



DR. M. L. DHAWALE MEMORIAL
HOMOEOPATHIC INSTITUTE

Opp. S.T. Workshop, Palghar-Boisar Road, Palghar 401 404. • Tel : 02525-256932/33 • Fax : 02525-257019

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

DEPARTMENT OF HOMOEOPATHIC PHILOSOPHY

PO/PSO/CO

IF1

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.



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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.



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h. To prove medicines, which are partially proved in order to ascertain its true nature and qualities for the better implementation of similia.

Program Outcome

MD (Homoeopathy) Homoeopathic Philosophy

- 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.

.Programme specific outcomes –

COMPETENCIES

Knowledges-

1. Recognize the importance of physical, social, mental and spiritual factors and their adaptability in the maintenance of health while practicing Homoeopathy.
2. Know the approach to the definition of the Clinical Problem in patients (Knowledge of Disease) and integrating that with case taking guidelines given by Hahnemann (Case Taking)



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3. Understand the crucial role of documentation in the understanding of the clinical state (case Recording)
4. Possess a sound understanding of the concept of etiopathogenesis of disease and integrate it with the concept of causation as per Homoeopathic philosophy
5. Evolve clinico-psycho-pathological correlations of disease phenomena and integrate it in terms of the structural, functional and formal correlations and its miasmatic reflections
6. Internalize Hahnemanian classification of diseases correlate with modern medicine advances to evolve holistic management guidelines.
7. Integrate all of the above in the erection and appropriate processing of the Hahnemannian Totality
8. Know to utilize the drug force/s in a correct manner to complete the 'Operation Cure' as per Hahnemann's directions in Aphorism 2.
9. Understand the scope & limitation of Homoeopathy in the management various diseases .
10. Be able to organize a teaching programme on Organon of Medicine and Homoeopathic Philosophy at the undergraduate (BHMS) level.
11. Experience the process of conducting original(literary/fundamental/posology/drug proving) research in the field of Homoeopathic Philosophy

Skills

1. Fine sensitivity to receive pain pathos of person stated to perceive
2. Command over Languages-English and Regional in area of Operations
3. Medical and Homoeopathic Database, Conceptual clarity, Competence in applying in practice Analytical, Synthetic and Integration
4. Learn case taking skills in variety of illnesses of all age groups.
5. Demonstrate the accurate maintenance of the clinical record
6. Demonstrate the confidence to assess and manage the patients in the OPD, IPD.
7. Take on the role of the 'Unprejudiced Observer' (Aphorism 6) while carrying out all of the above actions.
8. Skills in Analysis ,Evaluation,Synthesis in application of philosophy and Logic in practice



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Attitudes

1. What we can offer to Homoeopathy rather what Homoeopathy will offer us
2. Possess empathy and adopt a "holistic" approach towards the management of patients .
3. State of Mind has to evolve clarity in thinking logical thinking and emotional stability.
4. Freedom from Prejudice; Sound Senses and Fidelity in Observation and Recording
5. Develop an open mind and update him/ herself by self-study attending courses, conferences and seminars relevant to the subject.
6. Adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality throughout the professional life.
7. Practice ethically with principles of health care and the philosophy of Homoeopathy.

Course Outcome & Course Specific Outcome

For MD 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.



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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

For MD II –

Following areas at general and particular level needs to be studied in order to be a competent Post graduate of Homoeopathic Philosophy

Paper 1

GENERAL PHILOSOPHY

1. General Philosophy-Study of Development of Western Philosophy and its reflections on Medicine in general and Homoeopathy in specific. (Existentialism, Substantialism, Realism, Pragmatism, Idealism, Romanticism Materialism, Naturalism, Vitalism)



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2. Relationship between Philosophy, Science and Logic-Inductive and Deductive, Contribution of Lord Bacon, Logical fallacies, Application in Homoeopathy
3. Universal Concept of Life in General and of —Man in Universel. Study of different Models of Man and Basic Psychology and its implications in understanding Hahnemannian Concepts of Man in Health and Disease. Recovery and Cure, Suppression/ Palliation, Causation & Concomitant

POST HAHNEMANNIAN CONTRIBUTIONS

A lot of work has been done by his illustrious followers based on Hahnemannian concepts and philosophy as available in their homoeopathic literature. Students need to grasp these concepts and their clinical applications. Hence part 2 will take up study of all these concepts which have evolved post-Hahnemann based on his teachings which would include philosophical concepts, critical comparisons and applications in Materia Medica, Repertory and Medicine and allied branches focusing on Comparative study of the following concepts:

1. Man in Health, Constitution, Diathesis, Disease, Recovery and Cure and its relation to Methods of Case Taking
2. Symptomatology, Classification and Evaluation
3. Susceptibility, Immunology, Suppression and Miasms
4. Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship

The following authors will be studied in detail:

- a. Boenninghausen
- b. Kent
- c. Boger
- d. Stuart Close
- e. Herbert Roberts



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Paper II

1. Study of the contributions of other illustrious followers- old and recent- to the literature focusing on philosophical concepts, critical comparisons and applications in Materia medica, Repertory and Medicine and allied branches focusing on Comparative study of the following concepts
 - a. Man in Health, Constitution, Diathesis, Disease, Recovery and Cure and its relation to Methods of Case Taking
 - b. Symptomatology, Classification and Evaluation
 - c. Susceptibility, Immunology, Suppression and Miasms
 - d. Homoeopathic Theory of Chronic Diseases; its principles and interpretation **in the light of present knowledge**. Clinical Classification and Identification of the Four Miasmatic Types, 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
 - e. Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship,
 - i. Hering
 - ii. J. H. Allen
 - iii. Farrington
 - iv. Richard Hughes
 - v. Dunham
 - vi. Clarke
 - vii. Boericke
 - viii. Sarkar
 - ix. Whitmont
 - x. Ortega
 - xi. Dhawale



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2. Comparative study of the Philosophical and Conceptual framework of Current Schools of medicine -
Modern Medicine, Ayurveda, Unani, Siddha and Homoeopathy

3. Concept of Law of simple/minimum/single; Law of Similars: Evolution, Deduction, and Scientific
Experimental Proof; Application and Corollaries Concept of the Dynamic Action and the Dose, in
Relation to current research in Physics, metaphysics, quantum theory, molecular and nanomedicine



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3. Susceptibility, Immunology, Suppression and Miasms
4. Remedy Administration: Potency-selection, Repetition, Second Prescription, Placebo and Remedy Relationship

The following authors will be studied in detail:

- a. Boenninghausen
- b. Kent
- c. Boger
- d. Stuart Close
- e. Herbert Roberts

ASSESSMENT:

1. Written skill assessment: Formative and Summative

This will be in the form of

- a. Assignments at monthly/weekly intervals designed to test the knowledge in circumscribed areas
- b. Term examinations which would carry short and long questions with a clinical problem resolution
- c. Final examination which will be over 2 papers- which will carry short and long questions with a clinical problem resolution .

2. Research skill assesement (Formative and Summative)

- a. Dissertation where the ability to pose a Research question, carry our literature survey, formulate a hypothesis, design and implement the study, analyse , present and discuss the findings and draw appropriate conclusions

3. Practical Examination: Summative assessment

- a. This would comprise of a long case and a short case where the candidate would be tested on a pre-designed fomate
- b. Viva voce where the approach of the candidate to practical issues will be elicited



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4. Clinical Skill Assessment: Formative assessments at 3 monthly intervals should focus on the clinical skills as demonstrated in the OPD case record [SCR] and IPD through ward rounds and the examination of the IPD paper.

Case records (OPD and IPD) should carry evidence of

- a. Observation skills
- b. Case taking skills
- c. Case recording skills
- d. Case Processing skills
- e. Rational thinking to arrive at a Diagnostic formulation and assessment of susceptibility
- f. Arriving at remedy with differentiation
- g. Planning of the treatment
- h. Ability to perform remedy response evaluation and second prescription
- i. Ability to implement non-medicinal interventions



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.

Program Outcome

MD (Homoeopathy) Homoeopathic Materia Medica

- 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.

Program Specific Outcome

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 from 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 Materia Medicas
5. To apply different knowledges in order to construct the Materia Medica portrait
6. To generalize and individualize different concepts through inductive and deductive logic
7. To take up different research projects and drug proving
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 Materia Medica, drug proving and aptitude for new knowledge
11. To assess own progress and receive feedback for own and others good

Knowledge:

1. Know to determine 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.
2. Possess profound knowledge of Homoeopathic Materia Medica including of rare and uncommon remedies in order to achieve restoration of health at any levels of sickness.
3. Able to coordinate the recent advances in science with his/ her knowledge of Homoeopathy, so as to reflect better art of healing through improving depth of MM knowledge
4. Possess a sound understanding of the Bio-Psycho-Social concept of etiopathogenesis and evolution of the disease phenomena to integrate with the study of Materia Medica
5. Understand different eras & concepts of the earlier times & their influence on the construction of Materia Medica.

Skill:

1. Shall obtain communicative and interpersonal skills to communicate and interact with health care teams.
2. Evolving an approach to the Definition of the Clinical Problem

3. Document scientific understanding of the clinical state and artificial disease phenomena
4. Evolve clinico-pathological correlations to grasp the essence of the disease phenomena and integrate in terms of the structural, functional and formal correlations of disease and Materia Medica
5. Learn the basics of Classification of Disease and integrating these principles with the Hahnemannian approach to understand the depth and extent of Homoeopathic remedies
6. Integrate all of the above in the erection and appropriate processing of the Hahnemannian Totality
7. Evolve suitable Materia Medica portraits and utilize of the drug force in a correct manner to complete the 'Operation Cure' as per Hahnemann's directions in Aphorism 2.
8. Possess scope & limitation of the current state of knowledge of Homoeopathic Materia Medica with the demands of Clinical Practice and Education
9. Skill of observation and interview to obtain information from prover and patient

Attitude:

1. 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
2. Adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment throughout his/ her professional life.
3. Develop an open mind to update himself/herself by self-study, attending courses, conferences and seminars relevant to the specialty.
4. Readiness to take on the role of the 'Unprejudiced Observer' (Aphorism 5 while carrying out all of the above actions.
5. Readiness to understand, learn and adhere to the discipline in the study of Materia medica in the OPD,IPD andCommunity
6. Have empathetic approach towards patient and relatives
7. Have discipline and sincerity for the work undertaken by self or in a team
8. Should have cooperative attitude while working in team with open mind and ability to receive others
9. To recognize the need of physical, social mental and spiritual health care of the sick in the spirit of Organon of Medicine.

Communication:

1. Communication written, oral
2. In the clinical setup
3. With prover
4. With fellow student

Course Outcome & Course Specific Outcome

Following areas at general and particular level needs to be studied in order to be a competent Post graduate of Homoeopathic Materia medica

(1) Science & Philosophy of Materia Medica:

Concept, understanding & philosophy of Materia Medica & its evolution

This is based on a clear grasp of the following concepts and principles:

- a. Concept of Man \longleftrightarrow Universe
- b. Principles of Logic-Analysis and Synthesis
- c. Law of Similars
- d. Concept of Natural and Artificial Disease
- e. Principle of Evolution, Causation and Concomitance
- f. Concepts of Structure, Form and Function
- g. Principles of classification of Data and categorization into Generals and particulars
- h. Concept of Totality
- i. Concept of Relationships

(2) Source of Materia Medica, Drug proving and Collection of symptoms:

a. Source of Materia Medica:

Understanding the concept of the different sources of Materia Medica, their scope & limitations and their utilisation & importance in building up of totalities of drugs.
Sources – Toxicological, Drug Proving, Clinical, Chemical, Physical, Biological properties.

b. Drug proving

Method, Recording, Reporting as laid down by Hahnemann and developed and modified by the

later workers with the advantages and limitations of their work.

c. Collection and Classification of Symptoms

Classifying the symptoms based on general principles of analysis and synthesis:

Classification & giving a meaning to data collected from proving & different sources. Systematic application of these concepts to the study of a well-proved polychrests in the Homoeopathic Materia Medica requires us to examine our source books in a critical manner. The following method is found to be advantageous if observed meticulously:

- (i) Each symptom is broken up and re-arranged under the Standard Headings as under:
 - (A) Cause: This is identified and studied in great detail to bring out the Characteristic Expression (effects) by establishing horizontal correlates in a clear manner;

- (B) Sphere & Scope of Effects: Sensations & Complaints in General, Mental State, Regional Effects: Tissues, Organs & Pathology;
 - (C) Circumstances of Aggravation & Amelioration: General as well as Particular (Regional) with special emphasis on those which run counter to the general modalities and thus serve us well as important differential modalities;
 - (D) Characteristic particulars: Along with the modalities and strict concomitants
- (ii) The data in the source books, which is normally arranged as per Locations is re-arranged in 4 Columns – Psora, Sycosis, Tubercle, and Syphilis.

These evolutionary aspects of the 'Artificial Drug Disease' can be studied in an effective manner only when we examine this re-classified (as per (i) & (ii) above) data in the light of our present knowledge of clinical pathology of diseases. When we do this, we are able to establish rational horizontal cross-connections between the data arranged and classified in the vertical columns representing Psora, Sycosis, Tubercle and Syphilis.

A characteristic and distinctive pattern emerges in our mind, which is derived from the data in the source books of the Homoeopathic Materia Medica. This is the Hahnemannian Totality, which we should endeavour to create and store in our mind. It should guide us to examine the Source Books in greater detail in search of specific characteristics when we are confronted with a patient who reminds us in a general way of the portrait of the disease of the drug in question. No attempt should be made to remember or memorize these specific symptoms in the Homoeopathic Materia Medica, which is vast and proves to be a maze to the uninitiated.

Hahnemann's Concept of the '*Portrait of Disease*' (Aphorism 6, Organon of Medicine) and its miasmatic evolution from the symptoms recorded in the Homoeopathic Materia Medica. Miasmatic evolution of disease follows the following pattern:

Psora → Sycosis → Tubercle → Syphilis

d. Types of Materia Medica

The various types of Materia Medicas available viz. Drug provings, Key notes, Commentaries, Compendiums, Synopses etc.-their evolution and their place in the current study needs to be highlighted.

(3) Study of Materia Medica:

Different approaches to study of Materia Medica:

Different approaches of study of Materia Medica i.e. Psycho-clinico-Pathological, Synthetic, Comparative, Analytic and Remedy relationship

(a) Concept of Drug Picture:

Kent, Boger, Pulford, Harvey Farrington, Margaret Tyler, Borland.

(b) Reportorial Techniques for the evolution of the Drug Pictures from Symptom

(c) Chemical Approach to the Study of Homoeopathic Materia

1. General Validity: Relationship to Pathogenesis
2. Anion & Kation Groupings: Relationship to the Periodic table & Reflections in the Pathogenesis.
3. Physiologic, Pharmacologic & Toxicologic Role: Importance and Derivations in respect of Sphere and Scope in the Pathogenesis.
4. Concept of the 'Group': Its Identification & Differentiation.
5. 'Members' of the 'Group': Identification – Specific General Expression.
6. 'Salts' in the 'Members': Specific Expression: Individuality.
7. Relationship of Pathogenesis of Drugs from the Plant and Animal Kingdom to the Chemical Constituents.
8. **Anion Groups:** They are derivations from the Pathogenesis of the Element and its impact on the Pathogenesis of the Kation.

(d) Approach to study of Materia Medica through kingdom
Mineral, Animal, Plant, Nosodes, Sarcodes etc.

(4) Relationship of Remedies (Boenninghausen & Hering):

Concept of Related Totalities: This has been stated in a most complete form by Boenninghausen in his Section on Relationship in the **Therapeutic Pocket Book**. The idea has been also developed by Hering, Clark, Boger, Miller and many others. The concept relates similar pictures to each other, relates the main picture to splinter groups (Sector-wise or Miasm-wise), projects sequential changes likely to occur in the future under the influence of the selected remedy, relates the main picture to the partial expressions of Nosodes as anti-Miasmatic Drugs (Inter-currents) and also stresses anti-dotal as well as inimical relationships

derived purely from clinical experience. Since this aspect of the Homoeopathic Materia Medica is found to be extremely useful in efficient Homoeopathic prescribing, training must provide a through grounding in this.

Acute, Chronic, Complementary, Antidotes, Remedies that Follow well, Inimicals, Sequences, Remedies that Precede well, Inter-currents, Nosodes, Constitutional Remedy and its spectrum of Acute Remedies.

1. Identification of these Categories with suitable Examples;
2. Programming of Treatment based on these Concepts;
3. Technique of employing the Section in Boenninghausen's Therapeutic Pocket Book;
4. Follow-through of a Case on these lines;

Resolution of a mixed-up and complicated Case by adopting the Technique of Splitting of the Totality into homogenous components

(5) Construction of Materia Medica – Classified Symptoms when arranged with a certain philosophical background gives rise to different types of Materia Medica. Some Materia Medica sources keep the symptom of prover as narrated; others go on constructing Materia Medica from clinicopathological point of view, utilize the principle of generalization or emphasize the mental state & evolution of symptoms. Some are based on comparison of remedy action, remedy relationships, are presented in the commentary form or in the form of keynotes, some carry a mixture of clinical experience and proving depending upon the philosophy & experiences.

Some keep the evolutionary as well as the disease angle in focus and attempt to relate the phenomena with the events in the life of the individual. This gives a richly documented data comprising of symptom-patterns to work upon and observe our remedies as live people interacting with their world whilst going about their business of living their lives. Such a unique mode of study (termed as Living Materia Medica) has a lot in store for us.

(6) Scope & Limitation of Materia Medica: Scope and Limitations of different Materia

Medicas as developed by the different authors listed below:

1. Hahnemann
2. T. F. Allen
3. J. T. Kent
4. Hering
5. Farrington
6. C. M. Boger
7. John Clarke

8. M. L. Dhawale
9. George Vithoukias
10. R. Shankaran
11. S. R. Phatak
12. Whitmont
13. Catherine Coulter

(7) COMPARATIVE MATERIA MEDICA:

From symptomatic, regional location, closely coming drug picture and group symptoms.

Comparisons: General Principles & Applications:

- (a) Therapeutic Groupings with Repertorial Correlations and Differentiations
- (b) Repertorial Syndromes: Concept and Differentiation
- (c) "Ailments from" Rubrics from the Repertory:
Identification of the State Responsible and its Clinical Evaluation, Effects
Produced: Evolution, Identification and Differentiation

Determination of the Prescribing Totality with the help of the Concomitants (Associated Symptoms and Characteristics of the Person).

(8) Applied Materia Medica

(i) PRACTICE OF HOMOEOPATHY IN MEDICINE:

Detailed application of the knowledge of Materia Medica to different clinical condition from clinico-pathologico-miasmatic point of view. All general & systematic diseases keeping causation in view viz Infection, Immunological & Nutritional. The application aspect of knowledge of Organon & Philosophy along with repertory also needs to be integrated to attain the philosophical foundation of Homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Materia Medica along with other basic concepts in Homoeopathic philosophy & practice

(ii) PRACTICE OF HOMOEOPATHY IN SURGERY, OBS & GYNAEC -

application of Materia Medica its scope & limitation along with clinico-pathologico-immunological-miasmatic to different condition. Stress should be placed on surgery as a supportive system in case of emergency. Pre & Post operative Homoeopathic care from Materia

Medica point of view needs stress. The application aspect of knowledge of Organon & Philosophy along with repertory also needs to be integrated to attain the philosophical foundation of Homoeopathic practice and education. Here candidate will be tested on his knowledge of applied Materia Medica along with other basic concepts in Homoeopathic philosophy & practice.



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DEPARTMENT OF PAEDIATRICS

IF - 1

A postgraduate in M.D. (Homoeopathy) - Paediatrics 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.



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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 throughout 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:

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.



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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.



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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



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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.

PROGRAMME OUTCOMES:

MD (homoeopathy) Pediatrics



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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.



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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.



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PROGRAM SPECIFIC OUTCOMES

Different for part 1 and part 2

Part 1 has advance and research = synopsis

What student should know at research level and advanced subject level

Parts ii paper and dissertation what competencies required

WHAT WE EXPECT FROM PART 1

<u>DOMAINS</u>	
<u>KNOWLEDGE</u>	<u>KNOW NORMAL</u> Recognize the importance of growth and development as the foundation of Pediatrics and help each child realize her/his optimal potential in this regard Take detailed history, perform full physical



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	<p>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.</p> <p>Perform relevant investigative procedures and interpret important imaging and laboratory results</p> <p>Diagnose illness in children based on the analysis of history, physical examination and investigative work up</p> <p>Demonstrate competence in basic concepts of research methodology and epidemiology;</p> <p><u>SHOULD KNOW NORMAL ALTERATIONS IN NEONATES</u></p> <p>The students should have knowledge of the following tests & the implications of those in the practice for diagnostic and prognostic work-up</p>
<p><u>SKILL</u></p>	<p>The Homoeopathic Physician should be up to date with</p>



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the skill need to handle the Paediatric age group. These are very different from that of an adult. The following areas have to be emphasized:

ABLE TO EXAMINE NORMAL. (HT WT MUAC HC CARE OF NEWBORN BF)

SHOULD ABLE TO EXAMINE NORMAL ALTERATIONS

History taking - History taking from the attendants including current medical history, past history, birth history, mother's obstetric history, nutrition history, vaccination history, family history, psycho-social history

Physical examination - One hardly gets any symptoms in pediatrics. A pediatrician must be a master of eliciting signs. A keen observation of minutest deviation from normal becomes the key to nail the problem in the paediatric patient. A thorough physical examination including , newborn examination, including gestation assessment, nutritional anthropometry and its assessment, assessment of growth, use of growth chart, SMR rating, develop-



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	<p>mental evaluation.</p> <p>Bed side procedures – Monitoring skills: recording of vitals, capillary blood sampling, etc.</p> <p>Ward procedures, life-saving procedures - nasogastric feeding, endotracheal intubation, cardiopulmonary resuscitation (pediatric and neonatal), administration of oxygen, administration of fluids, blood, blood components, parenteral nutrition, common dressings, abscess drainage and basic principles of rehabilitation.</p> <p>Interpretation of laboratory and radiological investigations.</p> <p>Recording of height, weight, head circumference and mid arm circumference and interpretation of these parameters using growth reference standard assessment of nutritional status and growth</p> <p>Assessment of pubertal growth</p> <p>Complete development assessment by history and physical examination, and recognizing developmental disabilities, including autism</p> <p>Systematic examination</p> <p>Neonatal examination including gestation assessment</p>
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<u>ATTITUDE</u>	
	<p>The "Practitioner of the Healing Art" should be well aware of the impact of his/her attitude while providing Health care. Quite often Child care can be very stressful to the parents & the whole household as a whole. Hence it is important that the Physician develops a set of Attitudes that will stand by him in good stead to maintain a balance view. The</p> <p>Overall performance and readiness to work under stress</p> <p>Readiness to understand, learn and adhere to various systems of operations</p> <p>Overall interaction with patients/ relatives, humane approach towards sick person.</p> <p>Readiness to deliver total Patient Care.</p> <p>Towards readings and completing work (work ethics)</p> <p>Capacity to function as a responsible Member of the Team</p> <p>Ability to understand others' perspective</p> <p>Ability to take objective decisions (emotion free)</p> <p>Discipline and self control</p> <p>Openness and flexibility</p> <p>Communication with seniors and consultants</p>



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	<p>Capacity to take up responsibility and discharge it efficiently and dedicatedly.</p> <p>Readiness for Rural/ Community Work - Social aspect of Medicine</p> <p><u>COMMUNICATIONS:</u></p> <p>Includes capacity to communicate written and oral – with colleagues, subordinates, nursing/ admin staff, patients, relatives, superiors, consultants, and law enforcing agencies etc.</p>
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WHAT WE EXPECT FROM PART 2

<u>DOMAINS</u>	<p>In addition to Part I, Part II requires of a homoeopathic paediatrician to undertake a more detailed and in-depth study of each nosological entity in an integrated way.</p> <p>The following schema is suggested as a model to study each clinical condition.</p>
<u>KNOWLEDGE</u>	<p>The Homoeopathic Paediatric PART II student must undertake a more detailed and in-depth study of each nosological entity in an integrated way. The following schema is suggested as a model to study each clinical condition.</p> <p>a. Definition with Hahnemannian classification of disease</p> <p>b. Epidemiological studies</p>



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	<p>c. Predisposition:</p> <p>d. Causation and modifying factors:</p> <p>e. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result</p> <p>f. Classification and evolution of disease according to varying expressions of susceptibility:</p> <p>g. Case taking, examination, investigation and approach to clinical diagnosis:</p> <p>h. Differential diagnosis:</p> <p>i. Management-General and Homoeopathic:</p> <p>i. General Management</p> <p>ii. Standard management: 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.</p> <p>This may include the following:</p> <p>Introduction to general pharmacology, history, definitions, preparations, courses of drugs, routs of administration, pharmacokinetics, absorption, bio-availability, metabolism, excretion, elimination kinetics, drugs and pregnancy, drugs and newborn, pharmacodynamics, dose response & relationship, modifying dose/effect of drug, development of new drugs.</p>
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	<p>iii. Principles of Homoeopathic management:</p> <ol style="list-style-type: none">1. Scope and limitations:2. Role of different forces:3. Potency and repetition:4. Follow up management: <p>j. Common repertorial rubrics related to the condition</p> <p>k. Common materia medica remedies</p> <p>l. Prognosis</p> <p>m. Future advances</p> <p><u>Student should be able to :</u></p> <p>Identify social, economic, environ-mental, biological and emotional factors affecting a child and adolescent, and formulate diagnostic, therapeutic, curative, rehabilitative, preventive and promotive measures to provide holistic care to children.</p> <p>Understands the impact of ante-natal factors and adverse life events on a child's development, physical health, emotional wellbeing, cognition and behaviour and be able to respond appropriately</p> <p>Able to recognise the potential impact of a parent's physical and mental health or lifestyle on the wellbeing of a child or young person.</p>
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	<p><u>Plan and provide holistic management for illness in children using principles of homoeopathy which includes:</u></p> <p><u>Case Record: Capacity to construct a Problem Definition – ‘sizing up the problem’</u></p> <p><u>Documentation, Evaluation & Processing</u></p> <p><u>Process of Diagnosis & homoeopathic classification of disease</u></p> <p><u>Processing Mental state</u></p> <p><u>Clinico-pathological co-relations with Susceptibility and Miasm</u></p> <p><u>Capacities to formulate Management strategies, including ancillary measures.</u></p> <p><u>Capacities to formulate:</u></p> <p><u>Therapeutic Approach</u></p> <p><u>Methods of remedial selection</u></p> <p><u>Posology selection and repetition</u></p> <p><u>Follow up criteria and documentation</u></p> <p><u>Remedy Response Analysis</u></p> <p><u>Ancillary Measures</u></p> <p><u>Be in touch with the contemporary advances in the</u></p>
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	<p><u>modern paediatrics and have a basic knowledge of contemporary pharmacology to understand its impact and side effects</u></p> <p><u>Plan and advice measures for the prevention of childhood disease and disability.</u></p> <p><u>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</u></p> <p><u>Orient the parents about the energy and nutritional needs of the child to prevent nutritional deficiencies</u></p> <p><u>Manage childhood emergencies efficiently and carry out ward procedures including deliveries, rooming-in, neonatal care, high-risk infants and sick children</u></p> <p><u>Facilitate learning of medical/nursing students, practicing physicians, para-medical health workers and other providers as a teacher-trainer`.</u></p>
<u>SKILL</u>	<p>1. Demonstrate the skills necessary to perform a complete and accurate pediatric history including</p>



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	<p>prenatal, birth, developmental, dietary, immunization, and psychosocial histories.</p> <ol style="list-style-type: none">2. Demonstrate the skills necessary to perform a complete and accurate pediatric physical exam including but not limited to an age appropriate neurologic exam, and graph and interpret growth chart data.3. Recording of height, weight, head circumference and mid arm circumference and interpretation of these parameters using growth reference standard assessment of nutritional status and growth4. Assessment of pubertal growth5. Complete development assessment by history and physical examination, and recognizing developmental disabilities, including autism6. Neonatal examination including gestation assessment
<p><u>ATTITUDE</u></p>	<p>The "Practitioner of the Healing Art" should be well aware of the impact of his/her attitude while providing Health care. Quite often Child care can be very stressful to the parents & the whole household as a whole. Hence it is important that the Physician develops a set of Attitudes that will stand by him in good stead to maintain a balance view. The Overall performance and readiness to work under stress</p>



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	<p>Readiness to understand, learn and adhere to various systems of operations</p> <p>Overall interaction with patients/ relatives, humane approach towards sick person.</p> <p>Readiness to deliver total Patient Care.</p> <p>Towards readings and completing work (work ethics)</p> <p>Capacity to function as a responsible Member of the Team</p> <p>Ability to understand others' perspective</p> <p>Ability to take objective decisions (emotion free)</p> <p>Discipline and self control</p> <p>Openness and flexibility</p> <p>Communication with seniors and consultants</p> <p>Capacity to take up responsibility and discharge it efficiently and dedicatedly.</p> <p>Readiness for Rural/ Community Work - Social aspect of Medicine</p> <p>Know who to share information with and when, understanding the difference between information sharing on individual, organisational and professional levels.</p> <p>Knows own capabilities and when to seek support</p>
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	<p>from the TEAM and how to become efficient part of the team.</p> <p>Able to recognize the Anxiety/Concerns of Parents & Care takers & its impact on Child's Health & Parents Health Care Seeking Behaviour.</p> <p><u>COMMUNICATIONS:</u></p> <p>Includes capacity to communicate written and oral – with colleagues, subordinates, nursing/ admin staff, patients, relatives, superiors, consultants, and law enforcing agencies etc.</p>
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COURSE OUTCOME AND COURSE SPECIFIC OUTCOME

Following area at general and particular level needs to be studied in order to be a competent Post graduate of Paediatrics

Sr. no.	COURSE	COURSE OUTCOME
1.	Introduction to the	a. Should be able to Concept of evidence based



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	Practice of Evidence based paediatrics	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



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DEPARTMENT OF PAEDIATRICS

IF - 1

	<p>influence health at individual, family and community level leading to insight into preventive and community Paediatrics through Hahnemannian philosophy of holistic care.</p> <p>f) Understanding the concept of predisposition and disposition and its influence on development of diseases including genetics and congenital.</p> <p>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.</p> <p>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.</p> <p>i) Clinico-pathological correlations and the concept of a syndrome and its utility in understanding miasmatic evolution.</p> <p>j) Bed side- General and Systematic examination and understanding their basis</p> <p>k) Role of physical examination and clinical investigation in the study of disease and miasm.</p> <p>l) Understanding the process of clinical diagnosis</p> <p>m) Importance of differential diagnosis-probable</p>
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DEPARTMENT OF PAEDIATRICS

IF - 1

		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.
	Studying the Cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification in pediatric age group	
3.	IN NEONATES –	At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having 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



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DEPARTMENT OF PAEDIATRICS

IF - 1

		<p>5. Alterations in suck – poor sucking</p> <p>6. Alterations in feeding habits – refusal to feeds</p> <p>7. Alterations in temperature – hyperthermia/hypothermia</p> <p>8. Other systemic alterations</p>
4.	IN OLDER CHILDREN- Reticulo-endothelial system	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alterations in different temperature:</p> <p>a. Fever – types</p>
5.	Growth and development	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alterations in growth and development</p> <ol style="list-style-type: none">1. Short stature2. Obesity3. Developmental delay4. Impaired learning



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6.	Nutritional functions	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alterations in nutritional functions</p> <ol style="list-style-type: none">1. Underweight2. Stunting3. Wasting4. Failure to thrive5. Micronutrient deficiencies
7.	Respiratory system	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alteration in Respiratory functions</p> <ol style="list-style-type: none">1. Cough2. Dyspnoea3. Cyanosis4. Respiratory distress5. Hemoptysis
8.	Gastrointestinal system	<p>At the end of the course student should be able to explain the cardinal manifestations of disease</p>



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IF - 1

		<p>through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alteration in Gastrointestinal functions</p> <ol style="list-style-type: none">1. Refusal to feeds2. Vomiting3. Diarrhea and Constipation4. Weight loss5. Gastrointestinal bleeding6. Jaundice7. Abdominal pain8. Abdominal swelling and ascites
9.	Cardiovascular system	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alteration in cardiac and circulatory functions</p> <ol style="list-style-type: none">1. Murmur2. Cyanosis3. Congestive cardiac failure4. Shock



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10.	Excretory systems	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having alteration in excretory functions</p> <ol style="list-style-type: none">1. Hematuria2. Dysuria3. Enuresis and incontinence4. Voiding dysfunction5. Renal failure – acute and chronic
11.	Hematological system	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic classification, take clinical history and examine children having Hematological alterations</p> <ol style="list-style-type: none">1. Anemia2. Bleeding3. Enlargement of Lymph nodes and spleen
12.	Central nervous system	<p>At the end of the course student should be able to explain the cardinal manifestations of disease through their Patho-physiology with Hahnemannian classification of symptoms and miasmatic</p>



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IF - 1

		<p>classification, take clinical history and examine children having alteration in Nervous system functions</p> <ol style="list-style-type: none">1. Convulsions2. Intracranial space occupying lesions3. Large head4. Small head5. Floopy infant6. Coma7. Headache8. Paralysis and palsies
13.	Diagnostic procedures:	<p>At the end of the course students should have knowledge of the following tests & the implications of those in the practice for diagnostic and prognostic work-up:</p> <ol style="list-style-type: none">a) Hematologicalb) Biochemistryc) Serologyd) CSF examinatione) Routine Radiological Examination IVP, Renal scan, Plane radiography of spinef) Barium studiesg) Endoscopy,h) USG



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IF - 1

		<ul style="list-style-type: none">i) Other Serological test,j) Pleural fluid examination, PFT, Arterial blood gask) 2 D ECHO,l) CT scan, MRI,m) GFR, 24 hour Protein estimationn) EEG
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PART I

Paper – I

PART II-

PAPER I –

Course outcome: At the end of the course the student should be able to study of each nosological entity in an integrated way in the following schema:

- a. Definition with Hahnemannian classification of disease
- b. Epidemiological studies
- c. Predisposition:
- d. Causation and modifying factors:
- e. Pathogenesis, Pathology, Clinico-pathological and miasmatic correlations with pathological end result
- f. Classification and evolution of disease according to varying expressions of susceptibility:
- g. Case taking, examination, investigation and approach to clinical diagnosis:
- h. Differential diagnosis:



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DEPARTMENT OF PAEDIATRICS

IF - 1

i. Management-General and Homoeopathic:

i. General Management

ii. Standard management: 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.

This may include the following:

Introduction to general pharmacology, history, definitions, preparations, courses of drugs, routes of administration, pharmacokinetics, absorption, bio-availability, metabolism, excretion, elimination kinetics, drugs and pregnancy, drugs and newborn, pharmacodynamics, dose response & relationship, modifying dose/effect of drug, development of new drugs.

iii. Principles of Homoeopathic management:

1. Scope and limitations:

2. Role of different forces:

3. Potency and repetition:

4. Follow up management:.

j. Common repertorial rubrics related to the condition

k. Common materia medica remedies

l. Prognosis

m. Future advances

Sr. no.	COURSE	COURSE OUTCOME
1.	VITAL STATISTICS:	At the end of the course students should be able to



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DEPARTMENT OF PAEDIATRICS

IF - 1

		<p>explain the:</p> <ol style="list-style-type: none">1. Definition and overview of Paediatrics with special reference to age-related disorders.2. Epidemiology and vital statistics related to childhood and maternal morbidity and mortality.3. Definition, causes, present status and measures for attainment of goals.
2.	GROWTH AND DEVELOPMENT: NORMAL AND ABNORMAL	<p>At the end of the course students should be able to:</p> <ol style="list-style-type: none">1. Explain normal growth from conception to maturity. Milestones2. Anthropometry — Perform measurement and interpretation of weight, length/height, head circumference, mid-arm circumference. Interpretation of Growth Charts: Road to Health card and percentile growth curves3. Identify abnormal growth patterns-failure to thrive, short stature.4. Identify Preventable causes and do assessment of developmental retardation.
3.	NUTRITION	<p>At the end of the course students should be able to:</p> <ol style="list-style-type: none">1. Know Common food sources protein, carbohydrates, fats, minerals and vitamins2. Know normal requirements of protein,



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		<p>carbohydrates, fats, minerals and vitamins for newborn, children and pregnant and lactating mother and recommend them.</p> <p>3. Explain 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.</p> <p>Infant feeding/weaning foods, method of weaning.</p> <p>4. Assess nutritional status of a child based on history and physical examination and identify Protein energy malnutrition, obesity and vitamin deficiencies (A, D, K, C, B-Complex).</p>
4.	IMMUNIZATION	<p>At the end of the course students should be able to:</p> <ol style="list-style-type: none"> 1. Explain National Immunization Programme. 2. Explain Principles of Immunization and vaccine preservation and cold-chain.

Paper - II

Sr. no	COURSE	COURSE OUTCOMES
1.	NEONATOLOGY :	<p>At the end of the course students should be able to:</p> <ol style="list-style-type: none"> 1. Define —live birth, neonatal period, classification according to weight and gestation, mortality rates.



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DEPARTMENT OF PAEDIATRICS

IF - 1

		<p>Birth asphyxia.</p> <ol style="list-style-type: none">2. Explain normal variations and clinical signs in the neonate.3. Explain causes, diagnosis and principles of management. Neonatal Jaundice and Neonatal infection.4. Perform care of the normal newborn in the first week of life.5. Identify 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)
2.	GENETICS	<p>At the end of the course students should be able to:</p> <ol style="list-style-type: none">1. Explain Principles of inheritance and diagnosis of genetic disorders2. Explain Down's syndrome and other congenital conditions
3.	INFECTIOUS DISEASES	<p>At the end of the course the student should be able to explain each disease entity in an integrated way: Common bacterial, viral and parasitic infections in the region, with special reference to vaccinepreventable diseases:</p>



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IF - 1

		Tuberculosis, Poliomyelitis, Diphtheria, Whooping cough, Tetanus including neonatal tetanus, Measles, Mumps, Rubella, Typhoid, Viral Hepatitis, Cholera, Chickenpox, Giardiasis, Amoebiasis, Intestinal helminthiasis, Malaria ETC
4.	HAEMATOLOGY	At the end of the course students should be able to: 1. Plan approach to anaemia in childhood with lymphadenopathy and/or hepatosplenomegaly. Thalassaemia. 2. Plan approach to a bleeding child, acute lymphoblastic leukaemia, haemophilia, ITP.
5.	RESPIRATORY SYSTEM	At the end of the course the student should be able to explain each disease entity in an integrated way: Acute upper respiratory infections, pneumonia with emphasis on bronchopneumonia, bronchiolitis, bronchitis. Acute and chronic otitis media. Bronchial asthma. Treatment of acute severe asthma. Pulmonary tuberculosis-tuberculous infection versus tuberculous disease, difference between primary and post-primary tuberculosis. Multidrug resistant tuberculosis, Bronchiectasis
6.	GASTRO INTESTINAL TRACT	At the end of the course the student should be able to explain each disease entity in an integrated way:



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		Acute diarrhoeal disease-diarrhoea, complications of diarrhoeal illness. Acute viral hepatitis, causes & diagnosis of Chronic Liver Disease. Common causes of constipation.
7.	CENTRAL NERVOUS SYSTEM	At the end of the course the student should be able to explain each disease entity in an integrated way: Acute pyogenic meningitis, encephalitis & Tubercular Meningitis. Seizure Disorder. Febrile convulsions, cerebral palsy.
8.	CARDIOVASCULAR SYSTEM	At the end of the course the student should be able to explain each disease entity in an integrated way: Acute rheumatic fever. Common forms of rheumatic heart disease in childhood. Differentiation between rheumatic and rheumatoid arthritis. Congenital acyanotic and cyanotic heart disease. VSD, PDA, ASD and Fallot's tetralogy (Cyanotic spells). Hypertension in children-recognition and referral. Bacterial endocarditis, pericardial effusion, myocarditis.
9.	GENITOURINARY SYSTEM	At the end of the course the student should be able to explain each disease entity in an integrated way: Acute post-streptococcal glomerulonephritis and nephrotic syndrome. Urinary tract infection-acute and recurrent. Acute renal failure. Obstructive uropathy in children. Renal



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		and bladder stones
10.	ENDOCRINOLOGY	At the end of the course the student should be able to explain each disease entity in an integrated way: Diabetes and hypothyroidism, hyperthyroidism and goitre in children. Delayed and precocious puberty
11.	PAEDIATRIC EMERGENCIES:	At the end of the course the student should be able to explain each disease entity in an integrated way: Critical judgement & referral Status epilepticus Status asthmaticus / Acute severe asthma Shock and anaphylaxis Hypertensive emergencies Gastrointestinal bleed Comatose child Congestive cardiac failure Acute renal failure
12.	FLUID-ELECTROLYTE	At the end of the course the student should be able to explain each disease entity in an integrated way: Principles of fluid and electrolyte therapy in children Pathophysiology of acid-base imbalance and principle of



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IF - 1

		management
13.	BEHAVIOURAL PROBLEMS	At the end of the course the student should be able to explain each disease entity in an integrated way: Breath holding spells, nocturnal enuresis, temper tantrums, pica, Autism, Learning Problems, ADHD, Anxiety disorders.
14.	PEDIATRIC SURGICAL PROBLEMS	At the end of the course the student should be able to explain each disease entity in an integrated way: Diagnosis and advise for surgery of Cleft lip/palate, hypospadias, undescended testis, tracheoesophageal fistula, hydrocephalus, CTEV, Umbilical and inguinal hernia, anorectal malformations, hypertrophic pyloric stenosis





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A postgraduate in M.D. (Homoeopathy)-

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 towards the patient.
- 4) Have to maintain objectively, compassion and understand the patient's behavior however unpleasant, if required he/ she should take help from family members, nurses, and psychiatrists but should not lose temper with sick patients.



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- 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.
- 6) 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.

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.

MEDICINE DEPARTMENT

PROGRAMME OUTCOME



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- 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 for a 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.
- 7) Develop skills in using educational methods and techniques as applicable to the teaching of homoeopathic students, homoeopathic general practitioners, and paramedical health workers.
- 8) Functions as an effective leader of a health team engaged in health care, research, or training.
- 9) To understand role of homeopathic system as a therapeutic method and acquiring knowledge to use in disease to cure patient.
- 10) Understanding various components of homeopathic principles and philosophy in understanding patient in health, in disease and in cure.

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



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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.

In addition to the Syllabus in Part I, Part II requires of a homoeopathic physician to undertake a more detailed and in-depth study of each nosological entity in an integrated way. The following schema is suggested as a model to study each clinical condition.

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

PROGRAM SPECIFIC OUTCOMES

FOR Medicine Department



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PART 1: Should be able to understand the following concept well and should be able apply them in homoeopathic practice-

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.

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



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- 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.

As part I has research methodology and biostatistics as well each MD student should be able to apply the knowledge of **research and methodology** in their Synopsis and dissertation topics hence following competencies should be achieved:

Competencies:

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

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



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

Advanced study of the Fundamentals of Homoeopathy should 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.

Competencies for part II :

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

- 1) Understand Basic Concept of Homoeopathy, integrating knowledge of HMM, Organon & Homoeopathic Philosophy, and Repertory in case taking and processing, reportorial analysis, remedy selection, and case management.
- 2) Learn evidence based approach to practice Homoeopathy.



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3) 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 Homœopathy 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 simillimum.



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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

KNOWLEDGE APPLICATION/ ANALYSIS - SYNTHESIS:

The Emphasis should be on acquiring Case-Based Knowledge, rather than theoretical data &
information. This would automatically help the student to know how, when & where to
apply this knowledge while providing Preventive, Promotive & Curative Care.

So the broad headings that can come under 'Knowledge' are:

Clinical knowledge

Homoeopathic knowledge

They need to:

Identify social, economic, environ-mental, biological and emotional factors affecting a child
and adolescent, and formulate diagnostic, therapeutic, curative, rehabilitative, preventive
and promotive measures to provide holistic care to children.

Understands the impact of ante-natal factors and adverse life events on a
child's development, physical health, emotional wellbeing, cognition and behaviour and be
able to respond appropriately



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Able to recognise the potential impact of a parent's physical and mental health or lifestyle on the wellbeing of a child or young person.

Recognize the importance of growth and development as the foundation of Pediatrics and help each child realize her/his optimal potential in this regard

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.

Perform relevant investigative procedures and interpret important imaging and laboratory results

Diagnose illness in children based on the analysis of history, physical examination and investigative work up

Plan and provide holistic management for illness in children using principles of homoeopathy which includes:

Case Record: Capacity to construct a Problem Definition – 'sizing up the problem'

Documentation, Evaluation & Processing

Process of Diagnosis & homoeopathic classification of disease

Processing Mental state

Clinico-pathological co-relations with Susceptibility and Miasm

Capacities to formulate Management strategies, including ancillary measures.



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Capacities to formulate: Therapeutic Approach

Methods of remedial selection

Posology selection and repetition

Follow up criteria and documentation

Remedy Response Analysis

Ancillary Measures

Be in touch with the contemporary advances in the modern paediatrics and have a basic knowledge of contemporary pharmacology to understand its impact and side effects

Plan and advice measures for the prevention of childhood disease and disability.

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

Orient the parents about the energy and nutritional needs of the child to prevent nutritional deficiencies

Manage childhood emergencies efficiently and carry out ward procedures including deliveries, rooming-in, neonatal care, high-risk infants and sick children.

Demonstrate competence in basic concepts of research methodology and epidemiology;

Facilitate learning of medical/nursing students, practicing physicians, para-medical health workers and other providers as a teacher-trainer;



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Able to recognize the Anxiety/Concerns of Parents & Care takers & its impact on Child's Health & Parents Health Care Seeking Behaviour.

Know who to share information with and when, understanding the difference between information sharing on individual, organisational and professional levels.

Knows own capabilities and when to seek support from the TEAM and how to become efficient part of the team.

ATTITUDE:

The "Practitioner of the Healing Art" should be well aware of the impact of his/her attitude while providing Health care. Quite often Child care can be very stressful to the parents & the whole household as a whole. Hence it is important that the Physician develops a set of Attitudes that will stand by him in good stead to maintain a balance view. The

Overall performance and readiness to work under stress

Readiness to understand, learn and adhere to various systems of operations

Overall interaction with patients/ relatives, humane approach towards sick person.

Readiness to deliver total Patient Care.

Towards readings and completing work (work ethics)

Capacity to function as a responsible Member of the Team

Ability to understand others' perspective

Ability to take objective decisions (emotion free)

Discipline and self control



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Openness and flexibility

Communication with seniors and consultants

Capacity to take up responsibility and discharge it efficiently and dedicatedly.

Readiness for Rural/ Community Work - Social aspect of Medicine

SKILLS:

The Homoeopathic Physician should be up to date with the skill need to handle the Paediatric age group. These are very different from that of an adult. The following areas have to be emphasized:

History taking - History taking from the attendants including current medical history, past history, birth history, mother's obstetric history, nutrition history, vaccination history, family history, psycho-social history

Physical examination - One hardly gets any symptoms in pediatrics. A pediatrician must be a master of eliciting signs. A keen observation of minutest deviation from normal becomes the key to nail the problem in the paediatric patient. A thorough physical examination including , newborn examination, including gestation assessment, nutritional anthropometry and its assessment, assessment of growth, use of growth chart, SMR rating, develop-mental evaluation.

Bed side procedures – Monitoring skills: recording of vitals, capillary blood sampling, etc.

Ward procedures, life-saving procedures - nasogastric feeding, endotracheal intubation, cardiopulmonary resuscitation (pediatric and neonatal), administration of oxygen,



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administration of fluids, blood, blood components, parenteral nutrition, common dressings,
abscess drainage and basic principles of rehabilitation.

Interpretation of laboratory and radiological investigations

COMMUNICATIONS:

Includes capacity to communicate written and oral – with colleagues, subordinates, nursing/
admin staff, patients, relatives, superiors, consultants, and law enforcing agencies etc



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PROGRAM OUTCOME -DEPARTMENT OF PSYCHIATRY

Homoeopathic P.G. Psychiatry is course of 3 years, equally divided into term of 1 and 1/2 years where student prepare synopsis on interested topic in part I and work on the dissertation in part II. During the residential course psychiatry resident shall be equipped with the basic knowledge, attitudes and skills which are indispensable for the successful practice of Homoeopathic Psychiatry.

Aims and objectives of the course are defined as follows

AIM: To provide the Basic Foundation for clinical application to MD (Hom) students studying the subject of Psychiatry

At the end of 3 years course, he shall be having complete knowledge of the subject which will be taught with the following objectives, which are divided as per the parts.

Course Objectives for Part I:

1. Understanding the evolution of the mind of man and the determinants of psychological development
2. To equip the student with the knowledge of normal psychological development from infancy to old age
3. To understand the impact of different bio-socio-religio-cultural and economic factors in determining the above
4. Knowing concept of Mental Health and correlating with Concept of Man in Hahnemannian Philosophy
5. To impart awareness of the different existing models of Mental Health and the common means employed for the practice of Mental Hygiene
6. To locate the underlying unity between Hahnemannian concept of Man in Health with Modern discoveries
7. Knowing the travel from psychological health to illness and recognizing mental illness
8. To learn the basic concepts and process of Modern Psychiatric Diagnosis and integrating it with the Hahnemannian approach to understanding mental illness
9. To learn the skills (Methods and Techniques) necessary to employ in case taking in adult and child patients presenting with psychological distress



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10. To learn to integrate the findings from the above with the Homoeopathic approach to case receiving and symptom analysis.
11. To learn the relevance of lab tests in establishing the diagnosis of psychiatric disorders
12. To learn the basics of psychological testing and the utility of these in clinical work

Program outcome

1. Learning to develop skills in various domains -Cognitive/ Psycho-motor / Affective in treating mentally ill individuals
2. Learning to develop caring attitude while managing the cases of mental disharmony
3. Developing various skills and techniques to identify, investigate the problems in psychologically disturbed individuals
4. Learning the various strategies for holistic management of psychiatric patients
5. Understanding the importance of mental health and mental hygiene for heathy living
6. Sensitizing students with various issues of mental health in community
7. Learning skills to orient the community on various issues of mental health
8. Developing research/ scientific attitude in students for the specialty subject
9. Developing skills/ techniques to conduct research in specialty subject
10. Preparedness to participate in Preventive- Promotive- Curative campaign for society

PROGRAMM SPECIFIC OUTCOME- DEPARTMENT OF PSYCHIATRY

Education is a process that brings about a pre-determined or expected change in the behaviour of the learners. It is important to define the exact change that is expected from a specific input. This will vary from discipline to discipline.

Part I

1. Understand the concept of Goals and Objectives in the life of a Professional
2. Familiarize oneself with the concept of Competencies in furthering the achievement of Goals and Objectives
3. Apply knowledge of Competencies to those needed in Psychiatric Practice
4. Introduce to the concept of Case Based Learning and its relevance to the curriculum
5. Familiarize with the Learning Resources available for a postgraduate psychiatry resident
6. Gaining various knowledge's necessary for the PG psychiatrist to function
7. Comprehending the need of the subject and develop the Knowledge-Skill-Attitude towards subject
8. Learning the application of knowledge/ subject in day to day practice



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9. Understanding the process of analysis of the information received and giving meaning in the form of synthesizing the available information
10. Evaluating the knowledge in systematic way to enhance the utility of subject.

Knowledge :

PG residents will make observation and recall of information when dealing with the psychiatric patients so to improve the subject knowledge

1. Understanding information s/he learnt in the process, shall grasp meaning and shall use this knowledge into meaningful learning for new context
2. Interpreting the facts in the knowledge of subject, shall refine by comparing with the text and what has observed in the process of learning
3. Derive the various factors either predisposed, precipitate or either maintained the clinical state
4. Shall use the information to solve problems using required skills or knowledge
5. Shall verify the evidences so to recognize biases to overcome / handle subjective sensitivity

Skills

1. Shall learn the case taking in psychiatry
2. Shall learn the value of observations in psychiatric clinical conditions
3. Shall be aware of how to deal with all the psychiatric conditions
4. Shall demonstrate the consistent behaviour while dealing with all psychiatric conditions
5. Shall learn the various skills for communication with patients/ relatives/ society about the
6. Shall demonstrate how to evolve clinic-pathological correlation ship
7. Shall demonstrate the various approaches to investigate / intervene the mental health issues and psychiatric conditions
8. Shall demonstrate the correlations with Homoeopathic Philosophy and Homoeopathic Materia Medica in acute and chronic management of psychiatric conditions
9. Shall understand the scope and limitation of management of psychiatric conditions
10. Shall learn the skills/ techniques of converting experience into meaningful learning opportunity.

Part II- COMPETENCIES

Department of Psychiatry – MLDMHI : Program Outcome, Program blem Specific Outcome, Course outcome, Course Specific outcome 3



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Cognitive:

1. Recognize the importance of physical, social, mental and spiritual factors and their adaptability in the maintenance of psychological health while practicing Homoeopathy.
2. Know the approach to the definition of the Clinical Problem in patients of Mental Disease and integrating that with case taking guidelines given by Hahnemann for cases with predominant mental symptoms.
3. Understand the crucial role of documentation in the understanding of the clinical state
4. Possess a sound understanding of the Bio-Psycho-Social concept of etiopathogenesis of mental illness and integrate it with the concept of causation as per Homoeopathic philosophy
5. Evolve clinico-psycho-pathological correlations of disease phenomena related to mental illness and integrate it in terms of the structural, functional and formal correlations of mental disease and its miasmatic reflections
6. Internalize Hahnemanian classification of mental diseases as mentioned in Aphorism 210 to 230 and correlate with classification of modern psychiatry.
7. Integrate all of the above in the erection and appropriate processing of the Hahnemannian Totality
8. Know to utilize the drug force/s in a correct manner to complete the 'Operation Cure' as per Hahnemann's directions in Aphorism 2.
9. Be familiar with the principles, indications, and scope of clinical psychological testing for the variety of psychological illnesses in adults and children.
10. Be familiar with the principles, indications and scope of social intervention in cases of social maladjustment.
11. Understand the scope & limitation of the current state of knowledge and practice of Psychological Medicine in order to understand the scope of Homoeopathy in the management.
12. Understand the mode of action, side effects and mode of gradual withdrawal of common and emergency drugs used in modern psychiatry.
13. Be able to organize a teaching programme on Psychological medicine at the undergraduate (BHMS) level.
14. Experience the process of conducting original research in the field of Homoeopathic Psychiatry.

Skills

1. Learn case taking skills in the wide variety of psychological illnesses of childhood and adult life.
2. Demonstrate the accurate maintenance of the clinical record



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3. Demonstrate the confidence to assess and manage the patients with mental illness in the OPD, IPD and Casualty
4. Screen and manage psychiatric emergencies in the casualty or in the IPD
5. Show communicative and interpersonal skills to communicate and interact with health care team.
6. Organise Psychiatric care in the community and at the secondary level of health system and play the assigned role in the national programmes aimed at improving mental health of the affected groups in the community.
7. Take on the role of the 'Unprejudiced Observer' (Aphorism 6) while carrying out all of the above actions.

Attitudes

1. Possess empathy and adopt a "holistic" approach towards the management of mentally ill and exhibit interpersonal behavior in accordance with expectations of society.
2. Develop an open mind and update him/ herself by self-study attending courses, conferences and seminars relevant to the specialty.
3. Recognize the need of social health care of the mentally ill in the spirit of Organon of Medicine.
4. Adopt a scientific temper and unbiased approach to augment self-knowledge to improve the quality of treatment throughout the professional life.
5. Practice psychiatry ethically and instep with principles of health care and the philosophy of Homoeopathy.

COURSE OUTCOME AND COURSE SPECIFIC OUTCOME

Part I

- Understanding the evolution of the mind of a man
- Understanding the basic psychological process and its travel to the pathology
- To get equipped with the normal psychological development from infancy to adulthood
- Understanding the influence of socio-cultural-religious determinants in a development of man as a whole
- Awareness of the different mental health factors and common means applied in the practice of mental hygiene
- Understanding the psychopathology and manifestations of abnormal behaviour



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- Learning and mastering the basic skills required to evaluate the individual with altered mental states
- Expertize the skills necessary to employ in case taking in adult and child patients presenting with psychological distress
- Master the concept and techniques of Psychiatric case taking/Mental Status examination
- Understanding and familiarizing with various lab investigations required in psychiatry cases
- Understanding the basic concept and processes of modern psychiatric diagnosis and integrating it with the hahnemannian approach to understanding the mental illness
- Learning to integrate the findings from the above with the Homoeopathic approach to case receiving and symptom analysis.
- Developing the knowledge's/skills/applications to understand the psychologically disturbed individuals, evaluating the acquired knowledge's with the application in clinical practices.

Part II

1. Introduction to the Practice of Medicine and introduction to concepts of Psychiatry for a Homoeopath
2. Concept of evidence based practice and its importance in Homoeopathy today
3. Importance of developing an ethical base while adhering to the above
4. Understanding the different components which influence health at individual, family and community level leading to insight into preventive and community medicine and mental Health through Hahnemannian philosophy of holistic care.
5. Understanding Normal Structure (Anatomy) and Normal Functions (Physiology) and Normal functions of Mind [Psychology] in Maintenance and Expression of Health
6. Correlative study of Normal structure of Brain and function to reveal Structural and functional integrity in Health
7. 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
8. Concepts of Etiology in Mental Health and Holistic Man Studying the various concepts of etiology and erecting a Model of studying Man from a Holistic perspective
9. Understanding the concept of predisposition and disposition in Normal Health and concepts of Premorbid and Morbid personality in development of Disease its influence on development of disease



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10. Understanding the bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease.
11. Developing a Basic Clinical Approach and understanding the concept and practice of Clinical Competence in Psychiatry
12. Defining the clinical approach in Psychiatry
13. Understanding the place of logic and scientific method in Psychiatry
14. Defining Clinical Competence and Assessment in Psychiatry
15. Studying the Cardinal manifestations of disease through their Pathophysiology with Hahnemannian classification of symptoms and miasmatic classification in Psychiatry Psychosomatic medicine
16. Psychological Disturbances and Psychiatry

TEACHING-LEARNING METHODOLOGY

The Teaching learning Methodology should be based on the following:

1. Small group learning
2. Problem based Curriculum and tutorials
3. Clinical Supervision in the OPD and IPD
4. Video based demonstrations
5. Journal reviews
6. Assignment based learning
7. Mini-projects and
8. Dissertation

ASSESSMENT METHODS

Assessment should be aimed at giving a feedback of all the competencies outlined above. A combination of formative and summative assessment methods must be employed.

1. Clinical Skill Assessment: Formative assessments at monthly intervals should focus on the clinical skills as demonstrated in the OPD case record and IPD through ward rounds and the examination of the IPD paper.

Case records (OPD and IPD) should carry evidence of

- a. Observation skills
- b. Case taking skills



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- c. Case recording skills
- d. Case Processing skills
- e. Rational thinking to arrive at a Diagnostic formulation and assessment of susceptibility
- f. Arriving at remedy with differentiation
- g. Planning of the treatment
- h. Ability to perform remedy response evaluation and second prescription
- i. Ability to implement non-medicinal interventions

The assessment will be through case log books which will be maintained by the student and assessed by the supervisor at monthly intervals. A pre-designed format would assess the competencies attained and the areas of improvement.

2. Practical skill and Attitude assessment: Objectives and methods (Formative)

Serial no	Area /component	Objectives	Outcome	Assessment
1.	Elicit a clinical history	Students should demonstrate a basic ability to elicit a psychiatric history, showing awareness of key areas of importance	This assessment will look at student's ability to gather relevant information from a patient presenting with a common psychiatric disorder. It should include Sensible collection of information on the relevant areas which allow for an accurate clinical picture of the patient's presentation.	Interview techniques /skills Standardised record system/ format Role Play in presence of Supervisor / Consultant Present a report of the experience of case taking on a pre-designed format
2.	Perform a MSE	Students should demonstrate that they are able to	Student should demonstrate sufficient knowledge of the components of the	Use of MSE format in presence of supervisor

Department of Psychiatry – MLDMHI : Program Outcome, Program blem Specific Outcome, Course outcome, Course Specific outcome §



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		<p>elicit major psychopathology</p> <p>Psychiatric symptomatology sessions</p>	<p>mental state examination (MSE).</p> <p>Have learnt to observe/enquire about common signs and symptoms of psychopathology.</p>	<p>MCQ can be formulated to evaluate the factual base on psychiatric symptomatology</p> <p>Role play may also help to judge that.</p> <p>Feed backs from the fellow students / teachers should be given on the role play.</p> <p>Standard points of that evaluation can be formulated</p>
3.	Perform cognitive screening assessment	<p>Students should be able to perform and score a cognitive screening assessment</p> <p>It can be used to judge the working intelligence of the person or of the patient</p> <p>Mini mental status examination</p>	<p>This assessment will look at student's ability to understand the problem of a patient , perform a brief but useful/ relevant test/s on patient</p>	<p>History collection in standard form</p>
4.	Perform a risk assessment	<p>Students must show an awareness of the importance of various risks the psychiatric patients may come up with. E.g</p> <ul style="list-style-type: none"> -Self Harm -Self neglect -Harm to others –dangerous -Harm from others - vulnerability 		<p>Case study with MCQ-which will have many true options and final statement to be written after understanding the</p>



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		-Risk to children -Other risk include accident prone behaviour , damage to property, theft, phone call/ stalker. Assessment of the protective factors Knowledge of legal matters	problem of the person / patient
5.	Present a clinical case	Students must be able to summarise findings, offer a differential diagnosis and propose an initial management plan	Here the basic ability of presenting a psychiatric assessment will be tested. [e.g. presenting to a consultant on ward round or over the phone] A format for clinical case presentation should be declared in advance Viva can be standardised
6.	Perform physical examination	Students must demonstrate and present a reliable and appropriate physical examination along with the observation findings / signs	Student will demonstrate his competency to perform a systematic physical examination. Good IPD record system which will cover the check list of all the systems. Good presentation of summary at the end of examination. [can be standardised]
7.	Prescribe safely in psychiatry	Students to demonstrate their ability to prescribe accurately with the help of Homoeopathic knowledges listed by master E.g Knowledge required for case taking Knowledge of evaluation of symptoms Knowledge of common /characteristics symptoms Knowledge of different approaches suitable for the psychiatric cases Knowledge of Materia Medica Knowledge of Philosophy-Miasms/ Posology Knowledge of RREF etc	OPD IPD Papers should have Homoeopathic totality Approach selected with reasons Repertorization sheet MM differentiation with final choice with reasons



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8.	Write a clinical letter or report	Students must demonstrate basic competence in language and communication and accurately convey relevant clinical information with clear plan	Assessment of students written communication will help them to revisit their work and will bring attention to written communication	Summary of entire exercise in the form of a complete document – SCR /IPD paper This also can be done through long paper case or live OPD/IPD case under the supervision
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3. Written skill assessment: Formative and Summative

This will be in the form of

- Assignments at monthly intervals designed to test the knowledge in circumscribed areas
- Term examinations which would carry short and long questions with a clinical problem resolution
- Final examination which will be over three papers-two of which will carry short and long questions with a clinical problem resolution and the third paper with an essay

4. Research skill assesement (Formative and Summative)

- Mini Projects undertaken during the period of Postgraduate study (at least two must be concluded in the period of postgraduation)
- Dissertation where the ability to pose a Research question, carry our literature survey, formulate a hypothesis, design and implement the study, analyse , present and discuss the findings and draw appropriate conclusions

These should be evaluated on a pre-designed format.

5. Practical Examination: Summative assessment

- This would comprise of a long case and a short case where the candidate would be tested on a pre-designed fomate
- Viva voce where the approach of the candidate to practical issues will be elicited

Department of Psychiatry – MLDMHI : Program Outcome, Program blem Specific Outcome, Course
outcome, Course Specific outcome 11





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Department of Repertory

Dr. M. L. Dhawale Memorial Homoeopathic Institute, Palghar

DEPARTMENT: REPERTORY

**General Objective, Program Outcome, Program Specific Outcome, Course Outcome and
Course Specific Outcome**

GENERAL AIMS:

A postgraduate in Repertory shall:

1. Recognize the prescriptive needs of the homoeopathic practitioners.
2. Master most of the competencies related to case taking and repertorization.
3. Acquire a spirit of scientific inquiry and be oriented to the principles of research methodology.
4. 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:

1. To recognize the importance of repertory in the context of homoeopathic prescriptions.
2. To Practice repertorization ethically and in step with the principles of homoeopathy.
3. To demonstrate sufficient understanding of the competencies associated with case taking and case analysis.
4. To be aware of communication technology and adapt it for repertorization.
5. To develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
6. To develop competence in basic concepts of research methodology and analyze



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relevant published research literature

7. To improve teaching learning methods of repertory at undergraduate and postgraduate levels.
8. To function as in effective leader of health team engages in health care, research or training.

PROGRAM OUTCOME

1. To recognize the importance of repertory in the context of homoeopathic prescriptions.
2. To Practice repertorisation ethically and in step with the principles of homoeopathy.
3. To demonstrate sufficient understanding of the competencies associated with case taking and case analysis.
4. To be aware of communication technology and adapt it for repertorization.
5. To develop skills as a self-directed learner; recognize continuing educational needs, select and use appropriate learning resources.
6. To develop competence in basic concepts of research methodology and analyze relevant published research literature
7. To improve teaching learning methods of repertory at undergraduate and postgraduate levels.
8. To function as in effective leader of health team engages in health care, research or training.



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PROGRAM SPECIFIC OUTCOME

To inculcate the following competencies in the candidate

1. In terms of Case Taking, ability to read, analyze and interpret the history form, previous medical records and investigation reports and propose a problem of the patient.
2. Ability to identify the chief complaint, associated complaints, past history and forming a complete symptom taking an account of the disease diagnosis.
3. Competency to examine the patient and eliciting the signs as well as advising relevant investigations.
4. Competency to sensitively deal with the life history of the patient including his dreams and sexual history, and also taking physical general symptoms in an order to understand the patient as a person.
5. Ability to understand the various expressions of the patient through signs and symptoms at physical and mental level, and ability to classify these symptoms to understand the type of symptoms that the case.
6. Ability to select an appropriate repertorial approach based on the analysis and evaluation of the symptoms.
7. Competencies to select an appropriate Repertory for repertorization and ability to convert symptoms into repertorial language i.e. Rubrics.
8. Ability to form a RS-PDF, repertorization of the case using appropriate methods and techniques and coming to a probable set of the remedies.
9. Ability to coming to a final similimum through Materia Medica differentiation.
10. Competency to understand the philosophy, plan, construction and utility of the main repertories, i.e. Therapeutic Pocket Book, Kent's Repertory and Boger Boenninghausen's Characteristics and Repertory.



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11. Competency to study various puritan, regional, clinical, card, modern and computerized repertories in terms of their philosophy, plan and construction, scope and limitation and utility.
12. Ability to understand the future scope the Repertory and identify the future methods of use of repertory for study of Materia Medica.
13. Competency to transfer knowledge through appropriate teaching skills to peers, fellow students and to large groups in terms of seminars.

The candidate will be able to acquire following knowledge and skills-

1. Knowledge and skills of case taking- demands and techniques in urban and rural setup.
2. Knowledge and skills of analysis and evaluation of the symptoms.
3. Knowledge and skills of converting symptoms to rubrics.
4. Knowledge and skills of various repertorial approaches, concepts, methods and techniques of repertorization.
5. Knowledge of philosophy, plan, construction and utility of the main repertories, i.e. Therapeutic Pocket Book, Kent's Repertory and Boger Boenninghausen's Characteristics and Repertory and skill of application of these repertories in the practice.
6. Knowledge of puritan, regional, clinical, card, modern and computerized repertories in terms of their philosophy, plan and construction, scope and limitation and utility and skills of application of these repertories in the practice.

COURSE OUTCOME AND COURSE SPECIFIC OUTCOME



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Department of Repertory

REPERTORY SPECIALITY PART 1

A. Develop the knowledge and skill related to various aspects of Introduction to the Concept of Repertorization 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. Develop the knowledge and skill related to various aspects of 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

C. Develop the knowledge and skill related to various aspects of General Principles of Repertorization

- a. Generalization



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- 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. Develop the knowledge and skill related to various aspects of Three Classical Approaches of Repertorization:

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

REPERTORY SPECIALITY PART 2

A. General, Clinical and Modern Repertories



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- a. Develop the knowledge and skill related to various aspects 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
- b. Develop the knowledge and skill related to various aspects of Boger's Synoptic Key
- c. Develop the knowledge and skill related to various aspects of the Clinical Repertories, their authors - philosophy – application of philosophy to practice and their uses: Sensations as if-Ward and Roberts; Allen's Fevers, Murphy's Repertory; Robert's Rheumatic Remedies, Clarke's, Boericke's Repertory.
- d. Develop the knowledge and skill related to various aspects of modern repertories (Complete, Synthetic, Synthesis, Phatak's Repertory Etc.)- their authors - philosophy – application of philosophy to practice

B. Regional Repertories, card Repertories, Computerized Repertories and the Future of Repertories

- a. Develop the knowledge and skill related to various aspects regional repertories (Bell's diarrhea, Berridge's eye, Minton's uterine therapeutics, Accoucher's Manual, Respiratory Organs by Nash etc.) – their authors - philosophy – application of philosophy to practice
- b. Develop the knowledge and skill related to various aspects Card Repertories: Boger, Sankaran and Kishore
- c. Develop the knowledge and skill related to various aspects Understanding computerized repertories - their creators - philosophy – utilities, approach to Materia Medica and limitations. Comparative analysis of the different softwares available in the market.



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Department of Repertory

- d. Understanding the future scope of repertories – identifying future methods of use of repertory for study of Materia Medica – clinical conditions at mental and physical level.

