichrom. | 155. Nux vom. |
| 111. Kali brom. | 156. Opium |
| 112. Kali carb. | 157. Pertussin |
| 113. Kali Chlor. | 158. Petroleum |

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| 159. Phos. | 204. Thuja |
| 160. Phos. ac. | 205. Thyroidinum |
| 161. Phytolacca | 206. Trillium |
| 162. Picric acid | 207. Tuberculinum bovinum |
| 163. Platina | 208. Uranium nitrate |
| 164. Plumbum | 209. Valeriana off. |
| 165. Podophyllum | 210. Verat. alb. |
| 166. Psorinum | 211. Verat. vir. |
| 167. Puls. | 212. Viburnum o. |
| 168. Pyrogen | 213. Vipera |
| 169. Ranunculus B | 214. Zincum |
| 170. Ranunculus S | |
| 171. Ratanhia | |
| 172. Rheum | |
| 173. Rhododendron | |
| 174. Rhus tox. | |
| 175. Rumex | |
| 176. Ruta g. | |
| 177. Sabadilla | |
| 178. Sabina | |
| 179. Sambucus | |
| 180. Sanguinaria | |
| 181. Sanicula | |
| 182. Sarsaparilla | |
| 183. Secal cor. | |
| 184. Selenium | |
| 185. Senega | |
| 186. Sepia | |
| 187. Silica | |
| 188. Spigelia | |
| 189. Spongia | |
| 190. Stannum met. | |
| 191. Staph. | |
| 192. Staphylococin | |
| 193. Sticta pulmonalis | |
| 194. Stram. | |
| 195. Sulphur | |
| 196. Sumbul | |
| 197. Symph. | |
| 198. Syphilinum | |
| 199. Tabaccum | |
| 200. Tarent h. | |
| 201. Tarent. c. | |
| 202. Theridion | |
| 203. Thlapsi bursa pastoris | |

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

1. S.Hahnemann - Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S.Hahnemann - Chronic Diseases Vol I & II, B. Jain Publishers, New Delhi;
3. T. E. Allen- Encyclopedia of Homoeopathic Materia, Medica Vol 1 to,12. B.Jain
4. T.F.Allen - Handbook of Homoeopathy Materia Medica, B. Jain Publisher, New Delhi.
5. C. Hering- Guiding Symptoms of Homoeopathic Materia Medica, B, Jain Publisher, New Delhi.
6. J. T. Kent - Lectures of Homoeopathic Materia medica, B. Jain Publisher, New Delhi.
7. H. Coulter- Drug Pictures of Homoeopathic Materia medica, B. Jain Publisher, New Delhi.
8. Burt-Physiological Materia Medica, B.Jain Publisher, New Delhi.
9. M. L. Tyler - Durg Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
10. Dunham - Pharmecodynamics I to IV, B. Jain Publisher, New Delhi.
11. Harvey Farrington - P. G Studies *in* Homoeopathy, B. Jain Publishers New Delhi.
12. E.A.Farrington-- Clinical Materia medica, B. Jain Publisher, New Delhi.
13. E.A.Farrington-- Comparative Materia medica, B. Jain Publisher, New Delhi.
14. George Vitholkas - Classical Talks in Homoeopathy 3 volumers, B. Jain Publishers, new-Delhi.
15. M. L. Dhawale - Symposium volumes, published by Dr. M. L. Dhawalc Memorial Trust, Mumbai
16. X. M Choudhary - Materia Medica. B. Jain Publisher, New Delhi.
17. K. N. Mathur - Systemic Materia Medica. B. Jain Publisher New Delhi.
18. C. M. Boger- Synoptich Key, B. Jain Publisher, New Delhi. '
19. H. C. Allen Keynotes of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
20. E. B. Nash - Leaders in Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
21. Otto Lesser - Materia Medica, B. Jain Publisher, New Delhi;.,
22. Pulford-Text Book of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
23. W. Boericke- Clinical Materia Medica, B. Jain Publisher, New Delhi.
24. Clarke - Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
25. Dr. Ramjee Singh – Ladder to Excellence in Homoeopathic Education.
26. Dr. Ramjee Singh – Text book of and introduction to the study of Homoeopathic Materia Medica.
27. Dr. Bhasme Arun – How to study Materia Medica.
28. Dr. Bhasme Arun – Medicine Voyage Through Time.
29. Jan Scholten – Homoeopathy & Minerals
30. Jan Scholten – Homoeopathy & Elements
31. Dr. Rajan Shankaran – Insight into Plant Kingdom Vol. I, II, III
32. Catherine S. Coulter – Portraits Vol. I, Portraits Vol. II, Portraits Vol. III
33. Symposium Volumes – ICR
34. Dr. George Vithalkous – Materia Medica Viva
35. Dr. George Vithalkous – Essence of Materia Medica
36. Vermulein – Prisma
37. T.F.Allen - Nosodes

38. Stephenson: - Materia Medica & New Provings
39. Hughes - Cyclopaedia of Drug Pathogenesis
40. Anschutz - New Remedies
41. Boericke - Materia Medica and Repertory
42. Ghosh - Drugs of Hindoostan
43. Clarke - Dictionary of Homoeopathic Materia Medica
44. Kent: Lectures on Homoeopathic Materia Medica and New Remedies
45. Wheeler & Kenyon - Principles & Practice of Homoeopathy
46. Pierce: Plain Talks on Homoeopathic Materia Medica with Comparisons
47. Farrington Harvey - Post-Graduate Course in Homoeopathy and Homoeopathic Prescribing
48. Tyler, Margaret - Drug Pictures
49. Royal - Materia Medica
50. Boericke & Dewey - Twelve Tissue Remedies
51. E, A. Farrington - clinical Materia Medica
52. Dr. Dhadphale G.B. – Group Study /Analysis of Homoeopathic Materia Medica.
53. Dr. Dhadphale G B – General Features of Homoeopathic Materia Medica.
54. N.M. Choudhuri - A study on Materia medica and repertory
55. Allen - Key-Notes
56. Guernsey - Key-Notes
57. Lippe - Materia Medica
58. Nash - Leaders in Homoeopathic Therapeutics
59. Boger - Synoptic Key & Repertory to the Homoeopathic Materia Medica
60. Pulford - Key to Homoeopathic Materia Medica
61. Mathur - Systematic Materia Medica of Homeopathic Remedies
62. Comparative Materia Medicas (Gross, Farrington and Roberts)
63. Allen - Therapeutics of Fevers
64. Tyler - Pointers to Remedies
65. Nash - Typhoid
66. Nash - Respiratory Organs
67. Hering & Wells - Typhoid
68. Guernsey - Haemorrhoids
69. Bell - Diarrhoea
70. Roberts - Rheumatic Remedies
71. Pulford - Pneumonia
72. Pulford - Influenza
73. Pulford - Digestive Organs
74. Pulford - Children's Types
75. Cartier - Respiratory Organs
76. Royal - Diseases of Chest
77. Royal -Nervous Diseases
78. Royal Practice of Medicine
79. Yingling - Accoucher's Manual
80. Underwood - Headache

**M.D. (Hom.) PART - I SYLLABUS
ORGANON OF MEDICINE
(SPECIALITY SUBJECT)**

INTRODUCTION:

Purpose of M.D. (Homoeopathy) - Homoeopathic Philosophy:

Specialization in Organon of medicine and Homoeopathic Philosophy is to train the basic Homoeopathic graduate in the field of Organon and Homoeopathic Philosophy with better understanding of the system and to produce excellent professional thinkers and practitioners.

A postgraduate in Organon and Homoeopathic Philosophy shall:

1. Have the higher degree of proficiency both in theoretical and practical aspects of "Organon of Medicine" backed by scientific knowledge and philosophy of Homoeopathy.
2. Have the in depth knowledge of principles and laws of Homoeopathy so as to facilitate optimal care within the scope of Homoeopathy.
3. Have the ability to interpret the principles (taught by Hahnemann) in the context of developments in the health science on the present day.

Aims:

1. To aspire a true rational healing art, which can treat the sick for the permanent restoration of health.
2. To employ unprejudiced reflection adopted to each morbid condition and to treat them by the Holistic principles and philosophy of Homoeopathy.
3. To investigate what is to be cured in disease and to know what is curative in the various medicine in order to understand better the scope and limitations of Homoeopathy.
4. Shall obtain the communicative and interpersonal skills to communicate and interact with health care teams.
5. Shall adopt a scientific temper and unbiased approach to augment self-knowledge to improve the equality of treatment throughout the professional life.
6. Shall be able to co ordinate the recent advances in science with his/ her knowledge of Homoeopathy, so as to reflect better art of healing.
7. To develop an open mind to update him/ her by self-study attending courses conferences and seminars relevant to the specialty.

General objectives:

- a. To develop excellent teaching skills, different techniques and educational methods in teaching Homoeopathic students and practitioners.
- b. To practice medicine ethically and non injuriously and instep with principles of health care and the philosophy of Homoeopathy.
- c. To demonstrate empathy and holistic approach towards sick and exhibit interpersonal behaviour in accordance with expectations of the society.
- d. To educate the people and promote preventive measures for common health problems by Homoeopathy in rapid, gentle, permanent way.
- e. To play responsible role in implementation of the National health programmes.
- f. Undertake common health problems, use information technology and carry out research both basic and clinical with the objective of publishing his/ her work and presenting of various scientific for a by which our fellow Homoeopaths can be benefited.
- g. To recognize the importance of Health as whole in individual and necessary steps should be taken while practicing Homoeopathy.
- h. To prove medicines, which are partially proved in order to ascertain its true nature and qualities for the better implementation of similia.

Organon, a high water mark in Medical Philosophy, is a product of application of inductive logical method of reasoning in the solution and treatment of human pathos.

A postgraduate student of Organon needs to be grounded in the fundamentals of General Philosophy, Logic, Scientific Method and study of Man in Universe. Evolutionary study of Hahnemannian concepts in these disciplines will enable the student to firmly grasp the homoeopathic principles in evolution and the methods and techniques developed by Hahnemann. This will prepare him to critically study the contributions of masters-past and present

Part II will take up the study of and his illustrious followers. Through a grasp of their philosophical and conceptual background, the teaching will experientially deliver to the candidate the entire experience of application of philosophy in clinical practice. This will allow the student to integrate the knowledge and help him to gain insight regarding the clinical application of the concepts and principles laid down in Homeopathic Philosophy and prepare him to take on a larger role in the exploration at academic, clinical and research levels.

Part I

In addition to part I syllabus, the following topics will be covered in Part I

HAHNEMANN AND EVOLUTIONARY HAHNEMANNIAN PHILOSOPHY

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

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

6. Principles & Applications of Organon in clinical practice-Management of Acute Diseases-Sporadic, Epidemic, Pandemic
7. Remedy-Selection: Concepts of Individualization; Totality of Symptoms; and Portrait of the Disease Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship,
8. Concept of Non remedial, ancillary methods in treatment of diseases.
9. Importance of an in-depth study of Aphorisms 1-6 as conveying the Fundamental Approach to the teaching of Organon and Homoeopathic Philosophy

List of Recommended Reference Books for Organon of Medicine:

- 1) S. Hahnemann - Organon of Medicine- 6th Edition, B. Jain Publisher, New Delhi.
- 2) S. Hahnemann-Lesser Writings, B. Jain Publisher, New Delhi.
- 3) S. Hahnemann-Chronic Diseases, B. Jain Publisher, New Delhi.
- 4) J. K. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, New Delhi.
- 5) J. T. Kent - Minor Writings, B. Jain Publisher, New Delhi. ,
- 6) J. T. Kent - Lesser writings, B. Jain Publisher, New Delhi.
- 7) Sarcar, B. K. Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta.
- 8) H. A. Robert - Principles and practices of Homoeopathy, B. Jain Publisher, New Delhi.
- 9) S. Close - Genius of Homoeopathy, B. Jain Publisher, New Delhi.
- 10) Boeninghausen - Lesser Writings, B. Jain Publisher, New Delhi.
- 11) Farrington - Lesser Writing, B. Jaia Publisher, New Delhi.
- 12) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, New Delhi.
- 13) M.L. Dhawale - Symposium Volumes, Indian Books and Periodicals PublishersDelhi.
- 14) G. Boericke- Principles of Homoeopathy, B. Jain Publisher, New Delhi.
- 15) Clarke - Constitutional Medicine, B. Jain Publisher, New Delhi.
- 16) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, New Delhi.
- 17) W. K. Wright - A History of Modern Philosophy
- 18) Wideband- A History of Modem Philosophy.
- 19) Banerjee - Chronic Disease its cause and *cure*, B. Jain Publisher, New Delhi.
- 20) J. K. Allen-Chrome Miasms, B. Jain Publisher, New Delhi.
- 21) Phillis Spaight-- Chronic miasms.
- 22) Bradford - Life History of Hahnemann Vol. I & Vol. II, B. Jain Publisher, New Delhi.
- 23) Dudgeon-Principles and Practices of Homoeopathy, B. Jain Publisher. New Delhi
- 24) Richard Hael; Life of Hahnemann, B. Jain Publisher, New Delhi.
- 25) Datta: Contemporary Philosophy
- 26) Durant Will: The story of Philosophy
- 27) Hospers John: Introduction to Philosophy
- 28) Irving Copi: Introduction to Logic
- 29) Sharma C. D.: Indian Philosophy
- 30) Wolf A. Textbook of logic - Surjit Publication
- 31) Allen.: The Chronic Miasms
- 32) Boeninghausen Von C. M. F.: Lesser Writings.
- 33) Boger, C. M.: Studies in the Philosophy of Healing
- 34) Boger, C. M.: Collected Works
- 35) Bradford: Life History of Hahnemann Vol. 1 & 2
- 36) Clarke: Constitutional Medicine
- 37) Close Stuart: The Genius of Homoeopathy: Lectures and Essays on Homoeopathic Philosophy

- 38) Dhawale M. L.: Principles and Practice of Homoeopathy: Vol 1
- 39) Dhawale M. L.: Perceiving 1
- 40) Dhawale M. L.: ICR Symposium on Hahnemannian Totality
- 41) Dhawale M. L.: Life and Living
- 42) Dudgeon: Principles and Practice of Homoeopathy
- 43) Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A collection of Papers elucidating and illustrating the Principles of Homoeopathy
- 44) Farrington: Lesser writings
- 45) Haehl Richard: Life & Work of Hahnemann Vol.– I & II
- 46) Hahnemann, S.: Organon of Medicine, 6th Edition, Translated with Preface by William Boericke
- 47) Hahnemann, S.: Organon of Medicine (5th Edition), Translated from the 5th German Edition by Dudgeon, R. E. Introduction and Commentary by Sarkar, B. K.
- 48) Hahnemann, S.: The Chronic Diseases, their Peculiar Nature and their Homoeopathic Cure
- 49) Hahnemann, S.: Lesser Writings.
- 50) Hughes Robert: Principles & Practice of Homoeopathy
- 51) Kent, J. T.: Lectures on Homoeopathic Philosophy
- 52) Kent, J. T.: New Remedies, Clinical Cases, Lesser Writings, Aphorisms and Precepts.
- 53) Kent J. T.: Lesser writings
- 54) Ortego: The Chronic Miasms
- 55) Roberts, H. A.: The Principles and Art of Cure by Homoeopathy.
- 56) Sarkar B. K.: Commentary on Organon of Homoeopathy
- 57) Sarkar B.K.: Essays on Homoeopathy
- 58) Shepherd Dorothy: Magic of Minimum dose
- 59) Speight Phyllis: Chronic Miasms
- 60) Whitmont E. Psyche & Substance
- 61) Whitmont E. The Symbolic Quest

**M.D. (Hom.) PART – I SYLLABUS
PAEDIATRICS
[SPECIALITY SUBJECT]**

INTRODUCTION:

Purpose of MD (Homoeopathy) - Pediatrics course:

The purpose of MD (Homoeopathy) - Pediatric course is to train the basic Homoeopathic graduate in the field of Pediatrics to adapt the principles of Homoeopathy while treating sick children, preventing sickness in children and ensuring a health child among children in the society and to produce excellent, professional thinkers, researchers and teachers in Homoeopathy with special emphasis in the field of Medicine.

The Homoeopathic Pediatrician shall have:

1. The knowledge to assess the health status of the children coming under his/ her care with background of principles of Pediatrics and philosophy of Homoeopathy.
2. The knowledge to provide therapeutic assistance to sick children under his/ her care, counsel the parents regarding prevention of sickness and generate awareness in the society for healthy living style for children.
3. The knowledge to co-ordinate with and guide the nursing staff in a hospital for arranging appropriate nursing procedure whenever a child under the Homoeopathic therapy is hospitalized.
4. The knowledge to ask for and interpret relevant diagnostic tests and provides necessary therapeutic or other assistance on the basis of results of such procedures.
5. The confidence to assess and manage children in a state of medical crisis by using ancillary measures till such time as hospitalization in Critical Care Unit may be found.

Aims:

1. Recognize the health care needs of the children in the society in the spirit of Homoeopathic principles.
2. Shall obtain competencies in the field of providing health care to children, so as to achieve a restoration of health.
3. Shall understand the importance of the preventive health care to maintain child health of the society.
4. Shall adapt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment through out the professional life.
5. Shall develop an open and accommodating attitude to adapt the latest bio-medical discoveries for the improved quality of therapy.
6. Shall develop holistic attitude to correlate the results of bio-medical research with the potential in homoeopathic medicines to project a comprehensive homoeopathic practice.

General Objectives:

At the end of postgraduate training in MD (homoeopathy) Pediatrics, the student shall be able to:

1. Recognize the importance of pediatrics in the context of health care needs of the community and its adaptability in the practice of homoeopathy.
2. Practice pediatrics ethically and in step with the principles of primary health care and the philosophy of homoeopathy.
3. Demonstrate sufficient understanding of basic sciences relevant to pediatrics.
4. Identify social, economic, environmental, biological, emotional and miasmatic therapeutic, rehabilitative, preventive and promotive measures/ strategies.
5. Plan and advice measures for the prevention and rehabilitation of children suffering from disease and disability.

6. Demonstrate skills in documentation of individual case details as well as morbidity and mortality data relevant to the assigned situation.
7. Demonstrate empathy and human approach towards children and their family and exhibit interpersonal behaviour in accordance with the social norms and expectations.
8. Play the assigned role in the implementation of national health programmes, effectively and responsibly.
9. Organize and supervise the chosen/ hospital or the field situation.
10. Develop skill as a self-directed learner recognizes continuing educational needs; select and use appropriate learning resources.
11. Demonstrate competence in basic concepts of research methodology and epidemiology with a special reference to qualitative research, and be able to critically analyze relevant published research literature.
12. Develop skills in using educational methods and techniques as applicable to the teaching of homoeopathic students, homoeopathic general practitioners and paramedical health workers.
13. Functions as an effective leader of a health team engaged in health care, research or training.

As per aphorism 3, the Homoeopathic Physician must study natural disease and artificial drug disease in depth. Disease is a dynamic derangement of the vital force. It is the person who is sick and the expressions of disease differ in individuals. One needs to study the disease in its proper evolution. The anamnesis, the travel from health to sickness and the progress of disease has to be properly recorded, and inter-connections to be studied so that one can achieve cure. One needs to study the man and his environment in totality to understand the sick and sickness in the sick.

Over a period of time, the concept and knowledge about diseases has extended through technological advancement and relentless research by modern medicine. The homoeopathic physician needs to study these advances adequately along with the fundamental principles as listed in Organon. He needs to study man from a holistic perspective. It is easier to do this in adult than in children, especially the neonates, infant and younger children. They are the real challenge for a Homoeopath. Post graduates in pediatrics are expected to imbibe knowledge, skill and attitude to deal with the pediatric age group. They need to develop a sensitivity to receive and sensibility to interpret the data from different sources and from own observations. This need becomes acute in the pediatrics age group. Apart from these areas, the Syllabus should include inculcating the standard homoeopathic approach and modern clinical advancement both at the basic and applied level.

Part I syllabus will equip the physician to the developmental study of a child from neonates at both physical and psychological level. He also will need to understand the embryological development to understand genetic and congenital problems. He will need to equip himself with clinical skills and knowledge including investigations. Syllabus of Part II will demonstrate the application of these to the study of disease.

PART I

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

1. Introduction to the Practice of Evidence based paediatrics

- a. Concept of evidence based practice in Paediatrics and its importance in Homoeopathy today.
- b. Importance of developing an ethical base while adhering to the above

2. Developing a Basic Clinical Approach

- a) Correlative study of Normal structure and function in an evolutionary way to reveal Structural

- and functional integrity of the child in health. This includes physical (structural & functional) & psychological (personality) growth & development of the Infant, Child & Adolescent.
- b) Normal embryological and development and growth of a child, the range of abnormality and its utility in understanding the child. Learning the fundamentals of intensive care of neonates.
 - c) Embryological Development includes influence of Maternal Health-mental and physical on the Foetus. Considering mother—foetus---neonate as a unit is the key to the treatment of neonates. So approach to the neonate is actually an approach to this unit.
 - d) Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
 - e) Understanding the different components which influence health at individual, family and community level leading to insight into preventive and community Paediatrics through Hahnemannian philosophy of holistic care.
 - f) Understanding the concept of predisposition and disposition and its influence on development of diseases including genetics and congenital.
 - g) Understanding the bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease in the growing child.
 - h) Development of a Symptom as an indication of loss of functional competence followed by loss of structural integrity – the pathogenesis of symptom formation and the Hahnemannian concept of disease and its expression
 - i) Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution
 - j) Bed side- General and Systematic examination and understanding their basis
 - k) Role of physical examination and clinical investigation in the study of disease and miasm.
 - l) Understanding the process of clinical diagnosis
 - m) Importance of differential diagnosis-probable diagnosis and final diagnosis
 - n) Understanding the process of labour and role of pediatrician in labour room and operation theater during child birth and learning the skill of handling newborn baby and neonates
 - o) Identifying Abnormal Psychological development and Pathology in the developing stages in order to prevent their full-scale development or modify the expression.

3. Studying the Cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification in pediatric age group

IN NEONATES –

1. Alterations in cry – excessive/weak/poor
2. Alterations in activity – hyperactivity/drowsiness
3. Alterations in tone – hypertonia/hypotonia
4. Alterations in colour – cyanosis/pallor/jaundice
5. Alterations in suck – poor sucking
6. Alterations in feeding habits – refusal to feeds
7. Alterations in temperature – hyperthermia/hypothermia
8. Other systemic alterations

IN OLDER CHILDREN

- a. Fever – types
- b. Alterations in growth and development
 1. Short stature
 2. Obesity
 3. Developmental delay

4. Impaired learning
- c. Alterations in nutritional functions
 1. Underweight
 2. Stunting
 3. Wasting
 4. Failure to thrive
 5. Micronutrient deficiencies
- d. Alteration in Respiratory functions
 1. Cough
 2. Dyspnoea
 3. Cyanosis
 4. Respiratory distress
 5. Hemoptysis
- e. Alteration in Gastrointestinal functions
 1. Refusal to feeds
 2. Vomiting
 3. Diarrhea and Constipation
 4. Weight loss
 5. Gastrointestinal bleeding
 6. Jaundice
 7. Abdominal pain
 8. Abdominal swelling and ascites
- f. Alteration in cardiac and circulatory functions
 1. Murmur
 2. Cyanosis
 3. Congestive cardiac failure
 4. Shock
- g. Alteration in excretory functions
 1. Hematuria
 2. Dysuria
 3. Enuresis and incontinence
 4. Voiding dysfunction
 5. Renal failure – acute and chronic
- h. Hematological alterations
 1. Anemia
 2. Bleeding
 3. Enlargement of Lymph nodes and spleen
- i. Alteration in Nervous system functions
 1. Convulsions
 2. Intracranial space occupying lesions
 3. Large head
 4. Small head
 5. Floopy infant
 6. Coma
 7. Headache
 8. Paralysis and palsies

4. Diagnostic procedures:

Apart from the routine haematological, biochemical and radiological investigations which are a part of undergraduate studies, the postgraduate must be conversant with a host of detailed and sophisticated investigations which further the understanding of the disease in its depth and extent. Given below are representative samples of these. All the post graduates should have knowledge of these tests & the implications of these in the practice for diagnostic and prognostic work-up

- Hematological
- Biochemistry
- Serology
- CSF examination
- Routine Radiological Examination IVP, Renal scan, Plane radiography of spine Barium studies
- Endoscopy,
- USG
- Other Serological test,
- Pleural fluid examination, PFT, Arterial blood gas
- 2 D ECHO,
- CT scan, MRI,
- GFR, 24 hour Protein estimation
- EEG

List of Recommended Reference Books for Paediatrics -

- 1) A.A.P. – Guidelines for Perinatal Care.
- 2) Beattie – Paediatric emergencies.
- 3) Bergiman – 20 Common Problems in Paediatrics.
- 4) Chheda – Practical aspect of Pediatrics.
- 5) Cloherty – Manual of Neonatal Care.
- 6) Desai – Handbook of Pediatrics.
- 7) Elizabeth – Nutrition and Child Development.
- 8) Duta T. – Principles of Pediatrics.
- 9) Ghai O. . – Pediatrics, Interprint New Delhi.
- 10) Gill – Pediatrics.
- 11) Joy – Diseases of Children.
- 12) Meherban Singh – Care of new born.
- 13) Meherban Singh – Paediatric Clinical Methods.
- 14) Modell – Paediatric Problems in general Practice.
- 15) Nelson – Essentials of Pediatrics. Harcourt Publishers, International Company, Asia.
- 16) Roberson – Text Book of Neonatology.
- 17) Santosh Kumar – Hand Book of Pediatrics.
- 18) Ambedkar and Khub chandani – Prioities in Pediatrics practice. L. C. R. Publications, Mumbai.
- 19) Hedwig Imhauser – Homoeopathy in Paediatric Practice, Indian Books and Periodical Publishers, New Delhi.
- 20) Dorland – Children Types, B. Jain Publishers, New Delhi.
- 21) Lillienthal S. – Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
- 22) Dr. S. K. Tiwari – Homoeopathy and Child Care, B. Jain Publishers, New Delhi.
- 23) Arvind, Clinical Methods in pediatrics, 2nd Edition, 2002, Jaypee Publishers, New Delhi.
- 24) Banza, Child Development and Developmental Diagnosis, 2nd Edition, Jaypee Publishers, New Delhi.
- 25) Gupta, Constructive case studies in Pediatrics, 4th Edition, 2002, Jaypee Publishers, New Delhi.
- 26) Gupta, Differential Diagnosis in Pediatrics, 4th Edition, 2002, Jaypee Publishers, New Delhi.

**M.D. (Hom.) PART - I SYLLABUS
PSYCHIATRY
[SPECIALITY SUBJECT]**

INTRODUCTION:

Purpose of M.D. (Homoeopathy) - Psychiatry Course:

The purpose of this course is to train the basic Homoeopathic graduate in the field of psychiatry, and to treat the psychiatric ailments depending upon the principles and philosophy of Homoeopathy, and also train them in counseling and behavioral therapy to ensure health citizens in the present hectic and stressful conditions of the society.

The "Homoeopathic Psychiatrist" shall:

- 1) Have the confidence to assess and manage the patients with mental illness and in cases of severe illness or crisis manage it till such time as hospitalization in critical care unit may be found.
- 2) Have high degree of proficiency both in the theoretical and practical aspects of psychiatry and related disciplines backed by scientific knowledge and philosophy of Homoeopathy.
- 3) Have the knowledge to ask for and interpret relevant diagnostic procedures and provide necessary therapeutic or other assistance on the basis of results of such procedures.
- 4) Have a caring attitude and sympathy towards the needy and maintain high moral and ethical standards.

Aims:

- 1) To recognize the need of social health care of the mentally ill in the spirit of Organon of Medicine.
- 2) Shall obtain competency in providing spiritual health to the needy so as to achieve a permanent restoration of health (as quoted in Organon of Medicine).
- 3) Shall obtain the communicative and interpersonal skills to communicate and interact with health care team.
- 4) Shall adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment throughout the professional life.
- 5) To develop an open mind updates him/ her self by self-study attending courses, conferences and seminars relevant to the specialty.
- 6) Shall be able co-ordinate the recent advance in science with his knowledge of Homoeopathy so as to reflect better art of healing?

General objectives:

1. To recognize the importance of social, mental, spiritual health and its adaptability in the context of health while practicing Homoeopathy.
2. To practice psychiatry ethically and instep with principals of health care and the philosophy of Homoeopathy.
3. To describe etiology, patho-physiology, principles of diagnosis, miasmatic analysis and management of common psychiatric problems in adults and children with the knowledge of homoeopathic principles and therapeutics.
4. Under take audit, use information technology tools and carry out research both basic and clinical with the objective of publishing his work and presenting of various scientific flora by which our fellow Homoeopaths can be benefited.
5. To demonstrate empathy and "holistic" approach towards mentally ill and exhibit interpersonal behaviour in accordance with expectations of society.

6. To play responsible role in implementation of National Health programmers effectively.
7. To plan and advice preventive and primitive measures in the rehabilitation of imbecile.

The subject of Psychiatry is relatively new in the Homoeopathic syllabus and hence needs a detailed elaboration.

The Syllabus of **Part I** starts with aspects of Normal behaviour relevant to the Homoeopathic clinician, proceeds to examine the different prevalent models of Mental health, switches over to study of Abnormal behaviour and the causative factors, commences the clinical study with an in-depth examination of Psychopathology and Psychiatric Symptomatology, considers the rationale of Modern Diagnostic symptoms comparing with the Homoeopathic approach to understanding mental illness and finally culminates into Investigation methods commonly employed in Psychiatry. This will equip the homoeopathic postgraduate with clinical tools to commence the clinical studies in the Part II.

Part II-

Paper I deals with Clinical Psychiatry pertaining to adults and children and attempts to understand the relative place of Homoeo-therapy in the light of Standard acceptable Psychiatric therapies. **Paper II** deals with aspects of Psychiatry where the application of Homoeo-therapy is in the early stages viz. Emergency Psychiatry, Psycho-physiological disorders, Community Psychiatry and Preventive Psychiatry. It also explores the various ancillary measures useful in the treatment of Psychiatric disorders including psychotherapies and attempts to examine the integration of Homoeopathy with Psychotherapy. The study culminates with an understanding of Legal aspects of Psychiatric practice and considerations of the Mental Health Bill.

PART – I

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

Basic Disciplines relevant to understanding Psychiatric Illnesses:

A. Study of Normal Behaviour:

1. Basic psychological processes - Cognition, Affect and Conation and their neural basis
2. Evolution and its effect on understanding the traits, emotional and social behavioural characteristics of the human being.
3. Psycho-social development and maturation from childhood to old age-normal characteristics and the relevance to a Homoeopathic clinician
4. Socio-economic, community, religious and cultural determinants of behaviour and their reflections on community susceptibility
5. Personality as an integrated expression of the aspirations of the human being. Theories of Personality relevant to a Homoeopathic clinician

B. Models of Mental Health and the Principles and Practice of Mental Hygiene

C. Abnormal Behaviour and its Causes

1. Biological-Genetic, Intrauterine and Neurobiological factors
2. Nutritional
3. Psychological-Life events
4. Socio-cultural context

D. Psychopathology and Psychiatric Symptomatology-elicitation, identification and differentiation of signs and symptoms

1. Disturbances of Thinking
2. Disturbances of Perception
3. Disturbances of Mood
4. Disturbances of Consciousness
5. Disturbances of Memory
6. Disorders of Language
7. Disorders of Will
8. Disturbance of Judgement
9. Disorder of Self
10. Somatic Disturbances in Psychiatric Illnesses
11. Disturbances of Behaviour and Motor activity
12. Disturbances of Interpersonal relationships

E. Classification of Psychiatric Disorders-Principles and Systems viz. DSM/ICD Systems; Homoeopathic approach

Comprehensive and holistic approach to the classification integrated with the Homoeopathic approach as enunciated in the Organon of Medicine

F. Clinical approach to the understanding of Psychological disorders:

Principles and Operational guidelines of the Psychiatric interview for adults and children

G. Utility of Lab Investigations in the Diagnosis of Neuro Psychiatric illnesses:

Pathological, radiological and EEG

H. Principles of Psychological Tests and their Clinical Interpretation:

Tests of intelligence, Cognitive functions and Personality

M.D. (Hom.) PART – I SYLLABUS
REPERTORY
[SPECIALITY SUBJECT]

INTRODUCTION:

Purpose:

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

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

The study of repertories at the postgraduate level should offer opportunities for the scientific development of repertory as an independent entity to facilitate the selection of most similar medicine. Efforts should also be made to create interdisciplinary role for repertory with all the basic and clinical subjects in Homoeopathy.

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

Goal:

A postgraduate in Repertory shall:

- Recognize the prescriptive needs of the homoeopathic practitioners.
- Master most of the competencies related to case taking and repertorisation.
- Acquire a spirit of scientific inquiry and be oriented to the principles of research methodology.
- Acquire basic skills in teaching of homoeopathic professionals.

General Objectives:

At the end of postgraduate training in M.D. (Homoeopathy) repertory, the student shall be able to:

- Recognize the importance of repertory in the context of homoeopathic prescriptions.
- Practice repertorisation ethically and in step with the principles of homoeopathy.
- Demonstrate sufficient understanding of the competencies associated with case taking and case analysis.
- Be aware of communication technology and adapt it for repertorisation.
- Develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
- Develop competence in basic concepts of research methodology and analyze relevant published research literature.
- Improve teaching learning methods of repertory at undergraduate and postgraduate levels.
- Function as an effective leader of health team engaged in health care, research or training.

Repertory is a compendium of symptoms and signs that are represented as rubrics collected

from various sources—clinical and non clinical. Symptoms and signs are elicited after a proper case taking and the necessary Physical examination. The information so gathered needs to be organized on the basis of a schema which is firmly founded in Homoeopathic Philosophy. The symptoms and signs too need to be looked from the characteristic nature of the symptom. How does anyone designate a symptom as common or characteristic? Principles and rules of symptom evaluation and classification laid down will guide the student. Repertory as a tool comes to the rescue of a homoeopath only after the satisfactory completion of this lively as well as sometimes a tedious

process. Hence, arise the need to study the processes of Case Taking and of Repertorisation from where the tool of the Repertory derives its importance.

There are many repertories available in the form of books as well as softwares. The plethora of choice often leads to a confusion of which to use, when and why. This query can be solved only when the General Principles are thoroughly discussed. Study of the subject will demand of the student understanding in detail of the philosophies underlying various repertories (books as well as softwares), aspects of application of the various repertories and identify scope and limitations of various repertories. The course will cover the above-mentioned aspects in detail. Part I will see through the fundamentals

Part I

Paper 1:

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

A. Introduction to the Concept of Repertorisation and Historical evolution of the Repertory

- a. Concept of Repertorization
- b. Studying the Philosophy and scientific background of repertories
- c. Historical evolution of the early repertories – significance of understanding the evolution – utility of this understanding
- d. Classification of repertories – importance of understanding the classification

B. Case Receiving: Principles and Techniques

- a. Case receiving and concept of the observer
- b. Unprejudiced observation: the concept and the methods
- c. Demands of case taking in various settings: urban, rural, tribal
- d. Demands of case taking in various departments, e.g. medicine, gynecology, pediatrics, skin, rheumatology, etc.
- e. Demands of acute and chronic case taking
- f. Planning of a Clinical Interview
- g. Techniques of Case taking
- h. Evaluation of a Clinical Interview
- i. Common difficulties of case taking and their solutions

(Note: Specialized case taking will be taken by the specialty subjects)

C. General Principles of Repertorization

- a. Generalization
- b. Causation
- c. Concomitance
- d. Individualization
- e. Evaluation
- f. Classification of Symptoms
 - i. Mental symptoms based on understanding of normal and abnormal psychology, clinical disorders and the presentations

- ii. Physical symptoms based on understanding of normal body's physical structure – functioning of various tissues - organs and systems
 - iii. Pathological symptoms and signs based on understanding of pathology and presentations thereof
- g. Doctrine of Analogy

D. Three Classical Approaches of Repertorization

- a. Understanding Boenninghausen's philosophy – his life and works – application of philosophy to practice – Therapeutic Pocket Book-structure and its use
- b. Understanding Kentian philosophy – his life and works – application of philosophy to practice –Structure of Kent's Repertory and its use.
- c. Understanding Boger's philosophy – his life and works – application of philosophy to practice – Structure of BBCR and its use.

List of Recommended Reference Books for Repertory.

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
2. Fredrick Schroyns - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, Karoi Bagh, New Delhi.
4. Barthel and Klunkcr- synthetic Repertory of the Materia Medica, B. Jain Publisher, New Deihi.
5. Allen T. F. - Boenninighausen's Therapeutic Pocket Book, B. Jain Publisher, New Delhi.
6. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
7. Knerr C. B. - Repertory of Herrings Guiding Symptoms of our Materia Medica, B. Jain Publisher, New Delhi.
8. Jugal Kishore - Card Repertory - Kishore Publication. Indira Chowk, Caughtant Place, New Delhi,
9. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
10. Neathy Edwin-An Index of aggravations and ameliorations, B. Jain Publisher, New Delhi.
11. Hering -Analytical Repertory of the symptoms of mind, B. Jain Publisher, New Delhi.
12. Clarke J. H. - Clinical Repertory, B. Jain Publisher, New Delhi.
13. Docks and Kokelenberg - Kent's Comparative Repertory of the Homoeopathic Materia Medica.
14. Roberts Herbert - Sensations as if, B. Jain Publisher, New Delhi.
15. Gallawardm - J. P. Repertory of Psychic Medicines with Materia Medica, B. Jain Publisher, New Delhi.
16. Hahnemann's - Chronic Diseases, B. Jain Publisher, New Delhi.
17. Hahnemann's - Materia Medica Purrs, B. Jain Publisher. New Delhi.
18. Boenninghausen - the Lesser Writings, B. Jain Publisher, New Delhi.
19. J. IC Kent - New Remedies, Clinical Cases and Lesser Writings, B, Jain Publisher, New Delhi.
20. C. M. Boger - Study of Materia Medica and Case taking, B. Jain Publisher, New Delhi.
21. Garth Boericke - Principles and practice of Homoeopathy, B. Jain Publisher, New Delhi.
22. Wright Elizabeth -A Brief Study course in Homoeopathy, B. Jain Publisher,

- New Delhi.
23. Bidwell G L. How to use the Repertory, B. Jain Publisher, New Delhi.
 24. Bell James - The Homoeopathic of Diarrhea, B. Jain Publisher. New Delhi.
 25. Allen H. C. - Therapeutics of Fever, B. Jain Publisher, New Delhi.
 26. Bcrridge E. W. - Complete Repertory on the Diseases of eyes, B. Jain Publisher, New Delhi
 27. Minton-Uterine Therapeutics, B. Jain Publisher, New Delhi.
 28. Tyler M. L. Repertoriong B. Jain Publisher, New Delhi.
 29. Banerjee P. N. - Chronic Diseases as causes and cure, B. Jain Publisher, New Delhi.
 30. Boger CM. - Synoptic Key to Materia Medica with Repertory,
 31. Boericke W. - Boericke's Materia Medica with Repertory, B. Jain Publishers, New Delhi.
 32. Dr. Shashikant Tiwari - Essentials of Repertorisation, B. Jain Publishers, New Delhi.
 33. C. M. Boger- Studies in Philosophy of Healing, B. Jain Publishers. New Delhi.
 34. M. L. Dhawale- Principles and practice of Homoeopathy
 35. Dr. Munir Ahmed R.r- Introduction to Principles to Repertorisation
 36. Barford, T. L: Lesser writings of CMF Von Boenninghausen.
 37. Bannan, Robert: Collected Works of Boger.
 38. Boger, C. M: Studies in Philosophy of Healing
 39. Castro, J. B ; Encyclopaedia of Repertory.
 40. Dhawale, M. L. : Principles and Practice of Homoeopathy.
 41. Dhawale, M. L. (Ed): ICR Symposium Volume on Hahnemannian Totality, Area D.
 42. Hahnemann, S: Organon of Medicine.
 43. Hahnemann : Lesser writings.
 44. Harinadham, K: the principles and Practice of Repertorization.
 45. Kishore, Jugal: Evolution of Homoeopathic Repertories and Repertorization.
 46. Khanaj, V: Repererie.
 47. Kanjilal, J. N : Repertorization.
 48. Kent, J. T: Lectures on Homoeopathic Philosophy.
 49. Kent, J. T: Use of Repertory: How to study the Repertory, How to Use the Repertory.
 50. Kent, J. T: what the Doctor Needs to Know in Order to make a Successful Prescription.
 51. Kent: Lesser writings.
 52. Mohanty, N: Textbook of Homoeopathic Repertory.
 53. Patel, R. P: Art of Case taking and Practical Repertorization.
 54. Rastogi, D. P: an Overview of repertories for P.G. Student.
 55. Sarkar, B. K: Essentials of Hom. Philosophy and Place of repertory in Hom. Practice.
 56. Tarafdar, D: Repertory Explained.
 57. Tiwari, S. K : Essentials of Repertorization.
 58. Tyler, M. L: Different Ways of Finding a Remedy.
 59. Tyler, M. L. and John Weir, Repertorization.
 60. Allen, H.C.: The therapeutics of fevers.
 61. Allen, W: Repertory of Intermittent Fevers.
 62. Allen: Symptom Register.
 63. Boericke, W: Pocket manual of Homoeopathic materia medica.
 64. Boger, C. M: A Synoptic Key of the materia medica.
 65. Boger, C. M: general analysis.

66. Borland, Douglas: Pneumonias.
67. Borland, Children types.
68. Boenninghausen's A Systematic Alphabetical repertory of Homoeopathic medicines.
69. Bell, J. B.: The Homoeopathic Therapeutics of Diarrhoea.
70. Berridge: Complete Repertory to the Homoeopathic materia Medica on the Dis. of the eye.
71. Bakshi, J.P.S.: Phoenix repertory.
72. Boger, C. M. : Times of remedies and moon phases.
73. Boger, C. M: Boenninghausen's Characteristics and repertory.
74. Clarke, J. H. : A Clinical Repertory to the dictionary of Homoeopathic materia Medica.
75. Clarke, J. H. : Prescriber.
76. Douglas: Skin diseases.
77. Gentry, W. D. : the Concordance Repertory of the materia Medica.
78. Guerensey, W. J.; the Homoeopathic Therapeutic of haemorrhoids.
79. Hering, C: Analytical repertory of the symptoms of the Mind.
80. Hughes, Richard: Cyclopaedia of drug pathogenesis.
81. Kent, J. T. Repertory of the Homoeopathic materia medica.
82. Knerr, C.B: Repertory of Herring's Guiding Symptoms of our Materia Medica.
83. Kunzli, Jost: Kent's repertorium Generale.
84. Lippe's Repertory.
85. Murphy, R: Homoeopathic Clinical repertory.
86. Nortan, A. B.: Repertory of Ophthalmic Diseases and therapeutics.
87. Nash: Leaders in Respiratory Organs.
88. Pulford, Alfred: Repertory of Rheumatism, sciatica, Etc.
89. Pulford, Alfred: Homoeopathic Leaders in Pneumonia.
90. Roberts, H. A (Ed): Boenninghausen's Therapeutic pocket Book.
91. Roberts, H. A.: Sensation as if.
92. Roberts, H. A.: The Rheumatic remedies.
93. Squire, Berkely: A repertory of Homoeopathic Nosodes and sarcodes.
94. Shivraman, P.: a concise repertory of Aggravations and Ameliorations.
95. Shrivastava, G. D. and J. Chandra: Alphabetical Repertory of Characteristic of Homoeopathic Materia Medica.
96. Tiwari, S. K. ; Homoeopathy and child care.
97. Underwood, D. F. : Headache and its materia Medica.
98. Van den Berg: Therapeutics of Respiratory System.
99. Ward, J. W. : Unabridged Dictionary of Sensations As If.
100. Yingling, W. A. ; Accoucher's emergency manual in Obstetrics.
101. Zandorvoot, Roger: Complete Repertory.
102. Zandorvoot, Roger: Repertorium Universale.
103. Schroyens, Fredrick, Synthesis repertory.
104. Barthel and Klunker: Synthetic Repertory.
105. Phatak, S. R.: A concise Repertory of homoeopathic medicines.
106. Phatak, S. R.: Repertory of Biochemic remedies.
107. Schmidt, P and Diwan Harishchand: Kent's Final general repertory.
108. Bidwell I.G (Reprint 1981) "*How to use the repertory* " B Jain publisher
109. Phatak.S.R; Clinical Experiences;;
110. Sankaran.P; Introduction to Boger's Synoptic Key
111. How To Find The Simillimum with Boger-Boenninghausen's Repertory By Dr. Bhanu D.DESAI

Note :- For MD (Hom.) Part-II Examination there shall be only main Specialty subject and no Subsidiary Subject.

M.D. (Hom.) PART – II SYLLABUS HOMOEOPATHIC PHILOSOPHY

INTRODUCTION:

Purpose of M.D. (Homoeopathy) - Homoeopathic Philosophy:

Specialization in Organon of medicine and Homoeopathic Philosophy is to train the basic Homoeopathic Post Graduate in the field of Organon and Homoeopathic Philosophy with better understanding of the system and to produce excellent professional thinkers and practitioners.

A postgraduate in Organon and Homoeopathic Philosophy shall:

1. Have the higher degree of proficiency both in theoretical and practical aspects of "Organon of Medicine" backed by scientific knowledge and philosophy of Homoeopathy.
2. Have the in depth knowledge of principles and laws of Homoeopathy so as to facilitate optimal care within the scope of Homoeopathy.
3. Have the ability to interpret the principles (taught by Hahnemann) in the context of developments in the health science on the present day.

Aims:

1. To aspire a true rational healing art, which can treat the sick for the permanent restoration of health.
2. To employ unprejudiced reflection adopted to each morbid condition and to treat them by the Holistic principles and philosophy of Homoeopathy.
3. To investigate what is to be cured in disease and to know what is curative in the various medicine in order to understand better the scope and limitations of Homoeopathy.
4. Shall obtain the communicative and interpersonal skills to communicate and interact with health care teams.
5. Shall adopt a scientific temper and unbiased approach to augment self-knowledge to improve the equality of treatment throughout the professional life.
6. Shall be able to coordinate the recent advances in science with his/ her knowledge of Homoeopathy, so as to reflect better art of healing.
7. To develop an open mind to update him/ her by self-study attending courses conferences and seminars relevant to the specialty.

General objectives:

- a. To develop excellent teaching skills, different techniques and educational methods in teaching Homoeopathic students and practitioners.
- b. To practice of Homoeopathic medicine ethically and non-injuriously and instep with principles of health care and the philosophy of Homoeopathy.
- c. To demonstrate empathy and holistic approach towards sick and exhibit interpersonal behaviour in accordance with expectations of the society.
- d. To educate the people and promote preventive measures for common health problems by Homoeopathy in rapid, gentle, permanent way.
- e. To play responsible role in implementation of the National health programmes.
- f. Undertake common health problems, use information technology and carry out research both basic and clinical with the objective of publishing his/ her work and presenting of various scientific for a by which our fellow Homoeopaths can be benefited.
- g. To recognize the importance of Health as whole in individual and necessary steps should be taken while practicing Homoeopathy.
- h. To prove medicines, which are partially proved in order to ascertain its true nature and qualities for the better implementation of similia.

A postgraduate student of Organon needs to be grounded in the fundamentals of General Philosophy, Logic, Scientific Method and study of Man in Universe. Evolutionary study of Hahnemannian concepts in these disciplines will enable the student to firmly grasp the homoeopathic principles in evolution and the methods and techniques developed by Hahnemann. This will prepare him to critically study the contributions of masters-past and present.

Part II will take up comparative study of contributions of Hahnemann's illustrious followers like (Kent, Stuart Close, H. A. Robert, J.H. Allen, Dunham and Richard Hughes) on concepts and fundamentals of Homoeopathy with an aim to bring out relative merits of their concepts. Through a grasp of their philosophical and conceptual background, the teaching will experientially deliver to the candidate the entire experience of application of philosophy in clinical practice. This will allow the student to integrate the knowledge and help him to gain insight regarding the clinical application of the concepts and principles laid down in Homeopathic Philosophy and prepare him to take on a larger role in the exploration at academic, clinical and research levels.

The emphasis should be on learning and developing appropriate methods and techniques for application of Homoeopathic Philosophy in Practice.

Paper-I

- A.** Study of Development of Indian and Western Philosophy, Science & Logic to understand their relationship and reflections on development of fundamental principles and concepts of Homoeopathy.
- B.** Hahnemann's Organon of medicine, critical evolutionary study of precursors of Organon and Organon of Medicine 1st Edition to 6th Edition as it evolved and its application in the Clinical set up.
 - a. Evolutionary study of Principle of Similia, Vital Principle, and its Scientific application in Homoeopathy
 - b. Evolution of Theory of Chronic diseases –Modern concepts in aetiology, pathology, clinical Diagnosis, and their importance in understanding Homoeopathic Theory of Chronic Diseases.
 - c. Evolution in Concepts of Drug dynamization and Posology
 - d. Concept of Non remedial, ancillary methods in treatment of diseases.
- C.** Comparative study of fundamental principles of different systems of medicine (Isopathy, Ayurveda, Unani, Siddha and modern medicine) with Homoeopathy so as to understand the scope and limitations of each.

Paper-II

Post Hahnemannian contributions/development---Students need to grasp the philosophical concepts and their clinical applications in Materia Medica, Repertory and Medicine and allied branches focusing on Comparative study of the concepts listed below:

- A. A study & interpretation of views on principles & practices of Homoeopathy by the stalwarts of Homoeopathy like Boenninghausen, Hering, Kent, Boger, Hughes, H.A. Roberts, Stuart. Close, C. Dunham, Farrington, B. K. Sarkar, Ortega & M. L. Dhawale etc.
- i. Man in Health, Constitution, Temperaments, Diathesis, Disease, Recovery and Cure and its relation to Methods of Case Taking
 - ii. Symptomatology, Classification and Evaluation
 - iii. General pathology, Immunology and its importance in understanding of Susceptibility, Suppression, Miasms and therapeutics.
 - iv. Homoeopathic Theory of Chronic Diseases; its principles and interpretation in the light of present knowledge of medicine. Clinical Classification and Identification of the Four Miasmatic Types, Combination of Miasms: Concept, Implications and Identification of the four Miasmatic Types in the Homoeopathic Materia Medica and its impact on Therapeutics
 - v. Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationships.
- B. Concept of Law of simple/minimum/single; Law of Similia: Evolution, Deduction, and Scientific Experimental Proof; Application and Corollaries Concept of the Dynamic action and the dose, in relation to current research in Physics, metaphysics, quantum theory, molecular and nano-medicine.
- C. Concept of prophylaxis-Vaccines & it's critical study in relation to principles of Homoeopathic therapeutics.

List of Recommended Reference Books for Homoeopathic Philosophy Part 2

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, New Delhi.
- 2) S. Hahnemann-Lesser Writings, B. Jain Publisher, New Delhi.
- 3) S. Hahnemann-Chronic Diseases, B. Jain Publisher, New Delhi.
- 4) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, New Delhi.
- 5) J. T. Kent - Minor Writings, B. Jain Publisher, New Delhi.,
- 6) J. T. Kent - Lesser writings, B. Jain Publisher, New Delhi.
- 7) B. K. Sarkar, - Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta.
- 8) H. A. Roberts - The Principles and Art of Cure by Homeopathy, B. Jain Publisher, New Delhi.
- 9) Stuart Close - Genius of Homoeopathy, B. Jain Publisher, New Delhi.
- 10) Richard Hughes: Principles & Practice of Homoeopathy
- 11) Boenninghausen - Lesser writings, B. Jain Publisher, New Delhi.
- 12) E. A. Farrington - Lesser Writings with therapeutic hints, B. Jain Publisher, New Delhi.
- 13) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, New Delhi.

- 14) M.L. Dhawale - Symposium Volumes, Indian Books and Periodicals Publishers, New Delhi.
- 15) G. Boericke- Principles of Homoeopathy, B. Jain Publisher, New Delhi.
- 16) Clarke - Constitutional Medicine, B. Jain Publisher, New Delhi.
- 17) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, New Delhi.
- 18) C.M. Boger: Collected Writings, editor Robert Bannan, Churchill Livingstone, New York
- 19) Dunham, Carroll: Homoeopathy, the Science of Therapeutics: A collection of Papers
- 20) Clarke: Constitutional Medicine.
- 21) N. Ghatak- Chronic Disease its cause and *cure*, Translated by P N Banerjee, B. Jain Publisher, New Delhi.
- 22) J. H. Allen- Chronic Miasms, B. Jain Publisher, New Delhi.
- 23) Ortega Proceso S.: Notes on the Miasms, National Homoeopathic Pharmacy
- 24) Phyllis Speight— A comparison of Chronic miasms., TBS the book service Ltd.
- 25) Bradford - Life History of Hahnemann Vol. I & Vol. II, B. Jain Publisher, New Delhi.
- 26) Richard Hael; Life of Hahnemann, B. Jain Publisher, New Delhi.
- 27) Whitmont Edward C., Psyche & Substance, North Atlantic books
- 28) Durant Will: The story of Philosophy, Garden city publishing company inc, New York
- 29) Wideband- A History of Modern Philosophy
- 30) Copi Irving N.: Introduction to Logic, Pearson Education Inc., New Jersey
- 31) Wolf A., Textbook of logic – Surjit Publication, Delhi
- 32) Goswami Amit: Quantum Doctor. Jaico Publishing Co.
- 33) Rajendran E. Nanodynamics – Nanoscience, Homeopathy, Physical sciences, Nanomedicine

List of Recommended Reference Books for Homoeopathic Materia Medica

(Including Applied Aspects):

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann – Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain
4. C. Hering – Guiding Symptoms of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
5. J.T. Kent – Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
6. M. L. Tyler – Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
7. E. A. Farrington – Clinical Materia Medica, B. Jain Publisher, New Delhi
8. E. A. Farrington – Comparative Materia Medica, B. Jain Publisher, New Delhi
9. N. M. Choudhary -Materia Medica, B. Jain Publisher, New Delhi
10. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
11. H. C. Allen – Keynotes of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
12. W. Boericke – Clinical Materia Medica, B. Jain Publisher, New Delhi
13. Clarke – Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
14. Vermulein – Prisma
15. T. F. Allen – Nosodes

List of Recommended Reference Books for Repertory.

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyans - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, KaroiBagh, New Delhi.
4. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
5. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
6. Zandorvoot, Roger: Complete Repertory.

Medicine

| Sr. No. | Name | Author |
|---------|--|-------------------------|
| 1. | Interpretation of Diagnostic Tests | Jacques Wallach |
| 2. | Clinical Methods | Michael Swash Hutchison |
| 3. | Physical Diagnosis | Rustom Jal Vakil |
| 4. | Practical Medicine | P.J. Mehta |
| 5. | Physical Examination & History Taking | Barbara Bates. |
| 6. | Clinical Diagnosis and Management by Lab Methods | John Bernard Henry |
| 7. | Principles of Internal Medicine – 1, 2 Volumes | Harrison |
| 8. | API Textbook of Medicine | API |
| 9. | Signs & Symptoms | MacBryde |
| 10. | Principle and Practice of Medicine | Davidson |

Note :- For MD (Hom.) Part-II Examination there shall be only main Specialty subject and no Subsidiary Subject.

**M.D.(HOM.) PART II SYLLABUS
MATERIA MEDICA (INCLUDING APPLIED ASPECTS)
[SPECIALITY SUBJECT]**

INTRODUCTION:

Purpose of M.D. (Homoeopathy) - Homoeopathic Materia Medica:

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

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

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

Aims:

To inculcate following competencies in the candidate and improve their ability for the following

1. To observe and document the artificial disease and natural disease
2. To analyse the data obtained from artificial diseases, natural diseases and from literature
3. To inculcate the capacity to integrate and synthesize the data thus obtained based on the general rule of classification and through Boger, Boeninghausen and Kent approaches
4. To understand different philosophies and logic behind different MateriaMedicas
5. To apply different knowledges in order to construct the MateriaMedica portrait
6. To generalize and individualize different concepts through inductive and deductive logic
7. To take up different research projects and drug provings
8. To communicate orally and in writing, the experiences as well as conclusions of different studies
9. To transfer knowledge through appropriate teaching skills to fellow student, to juniors, during seminar and workshops
10. To participate in team for different projects like literature search, constructing MateriaMedica, drug proving and aptitude for new knowledge
11. To asses own progress and receive feedback for own and others good

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

The syllabus of MD-Part I deals with the understanding of the basic science and philosophy of MateriaMedica. This Part would help the student to understand the functional, structural, psychological and causative aspects of MateriaMedica. It would also give him insight into Clinical MateriaMedica useful in their resident posting

Part II should evolve matching methods and techniques that will experientially deliver to the candidate the entire experience of understanding MateriaMedica by forming the portrait at the level of artificial disease and matching at the level of natural disease. Different approaches to MateriaMedica also will form a part of this year. It also will guide the student to understand the different authors and their philosophical and conceptual backgrounds and clinical application. Differential and comparative MateriaMedica becomes the next step for bedside differentiation. Group study is the integrated component of understanding MateriaMedica as it helps in exploring the general indications as well as understanding the components with the characteristics.

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

MateriaMedica study at the postgraduate level will require a definite methodology. The steps need clear definition. It should be clear that the purpose of the study is to equip the physician with a Philosophy and a Method and not cram him with facts that are possible to refer to the books while at the bedside. Hence we should be clear about the philosophical and conceptual basis of the syllabus and the ground that we need to cover. We should evolve matching methods and techniques that will experientially deliver to the candidate the entire experience of 'Healing' in its Hahnemannian sense. We must also remember that unlike in Modern medicine, there can be no standardization of Homoeopathic management of different clinical conditions. All the same, we should be able to define a common approach to the understanding of the condition and it is expected that with the passage of time and accurate documentation (which will follow the establishment of Postgraduate education), an approach will evolve. Till then we will be required to integrate our general understanding of the clinical and pathological phenomena of disease with our knowledge of MateriaMedica and apply philosophical concepts to evolve the approach. References to literature are thus, at best, only general and constitute preliminary readings for a takeoff. The role of the guide and teacher will be paramount in evolving guidelines.

PART –II

In addition to Part I syllabus, the following topics will be covered in Part II

Paper-I

1. Different eras & concepts of the earlier times & their influence on the construction of HomMateriaMedica.(Hahnemannian and Post Hahnemannian era Approaches-Kent,Boger-Boenninghausen,Boger,Clinical,Psychoanalytical,Thematic and its clinical application.)
2. Evolution of HomMateriaMedica with focus on the evolving concepts, masters and the books, their construction and utility and its clinical application.
3. Scope & limitation of the current state of knowledge of Homoeopathic MateriaMedica with the demands of Clinical Practice and Education.
4. Sources of HomMateriaMedica, Drug proving and Collection of symptoms and its utility in clinical practice
5. Types of HomMateriaMedicas- concept, philosophy, scope and limitation
6. Different approaches of study of HomMateriaMedica i.e. Psycho-clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship
7. Study of Hom. Drugs/ Medicines as per list and classification
8. Study and construction of MateriaMedica- building a portrait of artificial disease and drug picture integrating concept studied in Part I

Paper-II

1. Theory of Biochemic system of Medicine and Biochemic Medicines
2. Group study of HomMateriaMedica
3. Comparative MateriaMedica: from symptomatic, regional location, closely coming drug pictures and group symptoms.
4. Application of MateriaMedica in field of Medicine Surgery and Gynecology-Obst
5. Mother Tinctures, Nosodes (including Bowel Nosodes), Sarcodes and Bach Flower therapy
6. Repertorial Techniques for the evolution of the Drug Pictures from Symptoms(Kent,BBCR,Boger,Boericke Repertory)
7. HomMateriaMedica of acute illnesses, emergencies
8. Study of Hom. Drugs/ Medicines as per list.

List of Drugs for MD (Part-II)

In addition to the lists of Drugs/ Medicines included in the UG (BHMS) and Part I syllabus following drugs/ Medicines are included-

| | | | | | |
|----|-----------------------|-----|---------------------------|-----|-----------------|
| 1 | Abrotanum | 148 | Cinnamonum | 295 | Morphinum |
| 2 | Aethusa cynapium | 149 | Cistus c | 296 | Murex |
| 3 | Acetic Acid | 150 | Citrus v | 297 | Mygale |
| 4 | Aconitum napellus | 151 | Clematis | 298 | Myrica |
| 5 | Aloe socotrina | 152 | Cobaltum | 299 | Natrum mur |
| 6 | Alumen | 153 | Coca | 300 | Natrum carb |
| 7 | Alumina | 154 | Cocainum | 301 | Natrum phos |
| 8 | Ambra grisea | 155 | Coccinella septempunctate | 302 | Natrum sulph |
| 9 | Ammonium muriaticum | 156 | Coccus cacti | 303 | Nit acid |
| 10 | Ammonium carb | 157 | Colchicum | 304 | Naja tripudians |
| 11 | Anacardium orient | 158 | Collinsonia c | 305 | Napathaline |
| 12 | Antimonium crudum | 159 | Condurango | 306 | Natrumars |
| 13 | Antimonium tartaricum | 160 | Comocladia d | 307 | Niccolum |
| 14 | Apis mellifica | 161 | Convellaria majus | 308 | Nux moschata |
| 15 | Argentum metallicum | 162 | Copavia | 309 | Nux vomica |
| 16 | Argentum nitricum | 163 | Corallium | 310 | Opium |
| 17 | Arnica Montana | 164 | Cornus | 311 | Ocium canum |
| 18 | Aresenicum album | 165 | Crategus | 312 | Oenathe |
| 19 | Aurum metalicum | 166 | Crocus sativa | 313 | Oleander |
| 20 | Actearacemosa | 167 | Croton tig | 314 | Oleum animale |
| 21 | Abies canadensis | 168 | Cubeba | 315 | Onosmodium |
| 22 | Abies nigra | 169 | Cuprum aceticum | 316 | Oophorinum |
| 23 | Acalypha indica | 170 | Cuprum arsenitum | | |
| 24 | Acetanilidum | 171 | Curare (worare) | 317 | Ornithogalum |
| 25 | Acteaspicata | 172 | Cyclamen | 318 | Oxalic acid |
| 26 | Adonis vernalis | 173 | Cypripedium | 319 | Phos acid |
| 27 | Adrenalin | 174 | Cardus marianus | 320 | Phosphorus |
| 28 | Aesculus hippoca | 175 | Cephalandra Indica | 321 | Platina met |
| 29 | Agaricus muscarius | 176 | Digitalis p | 322 | Plumbum met |
| 30 | Agnus castus | 177 | Drossera r | 323 | Psorinum |
| 31 | Ailanthus g | 178 | Dulcumara | 324 | Pulsatilla n |
| 32 | Agraphis n | 179 | Daphne indica | 325 | Paeonia |

| | | | | | |
|----|--------------------|-----|--------------------|-----|------------------------|
| 33 | Aletris farinose | 180 | Diosorea villosa | 326 | Palladium |
| 34 | Alfalfa | 181 | Diphtherium | 327 | Pareiara brava |
| 35 | Ammoniacum d | 182 | Dolichos pruriens | 328 | Paris quadrifolia |
| 36 | Ammonium brom | 183 | Duboisia | 329 | Passiflora incarnate |
| 37 | Ammonium benzoicum | 184 | Dysentri co | 330 | Pertussin |
| 38 | Ammonium iod | 185 | Euphrasia | 331 | Petroleum |
| 39 | Ammonium phos | 186 | Echinacea r | 332 | Phellandrium |
| 40 | Amyl nitrate | 187 | Elaps corallines | 333 | Physostigma |
| 41 | Anthracinum | 188 | Elaterium e | 334 | Picricum acid |
| 42 | Angustura | 189 | Erigeron l c | 335 | Pilocarpus micro |
| 43 | Antim ars | 190 | Eucalyptus g | 336 | Piper nigrum |
| 44 | Antipyrine | 191 | Eugenia jambos | 337 | Pitutaria gland |
| 45 | Apium graveolans | 192 | Euonymus | 338 | Pixliquida |
| 46 | Apocynum | 193 | Eupatorium perf | 339 | Plantago major |
| 47 | Aralia racemosa | 194 | Eupatorium purpu | 340 | Podophyllum |
| 48 | Aranea diadema | 195 | Euphoria | 341 | Pothos foetidus |
| 49 | Arsenicum brom | 196 | Euphorbium | 342 | Ptelea |
| 50 | Arsenicum hydrog | 197 | Eupion | 343 | Pyrogenium |
| 51 | Arsenicumiod | 198 | Ferrum metallicum | 344 | Quercus g spiritus |
| 52 | Arsenicumsulph | 199 | Fluoricum acidum | 345 | Rheum |
| 53 | Artemesia vulgaris | 200 | Fagopyrum | 346 | Rhus toxicodendron |
| 54 | Arum triph | 201 | Feltauri | 347 | Radium bromide |
| 55 | Asafoetida | 202 | Ferrum ars | 348 | Ranunculus bulbosus |
| 56 | Asarum europ | 203 | Ferrum magnetium | 349 | Ranunclulus sceleratus |
| 57 | Asparagus | 204 | Ferrum mur | 350 | Raphanus |
| 58 | Aspidosperma | 205 | Ferrum iod | 351 | Ratanhia |
| 59 | Asteria rubens | 206 | Ferrum phos | 352 | Rhododendron |
| 60 | Aurum arsenic | 207 | Ferrum picricum | 353 | Rhus aromatica |
| 61 | Aurum murnat | 208 | Ficcus relig | 354 | Rhus glabra |
| 62 | Aurum iod | 209 | Filix mas | 355 | Rhus venenata |
| 63 | Avena sativa | 210 | Formalin | 356 | Robinia |
| 64 | Alstonia | 211 | Formica rufa | 357 | Rosa damascene |
| 65 | Arsenic sulphflav | 212 | Fraxinus americana | 358 | Rumex crispus |
| 66 | Allium sativa | 213 | Gallium acid | 359 | Ruta graveolens |
| 67 | Baryta carb | 214 | Gelsemium | 360 | Rauwolfia serpentina |
| 68 | Barytamur | 215 | Graphites | 361 | Sambucus nigra |
| 69 | Belladona | 216 | Gambogia | 362 | Saguinaria canaden |
| 70 | Borax | 217 | Ginseng | 363 | Sepia |

| | | | | | |
|-----|----------------------|-----|---------------------|-----|-----------------------|
| 71 | Bryonia alba | 218 | Glonoine | 364 | Stannum met |
| 72 | Bromium | 219 | Gnaphalium | 365 | Staphysagria |
| 73 | Bacillinum | 220 | Granatum | 366 | Silicea |
| 74 | Badiaga | 221 | Gratiola | 367 | Squilla maritima |
| 75 | Baptisia T M | 222 | Grinadelia | 368 | Stramonium |
| 76 | Baryta acetic | 223 | Guaiacum | 369 | Sulphur |
| 77 | Baryta iodata | 224 | Gymnem asylvestre | 370 | Sulphuric acid |
| 78 | Bellis perinnis | 225 | Hellebores niger | 371 | Syphilinum |
| 79 | Benzium | 226 | Hepar sulphurium | 372 | Sabadilla |
| 80 | Benzoic acid | 227 | Hyoscyamus | 373 | Sabal serrulata |
| 81 | Berberis vulgaris | 228 | Hamamelis v | 374 | Sabina |
| 82 | Bismuthum | 229 | Hekla lava | 375 | Saccharum officinale |
| 83 | Blatta orientalis | 230 | Helonias | 376 | Salicylicum acidum |
| 84 | Boric acid | 231 | Heloderma | 377 | Sanicula aqua |
| 85 | Bothrops I | 232 | Hurabrazili | 378 | Sarasaparilla |
| 86 | Bovista | 233 | Hydrangea | 379 | Secale cornatum |
| 87 | Brachyglottis | 234 | Hydrastiscanadensis | 380 | Selenium |
| 88 | Bufo | 235 | Hydrocotyle | 381 | Senecio aureus |
| 89 | Butyric acid | 236 | Hydrocyanic acid | 382 | Senega |
| 90 | Calcarea carb | 237 | Hydrophobinum | 383 | Senna |
| 91 | Calcere f luorica | 238 | Hypericum | 384 | Serum anguillae |
| 92 | Calcarea phos | 239 | Ignatia | 385 | Solanum lycopersicum |
| 93 | Camphora | 240 | Ipecacuanha | 386 | Solidago virga |
| 94 | Cannabis indica | 241 | Iodum | 387 | Spartium scoparium |
| 95 | Cannabis sativa | 242 | Iberis | 388 | Spigelia |
| 96 | Capsicum | 243 | Indigo | 389 | Spongia tosta |
| 97 | Carbo animalis | 244 | Insulin | 390 | Stictapul |
| 98 | Carbo vegetabilis | 245 | Iodoformum | 391 | Strontia carb |
| 99 | Causticum | 246 | Iris vers | 392 | Strophanthus hispidus |
| 100 | Chamomilla | 247 | Jaborandi | 393 | Strychnium |
| 101 | Chellidonium maj | 248 | Jalapa | 394 | Sulphur iodatum |
| 102 | Cicutavivosa | 249 | Jatropha | 395 | Symphytum |
| 103 | Cina | 250 | Justicia adhatoda | 396 | Syzygium jambolanum |
| 104 | Cinchona officinalis | 251 | Kali bichromicum | 397 | Tabacum |
| 105 | Cocculusindica | 252 | Kali carbonicum | 398 | Tarantula Hispania |
| 106 | Coffeacruda | 253 | Kali phosphoricum | 399 | Thuja occidentalis |
| 107 | Colocynthis | 254 | Kreosotum | 400 | Tuberculinum |
| 108 | Conium mac | 255 | Kali arsenicum | 401 | Tarentula cubensis |
| 109 | Crotalus horridus | 256 | Kali brom | 402 | Taraxacum |

| | | | | | |
|-----|---------------------|-----|----------------------|-----|---------------------|
| 110 | Cuprum metallicum | 257 | Kali chlor | 403 | Tellurium |
| 111 | Cactus grandiflorum | 258 | Kali cyanatum | 404 | Terebinthina |
| 112 | Cadmium sulph | 259 | Kali hydroiodicum | 405 | Teucriummarum v |
| 113 | Caladium | 260 | Kali mur | 406 | Thallium |
| 114 | Calcarea acetica | 261 | Kali nitricum | 407 | Theridion |
| 115 | Calcarea ars | 262 | Kali sulph | 408 | Thiosinaminum |
| 116 | Calcarea iod | 263 | Kalmia lati | 409 | Thlaspi bursa p |
| 117 | Calcarea silicate | 264 | Lachesis | 410 | Thyrodinum |
| 118 | Calcarea sulph | 265 | Ledum pal | 411 | Trifolium p |
| 119 | Calendula | 266 | Lithium carbonium | 412 | Trillium pendulum |
| 120 | Canchalagua | 267 | Lycopodium clav | 413 | Trintrotolene |
| 121 | Cantharis | 268 | Lac canium | 414 | Trombidium |
| 122 | Carbolicum acid | 269 | Lac defloratum | 415 | Terminalia Arjuna |
| 123 | Carduus benedictus | 270 | Lactium acid | 416 | Tinospor Cordifolia |
| 124 | Carlsbad | 271 | Lapis alb | 417 | Uranium nitricum |
| 125 | Cascara sag | 272 | Lathyrus | 418 | Urticaurens |
| 126 | Cascarilla | 273 | Latrodectus mac | 419 | Ustilago |
| 127 | Carcinocin | 274 | Lauroserasus | 420 | Veratrum alb |
| 128 | Castanea vesica | 275 | Lecithin | 421 | Veratrum viride |
| 129 | Caulophyllum | 276 | Lemna minor | 422 | Vaccinium |
| 130 | Ceanothus | 277 | Lilium tigrinum | 423 | Valeriana |
| 131 | Cedron s | 278 | Lobelia inflata | 424 | Vanadium |
| 132 | Chaparro a | 279 | Lycopus v | 425 | Variolinum |
| 133 | Chenopodium A | 280 | Medorrhinum | 426 | Verbascum |
| 134 | Chenopodium V | 281 | Menyathes | 427 | Vespa rabro |
| 135 | Chelone | 282 | Merc sol | 428 | Viburnum opulus |
| 136 | Chimphilla umbel | 283 | Mezereum | 429 | Vinca minor |
| 137 | Chininum ars | 284 | Moschus | 430 | Viola odorata |
| 138 | Chininum sulph | 285 | Muriatic acid | 431 | Viola tricolor |
| 139 | Chionanthus | 286 | Magnesia carb | 432 | Vipera |
| 140 | Chloroform | 287 | Magnesia mur | 433 | Viscum album |
| 141 | Chlorum | 288 | Mephitis | 434 | Wyethia |
| 142 | Cholesterinum | 289 | Mercurius corrosives | 435 | Xanthoxylum |
| 143 | Chromic acid | 290 | Mercurius cyanatus | 436 | X-ray |
| 144 | Chrysarobinum | 291 | Mercurius sulph | 437 | Yucca |
| 145 | Cimex | 292 | Mercurius iod | 438 | Zincum met |
| 146 | Cinearia | 293 | Mercurius iodruher | 439 | Zincum v |
| 147 | Cinnaberis m | 294 | Millefolium | 440 | Zingiber |

Note: The above drugs are conveniently classified and arranged so that the relevance of the study and application can be demonstrated to make this study purposeful. Classification will help students, teachers and examiners to be on the same wavelength. The remedies included in the syllabus should be studied with respect to their sphere of action, group wise .Some drugs classified in this way are listed below (category wise) for illustration.

- (1) The Approach to the Study of these Drugs should effectively demonstrate the application of the Principles laid down in the preceding Sections.
- (2) Drugs should be studied in Groups, stressing the Common as well as the differential features of the individual drugs included in the Group.
- (3) Study should lay stress on the Method and Approach and not so much on Factual Knowledge, access to which, is really provided by the Repertories. Examination, thus, would not be **primarily** a Test of Memory but of the capacity to organize and deal effectively with the mass of data presented by the Homoeopathic Materia Medica.
- (4) **Drugs in Category I:**These are to be studied systematically to bring out the 'Portrait of the Disease' under standard Headings (Method II, P. 7-8) with **minimal** emphasis on Characteristic Particulars. Acute as well as Chronic Prescribing Totalities with their Relationships are to be stressed. Full Questions on the Group or individual members of the Group may be asked in the Paper.
- (5) **Drugs in Category II:**These are to be studied in a more restrictive manner, stressing their Prescribing Totalities in the spheres in which the drug is commonly employed. Here stress is more often on the Characteristics Particulars; important Generals, where they are clearly established, however, are not to be neglected. Standard Headings under Method I (P.7) should be followed here. None of these drugs shall form the topic for a full question in the Paper.

| CATEGORY I | CATEGORY II |
|---|-------------|
| 1. Congestive Group | |
| Aco. n. Bell. Stram. (Comp. Verat. Alb.) Hyosc. Verat. vir. Ferrum met. Ferrumphos. | Glonoine |

| CATEGORY I | CATEGORY II |
|---|--|
| 2. Injuries, Rheumatic States, Neuralgias | |
| Arn. mont Rhustox. (Comp. other Rhus) Bry. alb. Puls. n. (Comp. Kali sulph and Cyclamen) Phytolacca Cimicifuga Eup. perf. (Comp. Eup. pur.) Coffea | Rhododendron Kalmia Ledum Hyper. Symph. Bellis p. Guaiacum Ruta g. Urticaurens Stront. carb. Dulcamara Sanicula Sanguinaria Spigelia Ranunculuc b. & s. Plantago m. |
| CATEGORY I | CATEGORY II |
| 3. Spasmodic & Irritable Group | |
| Cham. Cina Coloc. Staph. | Cicuta V. Dioscorea Viburnum Caulophyllum |
| Nuxvom. Cup. met. (Comp. Verat. alb) Cup. ars. Secale cor. | Lyssin |
| CATEGORY I | CATEGORY II |
| 4. Urinary Drugs | |
| Canth. (Comp. Merc. cor.) Apismel. Capsicum Berberis v. Sarsaparilla | Cannabis indica & sat. |

| CATEGORY I | CATEGORY II |
|---|---|
| 5. Digestive Drugs | |
| Verat. alb. (Comp. Camph., Cup., Secale Cor. & Carb. veg.) Anacardium | Aethusa Ipecac. Rheum Chelid. m. Leptandra Cadmium met. & Sulph. |
| CATEGORY I | CATEGORY II |
| 6. Rectal Drugs | |
| Aloes | Aesculus Hammamelis Ratanhia Podophyllum Collinsonia |
| CATEGORY I | CATEGORY II |
| 7. Respiratory Drugs | |
| Stannum met and iod <p style="text-align: center;">Collapse</p> Antimony crud. & tart. Ipecac Ammonium carb. (Comp. Ars. alb.) Antimony ars. | <p>Upper Respiratory Tract</p> Allium cepa Arum t. Euphrasia Sabadilla Cistus Sambucus StictaPulmonalis <p>Spasmodic Cough</p> Drosera Coccus cacti Coralliumrubrum Pertussin <p>Loose Cough</p> Stannum met and iod Rumex Senega Hydrastis Lobelia |

| CATEGORY I | CATEGORY II |
|---|---|
| 8. Heart Drugs | |
| Digitalis | Ars. iod. Strychnine Ars. & Phos. Cactus g. Laurocerasus Lycopus Lactrodectus m. |
| CATEGORY I | CATEGORY II |
| 9. Debility Group | |
| China Phos. ac. Mur. ac. | Chin. ars. Picric acid Selenium Uranium nitrate |
| CATEGORY I | CATEGORY II |
| 10. Natrum Group | |
| Natrum carb. Natrum mur. Natrum phos. Natrum sulph. } Thuja } Sycotic Drugs Medorrhinum } | Natrum ars. Natrum iod. Natrum h. Borax |
| CATEGORY I | CATEGORY II |
| 11. Kali Group | |
| Kali carb. Kali bichrom. Kali mur. Kali Sulph. Causticum (Comp. phos.) | Kali ars. Kali brom. Kali iod. Chlor. |

| CATEGORY I | CATEGORY II |
|--|--------------------------|
| 12. Calcarea Group | |
| Calc. carb. Calc. Phos. Calc. f. Calc. s. Calc. iod. | Calc. ars. Calc. sil. |
| CATEGORY I | CATEGORY II |
| 13. Baryta Group | |
| Baryta carb. Barytamur. Barytaiod. | |
| CATEGORY I | CATEGORY II |
| 14. Magnesia Group | |
| Mag. carb. Mag. mur. Mag. phos. Mag. Sulph | |
| 15. Alumina, Silica and Carbon Group | |
| Alumina Silica Can. an. Carb. veg. Graph. Petroleum Sanicula | Alumen |
| CATEGORY I | CATEGORY II |
| 16. Phosphorus and Tuberculinum | |
| Phos. (Comp. Causticum) Tuberculinum bovinum Aviare Bacillinum | |

| CATEGORY I | CATEGORY II |
|---|--|
| 17. Mercury Group and Antisyphilitics | |
| Mercurius sol. Mercurius cor. Merc. cyan. Merc. dul. Merc. iod. fl. Merc. ior. r. Hep. sul. Nitirc acid Aurum met. Ars. alb. Ars. iod. Fluoric acid Kali iod. Syphilinum | Merc. sul. Cinnaberis Asafoetida Mezereum Aurummur. Aurummur. n. Ars. sul. |
| CATEGORY I | CATEGORY II |
| 18. Snake Venoms & Sepsis | |
| Lachesis Crotalus h. Naja Baptisia Pyrogen Diptherinum | Crotalus c. Cenchris Bothrops 1. Vipera Elaps Echinecia Carbolic acid Tarent. c. Anthraxinum Staphylococin B. Coli |
| CATEGORY I | CATEGORY II |
| 19. Spider Venoms | |
| Tarent h. | Tarent. c. Latrodectus m. Aranea d. Mygale Theridion |

| CATEGORY I | CATEGORY II |
|---|--|
| 20. Argentum Group & Related Drugs | |
| Arg. nit. Arg. met. Gelsemium s. Sepia | Murex Liliumtig. Sabadilla Sabina |
| CATEGORY I | CATEGORY II |
| 21. Hysterical Group | |
| Ignatia Nuxmoschata Platina Lac. c. | Valeriana off. Croc. sat. Sumbul |
| CATEGORY I | CATEGORY II |
| 22. Paralytic Group | |
| Camphor Conium Helleborus Opium Plumbum Zincum | Agaricus Coca Cocculus Lathyrus sat. Manganum Tabaccum |
| CATEGORY I | CATEGORY II |
| 23. Halogen Groups & Related Drugs | |
| Iodine | Chloru Bromium Spongia Badiaga Thyroidinum |
| CATEGORY I | CATEGORY II |
| 24. Miscellaneous | |
| Cadmium met. | Cadmium phos. Cadmium sulph. Cobaltum Radium brom. Radium iod. X-Rays |

| CATEGORY I | CATEGORY II |
|--------------------------|--|
| 25. Uterine Group | |
| | Sabina Bovista Trillium Caulophyllum Viburnum o. Thlaspi bursa pastoris |

a) Animal Kingdom:

| | |
|------------------------------|----------------------------|
| Ophidia Spider Mollusk | Insects Fish group etc. |
|------------------------------|----------------------------|

b) Vegetable group

| | |
|--|--|
| Apocynaceae Loganiaceae Anacardiaceae compositae Papaveraceae Liliaceae Leguminsae | Cucurbitaceae Coniferae Cruciferae Ranunculaceae Rubiaceae Solanaceae Umbelliferae |
|--|--|

c) Chemical Approach to the Study of Homoeopathic Materia Medica

These should be studied with deeper study of periodic table

| | |
|---|--|
| Carbon Group Acid Group Halogen Group Sulphur, Sulphides, Sulphates Groups Phosphorus and Phosphates Group Arsenic and Arsenates Group Silicea and Silicate Group Natrum Group Calcareo Group | Magnesia Group Alkali Group Alkaline Earths Group Baryta Group Radio-Active Group Ferrum Group Mercury Group Metal Group, etc |
|---|--|

Guide line for paper

The training system and examination system should be more practical and clinical based rather than theoretical.

Hence the theory paper must have one case based question.

List of Recommended Reference Books for Homoeopathic Materia Medica

(Including Applied Aspects):

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann – Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain

4. T. F. Allen – Handbook of Homoeopathy MateriaMedica, B. Jain Publisher, New Delhi
5. C. Hering – Guiding Symptoms of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi.
6. J.T. Kent – Lectures of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
7. H. Coulter – Drug Pictures of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
8. Burt – Physiological MateriaMedica, B. Jain Publisher, New Delhi
9. M. L. Tyler – Drug Pictures of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
10. Dunham – Pharmacodynamics I to IV, B. Jain Publisher, New Delhi
11. Harvey Farrington – P. G. Studies in Homoeopathy, B. Jain Publisher, New Delhi
12. E. A. Farrington – Clinical MateriaMedica, B. Jain Publisher, New Delhi
13. E. A. Farrington – Comparative MateriaMedica, B. Jain Publisher, New Delhi
14. George Vitholkas – Classical Talks In Homoeopathy 3 volumes, B. Jain Publisher, New Delhi
15. M. L. Dhawale – Symposium volumes, published by Dr. M. L. Dhawale Memorial Trust, Mumbai
16. N. M. Choudhary -MateriaMedica, B. Jain Publisher, New Delhi
17. K. N. Mathur – Systemic MateriaMedica, B. Jain Publisher, New Delhi
18. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
19. H. C. Allen – Keynotes of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
20. E. B. Nash – Leaders in Homoeopathic Therapeutics, B. Jain Publisher, New Delhi
21. Otto Lesser – MateriaMedica, B. Jain Publisher, New Delhi
22. Pulford – Text Book of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
23. W. Boericke – Clinical MateriaMedica, B. Jain Publisher, New Delhi
24. Clarke – Dictionary of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
25. Ramjee Singh – Ladder to Excellence in Homoeopathic Education
26. Ramjee Singh – Text Book of an Introduction to the Study of Homoeopathic MateriaMedica
27. BhasmeArun – How to Study MateriaMedica
28. BhasmeArun – Medicine Voyage Through Time
29. Jan Scholten – Homoeopathy and Minerals
30. Jan Scholten – Homoeopathy and Elements
31. RajanShankaran – Insight into Plant Kingdom Vol. I, II, III,
32. Catherine S. Coulter – Portraits Vol. I, Portraits Vol. II, Portraits Vol. III
33. Symposium Volumes – ICR
34. George Vithalkous – MateriaMedica Viva
35. George Vithalkous – Essence of MateriaMedica
36. Vermulein – Prisma
37. T. F. Allen – Nosodes
38. Stephenson – MateriaMedica& New Proving
39. Hughes – Encyclopedia of Drug Pathogenesis
40. Anschutz – New Remedies
41. Boericke – MateriaMedica and Repertory
42. Ghosh – Drugs of Hindoostan

43. Clarke – Dictionary of Homoeopathic MateriaMedica
44. J.T. Kent – Lectures of Homoeopathic MateriaMedica and New Remedies
45. Wheeler & Kenyon – Principles & Practice of Homoeopathy
46. Pierce – Plain Talks on Homoeopathic MateriaMedica with Comparisons
47. Farrington Harvey – Post Graduate Course in Homoeopathy and Homoeopathic Prescribing
48. Tyler Margaret – Drug Pictures
49. Royal – MateriaMedica
50. Boericke & Dewey – Twelve Tissue Remedies
51. E. A. Farrington – Clinical MateriaMedica
52. Dhadphale G.B. – Group Study/ Analysis of Homoeopathic MateriaMedica
53. Dhadphale G.B. – General Features of Homoeopathic MateriaMedica
54. N. M. Choudhari – A study on MateriaMedica and Repertory
55. Allen – Key Notes
56. Guernsey – Key Notes
57. Lippe – MateriaMedica
58. Nash – Leaders in homoeopathic Therapeutics
59. Boger – Synoptic Key & Repertory to the Homoeopathic MateriaMedica
60. Pulford – Key to Homoeopathic MateriaMedica
61. Mathur – Systematic MateriaMedica of Homoeopathic Remedies
62. Comparative MateriaMedica (Gross, Farrington and Roberts)
63. Allen – Therapeutics of Fevers
64. Tyler – Pointers to Remedies
65. Nash – Typhoid
66. Nash – Respiratory Organs
67. Hering & Wells – Typhoid
68. Guernsey – Haemorrhoids
69. Bell – Diarrhoes
70. Roberts – Rheumatic Remedies
71. Pulford – Pneumonia
72. Pulford – Influenza
73. Pulford – Digestive Organs
74. Pulford – Children's Type
75. Cartier – Respiratory Organs
76. Royal – Diseases of Chest
77. Royal – Nervous Diseases
78. Royal – Practice of Medicine
79. Yingling – Accoucher's Manual
80. Underwood – Headache

List of Recommended Reference Books for Homoeopathic Philosophy

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, NewDelhi.
- 2) S. Hahnemann-Chronic Diseases, B. Jain Publisher, NewDelhi.
- 3) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, NewDelhi.
- 4) B. K.Sarkar, - Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road,Calcutta.

- 5) H. A. Roberts - The Principles and Art of Cure by Homeopathy, B. Jain Publisher, New Delhi.
- 6) Stuart Close - Genius of Homoeopathy, B. Jain Publisher, NewDelhi.
- 7) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, NewDelhi.
- 8) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, NewDelhi.
- 9) J. H. Allen-Chronic Miasms, B. Jain Publisher, NewDelhi.

List of Recommended Reference Books for Repertory.

1. J. T. Kent - Repertory of the Homoeopathic MateriaMedica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyens - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, KaroiBagh, New Delhi.
4. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
5. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
6. Zandorvoot, Roger: Complete Repertory.

Medicine

| Sr. No. | Name | Author |
|---------|--|-------------------------|
| 1. | Interpretation of Diagnostic Tests | Jacques Wallach |
| 2. | Clinical Methods | Michael Swash Hutchison |
| 3. | Physical Diagnosis | Rustom Jal Vakil |
| 4. | Practical Medicine | P.J. Mehta |
| 5. | Physical Examination & History Taking | Barbara Bates. |
| 6. | Clinical Diagnosis and Management by Lab Methods | John Bernard Henry |
| 7. | Principles of Internal Medicine – 1, 2 Volumes | Harrison |
| 8. | API Textbook of Medicine | API |
| 9. | Signs & Symptoms | MacBryde |
| 10. | Principle and Practice of Medicine | Davidson |

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**M.D.(HOM.) PART II SYLLABUS
PAEDIATRICS**

Introduction :-

Part II of the academic programme covers the clinical-homoeopathic integration in understanding the different Paediatric conditions. Simultaneously, the Philosophical principles underlying the treatment of these conditions and the commonly indicated MateriaMedica pictures (along with therapeutics) and the Repertorial approach and effective use of the different Repertories which deal with the Paediatric conditions needs to be delineated.

AIMS: The programme is being drawn up with the following **objectives** in mind: The MD (Hom) student should be able to:

1. Recognize the importance of growth and development as the foundation of Paediatrics and help each child realize her/his optimal potential in this regard
2. Orient the parents about the energy and nutritional needs of the child to prevent nutritional deficiencies
3. Able to recognize the Anxiety/Concerns of Parents & Care takers & its impact on Child's Health & Parents Health Care Seeking Behaviour.
4. Plan and advise measures for the prevention of childhood disease and disability, particularly from the Homoeopathic point of view.
5. Acquire clinical competence in recognizing, diagnosing and managing common Paediatric clinical conditions.
6. Take detailed history, perform full physical examination including neuro-development and behavioral assessment, neonatal examination and gestational assessment, SMR rating for sexual maturation and anthropometric measurements of the child and make clinical diagnosis.
7. Perform relevant investigative procedures and interpret important imaging and laboratory results
8. Diagnose illness in children based on the analysis of history, physical examination and investigative work up
9. Plan rehabilitation of children suffering from chronic illness and handicap, and those with special needs with emphasis on adjuvant therapies like physiotherapy, occupational therapy, speech therapy, psychological remedial measures
10. Demonstrate competence in basic concepts of research methodology and epidemiology;
11. To develop a working knowledge of Community Paediatrics & its application for the benefit of the population at large.
12. To have a working knowledge of all the National & International Health Programs for Children & build necessary skills to implement it.
13. Facilitate learning of medical/nursing students, practicing physicians, para-medical health workers and other providers as a teacher-trainer
14. Be in touch with the contemporary advances in modern Paediatrics and have a basic knowledge of contemporary pharmacology understand its impact and side effects
15. Knows own capabilities and when to seek support from the TEAM and how to become efficient part of the team

In addition to the above and taking into account the preventive and health-promoting role of Homoeopathic Medical Science, the following are the specific concepts that the course would rest on:

1. Embryological Development including influence of Maternal Health on the Foetus.

2. Physical (structural & functional) & Psychological (Personality) Growth & Development of the Infant, Child & Adolescent.
3. To evolve a concept of Normalcy with regards to 1 & 2 above. To evolve an understanding of the concept of *Susceptibility*.
4. Identifying Abnormal Psychological development and Pathology in the developing stages in order to prevent their full-scale development or modify the expression.
5. Non-Invasive and Invasive methods of Clinical Investigations in ascertaining status of Health and Disease.
6. Special attention shall be given to inculcation of humanitarian approach, and attitudes in the students towards patients, their relatives & their behavior towards professional colleagues in and out of work place.
Rural application, NHP and clinical epidemiological approach, aspects related to public health, and health education shall be taught in all sessions.

Clinical Guidelines for the study of each topic

Typical method of carrying out an integrated study of any clinical condition should follow the pattern laid down below. There would be variations based upon the data available in the field with respect to Homoeopathy.

1) Definition with Hahnemannian classification of disease

Introduce the disease condition with its definition; nature of illness; history of the particular illness; impact on society-urban and rural, nation and the world.
Classify according to the Hahnemannian classification.

2) Review of the Homoeopathic literature

Give a short review of the available homeopathic literature of the condition.

3) Predisposition:

Outline Epidemiology- worldwide, continents, nations, regions, races, urban and rural distribution, etc.

Present the data on communities affected, the family predisposition and genetic propensities. Define Disposition, i.e. the personality types, which are known to suffer from this disease.

Work out the fundamental miasm.

Discuss mass susceptibility where applicable and its impact on individuals.

4) Causation and modifying factors:

Along with the fundamental causes as mentioned above, the exciting, maintaining causes need to be entered both at the level of Man (mind and body) and environment (all the causes including microorganism) keeping in mind that all developments are after all the play of susceptible constitutions.

5) Pathogenesis, Pathology, Clinicopathological and miasmatic correlations with pathological end result

Describe the prodrome, functional and structural phase of the disease in full where applicable.

Delineate where applicable, the host and organism response

The clinical expressions (Forms) are to be understood as reflections of Structural and Functional changes induced by the disease force evolving over a period of Time. The evolving miasmatic state should be stated with the implications of Dominant miasm. This should be followed by a discussion of known pathological end results with complications and sequelae.

6) Classification and evolution of disease according to varying expressions of susceptibility:

All diseases evolve in time and run their course. The same disease also runs its course in different ways in different individuals. Text books classify them as types, but homeopathically they are the differential expressions of susceptibility. One needs to clearly define the qualitative and quantitative aspects of susceptibility. The focus will be on the psycho-neuro-endocrine and immunological understanding.

7) Case taking, examination, investigation and approach to clinical diagnosis:

Put down the special care to be taken in case taking and examination process and the findings relating with the stage, state and miasm. Also, should be included all the investigations and the expected findings relating with the stage, state and miasm.

8) Differential diagnosis:

State the differential indications for the diagnoses that may be entertained given a certain form of presentation

9) Management-General and Homoeopathic:

Base this on the assessment of susceptibility carried out on the basis of the information gathered through the clinical processes.

a. General Management

It includes diet, exercises, ancillary measures (including surgical where indicated), education and counseling/orientation of the patient and the family.

b. Standard management:

Here give the accepted strategies of management including the scope and limitations of the approach

c. Principles of Homoeopathic management:

i. Scope and limitations: Curative and palliative

ii. Role of different forces: Acute, Phase, Specific, Chronic and Intercurrent remedial forces

iii. Potency and repetition: Discuss factors of susceptibility which will influence potency selection in individual disease and suggest range of potencies and repetition schedules most likely in acute and chronic phases of managements.

iv. Follow up management: Present general guidelines of what to observe in the follow up. The criteria for improvement and criteria for worsening based on assessment of susceptibility. Also to put down any important causation or any caution while dealing with the condition from the Homoeopathic perspective. Hering's law and its application.

d. Add, where applicable, a note on the multidisciplinary approach and the Advantages, if any.

10) Common repertorial rubrics related to the condition:

Here the student should present the approach to the MateriaMedica through the repertory. The important rubrics which can come up for consideration should be listed.

11) MateriaMedica:

Commonly indicated acute remedies, chronic, constitutional and intercurrent with their indications in terms of causation, evolution, clinico-pathological and miasmatic understanding along with the indication at stage and state of disease.

Differential MateriaMedica also may be considered.

12) Prognosis

Discuss epidemiological prognosis

Non interventional natural prognosis
Homeopathic prognosis based on understanding of susceptibility and miasms

13) Future advances:

- a. Add a note on the scope of knowledge generation in the current illness
- b. Directions for Research

PAPER I

Diseases of children including nutritional, behavioural disorders, preventive aspects of Paediatrics

1. VITAL STATISTICS:

- a. Definition and overview of Paediatrics with special reference to age-related disorders
- b. Epidemiology and vital statistics related to childhood and maternal morbidity and mortality.
- c. Definition, causes, present status and measures for attainment of goals.

2. GROWTH AND DEVELOPMENT: NORMAL AND ABNORMAL

- a. Normal growth from conception to maturity. Milestones
- b. Anthropometry — measurement and interpretation of weight, length/height, head circumference, mid-arm circumference. Interpretation of Growth Charts: Road to Health card and percentile growth curves
- c. Abnormal growth patterns-failure to thrive, short stature. Preventable causes and assessment of developmental retardation.

3. NUTRITION

- a. Normal requirements of protein, carbohydrates, fats, minerals and vitamins for newborn, children and pregnant and lactating mother. Common food sources.
- b. Breast feeding-Definition and benefits. Characteristics and advantages of breast milk. Hazards and demerits of prelacteal feed, top milk and bottle-feeding. Feeding of LBW babies.
- c. Infant feeding/weaning foods, method of weaning.
- d. Assessment of nutritional status of a child based on history and physical examination. Protein energy malnutrition-
- e. Vitamins-Recognition of vitamin deficiencies (A, D, K, C, B-Complex). Definition, causes and management of obesity.

4. IMMUNIZATION

- a. Principles of Immunization.
- b. Vaccine preservation and cold-chain.
- c. National Immunization Programme

5. NEONATOLOGY: newborn care – examination & diseases.

- a. Definition —live birth, neonatal period, classification according to weight and gestation, mortality rates. Birth asphyxia.
- b. Care of the normal newborn in the first week of life. Normal variations and clinical signs in the neonate.
- c. Neonatal Jaundice: causes, diagnosis and principles of management.
- d. Neonatal infection — aetiology, diagnosis, principles of management. Superficial infections, sepsis. Identification of sick newborn (i.e. detection of abnormal signs — cyanosis, jaundice, respiratory distress, bleeding, seizures, refusal to feed, abdominal distension, failure to pass meconium and urine)

6. GENETICS

- a. Principles of inheritance and diagnosis of genetic disorders
 - b. Genetic disorders needing study:
 - i. Down's syndrome
 - ii. Chromosomal disorders
 - iii. Down's syndrome
 - iv. Edward's syndrome
 - v. Turner syndrome
 - vi. Klinefelter's syndrome
 - c. Single gene disorders
 - i. Cystic fibrosis
 - ii. Marfan's syndrome
 - iii. Hemophilia
 - iv. Sickle cell anemia
 - v. DMD
 - vi. Osteogenesis imperfecta
7. COMMUNITY PAEDIATRICS:
- a. Concepts & Principles of Community Paediatrics,
 - b. Knowledge about School Health Programs to be studied in a detailed manner
8. BEHAVIOURAL AND DEVELOPMENTAL PROBLEMS
- a. Breath holding spells
 - b. Nocturnal enuresis
 - c. Temper tantrums
 - d. Pica
 - e. Autism
 - f. Learning Problems
 - g. ADHD
 - h. Anxiety disorders.
9. PEDIATRIC SURGICAL PROBLEMS
- Diagnosis and advise for surgery of
- a. Cleft lip/palate
 - b. Hypospadias
 - c. Undescended testis
 - d. Tracheoesophageal fistula
 - e. Hydrocephalus
 - f. CTEV (Club foot)
 - g. Umbilical and inguinal hernia
 - h. Anorectal malformations
 - i. Hypertrophic pyloric stenosis
10. PAEDIATRIC EMERGENCIES:
- Critical judgement & referral
- a. Status epilepticus
 - b. Status asthmaticus
 - c. Acute severe asthma
 - d. Shock and anaphylaxis
 - e. Hypertensive emergencies
 - f. Gastrointestinal bleed
 - g. Comatose child
 - h. Congestive cardiac failure
 - i. Acute renal failure

Paper - II

1. INFECTIOUS DISEASES

Common bacterial, viral and parasitic infections in the region, with special reference to vaccinepreventable diseases:

- a. Tuberculosis,
- b. Poliomyelitis,
- c. Diphtheria,
- d. Whooping cough,
- e. Tetanus including neonatal tetanus,
- f. Measles,
- g. Mumps,
- h. Rubella,
- i. Typhoid,
- j. Viral Hepatitis,
- k. Cholera,
- l. Chickenpox,
- m. Giardiasis,
- n. Amoebiasis,
- o. Intestinal helminthiasis,
- p. Malaria
- q. Dengue

2. HAEMATOLOGY

- a. Anaemia in childhood
- b. Anaemia with lymphadenopathy and/or hepatosplenomegaly
- c. Thalassemia
- d. Approach to a bleeding child
- e. Acute lymphoblastic leukaemia
- f. Haemophilia
- g. ITP

3. RESPIRATORY SYSTEM

- a. Acute upper respiratory infections
- b. Pneumonia with emphasis on bronchopneumonia, bronchiolitis, bronchitis.
- c. Acute and chronic otitis media.
- d. Bronchial asthma. Treatment of acute severe asthma
- e. Pulmonary tuberculosis-tuberculous infection versus tuberculous disease, difference between primary and post-primary tuberculosis. Multidrug resistant tuberculosis
- f. Bronchiectasis,

4. GASTRO INTESTINAL TRACT

- a. Acute diarrhoeal disease-diarrhoea, complications of diarrhoeal illness.
- b. Acute viral hepatitis, causes & diagnosis of Chronic Liver Disease.
- c. Common causes of constipation.

5. CENTRAL NERVOUS SYSTEM

- a. Acute pyogenic meningitis,
- b. Encephalitis
- c. Tubercular Meningitis.
- d. Seizure Disorder
- e. Febrile convulsions
- f. Cerebral palsy.

6. **CARDIOVASCULAR SYSTEM**
 - a. Acute rheumatic fever. Common forms of rheumatic heart disease in childhood. Differentiation between rheumatic and rheumatoid arthritis.
 - b. Congenital acyanotic and cyanotic heart disease. VSD, PDA, ASD and Fallot's tetralogy (Cyanotic spells).
 - c. Hypertension in children-recognition and referral.
 - d. Bacterial endocarditis,
 - e. Pericardial effusion,
 - f. Myocarditis.
7. **GENITOURINARY SYSTEM**
 - a. Acute post-streptococcal glomerulonephritis
 - b. Nephrotic syndrome.
 - c. Urinary tract infection-acute and recurrent.
 - d. Acute renal failure.
 - e. Obstructive uropathy in children.
 - f. Renal and bladder stones
8. **ENDOCRINOLOGY**
 - a. Diabetes and hypothyroidism,
 - b. Hyperthyroidism and Goitre in children.
 - c. Delayed and precocious puberty
9. **FLUID-ELECTROLYTE IMBALANCE**
 - a. Principles of fluid and electrolyte therapy in children
 - b. Pathophysiology of acid-base imbalance and principle of management
10. **NATIONAL HEALTH PROGRAMMES**
 - a. Universal immunisation programme
 - b. ICDS
 - c. Mid day meal programme
 - d. Balwadi nutritional programme
 - e. National iodine deficiency prevention programme
 - f. National blindness control programme
 - g. Reproductive and child health programme

List of Recommended Reference Books for Paediatrics -

- 1) A.A.P. – Guidelines for Perinatal Care.
- 2) Beattie – Paediatric emergencies.
- 3) Bergiman – 20 Common Problems in Paediatrics.
- 4) Chheda – Practical aspect of Pediatrics.
- 5) Cloherty – Manual of Neonatal Care.
- 6) Desai – Handbook of Pediatrics.
- 7) Elizabeth – Nutrition and Child Development.
- 8) Duta T. – Principles of Pediatrics.
- 9) GhaiO. . – Pediatrics, Interprint New Delhi.
- 10) Gill – Pediatrics.
- 11) Joy – Diseases of Children.
- 12) Meherban Singh – Care of new born.
- 13) Meherban Singh – Paediatric Clinical Methods.
- 14) Modell – Paediatric Problems in general Practice.
- 15) Nelson – Essentials of Pediatrics. Harcourt Publishers, International Company, Asia.
- 16) Roberson – Text Book of Neonatology.
- 17) Santosh Kumar – Hand Book of Pediatrics.

- 18) Ambedkar and Khubchandani – Priorities in Pediatrics practice. L. C. R. Publications, Mumbai.
- 19) Hedwig Imhauser – Homoeopathy in Paediatric Practice, Indian Books and Periodical Publishers, New Delhi.
- 20) Dorland – Children Types, B. Jain Publishers, New Delhi.
- 21) Lillienthal S. – Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
- 22) Dr. S. K. Tiwari – Homoeopathy and Child Care, B. Jain Publishers, New Delhi.
- 23) Arvind, Clinical Methods in pediatrics, 2nd Edition, 2002, Jaypee Publishers, New Delhi.
- 24) Banza, Child Development and Developmental Diagnosis, 2nd Edition, Jaypee Publishers, New Delhi.
- 25) Gupta, Constructive case studies in Pediatrics, 4th Edition, 2002, Jaypee Publishers, New Delhi.
- 26) Gupta, Differential Diagnosis in Pediatrics, 4th Edition, 2002, Jaypee Publishers, New Delhi.

HOMOEOPATHIC PAEDIATRICS

1. Hedwig Imhauser – Homoeopathy in Paediatric Practice, Indian Books and Periodical Publishers, New Delhi
2. Borland – Children Types, B. Jain Publishers, New Delhi.
3. Lillienthal S. – Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
4. Dr. S. K. Tiwari – Homoeopathy and Child Care, B. Jain Publishers, New Delhi.
5. Burnett J. C. , Delicate, Backward, Puny & stunted children, B. Jain Publishers
6. Herscu Paul, The Homoeopathic treatment of children, B. Jain Publishers
7. Master F.J., Clinical Observations of Children Remedies, B. Jain Publishers
8. Dr. Fisher, Diseases of children , B. Jain Publishers

List of Recommended Reference Books for Homoeopathic Philosophy

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, NewDelhi.
- 2) S. Hahnemann-Chronic Diseases, B. Jain Publisher, NewDelhi.
- 3) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, NewDelhi.
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- 9) J. H. Allen-Chronic Miasms, B. Jain Publisher, NewDelhi.
- 10) Richard Hael; Life of Hahnemann, B. Jain Publisher, NewDelhi.

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

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann –Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain

4. C. Hering – Guiding Symptoms of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
5. J.T. Kent – Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
6. M. L. Tyler – Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
7. E. A. Farrington – Clinical Materia Medica, B. Jain Publisher, New Delhi
8. E. A. Farrington – Comparative Materia Medica, B. Jain Publisher, New Delhi
9. N. M. Choudhary -Materia Medica, B. Jain Publisher, New Delhi
10. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
11. H. C. Allen – Keynotes of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
12. W. Boericke – Clinical MateriaMedica, B. Jain Publisher, New Delhi
13. Clarke – Dictionary of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
14. Vermulein – Prisma
15. T. F. Allen – Nosodes

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Non interventional natural prognosis
Homeopathic prognosis based on understanding of susceptibility and miasms

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- b. Directions for Research

PAPER I

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- a. Definition and overview of Paediatrics with special reference to age-related disorders
- b. Epidemiology and vital statistics related to childhood and maternal morbidity and mortality.
- c. Definition, causes, present status and measures for attainment of goals.

2. GROWTH AND DEVELOPMENT: NORMAL AND ABNORMAL

- a. Normal growth from conception to maturity. Milestones
- b. Anthropometry — measurement and interpretation of weight, length/height, head circumference, mid-arm circumference. Interpretation of Growth Charts: Road to Health card and percentile growth curves
- c. Abnormal growth patterns-failure to thrive, short stature. Preventable causes and assessment of developmental retardation.

3. NUTRITION

- a. Normal requirements of protein, carbohydrates, fats, minerals and vitamins for newborn, children and pregnant and lactating mother. Common food sources.
- b. Breast feeding-Definition and benefits. Characteristics and advantages of breast milk. Hazards and demerits of prelacteal feed, top milk and bottle-feeding. Feeding of LBW babies.
- c. Infant feeding/weaning foods, method of weaning.
- d. Assessment of nutritional status of a child based on history and physical examination. Protein energy malnutrition-
- e. Vitamins-Recognition of vitamin deficiencies (A, D, K, C, B-Complex). Definition, causes and management of obesity.

4. IMMUNIZATION

- a. Principles of Immunization.
- b. Vaccine preservation and cold-chain.
- c. National Immunization Programme

5. NEONATOLOGY: newborn care – examination & diseases.

- a. Definition —live birth, neonatal period, classification according to weight and gestation, mortality rates. Birth asphyxia.
- b. Care of the normal newborn in the first week of life. Normal variations and clinical signs in the neonate.
- c. Neonatal Jaundice: causes, diagnosis and principles of management.
- d. Neonatal infection — aetiology, diagnosis, principles of management. Superficial infections, sepsis. Identification of sick newborn (i.e. detection of abnormal signs — cyanosis, jaundice, respiratory distress, bleeding, seizures, refusal to feed, abdominal distension, failure to pass meconium and urine)

6. GENETICS

- a. Principles of inheritance and diagnosis of genetic disorders
 - b. Genetic disorders needing study:
 - i. Down's syndrome
 - ii. Chromosomal disorders
 - iii. Down's syndrome
 - iv. Edward's syndrome
 - v. Turner syndrome
 - vi. Klinefelter's syndrome
 - c. Single gene disorders
 - i. Cystic fibrosis
 - ii. Marfan's syndrome
 - iii. Hemophilia
 - iv. Sickle cell anemia
 - v. DMD
 - vi. Osteogenesis imperfecta
7. COMMUNITY PAEDIATRICS:
- a. Concepts & Principles of Community Paediatrics,
 - b. Knowledge about School Health Programs to be studied in a detailed manner
8. BEHAVIOURAL AND DEVELOPMENTAL PROBLEMS
- a. Breath holding spells
 - b. Nocturnal enuresis
 - c. Temper tantrums
 - d. Pica
 - e. Autism
 - f. Learning Problems
 - g. ADHD
 - h. Anxiety disorders.
9. PEDIATRIC SURGICAL PROBLEMS
- Diagnosis and advise for surgery of
- a. Cleft lip/palate
 - b. Hypospadias
 - c. Undescended testis
 - d. Tracheoesophageal fistula
 - e. Hydrocephalus
 - f. CTEV (Club foot)
 - g. Umbilical and inguinal hernia
 - h. Anorectal malformations
 - i. Hypertrophic pyloric stenosis
10. PAEDIATRIC EMERGENCIES:
- Critical judgement & referral
- a. Status epilepticus
 - b. Status asthmaticus
 - c. Acute severe asthma
 - d. Shock and anaphylaxis
 - e. Hypertensive emergencies
 - f. Gastrointestinal bleed
 - g. Comatose child
 - h. Congestive cardiac failure
 - i. Acute renal failure

Paper - II

1. INFECTIOUS DISEASES

Common bacterial, viral and parasitic infections in the region, with special reference to vaccinepreventable diseases:

- a. Tuberculosis,
- b. Poliomyelitis,
- c. Diphtheria,
- d. Whooping cough,
- e. Tetanus including neonatal tetanus,
- f. Measles,
- g. Mumps,
- h. Rubella,
- i. Typhoid,
- j. Viral Hepatitis,
- k. Cholera,
- l. Chickenpox,
- m. Giardiasis,
- n. Amoebiasis,
- o. Intestinal helminthiasis,
- p. Malaria
- q. Dengue

2. HAEMATOLOGY

- a. Anaemia in childhood
- b. Anaemia with lymphadenopathy and/or hepatosplenomegaly
- c. Thalassemia
- d. Approach to a bleeding child
- e. Acute lymphoblastic leukaemia
- f. Haemophilia
- g. ITP

3. RESPIRATORY SYSTEM

- a. Acute upper respiratory infections
- b. Pneumonia with emphasis on bronchopneumonia, bronchiolitis, bronchitis.
- c. Acute and chronic otitis media.
- d. Bronchial asthma. Treatment of acute severe asthma
- e. Pulmonary tuberculosis-tuberculous infection versus tuberculous disease, difference between primary and post-primary tuberculosis. Multidrug resistant tuberculosis
- f. Bronchiectasis,

4. GASTRO INTESTINAL TRACT

- a. Acute diarrhoeal disease-diarrhoea, complications of diarrhoeal illness.
- b. Acute viral hepatitis, causes & diagnosis of Chronic Liver Disease.
- c. Common causes of constipation.

5. CENTRAL NERVOUS SYSTEM

- a. Acute pyogenic meningitis,
- b. Encephalitis
- c. Tubercular Meningitis.
- d. Seizure Disorder
- e. Febrile convulsions
- f. Cerebral palsy.

6. **CARDIOVASCULAR SYSTEM**
 - a. Acute rheumatic fever. Common forms of rheumatic heart disease in childhood. Differentiation between rheumatic and rheumatoid arthritis.
 - b. Congenital acyanotic and cyanotic heart disease. VSD, PDA, ASD and Fallot's tetralogy (Cyanotic spells).
 - c. Hypertension in children-recognition and referral.
 - d. Bacterial endocarditis,
 - e. Pericardial effusion,
 - f. Myocarditis.
7. **GENITOURINARY SYSTEM**
 - a. Acute post-streptococcal glomerulonephritis
 - b. Nephrotic syndrome.
 - c. Urinary tract infection-acute and recurrent.
 - d. Acute renal failure.
 - e. Obstructive uropathy in children.
 - f. Renal and bladder stones
8. **ENDOCRINOLOGY**
 - a. Diabetes and hypothyroidism,
 - b. Hyperthyroidism and Goitre in children.
 - c. Delayed and precocious puberty
9. **FLUID-ELECTROLYTE IMBALANCE**
 - a. Principles of fluid and electrolyte therapy in children
 - b. Pathophysiology of acid-base imbalance and principle of management
10. **NATIONAL HEALTH PROGRAMMES**
 - a. Universal immunisation programme
 - b. ICDS
 - c. Mid day meal programme
 - d. Balwadi nutritional programme
 - e. National iodine deficiency prevention programme
 - f. National blindness control programme
 - g. Reproductive and child health programme

List of Recommended Reference Books for Paediatrics -

- 1) A.A.P. – Guidelines for Perinatal Care.
- 2) Beattie – Paediatric emergencies.
- 3) Bergiman – 20 Common Problems in Paediatrics.
- 4) Chheda – Practical aspect of Pediatrics.
- 5) Cloherty – Manual of Neonatal Care.
- 6) Desai – Handbook of Pediatrics.
- 7) Elizabeth – Nutrition and Child Development.
- 8) Duta T. – Principles of Pediatrics.
- 9) GhaiO. . – Pediatrics, Interprint New Delhi.
- 10) Gill – Pediatrics.
- 11) Joy – Diseases of Children.
- 12) Meherban Singh – Care of new born.
- 13) Meherban Singh – Paediatric Clinical Methods.
- 14) Modell – Paediatric Problems in general Practice.
- 15) Nelson – Essentials of Pediatrics. Harcourt Publishers, International Company, Asia.
- 16) Roberson – Text Book of Neonatology.
- 17) Santosh Kumar – Hand Book of Pediatrics.

- 18) Ambedkar and Khubchandani – Priorities in Pediatrics practice. L. C. R. Publications, Mumbai.
- 19) Hedwig Imhauser – Homoeopathy in Paediatric Practice, Indian Books and Periodical Publishers, New Delhi.
- 20) Dorland – Children Types, B. Jain Publishers, New Delhi.
- 21) Lillienthal S. – Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
- 22) Dr. S. K. Tiwari – Homoeopathy and Child Care, B. Jain Publishers, New Delhi.
- 23) Arvind, Clinical Methods in pediatrics, 2nd Edition, 2002, Jaypee Publishers, New Delhi.
- 24) Banza, Child Development and Developmental Diagnosis, 2nd Edition, Jaypee Publishers, New Delhi.
- 25) Gupta, Constructive case studies in Pediatrics, 4th Edition, 2002, Jaypee Publishers, New Delhi.
- 26) Gupta, Differential Diagnosis in Pediatrics, 4th Edition, 2002, Jaypee Publishers, New Delhi.

HOMOEOPATHIC PAEDIATRICS

1. Hedwig Imhauser – Homoeopathy in Paediatric Practice, Indian Books and Periodical Publishers, New Delhi
2. Borland – Children Types, B. Jain Publishers, New Delhi.
3. Lillienthal S. – Homoeopathic Therapeutics, B. Jain Publishers, New Delhi.
4. Dr. S. K. Tiwari – Homoeopathy and Child Care, B. Jain Publishers, New Delhi.
5. Burnett J. C. , Delicate, Backward, Puny & stunted children, B. Jain Publishers
6. Herscu Paul, The Homoeopathic treatment of children, B. Jain Publishers
7. Master F.J., Clinical Observations of Children Remedies, B. Jain Publishers
8. Dr. Fisher, Diseases of children , B. Jain Publishers

List of Recommended Reference Books for Homoeopathic Philosophy

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, NewDelhi.
- 2) S. Hahnemann-Chronic Diseases, B. Jain Publisher, NewDelhi.
- 3) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, NewDelhi.
- 4) B. K.Sarkar, - Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta.
- 5) H. A. Roberts - The Principles and Art of Cure by Homeopathy, B. Jain Publisher, New Delhi.
- 6) Stuart Close - Genius of Homoeopathy, B. Jain Publisher, NewDelhi.
- 7) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, NewDelhi.
- 8) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, NewDelhi.
- 9) J. H. Allen-Chronic Miasms, B. Jain Publisher, NewDelhi.
- 10) Richard Hael; Life of Hahnemann, B. Jain Publisher, NewDelhi.

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

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann –Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain

4. C. Hering – Guiding Symptoms of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
5. J.T. Kent – Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
6. M. L. Tyler – Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
7. E. A. Farrington – Clinical Materia Medica, B. Jain Publisher, New Delhi
8. E. A. Farrington – Comparative Materia Medica, B. Jain Publisher, New Delhi
9. N. M. Choudhary -Materia Medica, B. Jain Publisher, New Delhi
10. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
11. H. C. Allen – Keynotes of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
12. W. Boericke – Clinical MateriaMedica, B. Jain Publisher, New Delhi
13. Clarke – Dictionary of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
14. Vermulein – Prisma
15. T. F. Allen – Nosodes

List of Recommended Reference Books for Repertory.

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyans - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, KaroiBagh, New Delhi.
4. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
5. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
6. Zandorvoot, Roger: Complete Repertory.

Note :- For MD (Hom.) Part-II Examination there shall be only main Specialty subject and no Subsidiary Subject.

M.D. (HOM.) PART II SYLLABUS
PRACTICE OF MEDICINE

INTRODUCTION:-

Over a period of time, the concept and knowledge about diseases has extended through technological advancement and relentless research by modern medicine. The homoeopathic physician needs to study these advances adequately and needs to integrate and interpret them according to the Homoeopathic concepts and miasms. Thus the following inclusions in the Medicine Syllabus of MD (Hom) are essential.

As per aphorism 3, the Homoeopathic Physician must study natural disease and artificial drug disease in depth. Disease is a dynamic derangement of the vital force. It is the person who is sick and the expressions of disease differ in individuals. One needs to study the disease in its proper evolution. The anamnesis, the travel from health to sickness and the progress of disease has to be properly recorded, and inter-connections to be studied so that one can achieve cure.

Aims and Objectives: -

- Hahnemann's directions for studying symptoms -subjective and objective
- Kent's idea of Qualified Mentals and his concept of Totality.
- Boeninghausen's guidelines of making a complete symptom i.e. Locality, Sensation, Modality and Accompaniment (Concomitant).
- Boger's ideas of disease process, the pathogenesis, the characteristic individualistic way the development and progress takes place, the evolution of disease and his masterly contribution of the addition of time dimension to the existing concept of complete symptom-all these enrich the study of disease.
- Integration of the above concepts to come to a final understanding of susceptibility-qualitative & quantitative, the only basis of therapeutic intervention and prognostication in medicines. These also will guide us to the scope and limitation of homoeopathy in individual cases and in disease at large.

Part II requires of a homoeopathic physician to undertake a more detailed and in-depth study of each nosological entity in an integrated way. Typical method of carrying out an integrated study of any clinical condition should follow the pattern laid down below. There would be variations based upon the data available in the field with respect to Homoeopathy.

Clinical guidelines for each topic:

Definition with Hahnemannian classification of disease

Introduce the disease condition with its definition; nature of illness; history of the particular illness; impact on society-urban and rural, nation and the world.

Classify according to the Hahnemannian classification.

1) Review of the Homoeopathic literature:

Give a short review of the available homeopathic literature of the condition.

2) Predisposition:

Outline Epidemiology- worldwide, continents, nations, regions, races, urban and rural distribution, etc.

Present the data on communities affected, the family predisposition and genetic propensities. Define Disposition, i.e. the personality types, which are known to suffer from this disease.

Work out the fundamental miasm.

Discuss mass susceptibility where applicable and its impact on individuals.

3) Causation and modifying factors:

Along with the fundamental causes as mentioned above, the exciting, maintaining causes need to be entered both at the level of Man (mind and body) and environment (all the causes including microorganism) keeping in mind that all developments are after all the play of susceptible constitutions.

4) Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result:

Describe the prodrome, functional and structural phase of the disease in full where applicable.

Delineate where applicable, the host and organism response

The clinical expressions (Forms) are to be understood as reflections of Structural and Functional changes induced by the disease force evolving over a period of Time. The evolving miasmatic state should be stated with the implications of Dominant miasm.

This should be followed by a discussion of known pathological end results with complications and sequelae.

5) Classification and evolution of disease according to varying expressions of susceptibility:

All diseases evolve in time and run their course. The same disease also runs its course in different ways in different individuals. Text books classify them as types, but homeopathically they are the differential expressions of susceptibility. One needs to clearly define the qualitative and quantitative aspects of susceptibility. The focus will be on the psycho-neuro-endocrine and immunological understanding.

6) Case taking, examination, investigation and approach to clinical diagnosis:

Put down the special care to be taken in case taking and examination process and the findings relating with the stage, state and miasm. Also, should be included all the investigations and the expected findings relating with the stage, state and miasm.

7) Differential diagnosis:

State the differential indications for the diagnoses that may be entertained given a certain form of presentation

8) Management-General and Homoeopathic:

Base this on the assessment of susceptibility carried out on the basis of the information gathered through the clinical processes.

- a. General Management

It includes diet, exercises, ancillary measures (including surgical where indicated), education and counseling/orientation of the patient and the family.

b. Standard management:

Here give the accepted strategies of management including the scope and limitations of the approach. Detailed aspects of currently accepted medication from modern medicine, their pharmacological effects, their management and adverse drug reactions and ways in which they affect the susceptibility of the patient.

c. Principles of Homoeopathic management:

- i. Scope and limitations: Curative and palliative
- ii. Role of different forces: Acute, Phase, Specific, Chronic and Intercurrent remedial forces
- iii. Potency and repetition: Discuss factors of susceptibility which will influence potency selection in individual disease and suggest range of potencies and repetition schedules most likely in acute and chronic phases of managements.
- iv. Follow up management: Present general guidelines of what to observe in the follow up. The criteria for improvement and criteria for worsening based on assessment of susceptibility. Also put down any important causation or any caution while dealing with the condition from the Homoeopathic perspective. Hering's law and its application.

d. Add, where applicable, a note on the multidisciplinary approach and the Advantages, if any.

9) Common repertorial rubrics related to the condition:

Here the student should present the approach to the MateriaMedica through the repertory. The important rubrics which can come up for consideration should be listed.

10) MateriaMedica:

Commonly indicated acute remedies, chronic, constitutional and intercurrent with their indications in terms of causation, evolution, clinico-pathological and miasmatic understanding along with the indication at stage and state of disease. Differential MateriaMedica also may be considered.

11) Prognosis

Discuss epidemiological prognosis

Non interventional natural prognosis

Homeopathic prognosis based on understanding of susceptibility and miasms

12) Future advances;

- a. Add a note on the scope of knowledge generation in the current illness
- b. Directions for Research

1. INFECTIOUS DISEASES

- a. Introduction to Immune system
- b. Epidemiological approach
- c. Host factors and immunity
- d. Diagnosis
- e. Hospital acquired...
- f. Disinfections
- g. Approach to a febrile patient
- h. Glandular fever Syndromes (infectious mononucleosis, acute CMV infection, acquired toxoplasmosis)
- i. Brucellosis
- j. Leptospirosis
- k. Soft tissue infections- Impetigo, Ecthyma, Staphylococcal infection, Erysipelas, Cellulitis, Folliculitis, Furuncle, Carbuncle
- l. Toxic Erythematous Rashes
- m. Erythematous and Vesicopustular eruptions – HSV, Chickenpox, Shingles
- n. Viral Exanthemata – Measles, Rubella, Mumps
- o. Food poisoning and Gastroenteritis
- p. Fever from a tropical perspective and with hemorrhage – Malaria, Dengue, Typhoid and Paratyphoid fever, Kala Azar, Diphtheria
- q. Eosinophilia and Tropical Infections
- r. Parasitic Infestation – Ancylostomiasis, E. Vermicularis, T. Trichura, Filariases, Schistosomiasis, Cysticercosis and Hydatid disease
- s. Leprosy
- t. Fungal Infections
- u. STD's including HIV

2. RESPIRATORY DISEASE

- a. Investigations of Lung Disease
- b. Diseases of nasopharynx, larynx, trachea
- c. Obstructive Pulmonary Diseases – Asthma, COPD – Bronchiectasis
- d. Infections of the Respiratory System
- e. Interstitial & infiltrative pulmonary diseases
- f. Disorders of ventilation
- g. Sleep apnea

3. CARDIOVASCULAR DISEASES

- a. Investigations of Cardiovascular disease.
- b. Atherosclerotic Vascular diseases
- c. Coronary heart diseases
- d. Vascular & Valvular diseases
- e. Hypertension (New development & NHP, also from a community angle)
- f. Disorders of heart rate, rhythm and conduction
- g. Congenital heart disease
- h. Diseases of myocardium and pericardium

4. KIDNEY AND GENITOURINARY DISEASES

- a. Investigations of Renal & Urinary tract disease
- b. Glomerular Diseases
- c. Tubulo – interstitial diseases
- d. Infections of kidney and urinary tract

- e. Urinary tract calculi and nephrocalcinosis
- f. Renal involvement of systemic diseases
- g. Renal vascular diseases
- h. Renal failure (acute and chronic)

5. ENDOCRINE AND METABOLIC DISEASE

- a. Investigations of endocrine diseases.
- b. Diseases of the thyroid gland as an example of approach to endocrine disorder.
Focusing of controls and regulations vis a vis PNE axis.
- c. Adrenal glands
- d. DM
- e. Gout

6. ALIMENTARY TRACT & PANCREATIC DISEASE

- 1. Investigations of gastrointestinal disease
- 2. Diseases of mouth and salivary glands
- 3. Diseases of esophagus, stomach and duodenum - focusing on spectrum of functional disorder to Acid-peptic diseases
- 4. Diseases of the pancreas
- 5. Irritable bowel syndrome
- 6. Inflammatory bowel disease
- 7. Disorders of colon and anorectum

7. LIVER AND BILIARY TRACT DISEASE

- a. Investigations of liver diseases.
- b. Introduction of Parenchymal liver diseases
 - i. Viral hepatitis
 - ii. Ethanol liver disease
 - iii. Autoimmune hepatitis as examples
 - iv. Cirrhosis and its complication
- c. Gallbladder and biliary disorders

8. BLOOD DISORDERS

- a. Investigations of Blood diseases
- b. Anemia
- c. Hematological Malignancies
- d. Bleeding disorders
- e. Venous thrombosis

PAPER II

1. MUSCULOSKELETAL DISEASES AND DISORDERS OF BONE METABOLISM

- a. Investigations of Musculoskeletal disease
- b. MSS manifestations of disease in other systems
- c. Fibromyalgia
- d. Inflammatory joint disease e.g. RA
- e. Degenerative joint disease e.g. OA
- f. Systemic connective tissue disease
- g. Osteoporosis
- h. Diseases of the bone

2. NEUROLOGICAL DISEASES

- a. Investigations of Nervous system disease

- b. Cerebrovascular diseases
- c. Inflammatory Diseases of CNS e.g. MS
- d. Degenerative Diseases with sp. focus on Dementia e.g. Alzheimer's
- e. Akinetic – Rigid Syndromes e.g. Parkinson's disease
- f. Diseases of Peripheral nerves
- g. Disorders of muscles
- h. Infection of nervous systems
- i. Intracranial mass lesions and raised intracranial pressure
- j. Chronic fatigue syndrome

3. SKIN DISEASES

- a. Investigations and major manifestations of skin disorders
- b. Skin manifestations in systemic diseases
- c. Allergic skin conditions and Eczema
- d. Psoriasis and other erythematous scaly eruptions
- e. Disorders of pilo-sebaceous unit
- f. Disorders of pigmentation
- g. Disorders of nails

4. COMMON MENTAL DISORDERS

- a. Anxiety disorders
- b. Mood disorders
- c. Somatoform Disorders
- d. Personality Disorders
- e. Substance abuse

5. HOMOEOPATHY AND EMERGENCY MEDICINE INCLUDING POISONING

- a. Role of homoeopathy in acute and emergency medicine.
- b. Role of homoeopath in inpatient care of the patient
- c. Role of homoeopathy (complementary role) in critical care in special set-ups like in ICU (encompassing common general conditions in ICU)
- d. Understanding scope and limitations.
- e. Environmental diseases by-
 - i. Ectoparasites.
 - ii. Venom/ Bites/ Stings.
 - iii. Poisoning and its management.
 - iv. Heavy metal poisonings.
 - v. Tobacco.
 - vi. Electrical injuries.
 - vii. Drowning and near drowning.

6. APPLICATION OF HOMOEOPATHY IN SPECIAL GROUPS

A. LIFE STYLE DISEASES

- a. Concept of Life Style Illnesses
- b. Role of the individual and environment in their genesis and maintenance
- c. Homoeopathic perspective of Life style illnesses
- d. Comprehensive Homoeopathic assessment and management
- e. Role of Education, Family education and ancillary measures in restoring health

B. GERIATRIC MEDICINE

- a. Normal aging and concept of “Homoeostenosis”
- b. Major manifestations in old people
- c. Frailty Syndrome
- d. Clinical assessment and investigations
- e. Rehabilitation

C. WOMEN’S DISEASES

- a. Infertility
- b. Pelvic Inflammatory Disease
- c. Disorders of Menstrual regulation
- d. Menopausal illnesses
- e. Malignancies

D. ONCOLOGY AND HOMOEOPATHY

- a. Approach to a patient with cancer
- b. Susceptibility and miasmatic assessment in Cancer
- c. Role of Homoeotherapy in different stages of Cancer

7. NATIONAL HEALTH PROGRAMMES AND HOMOEOPATHY

- a. Current National health Programmes - Concept/ Objectives/ Implementations/ Ground realities/ Impact
- b. NRHM AND NUHM
- c. Contribution of Homoeopathy in National Health Programmes.

List of Recommended Reference Books for Practice Of Medicine

| Sr. No. | Name | Author |
|----------------|---|------------------------------------|
| 1. | Interpretation of Diagnostic Tests | Jacques Wallach |
| 2. | Clinical Methods | Michael Swash Hutchison |
| 3. | Symptoms and Signs in Clinical Medicine | Chamberlain Colin Ogilive |
| 4. | Physical Diagnosis | Rustom Jal Vakil |
| 5. | Physical Examination of the Spine and Extremities | Stanley Hoppenfeld |
| 6. | Practical Medicine | P.J. Mehta |
| 7. | Physical Examination & History Taking | Barbara Bates. |
| 8. | Clinical Diagnosis and Management by Lab Methods | John Bernard Henry |
| 9. | Cecil Textbook of Medicine- 2 Volumes | James Wyngaarden Lloyd H. Smith |
| 10. | Principles of Internal Medicine – 1, 2 Volumes | Harrison |
| 11. | API Textbook of Medicine | API |
| 12. | Signs & Symptoms | MacBryde |
| 13. | Diagnosis & Management of Medical Emergencies | RustomVakil, FarokhErachUdwadia |
| 14. | Clinical Medicine | Parveen Kumar, Michael |

| | | |
|-----|------------------------------------|----------|
| | | Clark |
| 15. | Principle and Practice of Medicine | Davidson |
| 16. | Textbook of Medicine | Cecil |

List of Recommended Reference Books for Homoeopathic Philosophy

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, NewDelhi.
- 2) S. Hahnemann-Chronic Diseases, B. Jain Publisher, NewDelhi.
- 3) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, NewDelhi.
- 4) B. K.Sarkar, - Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road,Calcutta.
- 5) H. A. Roberts - The Principles and Art of Cure by Homeopathy, B. Jain Publisher, New Delhi.
- 6) Stuart Close - Genius of Homoeopathy, B. Jain Publisher, NewDelhi.
- 7) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, NewDelhi.
- 8) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, NewDelhi.
- 9) J. H. Allen-Chronic Miasms, B. Jain Publisher, NewDelhi.
- 10) Richard Hael; Life of Hahnemann, B. Jain Publisher, NewDelhi.

List of Recommended Reference Books for Materia Medica

(Including Applied Aspects):

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann –Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain
4. C. Hering – Guiding Symptoms of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
5. J.T. Kent – Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
6. M. L. Tyler – Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
7. E. A. Farrington – Clinical Materia Medica, B. Jain Publisher, New Delhi
8. E. A. Farrington – Comparative Materia Medica, B. Jain Publisher, New Delhi
9. N. M. Choudhary -Materia Medica, B. Jain Publisher, New Delhi
10. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
11. H. C. Allen – Keynotes of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
12. W. Boericke – Clinical MateriaMedica, B. Jain Publisher, New Delhi
13. Clarke – Dictionary of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
14. Vermulein – Prisma
15. T. F. Allen – Nosodes

List of Recommended Reference Books for Repertory

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyans - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, KaroiBagh, New Delhi.
4. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
5. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
6. Zandorvoot, Roger: Complete Repertory.

Note :- For MD (Hom.) Part-II Examination there shall be only main Specialty subject and no Subsidiary Subject.

**M.D. (Hom.) PART II SYLLABUS
PSYCHIATRY**

INTRODUCTION:-

Part II of the academic programme covers the clinical-homoeopathic integration in understanding of the different psychiatric conditions. Simultaneously, the Philosophical principles underlying the treatment of these conditions, the commonly indicated Materia Medica pictures (along with therapeutics) and the Repertorial approach and effective use of the different Repertories which deal with the mental conditions needs to be delineated.

Paper I deals with Clinical Psychiatry pertaining to adults and Psycho-physiological disorders
Paper II deals with Child Psychiatry and aspects of Psychiatry where the application of Homoeotherapy is in the early stages viz. Emergency Psychiatry, Community Psychiatry and attempts to understand the relative place of Homoeotherapy in the light of Standard acceptable Psychiatric therapies and Preventive Psychiatry. It also explores the various ancillary measures useful in the treatment of Psychiatric disorders including psychotherapies and attempts to examine the integration of Homoeopathy with Psychotherapy. The study culminates with an understanding of Legal aspects of Psychiatric practice and considerations of the Mental Health Bill, 2017.

Aims and Objectives: -

The programme is being drawn up with the following **objectives** in mind:

1. Broaden the perspectives of the student of Homoeopathic psychiatry to the different concepts of Mental Health and practices in the East and the West to enable their usage in clinical, academic and research work.
2. Provide opportunities for acquiring clinical competence in recognizing, diagnosing and managing common psychiatric clinical conditions seen in mental health practice
3. Acquire a perspective of Homoeopathic psychiatry through academic discussion of the clinical experiences studied on a pre-designed format.
4. Integrating knowledge of clinical psychiatry with Materia Medica pictures so that the therapeutics of the different clinical conditions with differential Materia Medica may be applied at the bedside.
5. Understand the role of the Repertory and the meaning/importance of the rubrics of the mind in clinical work
6. Extend the application of the above knowledges in the fields of Community Psychiatry and Psychophysiological disorders.
7. Become aware of the importance of contribution of data from psychological testing and social investigation in the psychodiagnostic work.
8. Know the principles of psychotherapy and counseling and their application for different clinical conditions.
9. Recognize the limitation and application of the allopathic and homoeopathic system of medicines in the treatment of clinical psychiatric conditions
10. Acquire a nodding acquaintance of Legal and Forensic Psychiatry

Typical method of carrying out an integrated study of any clinical condition should follow the pattern laid down below. There would be variations based upon the data available in the field with respect to Homoeopathy.

FOLLOWING ARE THE CLINICAL GUIDELINES FOR EACH TOPIC

1) Definition with Hahnemannian classification of disease

Introduce the disease condition with its definition; nature of illness; history of the particular illness; impact on society-urban and rural, nation and the world.
Classify according to Hahnemannian classification.

2) Review of the Homoeopathic literature

Give a short review of the available homeopathic literature of the condition.

3) Predisposition:

Outline the Epidemiology- worldwide, continents, nations, regions, races, urban and rural distribution, etc.

Present the data on communities affected, the family predisposition and genetic propensities. Mention the disposition, i.e. the personality types, which are known to suffer from this disease.

Work out the fundamental miasm.

Discuss mass susceptibility where applicable and its impact on individuals.

4) Causation and modifying factors:

Along with the fundamental causes as mentioned above, the exciting, maintaining causes need to be studied both at the level of Man (mind and body) and environment (all the causes including microorganism, where applicable) keeping in mind that all developments are after all the play of susceptible constitutions.

5) Pathogenesis, Pathology, Clinicopathological and miasmatic correlations with pathological end result

Describe the prodrome, functional and structural phase of the disease in full where applicable.

Delineate where applicable, the host and organism response

The clinical expressions (Forms) are to be understood as reflections of Structural and Functional changes induced by the disease force evolving over a period of Time. The evolving miasmatic state should be stated with the implications of Dominant miasm. This should be followed by a discussion of known pathological end results with complications and sequelae.

6) Classification and evolution of disease according to varying expressions of susceptibility:

All diseases evolve in time and run their course. The same disease also runs its course in different ways in different individuals. Text books classify them as types, but homeopathically they are the differential expressions of susceptibility. One needs to clearly define the qualitative and quantitative aspects of susceptibility. The focus will be on the psycho-neuro-endocrine and immunological understanding.

7) Case taking, examination, investigation and approach to clinical diagnosis:

Put down the special care to be taken in case taking and examination process and the findings relating with the stage, state and miasm. Also, should be included all the investigations and the expected findings relating with the stage, state and miasm.

8) Differential diagnosis:

State the differential indications for the diagnoses that may be entertained given a certain form of presentation

9) Management-General and Homoeopathic:

Base this on the assessment of susceptibility carried out on the basis of the information gathered through the clinical processes.

a. General Management

It includes diet, exercises, ancillary measures (including surgical where indicated), education and counseling/orientation of the patient and the family.

b. Standard management:

Here give the accepted strategies of management including the scope and limitations of the approach

c. Principles of Homoeopathic management:

i. Scope and limitations: Curative and palliative

ii. Role of different forces: Acute, Phase, Specific, Chronic and Intercurrent remedial forces

iii. Potency and repetition: Discuss factors of susceptibility which will influence potency selection in individual disease and suggest range of potencies and repetition schedules most likely in acute and chronic phases of managements.

iv. Follow up management: Present general guidelines of what to observe in the follow up. The criteria for improvement and criteria for worsening based on assessment of susceptibility. Also put down any important causation or any caution while dealing with the condition from the Homoeopathic perspective, Hering's law and its application.

d. Add, where applicable, a note on the multidisciplinary approach and the advantages, if any.

10) Common repertorial rubrics related to the condition:

Here the student should present the approach to the Materia Medica through the repertory. The important rubrics which can come up for consideration should be listed.

11) Materia Medica:

Commonly indicated acute remedies, chronic, constitutional and intercurrent with their indications in terms of causation, evolution, clinico-pathological and miasmatic understanding along with the indications in stage and state of disease.

Differential Materia Medica also may be considered.

12) Prognosis

Discuss epidemiological prognosis

Non interventional natural prognosis

Homeopathic prognosis based on understanding of susceptibility and miasms

13) Future advances:

- a. Add a note on the scope of knowledge generation in the current illness
- b. Directions for Research

Paper I - 100 Marks

Application of Homoeopathy in Adult Psychiatry

The emphasis will be on an integrated understanding of the clinical presentation of various Psychiatric disorders as described above with the Homoeopathic approach and the scientific application of Homoeopathic therapy. The DSM V has been used as a base to classify the clinical conditions. ICD 10 is in current use but will be replaced by ICD 11 shortly and will be the basis.

A. Adult Psychiatry

1. Schizophrenia spectrum and other psychotic disorders
2. Bipolar and related disorders
3. Depressive disorders
4. Anxiety disorders
5. Obsessive compulsive and related disorders
6. Trauma and stress related disorders
7. Dissociative Disorders
8. Somatic symptoms and related disorders
9. Sleep-wake disorders
10. Sexual dysfunctions
11. Gender dysphoria
12. Substance related and addictive disorders
13. Paraphilic disorders

B. Neurocognitive disorders

1. Dementias
2. Delirium
3. Episodic and paroxysmal disorders

C. Disorders of adult personality and behavior

1. Paranoid personality disorders
2. Schizoid personality disorders
3. Schizotypal personality disorders
4. Antisocial personality disorders
5. Borderline personality disorders
6. Histrionic personality disorders

7. Narcissistic personality disorders
8. Avoidant personality disorders
9. Dependent personality disorders
10. Obsessive compulsive personality disorders
11. Personality changes due to other medical conditions

D. Psycho-physiological disorders

1. Cardiovascular disorders
2. Gastrointestinal disorders
3. Obesity
4. Respiratory Disorders
5. Endocrine disorders including Diabetes
6. Musculoskeletal disorders
7. Psycho-cutaneous disorders
8. Psycho-Oncology
9. Death, Dying and Bereavement

PAPER - II MARKS - 100

Child psychiatry and Application of Homoeopathy in various fields of Psychiatry

These comprise of the fields which are emerging in Psychiatry and in which there has been none or very little application of the Homoeopathic approach. Hence an exploration here will cover new ground and will establish the role of Homoeopathy in these conditions

A. Behaviour disorders of Infancy, Childhood and Adolescence

1. Neurodevelopmental Disorders
 - a) Intellectual disabilities
 - b) Communication disorders
 - c) Autism spectrum disorders
 - d) Attention-deficit/Hyperactivity disorders
 - e) Specific learning disorders
 - f) Motor disorders
2. Feeding and eating disorders
3. Disorders of Elimination
4. Disruptive, impulse-control and conduct disorders
5. Separation Anxiety disorders

B. Emergency Psychiatry

1. Suicidal attempts
2. Other Psychiatric emergencies e.g. aggression, panic conditions, substance withdrawal or substance intoxication

C. Community Psychiatry

1. Study of Psychiatric epidemiology
2. Community Mental Health-definition and approach

3. Mainstreaming Psychiatric care in the Community Health centres
4. National and District Mental health Programmes
5. Role of Homoeopathy in Mental Health Programmes and in Rehabilitative care of target populations
6. Access of Public to Homoeopathy in Mental Health Programmes
7. Role of Homoeopathic Psychiatrist in Community Mental health team

D. Evaluation of Standard Biological approaches and Homoeopathic treatment in Psychiatric disorders of Adults and Childhood

1. Psychotropic medication: their role and common side effects
2. Brain stimulation
3. Neurosurgical treatments
4. Homoeopathic Approach to the management of acute and chronic psychiatric conditions
5. Comparative evaluation of the Homoeopathic approach with the Standard approaches.

E. Preventive and Promotive Psychiatry

1. Mental Health Promotion-principles and operational issues
2. Preventive aspects of Psychiatric illness
3. Role of Homoeopathy in preventing psychiatric illness and promoting mental health

F. Integration of Homoeopathy with Psychological treatments

1. Individual Psychotherapies-Psychoanalytical, Short term, Hypnosis
2. Group Therapy
3. Family and Couple Therapy
4. Cognitive therapy
5. Behaviour therapy
6. Combined Homoeopathy and Psychotherapies

G. Legal aspects of Practice of Psychiatry

1. Confidentiality of Patient-Psychiatrist communication
2. Testamentary Capacity
3. Malpractice
4. Criminal Responsibility
5. Child Custody
6. Mental Health Act, 2017
7. Role and safety of Homoeopathy in the treatment of the mentally ill

List of Recommended Reference Books for Psychiatry.

PSYCHOLOGY AND CLINICAL PSYCHOLOGY

1. Morgan and King: Introduction to Psychology. Pub: McGraw Hill and Co.
2. Freeman Frank: Theory and Practice of Psychological Testing: Oxford and IBH Pub Co.
3. Walshe Kevin: Understanding Brain Damage
4. Selye Hans: Stress without Distress
5. Maslow Abraham (Ed): New Knowledge in Human Values Pub: Harper and Row
6. Whitmont Edward: The Symbolic Quest. Basic Concepts in Analytical Psychology

NEUROLOGY

1. De Jong Russell: The Neurologic Examination: Incorporating the fundamentals of Neuroanatomy and Neurophysiology. Pub: Harper and Row Publishers, Hagerstown
2. Walton John: Brain's Diseases of the Nervous System. Pub: Oxford Univ. Press
3. Adams Raymond: Principles of Neurology. Pub: McGraw Hill Inc.
4. Patten John: Neurological Differential Diagnosis. Pub: Narosa Publishing House
5. Walshe Kevin: Neuropsychology: a Clinical Approach Pub: Churchill Livingstone

CLINICAL PSYCHIATRY

1. Kaplan and Friedman: Comprehensive Textbook of Psychiatry – 2 Volumes. Pub: Lippincott Williams and Wilkins
2. Hamilton Max: Fish's Clinical Psychopathology
3. Lipowski Z. J. et al: Psychosomatic medicine: Current trends and Clinical Applications
4. Namboodri VMD: Clinical methods in Psychiatry. Pub:
5. Carson R. C. Et al: Abnormal Psychology and Modern Life Pub: Longman
6. Vyas J. N. and Ahuja Niraj: Textbook of Postgraduate Psychiatry – 2 Volumes Pub: Jaypee Brothers Medical Publishers Pvt. Ltd., New Delhi
7. Lishman V. A.: Organic Psychiatry 2nd Edition. Pub: Blackwell Scientific Publishers
8. American Psychiatric Association: Diagnostic and Statistical manual of Mental Disorders – V Edition. Pub: APA
9. WHO: International Classification of Neurological and Mental Diseases: 10th edition

PSYCHOTHERAPY

1. Wolberg Lewis: Handbook of Psychotherapy – 2 Volumes Pub: Grune and Stratton

HOMOEOPATHY

1. Hahnemann S.: Organon of Medicine
2. Hahel S: Life of Hahnemann – 2 Volumes
3. Dhawale M. L.: ICR Symposium Volume on Hahemannian Totality 3 Volumes
Pub: ICR Symposium Council, Mumbai
4. Kent J. T.: Lesser Writings
5. All standard repertories
6. Special Repertories of the Mind-Herring, Chitkara
7. Commentaries on Materia Medica
8. Whitmont E.: Psyche and Substance. Pub: Crescent Book Agency

List of Recommended Reference Books for Homoeopathic Philosophy

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, NewDelhi.
- 2) S. Hahnemann-Chronic Diseases, B. Jain Publisher, NewDelhi.
- 3) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, NewDelhi.
- 4) B. K.Sarkar, - Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta.
- 5) H. A. Roberts - The Principles and Art of Cure by Homeopathy, B. Jain Publisher, New Delhi.

- 6) Stuart Close - Genius of Homoeopathy, B. Jain Publisher, NewDelhi.
- 7) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, NewDelhi.
- 8) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, NewDelhi.
- 9) J. H. Allen-Chronic Miasms, B. Jain Publisher, NewDelhi.
- 10) Richard Hael; Life of Hahnemann, B. Jain Publisher, NewDelhi.

List of Recommended Reference Books for Materia Medica

(Including Applied Aspects):

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann –Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain
4. C. Hering – Guiding Symptoms of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
5. J.T. Kent – Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
6. M. L. Tyler – Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
7. E. A. Farrington – Clinical Materia Medica, B. Jain Publisher, New Delhi
8. E. A. Farrington – Comparative Materia Medica, B. Jain Publisher, New Delhi
9. N. M. Choudhary -Materia Medica, B. Jain Publisher, New Delhi
10. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
11. H. C. Allen – Keynotes of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
12. W. Boericke – Clinical MateriaMedica, B. Jain Publisher, New Delhi
13. Clarke – Dictionary of Homoeopathic MateriaMedica, B. Jain Publisher, New Delhi
14. Vermulein – Prisma
15. T. F. Allen – Nosodes

List of Recommended Reference Books for Repertory

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyans - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals Publishers, KaroiBagh, New Delhi.
4. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
5. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
6. Zandorvoot, Roger: Complete Repertory.

Note :- For MD (Hom.) Part-II Examination there shall be only main Specialty subject and no Subsidiary Subject.

M.D. (Hom.) Part-II SYLLABUS **REPERTORY**

INTRODUCTION:

Purpose:

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

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

The study of repertories at the postgraduate level should offer opportunities for the scientific development of repertory as an independent entity to facilitate the selection of most similar medicine. Efforts should also be made to create interdisciplinary role for repertory with all the basic and clinical subjects in Homoeopathy.

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

Goal:

A postgraduate in Repertory shall:

- Recognize the prescriptive needs of the homoeopathic practitioners.
- Master most of the competencies related to case taking and repertorisation.
- Acquire a spirit of scientific inquiry and be oriented to the principles of research methodology.
- Acquire basic skills in teaching of homoeopathic professionals.

General Objectives:

At the end of postgraduate training in M.D. (Homoeopathy) repertory, the student shall be able to:

- Recognize the importance of repertory in the context of homoeopathic prescriptions.
- Practice repertorisation ethically and in step with the principles of homoeopathy.
- Demonstrate sufficient understanding of the competencies associated with case taking and case analysis.
- Be aware of communication technology and adapt it for repertorisation.
- Develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
- Develop competence in basic concepts of research methodology and analyze relevant published research literature.
- Improve teaching learning methods of repertory at undergraduate and postgraduate levels.
- Function as an effective leader of health team engaged in health care, research or training.

Repertory is a compendium of symptoms and signs that are represented as rubrics collected

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

There are many repertories available in the form of books as well as software's. The plethora of choice often leads to a confusion of which to use, when and why. This query can be solved only when the General Principles are thoroughly discussed. Study of the subject will demand of the student understanding in detail of the philosophies underlying various repertories (books as well as software's), aspects of application of the various repertories and identify scope and limitations of various repertories. The course will cover the above-mentioned aspects in detail. Part I will see through the fundamentals.

(In addition to the MD Part 1 Syllabus)

Paper 1: General, Clinical and Modern Repertories

- a. Understanding the relationship between Organon, Materia Medica and Repertory and understanding how the integration of the three helps in creation of a Repertory.
- b. Three Classical Approaches of Repertories like Boenninghausen, Kent, Boger including their life work, concept of totality, philosophy, construction, adaptability, special features and criticism.
- c. Understanding of Puritan repertories (Lippe, Knerr's repertory, Gentry's repertory, Herring's Analytical Repertory of the Mind, etc) - their authors - philosophy – application of philosophy to practice.
- d. Boger's repertories- BBCR, Boger's Synoptic Key, General Analysis, Times of remedies and Moon Phases.
- e. The Clinical Repertories, their authors - philosophy – application of philosophy to practice and their uses: Sensations as if- Roberts; Allen's Therapeutics of Fevers, Murphy's Repertory; Robert's Rheumatic Remedies, Clarke's Repertory To Dictionary of Practical Materia Medica, Clarke's Prescriber, Boericke's Repertory,
- f. Understanding of modern repertories (Complete, Repertorium Generale , J. Kunzli), Synthetic, Synthesis, Pathak's Repertory, Phoenix Repertory)- their authors - philosophy – application of philosophy to practice.

Paper 2: Regional Repertories, Card Repertories, Computerized Repertories and the Scope of Repertories

- a. Understanding regional repertories (Bell's Diarrhea, Berridge's eye, Minton's uterine therapeutics, Yingling's Acoucher's Manual, Respiratory Organs by Nash etc.) – their authors - philosophy – application of philosophy to practice.
- b. Card Repertories: Evolution and working methods of Card repertories.
- c. Understanding computerized repertories - their creators - philosophy – utilities, approach to Materia medicas and limitations. Comparative analysis of the different softwares available in the market like Hompath, RADAR, CARA etc.
- d. Future scope of repertories – Identifying future methods of use of repertory for study of Materia Medica – clinical conditions at mental and physical level.
- e. Concept of Rubric, Sub Rubrics, The General Plan and arrangement in various repertories.

List of Recommended Reference Books for Repertory.

1. J. T. Kent - Repertory of the Homoeopathic Materia Medica, B. Jain Publisher. New Delhi.
2. Fredrick Schroyns - Synthesis Repertory, B. Jain Publisher, New Delhi.
3. Robin Murphy - Homoeopathic Medical Repertory, Indian Books and Periodicals

- Publishers, Karoi Bagh, New Delhi.
4. Barthel and Klunkcr- synthetic Repertory of the Materia Medica, B. Jain Publisher, New Delhi.
 5. Allen T. F. - Boenninighausen's Therapeutic Pocket Book, B. Jain Publisher, New Delhi.
 6. C. M. Boger-Boenninighausen's Characteristics and Repertory, B. Jain Publisher, New Delhi.
 7. Knerr C. B. - Repertory of Herrings Guiding Symptoms of our Materia Medica, B. Jain Publisher, New Delhi.
 8. Jugal Kishore - Card Repertory - Kishore Publication. Indira Chowk, Caughtant Place, New Delhi,
 9. S. R. Phatak - Concise Repertory of Homoeopathy, B. Jain Publisher, New Delhi.
 10. Neathy Edwin-An Index of aggravations and ameliorations, B. Jain Publisher, New Delhi.
 11. Hering -Analytical Repertory of the symptoms of mind, B. Jain Publisher, New Delhi.
 12. Clarke J. H. - Clinical Repertory, B. Jain Publisher, New Delhi.
 13. Docks and Kokelenberg - Kent's Comparative Repertory of the Homoeopathic Materia Medica.
 14. Roberts Herbert - Sensations as if, B. Jain Publisher, New Delhi.
 15. Gallawardm - J. P. Repertory of Psychic Medicines with Materia Medica, B. Jain Publisher, New Delhi.
 16. Hahnemann's - Chronic Diseases, B. Jain Publisher, New Delhi.
 17. Hahnemann's - Materia Medica Purrs, B. Jain Publisher. New Delhi.
 18. Boenninghausen - the Lesser Writings, B. Jain Publisher, New Delhi.
 19. J. IC Kent - New Remedies, Clinical Cases and Lesser Writings, B, Jain Publisher, New Delhi.
 20. C. M. Boger - Study of Materia Medica and Case taking, B. Jain Publisher, New Delhi.
 21. Garth Boericke - Principles and practice of Homoeopathy, B. Jain Publisher, New Delhi.
 22. Wright Elizabeth -A Brief Study course in Homoeopathy, B. Jain Publisher, New Delhi.
 23. Bidwell G L. How to use the Repertory, B. Jain Publisher, New Delhi.
 24. Bell James - l'he Homoeopathic of Diarrhea, B. Jain Publisher. New Delhi.
 25. Allen H. C. - Therapeutics of Fever, B. Jain Publisher, New Delhi.
 26. Bcrridge E. W. - Complete Repertory on the Diseases of eyes, B. Jain Publisher, New Delhi
 27. Minton-Uterine Therapeutics, B. Jain Publisher, New Delhi.
 28. Tyler M. L. Repertoriong B. Jain Publisher, New Delhi.
 29. Banerjee P. N. - Chronic Diseases as causes and cure, B. Jain Publisher, New Delhi.
 30. Boger CM. - Synoptic Key to Materia Medica with Repertory,
 31. Boericke W. - Boericke's Materia Medica with Repertory, B. Jain Publishers, New Delhi.
 32. Dr. Shashikant Tiwari - Essentials of Repertorisation, B. Jain Publishers, New Delhi.
 33. C. M. Boger- Studies in Philosophy of Healing, B. Jain Publishers. New Delhi.
 34. M. L. Dhawale- Principles and practice of Homoeopathy
 35. Dr. Munir Ahmed R.r- Introduction to Principles to Repertorisation
 36. Barford, T. L: Lesser writings of CMF Von Boenninghausen.
 37. Bannan, Robert: Collected Works of Boger.
 38. Boger, C. M: Studies in Philosophy of Healing
 39. Castro, J. B ; Encyclopaedia of Repertory.
 40. Dhawale, M. L. : Principles and Practice of Homoeopathy.
 41. Dhawale, M. L. (Ed): ICR Symposium Volume on Hahnemannian Totality, Area
 42. Hahnemann, S: Organon of Medicine.
 43. Hahnemann : Lesser writings.
 44. Harinadham, K: the principles and Practice of Repertorization.
 45. Kishore, Jugal: Evolution of Homoeopathic Repertories and Repertorization.
 46. Khanaj, V: Repererie.
 47. Kanjilal, J. N : Repertorization.
 48. Kent, J. T: Lectures on Homoeopathic Philosophy.
 49. Kent, J. T: Use of Repertory: How to study the Repertory, How to Use the Repertory.
 50. Kent, J. T: what the Doctor Needs to Know in Order to make a Successful Prescription.
 51. Kent: Lesser writings.

52. Mohanty, N: Textbook of Homoeopathic Repertory.
53. Patel, R. P: Art of Case taking and Practical Repertorization.
54. Rastogi, D. P: an Overview of repertories for P.G. Student.
55. Sarkar, B. K: Essentials of Hom. Philosophy and Place of repertory in Hom. Practice.
56. Tarafdar, D: Repertory Explained.
57. Tiwari, S. K : Essentials of Repertorization.
58. Tyler, M. L: Different Ways of Finding a Remedy.
59. Tyler, M. L. and John Weir, Repertorization.
60. Allen, H.C.: The therapeutics of fevers.
61. Allen, W: Repertory of Intermittent Fevers.
62. Allen: Symptom Register.
63. oericke, W: Pocket manual of Homoeopathic materia medica.
64. Boger, C. M: A Synoptic Key of the materia medica.
65. Boger, C. M: general analysis.
66. Borland, Douglas: Pneumonias.
67. Borland, Children types.
68. Boenninghausen's A Systematic Alphabetrical repertory of Homoeopathic medicines.
69. Bell, J. B.: The Homoeopathic Therapeutics of Diarrhoea.
70. Berridge: Complete Repertory to the Homoeopathic materia Medica on the Dis. of the eye.
71. Bakshi, J.P.S.: Phoenix repertory.
72. Boger, C. M. : Times of remedies and moon phases.
73. Boger, C. M: Boenninghausen's Characteristics and repertory.
74. Clarke, J. H. : A Clinical Repertory to the dictionary of Homoeopathic materia Medica.
75. Clarke, J. H. : Prescriber.
76. Douglas: Skin diseases.
77. Gentry, W. D. : the Concordance Repertory of the materia Medica.
78. Guerensey, W. J.; the Homoeopathic Theraputic of haemorrhoids.
79. Hering, C: Analalytical repertory of the symptoms of the Mind.
80. Hughes, Richard: Cyclopaedia of drug pathogenesis.
81. Kent, J. T. Repertory of the Homoeopathic materia medica.
82. Knerr, C.B: Repertory of Herring's Guiding Symptoms of our Materia Medica.
83. Kunzli, Jost: Kent's repertorium Generale.
84. Lippe's Repertory.
85. Murphy, R: Homoeopathic Clinical repertory.
86. Nortan, A. B.: Repertory of Ophthalmic Diseases and therapeutics.
87. Nash: Leaders in Respiratory Organs.
88. Pulford, Alfred: Repertory of Rheumatism, sciatica, Etc.
89. Pulford, Alfred: Homoeopathic Leaders in Pneumonia.
90. Roberts, H. A (Ed): Boenninghausen's Therapeutic pocket Book.
91. Roberts, H. A.: Sensation as if.
92. Roberts, H. A.: The Rheumatic remedies.
93. Squire, Berkely: A repertory of Homoeopathic Nosodes and sarcodes.
94. Shivraman, P.: a concise repertory of Aggravations and Ameliorations.
95. Shrivastava, G. D. and J. Chandra: Alphabetical Repertory of Characteristic of Homoeopathic Materia Medica.
96. Tiwari, S. K. ; Homoeopathy and child care.
97. Underwood, D. F. : Headache and its materia Medica.
98. Van den Berg: Therapeutics of Respiratory System.
99. Ward, J. W. : Unabridged Dictionary of Sensations As If.
100. Yingling, W. A. ; Accoucher's emergency manual in Obstetrics.
101. Zandorvoot, Roger: Complete Repertory.
102. Zandorvoot, Roger: Repertorium Universale.
103. Schroyens, Fredrick, Synthesis repertory.
104. Barthel and Klunker: Synthetic Repertory.
105. Phatak, S. R.: A concise Repertory of homoeopathic medicines.
106. Phatak, S. R.: Repertory of Biochemic remedies.

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

List of Recommended Reference Books for Homoeopathic Philosophy

- 1) S. Hahnemann - Organon of Medicine-5th and 6th Edition, B. Jain Publisher, NewDelhi.
- 2) S. Hahnemann-Chronic Diseases, B. Jain Publisher, NewDelhi.
- 3) J. T. Kent—Lectures on Homoeopathy Philosophy, B. Jain Publisher, NewDelhi.
- 4) B. K.Sarkar, - Commentary on Organon of Medicine, Published by Bhattacharya and Company Pvt. Ltd., 73, Netaji S. road, Calcutta.
- 5) H. A. Roberts - The Principles and Art of Cure by Homeopathy, B. Jain Publisher, New Delhi.
- 6) Stuart Close - Genius of Homoeopathy, B. Jain Publisher, NewDelhi.
- 7) M. L. Dhawale, - Principles and Practices of Homoeopathy, Indian Books and Periodicals Publishers, NewDelhi.
- 8) C. M. Boger - Studies in the Philosophy of healing, B. Jain Publisher, NewDelhi.
- 9) J. H. Allen-Chronic Miasms, B. Jain Publisher, NewDelhi.
- 10) Richard Hael; Life of Hahnemann, B. Jain Publisher, NewDelhi.
- 11) Durant Will: The story of Philosophy, Garden city publishing company inc, New York
- 12) Copi Irving N.: Introduction to Logic, Pearson Education Inc., New Jersey

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

1. S. Hahnemann – Materia Medica Pura Vol I & II, Jain Publishers, New Delhi.
2. S. Hahnemann – Chronic Diseases Vol I & II, Jain Publishers, New Delhi.
3. T. F. Allen – Encyclopedia of Homoeopathic Materia Medica, Vol 1 to 12, B. Jain
4. C. Hering – Guiding Symptoms of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi.
5. J.T. Kent – Lectures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
6. M. L. Tyler – Drug Pictures of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
7. E. A. Farrington – Clinical Materia Medica, B. Jain Publisher, New Delhi
8. E. A. Farrington – Comparative Materia Medica, B. Jain Publisher, New Delhi
9. N. M. Choudhary -Materia Medica, B. Jain Publisher, New Delhi
10. C. M. Boger – Synoptic Key, B. Jain Publisher, New Delhi
11. H. C. Allen – Keynotes of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
12. W. Boericke – Clinical Materia Medica, B. Jain Publisher, New Delhi
13. Clarke – Dictionary of Homoeopathic Materia Medica, B. Jain Publisher, New Delhi
14. Vermulein – Prisma
15. T. F. Allen – Nosodes

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| Sr. No. | Name | Author |
|----------------|--|-------------------------|
| 1. | Interpretation of Diagnostic Tests | Jacques Wallach |
| 2. | Clinical Methods | Michael Swash Hutchison |
| 3. | Physical Diagnosis | Rustom Jal Vakil |
| 4. | Practical Medicine | P.J. Mehta |
| 5. | Physical Examination & History Taking | Barbara Bates. |
| 6. | Clinical Diagnosis and Management by Lab Methods | John Bernard Henry |
| 7. | Principles of Internal Medicine – 1, 2 Volumes | Harrison |
| 8. | API Textbook of Medicine | API |
| 9. | Signs & Symptoms | MacBryde |
| 10. | Principle and Practice of Medicine | Davidson |