



DR. M. L. DHAWALE MEMORIAL  
HOMOEOPATHIC INSTITUTE

Approved by the Council of Postgraduate Studies, Maharashtra University of Health Sciences, Nashik  
(Recognized by the Council of Homoeopathy, New Delhi, 1977)  
Maharashtra University of Health Sciences, Nashik

## BEST PRACTICE No 1

### Title of the practice:

Fostering teaching excellence in the Homoeopathic postgraduate student for UG teaching

### Objectives

1. Fulfil the objectives of the Postgraduate training programme by exposing the postgraduates to UG teaching
2. Enable the postgraduate students to acquire a conceptual grasp of their subject through case based teaching
3. Help the student to learn the mode of critical thinking and incorporating it in their lecture notes
4. Encourage creativity in the organization of the lectures and the use of multimedia in their presentation.
5. Widen the academic and clinical horizons of the UG students through the delivery of integrated case based teaching.

### Context:

MLDMHI is an exclusive postgraduate Institution. One of the requirements of PG Training is to train students for UG teaching. The Institute has signed an MOU with a nearby UG College.

Our PG Training is a case based integrated programme which is an unusual method of teaching at the UG level. The challenge was to devise ways of training the postgraduates to incorporate these elements in their UG teaching. They themselves were never exposed to this in their own UG years. And they had very little exposure to classroom teaching since their PG training was case based and occurred in small groups.

Hence the task was to train the postgraduates for effective UG teaching and to monitor their performance so that they get a prompt feedback and the teaching faculties of both the Institutes gather data about the quality of the UG teaching programme.

## Description of the practice

1. Patient based medical education is a rarity in our country. The task of getting the clinic into the classroom is rarely attempted. The problem in a number of Homoeopathic colleges is a dearth of patient exposure at the UG level. Hence the challenge was to plan a case based teaching in the limited time available in the UG syllabus.
2. The College council discussed the nature of the challenge and noted that the faculty as well as the students may need to be re-oriented to the distinctive features of the teaching programme. Hence a joint workshop of teachers-students helped to impart lesson planning skills to the students and orient the teachers to their role in guiding their students.
3. A workshop was planned. Adequate advance planning through circulation of suitable articles on the dynamics of lecturing helped a senior teacher make a presentation. This was well received and helped to set the tone for the next stage of action. Here each subject students worked under the guidance of the lecturer/reader of the Department and presented a typical lesson plan on a *pecially designed template*. Teachers and students freely commented on the presentation. Most of suggestions addressed to the needs and level of the UG students which were often assumed to be higher than what generally obtains. All students welcomed the open feedback in the presence of all departments as it helped in getting the perspective of the UG student.
4. A senior teacher as a coordinator of the entire programme liaised with the UG college coordinator and organized the timings, days and the subject of teaching.
5. Each department ensured that the lesson plan submitted in advance was commented upon and a re-submission obtained. PowerPoint presentation was formulated after this was cleared. Creativity was encouraged. Participation of the students was encouraged as was the inclusion of appropriate Multimedia clips.
6. Students in pairs travelled for delivering lectures and each of them was an observer to their colleague's presentation. They had to write a report on a *designed format*. The students were encouraged to take a feedback from the students at the end of the lecture in the form of a short MCQ and an experiential report
7. The reports were emailed to Coordinator and the Departmental teachers who then discussed the experience in their weekly meetings. At periodic intervals, the two coordinators of the colleges met and exchanged notes.

## Evidence of success

1. All PG students' reports uniformly indicated that their own learning and mastery of the subject improved when they had to prepare the lecture. They were able to make use of the

template provided to structure their lecture on sound pedagogical principles. They were able to bring creativity in their presentation. All this led to enhanced self-confidence.

2. The format of the observer's report helped to place this subjective report in an objective perspective and brought about a balance in the self-evaluation. The ability to receive feedback helped the communication

3. The short post test conducted indicated that the students were paying attention to the teaching.

4. The written feedback from some of the classes indicated that they were happy with the case based teaching and the knowledge acquired.

5. The attendance of the students increased with the passage of time indicating that the impact of the teaching spread through word of mouth. In one unusual case, some senior students sought permission to attend the junior classes as they had heard that psychology was being taught very well and they had not been taught the subject in their junior years.

6. The teachers of the UG programme in the college were very happy with the feedback.

### **Problems encountered and Resources required**

Effective time management while juggling between hospital and academic duties and preparing for the UG lecture was necessary to preserve quality.

Preparation demanded the lecturer to widely refer the sources as well as integrate with the appropriate clinical cases. Sincerity and motivation was an advantage.

The teaching faculty had to devote considerable time to ensure the quality of the output which at times extended to spell check of the PowerPoint presentations.

Attendance of the UG students fluctuated, not being under the disciplinary control of the PG students and affected the morale of the lecturers.

Their poor academic state at times created a situation where the entire prepared lecture suddenly became irrelevant, calling for a quick modification for the discourse to fit the perceived needs of the UG student. Even a seasoned lecturer would be flummoxed but the resilience of the novices helped some to counter this challenge successfully.

### **7. Notes**


There is a need to upgrade UG teaching in Homoeopathy through the introduction of an integrated case based approach.

This will need the lecturer to have a sound grounding in the basics of clinico-(psycho) pathological correlations with the principles of homoeopathy. The lecturer should have

access to well documented clinical practice which would enable the clinic to be effectively brought into the classroom. The classroom should be equipped with AV aids.

A readiness to learn new methods and techniques of organizing and presenting material as well as to receive feedback will be essential for the success of the programme.

Since the model programme has been successfully run, the contribution of the MLDMHI will be immense in making this technology available across the colleges in India.



*Bsjr*  
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(Recognized by the Central Council of Homoeopathy, New Delhi and  
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## BEST PRACTICE No 2

### Title of the practice:

Use of Role-play in the training of post-graduate students

### Objectives

1. To promote all educational domains viz. Cognitive, Affective and Psychomotor through role- play
2. To fulfil the objectives of the Postgraduate training programme by engaging the postgraduates in Role-play enactment
3. To enable the postgraduate students to experience different perspectives of the subject through role play and reflect on their experience
4. To encourage creativity in the organization through the use of novel teaching- learning methods

### Context:

MLDMHI is an exclusive postgraduate Institution which promotes holistic health care as well as holistic development of its students. It is clear that only self-aware and skilful practitioners can establish deep enabling relationships with their clients. And people can exercise the choice for change only when satisfactory relationships evolve. The challenge is to create a suitable ground where the desired awareness and communication skills can be developed without causing harm to the population who are the ultimate beneficiaries of the health care practices. Role play has a rich background extending to the last century and has been used in a variety of professions. To our minds, this mode of training has not been reported in Homoeopathic medical education. It is important to bring in innovations in the training methods to make it interesting and break the monotony. One of the methods our PG training has adopted is Role-play.

Different Postgraduate departments have devised unique and original ways of using this method in their training. The objective may be any one or more of the following:

Our PG Training aims at teaching the departmental subjects through integration of Homoeopathic fundamentals. Such a case based integrated learning gives more insight in the subject. However, the challenge always remains to devise innovative ways of training the postgraduates to incorporate these elements.

Hence some of the topics incorporate role-play involving mostly the students and the teachers occasionally.

### **Description of the practice**

1. It is important but difficult to get the patient into the classroom. Hence, this method is adopted to bring a life to the case that is generally on paper.
2. The methodology of role-play is generally pre-decided and occasionally assigned on the spot. The students are however revealed the role to be played through a blind method like chit selection, while other students who are observers are unaware of the clinical condition assigned. The student playing the role of the physician has to evaluate the clinical condition, miasmatic understanding and characteristic symptoms and apply homoeopathic processing to arrive at a similimum. The exploration through role play is based on the objectives of the particular topic and may vary across departments.
3. The psychiatry department has conducted such sessions on schizophrenia where roles of patient, relative of patient and physician were played, roles of personality disorders displayed through a debate and roles of children with neurodevelopmental disorders in a classroom scenario. Medicine department conducted a session on the topic of gastro-intestinal tract wherein three cases of acute abdomen were assigned to three students for enactment while one student played the role of the physician and others were the observers. In 'Advanced teachings in fundamentals of Homoeopathy', a session was conducted wherein case taking of a patient with hypertension was depicted by two students playing the roles of a physician and patient and other students observed.
4. Thus, this method has been in use in the training of post-graduate students and is being taken ahead as a practice. This practice helps to promote all educational domains i.e. cognitive, affective and psychomotor, helps to engage students in an active involvement, enables the students to experience different perspectives of the subject, helps them to reflect on their experience and encourages creativity.

## Evidence of success

The students' learning was assessed through evaluation reports submitted by them.

1. All PG students' reports uniformly indicated the method to be creative and interesting.
2. Enacting a role before their colleagues and teachers stimulated their imagination, helped them to shed their inhibition and led to enhanced self-confidence.
3. Student could relate to the clinical state of the patient. Some students experienced a dynamic journey within their selves while playing the role, especially in role plays pertaining to psychiatric patients.
4. The immediate discussion and feedback by teachers and colleagues helped them acquire insight about their state of knowledge, skills and attitudes.
5. The method aimed at case taking, identification of the problem in the simulatory patient, evaluation of the diagnosis, deriving the mental state, miasm, coming to a homoeopathic remedy, examination, advising investigations, etc. Thus, the cognitive, affective and psychomotor domains were all involved in this method.
6. The written feedback from most of the students indicated that they were happy with the method of role-play.

## Problems encountered and Resources required

Assigning the topic/ clinical condition on the spot makes it difficult for some students to enact. Students tend to drift away from the objectives in the flow of enactment. Thus, a documented assignment with the objectives, rules of enactment and list of clinical conditions is given to the students in advance for preparation.

## Notes (Optional)

There is a need to incorporate innovative training in PG Homoeopathy through role play. The patient cannot be brought to the classroom many times. This method helps to understand the patient clinically and as a person in general. It boosts the confidence of the students and improves their knowledge of case taking.



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**Department-wise time table of lectures conducted by the  
part-2 PG residents for the undergraduate students of Virar  
Homoeopathic Medical College, Virar**

**2021**

Department- Medicine

SR NO	STUDENT NAME	GENERAL TOPIC	TOPIC OF SESSION	OBJECTIVES TO BE ACHIEVED IN SESSION
1	Manali Sadhana	Nutrition	Basic introduction of nutrition with detailed assessment of nutritional status	1) Nutrients- Introduction and classification 2) Assessment of Nutrition through various clinical examinations, anthropometry and other measures.  Case based can be taken up – in order to explain the assessment and nutritional status
2	Diksha Aarti	Nutrition	Classification of vitamin with description of Vit A, C, E	1) Source 2) Deficiency leading to diseases 3) Prevention

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				4)Daily requirement  List down the biochemic remedies and explain role of calc phos and kali mur in various deficiencies.
3	Nishita Anam	Nutrition	Vitamin classification with description of vitamin B,K and D Group	1)Source 2)Deficiency leading to diseases 3)Prevention 4)Daily requirement  Case based- b12 deficiency anemia with 2 homoeopathic therapeutics (calc flour and nat phos)
4	Irshad Liji	Nutrition	Nutritional Problems in public health	1)LBW 2)Protein energy malnutrition 3)Endemic fluorosis 4) Lathyrism 5) Nutritional Anemia 6)Iodine deficiency 7)Xerophthalmia Case of PEM can be taken up and also add 2 homoeopathic therapeutics for marasmus (acetic acid and abrotanum) and kwashiorkor (baryta carb and tuberculinum)
5	Jigar Shyamli	Nutrition	Introduction to Minerals and their disorders	1) Classification and description of various minerals ( major/ trace/ trace with no known function) 2) Disease conditions due to deficiency / excess 3)cereal and millets- brief introduction  Give your miasmatic understanding of deficiencies with example)
6	Sachin Siddhi	Nutrition	Nutrition profiles of principal food with Energy	1) Energy requirements- Protein,Fat,carbohydrate, dietary fibre



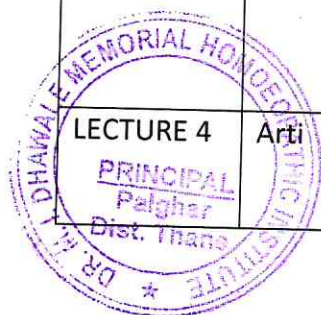
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			requirement  Food borne Diseases and toxicants with Nutritional factors in selected diseases	2)Classification of food borne intoxications 3)Various food toxicants 4)Coronary heart disease, Diabetes Mellitus, Obesity- Focusing On pathogenesis of Fat, Protein and carbohydrate Metabolism.
7		Dr. Manali	Functional Anatomy and Physiology of Immune System	Introduction to immune system -components of innate immunity -Adaptive immune System -humoral immunity and cellular immunity
8		Dr. Irshad	Hypersensitivity Reactions and Complement System	-4Types of Hypersensitivity reactions in detail -Types of complement proteins -Role of Complement System in Controlling Infection
9		Dr. Sachin	Inflammatory Response	Acute and Chronic inflammation including amyloidosis
10		Dr. Diksha	Primary immune deficiency disorders(just enlisting) Concept of Autoimmunity SLE	Brief introduction about of immune deficiency disorders and conceptual details of autoimmunity and immunologic tolerance <b>Assessment of miasm in SLE</b>
11		Dr.Jigar	Autoimmunity Disorders Part 1- RA, Ankylosing spondilitis	Pathophysiology,Etiology And Management Of Each Listed Diseases <b>Homoeopathic therapeutics 2 remedies for each disease condition</b>
12		Dr. Nishita	Autoimmunity Disorders Part 2-	Pathophysiology And Management of Each Listed



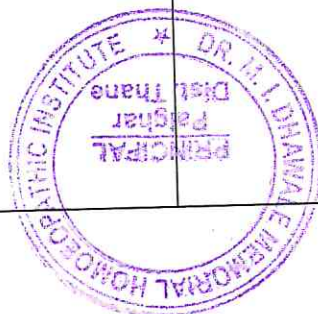
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			Rheumatic Heart Disease, Sarcoidosis, Systemic Sclerosis	Diseases <b>Homoeopathic therapeutics</b> <b>2 remedies for each disease condition</b>
LECTURE 1	Siddhi	Dermatology	Introduction to the skin and clinical examination of skin lesions	1) structure and function of skin 2) Examination and history taking of skin lesions 3) Various terms used for skin lesion with examples and case-lets 4) Rubrics related to skin lesions and eruptions in various repertories
LECTURE 2	Sadhana	Dermatology	Dermatitis & Eczema - its types And its homoeopathic therapeutics	1) Aetiology, Clinical presentation, pathology lesion morphology, clinical examinations findings, complications if any 2) Assessment of quantitative susceptibility in cases of eczema and dermatitis with homoeopathic therapeutics.
LECTURE 3	Shyamli	Dermatology	Papulo-squamous skin disorders (Concept In general) with examples of Psoriasis and its homoeopathic management	1) Explain concept of PS skin disorders with few prominent examples. 2) Explain Psoriasis under following headings Aetiology, Clinical presentation, pathology, lesion morphology, clinical examinations findings, and treatment part (allopathic) in short complications, and prognosis. 3) Show few cases of various types of psoriasis presentations and role of homoeopathic treatment
LECTURE 4	Arti	Dermatology	Common skin Infections and Homoeopathic	1) Various types of skin infections (bacterial, fungal Etc.) Focus on characteristic



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			therapeutics	<p>manifestations.</p> <p>2) Its clinical presentations- (focus on characteristic manifestations)</p> <p>3) Differential diagnosis- Explain the procedure how you will diagnose</p> <p>4) Homoeopathic therapeutics in various skin infections</p>
LECTURE 5	Liji	Dermatology	<p>Pigmentation skin disorder: Hyperpigmentation and Hypopigmentation skin diseases and its homoeopathic management</p>	<p>1) Explain concept of pigmentation skin diseases with example of each (Hypo and Hyper)</p> <p>2) Prominent Differential diagnosis of each types and its clinical presentations</p> <p>3) Vitiligo and its Aetiology, Clinical presentation, lesion morphology, pathology clinical examinations findings, complications and prognosis</p> <p>4) Show few cases of various types of vitiligo presentations and role of homoeopathic treatment</p>
LECTURE 6	Anam	Dermatology	<p>1) Urticaria, 2) Drug hypersensitive reactions 3) Acne 4) Hair disorders</p>	<p>1) Aetiology, Clinical presentation, pathology lesion morphology, clinical examinations findings, complications if any of each disease focusing on the points in history taking for differential diagnosis</p> <p>2) Urticaria and its homoeopathic therapeutics</p> <p>3) Role of homoeopathic remedies in management of all above diseases from homoeopathic philosophical point of view.</p>



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## Department- Paediatrics

Sr. No.	Date	Topic	Presenter
1.	10/03/21	Introduction to Pediatrics	Dr Aditya
2.	17/03/21	Newborn child	Dr Aqsa
3.	24/03/21	Growth and development in Newborn	Dr Ashwini
4.	31/03/21	Milestones	Dr Dhanshree
5.	07/04/21	Immunization	Dr Aditya
6.	28/04/21	Feeding of infant and children	Dr Aqsa
7.	05/05/21	Common infections in newborn	Dr Ashwini
8.	12/05/21	Low birth weight	Dr Dhanshree
9.	19/05/21	Jaundice in newborn	Dr Aditya
10.	02/06/21	Birth injury in newborn	Dr Aqsa
11.	09/06/21	Congenital malformation in pediatrics	Dr Ashwini
12.	30/06/21	Respiratory disorders in childhood – Bronchial asthma, broncho-pneumonia	Dr Aditya
13.	07/07/21	Anxiety disorders in childhood	Dr Dhanshree
14.	14/07/21	Anemia in childhood	Dr Aqsa / Dr Shreya
15.	29/07/21	Skin diseases in childhood- Scabies	Dr Ashwini / Dr Diksha
16.	04/08/21	Malnutrition – Marasmus, Kwashiorkor	Dr Aditya/ Dr Dhvani
17.	11/08/21	Vitamin deficiencies- night blindness, xerophthalmia, beri-beri, pellagra, rickets	Dr Dhanshree/ Dr Shreya
18.	18/08/21	Disorders of urinary tract	Dr Aqsa / Dr Diksha
19.	25/08/21	Nephrotic syndrome and Nephritis	Dr Ashwini/ Dr Dhvani
	01/09/21	Genetics and Chromosomal disorders- Down's syndrome	Dr. Shreya / Dr. Aditya

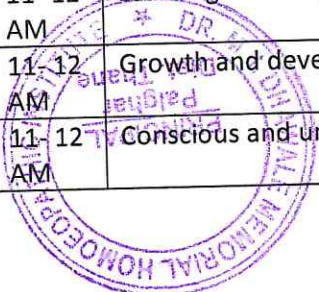


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21.	08/09/21	Handicapped children- Deaf, Dumb and Blind child	Dr. Dhvani/ Dr. Dhanshree
22.	15/09/21	Congenital heart disease	Dr. Diksha/ Dr. Aqsa
23.	07/10/21	Convulsions in childhood	Dr. Shreya / DrNandini / Dr. Aditya
24.	14/10/21	Rheumatic fever	Dr. Dhvani / DrHimani / Dr. Dhanashree
25.	21/10/21	Intestinal obstruction in childhood	Dr. Diksha / Dr. Priya / Dr. Ashwini
26.	02/12/21	Cerebral palsy	Dr. Dhvani / Dr Himani
27.	09/12/21	Myopathies in Pediatric age group	Dr. Diksha / Dr Priya
28.	16/12/21	Muscular dystrophy in Childhood	Dr. Shreya / Dr Nandini

### Department- Psychiatry

Sr. No.	Date	Timing	Topic	Presenter	Guide
1	06/09/21	11- 12 AM	Psychology as science of study of human behaviour- its importance in study of homoeopathy	Dr. Lucky	Dr. Mansi
2	13/09/21	11- 12 AM	unconditional and conditioned reflexes and their functions	Dr. Aisha	Dr. Tanvir
3	20/09/21	11- 12 AM	Feelings..emotions...primary and secondary and their functions	Dr. Vnadana	Dr. Rajesh
4	27/09/21	11- 12 AM	Attention –memory and its function	Dr. Gneya	Dr. Mansi
5	04/10/21	11- 12 AM	Perception and its disorders	Dr. Mehwash	Dr. Tanvir
6	11/10/21	11- 12 AM	Thinking-intelligence-measurement	Dr. Lucky	Dr. Rajesh
7	18/10/21	11- 12 AM	Motivation	Dr. Aisha	Dr. Mansi
8	25/10/21	11- 12 AM	Learning and adaptation	Dr. Vandana	Dr. Tanvir
9	01/11/21	11- 12 AM	Growth and development of mind and expressions	Dr. Gneya	Dr. Rajesh
10	08/11/21	11- 12 AM	Conscious and unconscious mind and the expressions	Dr. Mehwash	Dr. Mansi



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11	15/11/21	11- 12 AM	Personality, the types and assessment	Dr. Lucky	Dr. Tanvir
12	22/11/21	11- 12 AM	Conflicts, its genesis and effects on the mind and body	Dr. Aisha	Dr. Rajesh
13	29/11/21	11- 12 AM	How does a homoeopath approach the study of mind	Dr. Gneya	Dr. Mansi

2020

Sr. No.	Date	Timing	Topic	Presenter	Guide
1	1/09/21	12:30-1:30 pm	Mental disorders and the BPS model with its Importance to the practice of homoeopathic physician	Dr. Gneya	Dr. Rajesh
2	8/09/21	12:30-1:30 pm	Understanding mental disorders and their modern and homeopathic classification	Dr. Mehwash	Dr. Tanvir
3	15/09/21	12:30-1:30 pm	Common mental disorders and their significance to Homoeopathic physician	Dr. Lucky	Dr. Mansi
4	22/09/21	12:30-1:30 pm	Anxiety disorder and related anxiety states	Dr. Aisha	Dr. Rajesh
5	29/09/21	12:30-1:30 pm	Depressive mood and depressive illness	Dr. Vandana	Dr. Tanvir
6	6/10/21	12:30-1:30 pm	Somatoform disorders	Dr. Gneya	Dr. Mansi
7	13/10/21	12:30-1:30 pm	Substance abuse	Dr. Mehwash	Dr. Rajesh
8	20/10/21	12:30-1:30 pm	Dementias	Dr. Lucky	Dr. Tanvir
9	27/10/21	12:30-1:30 pm	Disorders of personality	Dr. Aisha	Dr. Mansi
10	3/11/21	12:30-1:30 pm	Major psychiatric disorders	Dr. Vandana	Dr. Rajesh
11	10/11/21	12:30-1:30 pm	Scope and limitations of homoeopathy in mental disorders and the role of mental hygiene in prevention of mental disorders	Dr. Gneya	Dr. Tanvir



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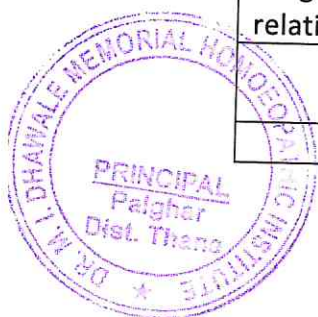
### Departments of Organon of Medicine and Homoeopathic Materia Medica

Mag Phos (as Bio-chemic)	Vishwesh	17-Feb-20				
		22-Feb-20	acid group	Avisha	calcareo group	sai
			24-29 College week MLDMHI --> 1 March Euphoria			
Ferr Phos (as Bio-chemic)	Deepali N	02-Mar-20				
		07-Mar-20	acid group	Avisha	calcareo group	sai
Calc flour (as bio-chemic)	vishwesh	09-Mar-20				
		14-Mar-20	spider group	suchita	PSY	
calc sulph (as bio-chemic)	shraddha	16-Mar-20				
		21-Mar-20	spider group	suchita	PSY	
kali phos (as bio-chemic)	sinthuja	23-Mar-20				
		28-Mar-20	Concepts of constitution, diathesis, temperaments	deepali B	ranunculaceae	Payal
kali mur (as bio-chemic)	deepali N	30-Mar-20				
		04-Apr-20	nosodes	rasika	ranunculaceae	Payal
kali sulph (as bio-Chemic)	vishvesh	06-Apr-20				
		11-Apr-20	nosodes	Rasika	PSY	
science and philosophy of materia medica	shraddha	13-Apr-20				
		18-Apr-20	carbon group	Avisha	PSY	



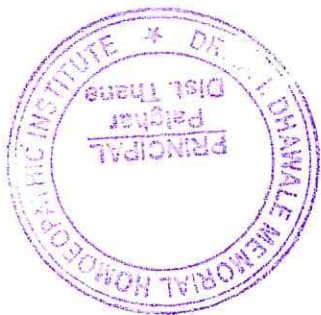
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scope and limitation of homoeopathic materia medica	sinthuja	20-Apr-20				
		25-Apr-20	carbon group	avisha	natrum group	deepali B
Different ways of studying Homoeopathic Materia Medica (e.g. psycho-clinical, pathological, physiological, synthetic, comparative, analytical, remedy relationships, group study, portrait study etc.)	Deepali N	27-Apr-20				
		02-May-20	merc group	Suchita	natrum group	deepali B
Concordance or Remedy Relationships	vishvesh	04-May-20				
		09-May-20	merc group	Suchita	PSY	
Comparative Homoeopathic Materia Medica, namely :- Comparative study of symptoms, drug pictures, drug relationships	shraddha	11-May-20				
		16-May-20			PSY	



AS/12

		23- May-20			solanaceae family	sai
		30- May-20			solaneceae family	sai
					PSY	
					PSY	
					Magnesium group	rasika
					magnesium group	rasika
					PSY	
					PSY	
					Compositae family	payal
					compositae family	payal
					PSY	
					PSY	
					Sarcodes - definition & General Indications	avisha

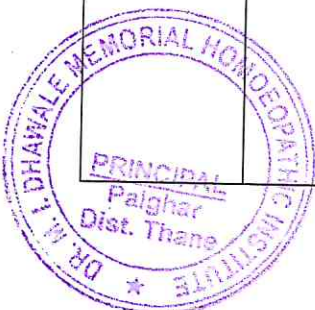


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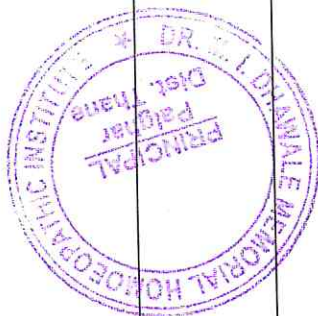
Department- Medicine

SR NO	STUDENTS NAME	GENERAL TOPIC	TOPIC OF THE SESSION	OBJECTIVES TO BE ACHIEVED IN SESSION
LECTURE 1	Nirali	Dermatology	Introduction to the skin and clinical examination of skin lesions	1) structure and function of skin 2) Examination and history taking of skin lesions 3) Various terms used for skin lesion with examples and case-lets 4) Rubrics related to skin lesions and eruptions in various repertories
LECTURE 2	Ashwin	Dermatology	Dermatitis & Eczema - its types And its homoeopathic therapeutics	1)Aetiology, Clinical presentation, pathology lesion morphology, clinical examinations findings, complications if any 2) Assessment of quantitative susceptibility in cases of eczema and dermatitis with homoeopathic therapeutics.
LECTURE 3	Sanjana	Dermatology	Papulo-squamous skin disorders (Concept In general) with examples of Psoriasis and its homoeopathic management	1) Explain concept of PS skin disorders with few prominent examples. 2) Explain Psoriasis under following headings Aetiology, Clinical presentation, pathology, lesion morphology, clinical examinations findings, and treatment part (allopathic) in short complications, and



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				prognosis. 3) Show few cases of various types of psoriasis presentations and role of homoeopathic treatment
LECTURE 4	Rishikes h	Dermatolog y	Common skin Infections and Homoeopathic therapeutics	1) Various types of skin infections (bacterial, fungal Etc.) Focus on characteristic manifestations. 2) Its clinical presentations- (focus on characteristic manifestations) 3) Differential diagnosis- Explain the procedure how you will diagnose 4) Homoeopathic therapeutics in various skin infections
LECTURE 5	Sumit	Dermatolog y	Pigmentation skin disorder: Hyperpigmintation and Hypopigmentat on skin diseases and its homoeopathic managment	1) Explain concept of pigmentation skin diseases with example of each (Hypo and Hyper) 2) Prominent Differential diagnosis of each types and its clinical presentations 3) Vitiligo and its Aetiology, Clinical presentation, lesion morphology, pathology clinical examinations findings, complications and prognosis 4) Show few cases of various types of vitiligo presentations and role of homoeopathic treatment
LECTURE 6	Sneh	Dermatolog y	1) Urticaria, 2) Drug hypersensitive reactions	1) Aetiology, Clinical presentation, pathology lesion morphology, clinical examinations



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			3)Acne 4)Hair disorders	findings, complications if any of each disease focusing on the points in history taking for differential diagnosis 2) Urticaria and its homoeopathic therapeutics 3) Role of homoeopathic remedies in management of all above diseases from homoeopathic philosophical point of view.
LECTURE 7	19 <sup>th</sup> Sept	Ashwin	Understanding the basics of immune system	1)Complement System 2)Understanding basic components of Immune system and its functions
LECTURE 8	26 <sup>th</sup> Sept	Sanjana	Hypersensitivity Reactions	1) 4 Types of Hypersensitivity reactions with examples Definition, Aetio-pathogenesis 2) Correlation of types of hypersensitivity and examples with homoeopathic concept Susceptibility
LECTURE 9	3 <sup>rd</sup> Oct	Rishikesh	Concept of Autoimmune disease with example of RA and its laboratory diagnostics.	1) Explain concept of autoimmune diseases with Eg. Of RA



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				2) Explain Definition, Aetio-patho-physiology, Clinical presentation, Physical examinations, Investigations complications, ,treatment 3)Examples of cases of RA its assessment of susceptibility and maism	
LECTURE 4	10 <sup>th</sup> oct	Sumit	Immunology	Acquired immuno deficiency syndome	1) Definition, Aetio pathogenesis, Mode of transport, Clinical presentation, complications, diagnosis-clinical examinations and investigations, prognosis ,treatment 2)Examples of case of AIDS and assessment of susceptibility
LECTURE 10	17th Oct	Snehgupta	Immunology	Concept of Autoimmune disease with laboratory diagnostics of immune disorders and concept of immunoinflammatory disease	1) Explain concept of immune-inflammatory diseases 2) Give various examples of immune-inflamamtory disorders and explain them with its differentiating points. 3) Explain various

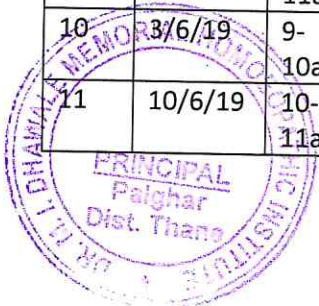


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					laboratory investigations relevant in diagnosis of autoimmune disorders and correlation with autoimmune disorders 4) Homoeopathic approach of management in this type of cases as per Homoeopathic philosophy
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Department- Psychiatry

Sr. No.	Date	Timing	Topic	Lecturer
1	1/4/19	10-11am	Psychology as science of study of human behaviour- its importance in study of homoeopathy	Dr. Saloni
2	8/4/19	9-10am	unconditional and conditioned reflexes and their functions	Dr. Deepali
3	15/4/19	10-11am	Feelings..emotions...primary and secondary and their functions	Dr. Chandrabhan
4	22/4/19	9-10am	Attention –memory and its function	Dr. Saloni
5	29/4/19	10-11am	Perception and its disorders	Dr. Vivek
6	6/5/19	9-10am	Thinking-intelligence-measurement	Dr. Chandrabhan
7	13/5/19	10-11am	Motivation	Dr. Saloni
8	20/5/19	9-10am	Learning and adaptation	Dr. Chandrabhan
9	27/5/19	10-11am	Growth and development of mind and expressions	Dr. Deepali
10	3/6/19	9-10am	Conscious and unconscious mind and the expressions	Dr. Vivek
11	10/6/19	10-11am	Personality, the types and assessment	Dr. Sonal





12	17/6/19	9-10am	Conflicts, its genesis and effects on the mind and body	Dr. Saloni
13	24/6/19	10-11am	How does a homoeopath approach the study of mind	Dr. Vivek

Sr. No.	Date	Timing	Topic	Lecturer
1	3/4/19	10-11am	Mental disorders and the BPS model with its importance to the practice of homoeopathic physician	Dr. Sonal
2	10/4/19	10-11am	Understanding mental disorders and their modern and homeopathic classification	Dr. vivek
3	24/4/19	10-11am	Common mental disorders and their significance to Homoeopathic physician	Dr. Sonal
4	1/5/19	10-11am	Anxiety disorder and related anxiety states	Dr. Chandrabhan
5	8/5/19	10-11am	Depressive mood and depressive illness	Dr. Chandrabhan
6	15/5/19	10-11am	Somatoform disorders	Dr. Deepali
7	22/5/19	10-11am	Substance abuse	Dr. Vivek
8	29/5/19	10-11am	Dementias	Dr. Saloni
9	12/6/19	10-11am	Disorders of personality	Dr. Sonal
10	19/6/19	10-11am	Major psychiatric disorders	Dr. Deepali
11	26/6/19	10-11am	Scope and limitations of homoeopathy in mental disorders and the role of mental hygiene in prevention of mental disorders	Dr. Sonal

Sr. No.	Date	Timing	Topic	lecturer
1	9/9/2019	10-11am	Psychology as science of study of human behaviour- its importance in study of homoeopathy	Dr. Bharat
2	16/9/2019	9-10am	unconditional and conditioned reflexes and their functions	Dr. Karishma
3	23/9/2019	10-11am	Feelings..emotions...primary and secondary and their	Dr. Tanvir



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			functions	
4	30/9/2019	9-10am	Attention –memory and its function	Dr. Bharat
5	14/10/2019	9-10am	Perception and its disorders	Dr. Karishma
6	21/10/2019	10-11am	Thinking-intelligence-measurement	Dr. Tanvir
7	28/10/2019	9-10am	Motivation	Dr. Bharat
8	4/11/2019	10-11am	Learning and adaptation	Dr. Karishma
9	11/11/2019	9-10am	Growth and development of mind and expressions	Dr. Tanvir
10	18/11/2019	10-11am	Conscious and unconscious mind and the expressions	Dr. Bharat
11	25/11/2019	9-10am	Personality, the types and assessment	Dr. Karishma
12	2/12/2019	10-11am	Conflicts, its genesis and effects on the mind and body	Dr. Bharat
13	9/12/2019	9-10am	How does a homoeopath approach the study of mind	Dr. Karishma

Sr. No.	Date	Timing	Topic	Lecturer
1	11/9/2019	11-12am	Mental disorders and the BPS model with its Importance to the practice of homoeopathic physician	Dr. Tanvir
2	18/9/2019	11-12am	Understanding mental disorders and their modern and homeopathic classification	Dr. Bharat
3	16/10/2019	11-12am	Common mental disorders and their significance to Homoeopathic physician	Dr. Karishma
4	23/10/2019	11-12am	Anxiety disorder and related anxiety states	Dr. Tanvir
5	30/10/2019	11-12am	Depressive mood and depressive illness	Dr. Bharat
6	6/11/2019	11-12am	Somatoform disorders	Dr. Karishma
7	13/11/2019	11-12am	Substance abuse	Dr. Tanvir



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8	20/11/2019	11-12am	Dementias	Dr. Bharat
9	27/11/2019	11-12am	Disorders of personality	Dr. Karishma
10	4/12/2019	11-12am	Major psychiatric disorders	Dr. Tanvir
11	11/12/2019	11-12am	Scope and limitations of homoeopathy in mental disorders and the role of mental hygiene in prevention of mental disorders	Dr. Tanvir

Department- Homoeopathic Materia Medica and Organon of Medicine

DATES	3 <sup>rd</sup> YEAR (11 am-12 pm)	4 <sup>th</sup> YEAR (10 am-11 am)
<b>FRIDAY</b>		
<b>January 2019</b>		
4 <sup>th</sup>	Borax - Mehvish	Merc dul – Rashmita
11 <sup>th</sup>	Bismuth - Dhvani	Merc cyn - Sharmishtha
18 <sup>th</sup>	Bromium - Nishigandha	Merc sol – Rashmita
25 <sup>th</sup>	Camphora & Petroleum - Chetan	Merc sulph - Sharmishtha
<b>February 2019</b>		
1 <sup>st</sup>	Oxalic acid - Mehvish	Carbolic acid – Rashmita
8 <sup>th</sup>	Alumina – Dhvani	Fluoric acid - Sharmishtha

2 <sup>nd</sup> YEAR (11 am-12 pm)	DATES	3 <sup>rd</sup> YEAR (11 am-12 pm)	4 <sup>th</sup> YEAR (10 am-11 am)
<b>MONDAY</b>			
<b>FRIDAY</b>			
<b>Mar-19</b>			
	29-03-19	Picric acid- Dhvani	Arg met- Sharmishtha
	Apr-19		
Kali Mur - Anjali	01-04-19		
	05-04-19	Nitric acid- Mehvish	Mag carb - Rashmita
Kali phos - Nikita	08-04-19		



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	12-04-19	Benzoic acid- Chetan	Plumbum met- Sharmishtha
Kali Sulph - Anjali	15-04-19		
	19-04-19	Sulphuricum acid - Mehvish	Mag mur- Rashmita
Cal Carb- Nikita	22-04-19		
	26-04-19	Phosphoric acid - Dhvani	Merc cor - Sharmishtha
Cal sulph - Anjali	29-04-19		

**2018**

Department- Medicine

SR NO	Date	STUDENTS NAME	GENERAL TOPIC	TOPIC OF THE SESSION	OBJECTVES TO BE ACHIEVED IN SESSION
1	1.11.18	Namrata	Dermatology	Introduction to the skin and clinical examination of skin lesions	1) structure and function of skin 2) Examination and history taking of skin lesions 3) Various terms used for skin lesions
2	11.10.18	Jagruti	Dermatology	Common skin infections	1) Various types of skin infections (bacterial, fungal Etc.) 2) Its clinical presentations 3) Differential diagnosis
3	11.10.18	Neha	Dermatology	Papulo-squamous skin disorders with examples of Psoriasis and its types and short note on Acne	Aetiology, Clinical presentation, morphology, clinical examinations, treatment of both the skin conditions
4	18.11.18	Kiran	Dermatology	1) Urticaria, drug hypersensitive rashes 2) Eczema and its types and short note on hair disorders	Aetiology, Clinical presentation, morphology, clinical examinations, treatment of both the skin conditions
5	25.10.18	Chaitnya	Dermatology	Pigmentation skin disorder: Hyperpigmentation	Differential diagnosis of each types and its Aetiology, Clinical



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				and Hypopigmentation skin diseases	presentation, morphology, clinical examinations, treatment of both the skin conditions
6	25.10.18	Shalini	Immunology	Immune system and basis of immune system	Anatomical structure and Physiological function of immune system and its components (the innate and adaptive immune systems)
7	29 <sup>th</sup> Nov. 2018	Namrata	Immunology	Understanding the basics of immune system	1) Complement System 2) 4 Types of Hypersensitivity reactions with examples
8	6 <sup>th</sup> Dec 2018	Kiran	Immunology	Acquired immuno deficiency syndrome	Definition, Aetio-pathogenesis, Mode of transport, Clinical presentation, complications, diagnosis-clinical examinations and investigations, prognosis, treatment
9	13 <sup>th</sup> Dec	Shalini	Immunology	Concept of Autoimmune disease with laboratory diagnostics of immune disorders, concept of immuno inflammatory disease	1) Explain concept of autoimmune diseases with few Eg. Like RA 2) Explain various laboratory investigations and correlation with autoimmune disorders 3) In short concept immunoglobins inflammatory diseases
10	20 <sup>th</sup> Dec.	Jagruti	Nutrition	Basic Concepts of Nutrition along with Nutritional Requirements and dietary assessment	1) Concept of Total energy expenditure, resting energy expenditure, EAR, RDA, BMR, BMI etc. 2) Different types of Nutrients and its requirement (Ex, protein etc) 3) Factors altering nutrient needs and dietary



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					assessment Refer API, Harrisons 17 th edition
11	27 <sup>th</sup> Dec	Kiran	Nutrition	Assessment for Malnutrition	Different clinical assessment criteria's for nutritional status (history, examinations etc) Refer API, Harrisons
12	3rd Jan	Shalini	Nutrition	Types Of Vitamins and its deficiencies	Water soluble vitamins in details
13	10 <sup>th</sup> Jan	Chaitnya	Nutrition	Types Of Vitamins and its deficiencies	Fat soluble vitamins in details
14	17 <sup>th</sup> Jan	Namrata	Nutrition	Obesity and Food Borne toxic Diseases	1) Definition, measurement, prevalence, etiology Pathophysiology, syndromes associated with obesity, 2) Types and classification, clinical Features, Transmission, treatment, Prevention
15	24 <sup>th</sup> Jan	Jagruti	Nutrition	Minerals and Trace elements	Concept of micronutrients and macronutrients Refer API and other books
16	21st march 2019	Neha	Poisoning	Common Indian plant poisons and Homoeopathic remedies	1) History evaluation and physical examinations in plant Poisoning cases 2) common Indian poison plants-Names Sources, clinical presentations, complications, treatment in brief 3) Common Homeopathic remedies and its characteristic indication in correlation with its poisoning symptoms Refer API, Harrisons 17 th edition, Homeopathic MM Books
17	28 <sup>th</sup> march 2019	Kiran	Poisoning	Approach in Poisoning cases And Organo-	1) History evaluation and physical examinations in Poisoning cases



*Kiran*

				phosphates Compound poisoning	2) Lab investigations to be done in brief in Poisoning cases 3) OP Poisoning –Sources, Causes, Clinical presentation in detail, investigations, diagnosis and Management Refer API, Harrisons 17 th edition
18	4 <sup>th</sup> April 2019	Shalini	Poisoning	Drug and heavy metal poisoning and its general management	1) Different drugs as poisons- Source, doses, clinical manifestations, complications 2) Heavy metals- Sources, clinical symptoms, diagnosis 3) General concepts of management, allopathic management in both type of poisoning cases and Homeopathic treatment scope and limitations Refer API, Harrisons 17th edition, Organon of medicine
19	11 <sup>th</sup> April 2019	Chaitnya	Poisoning	Alcohol poisoning	Meaning of substance abuse, what is alcohol poisoning, its clinical presentations, acute emergency and complications and General management, Few indicated homeopathic remedies Refer API, Harrisons 17th edition, Kaplan, HOM MM
20	18 <sup>th</sup> April 2019	Namrata	Poisoning	Snake poisonings and its management	Different types of snake venoms, its clinical presentations, complications, general management, Identify the pathologies, sphere of



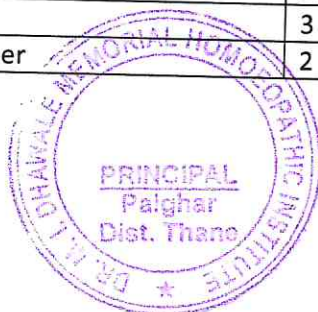
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					actions characteristic expression and correlate with Homeopathic MM drugs Refer API, Harrisons 17 th edition, Homeopathic MM Books
21	25 <sup>th</sup> April 2019	Jagruti	Poisoning	Lathyrism and Flurosis and role of homeopathy in it	Definitions, pathophysiology, clinical features, investigations, allopathic treatment in brief, Gseneral management, and scope and limitation of Homeopathy Refer API, Harrisons 17th edition, Organon of medicine

### Department- Paediatrics

TERM PERIOD	4 <sup>th</sup> FEB 2018 - 30 <sup>TH</sup> NOV 2018
NO. OF SESSIONS/ WEEK	ONE/ WEEK, EVERY THURSDAY, 9-10 AM
NO. OF STUDENTS	THREE
CLASS COMPOSITION	STUDENTS APPEARING IN MAY 2018 [ <i>these students will be in class till march end</i> ] AND DEC 2018 [ <i>these students will be in class till Nov end</i> ]
Total No. of sessions	31

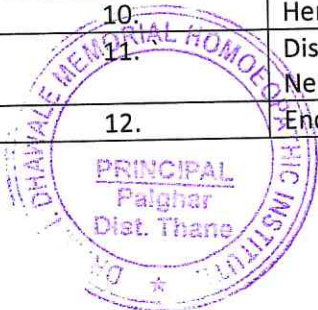
MONTH	No. of Sessions	Dates
February	4	1, 8, 15, 22
March	3 or 4	1 (Holi)?, 8, 15, 22
April	4	5, 12, 19, 26
May	NIL	? Vacations
June	4	7, 14, 21, 28
July	4	5, 12, 19, 26
August	5	2, 9, 16, 23, 30
September	2	6, 27
October	3	4, 11, 25
November	2	22, 29



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SR. NO.	TOPIC	NO. OF SESSIONS	STUDENT
1.	Introduction to Paediatrics, syllabus, etc	1	Vandana
2.	Care: New born 1) Immediate care at birth 2) Physical features at birth Care: Post-natal i. Maintenance of Nutrition ii. Maintenance of Body Temp iii. Avoidance of Infection. Breast Feeding 1) Artificial feeding 2) Importance 3) Feeding schedule 4) Contraindications	2	Sushil
3.	Disorders of CVS Congenital Heart disease Rheumatic fever	2	Swapnaja
4.	Birth injuries Management of Prematurity Infections in new born Congenital Malformations	3	Vandana
5.	Growth & development in new born Immunization Mile stones Nutrition	3	Swapnaja
6.	Asphyxia Neonatorum Aetiology, APGAR score, Management Neonatal Jaundice	2	Sushil
7.	Genetics & chromosomal disorder (Mongolism) Handicapped child mental condition cubraifaloy definition & Dum, Blind Neuromuscular Disorders Myopathies & Muscular dystrophy	1	Vandana
8.	CNS Convulsion in childhood. Hydrocephalus CNS Infection Encephalities / Meningities	2	Swapnaja
9.	Disorders of Respiratory system Respiratory disorder in child hood broncho-pneumonia T.B. in childhood.	3	Sushil
10.	Hematological Disorder: Anemia	1	Vandana
11.	Disorders of Kidney and Urinary Tract Nephrotic syndrome & Nephritis	2	Swapnaja
12.	Endocrine and metaboli Disorders	2	Sushil



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	Dwarfism/Gigantism/Cretinism		
13.	Diseases of GIT Intestinal obstruction in childhood	2	Vandana
14.	Disorders of Nutrition Malnutrition/Marasmus kwashiorkor Vitamins A.- Night Blindness, Xerophthalmia Vit B.- Beri beri, pellagra Vit C.- Scurvy Vit D.- Rickets	3	Swapnaja


### Department- Psychiatry

Sr. no.	Date	Timing	Topic	Lecturer
1	31/1/2018	11-12 noon	Psychology as science of study of human behavior-its importance in study of homoeopathy	Dr. Samiksha
2	7/2/2018		Feeling....response....reflex. Unconditional and conditioned and its functions	Dr. Samiksha
3	14/2/2018		Feelings....emotions....primary and secondary-and their functions	Dr. Jitesh
4	7/3/2018		Attention—memory—and its function	Dr Bhumika
5	14/3/2018		Perception and its disorders	Dr. waseem
6	21/3/2018		Thinking-- intelligence—measurement	Dr. samiksha
7	11/4/2018		Motivation	Dr. Jitesh
8	18/4/2018		Learning and adaptation	Dr. waseem
9	25/4/2018		Personality, the types and assessment	Dr Veena
10	21/5/2018		Growth and development of mind and expressions	Dr. jitesh
11	28/5/2018		Conscious and unconscious mind and the expressions	Dr. Bhumika
12	4/6/2018		Conflicts, its genesis and effects on the mind and body	Dr.sonal
13	11/6/2018		How does a homoeopath approach the study of mind	Dr. Samiksha



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Sr. no.	Date	Timing	Topic	Lecturer
1	10/2/2018	9-10 am	Definition of mental disorders and the BPS model to understanding them. Importance to the practice of homoeopathic physician	Dr. Sonal
2	17/2/2018	" "	Integrated approach to understanding mental disorders and their modern and homoeopathic classification	Dr. Sonal
3	24/3/2018	""	Common mental disorders- epidemiology , costs of illness and mode of presentation and their significance to homoeopathic physician	Dr. Bhumika
4	14/4/2018	""	Anxiety disorder and related anxiety states a) GAD, b) ocd, c) phobias, d) PTSD	Dr.samiksha
5	21/4/2018	""	Depressive mood and depressive illness	Dr. Veena
6	28/4/2018	""	Somatoform disorder	Dr. Bhumika
7	26/5/2018	""	Substance abuse	Dr. Sonal
8	2/6/2018	""	Dementias	Dr. Veena
9	9/6/2018	""	Disorders of personality	Dr. Waseem
10	16/6/2018	""	Major psychiatric disorders—a) Schizophrenia, b) Acute psychosis, C) Mania and hypomania	Dr. Jitesh
11	23/6/2018	""	Scope and limitations of homoeopathy in mental disorders and the role of mental hygiene in prevention of mental disorders	Dr. veena

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





## Best Practice No 2

### LIST OF ASSIGNMENTS FOR ROLE-PLAY AS A LERANING METHODOLOGY

Sr. no.	Topic	Date
1	GIT MODULE	20/7/22
2	SCR Orientation Session (Case Of Hypertension)	27/04/2022
3	Neurodevelopmental Disorders	01/04/22
4	Personality Disorders	26/11/2021
5	Schizophrenia	22/10/2021 And 29/10/21

### MEDICINE DEPARTMENT: PART I

#### GIT MODULE: TEACHING LEARNING THROUGH ENACTMENT AND PEER LEARNING

**Date of Session-** 20/7/22

#### **Introduction of innovative methods:**

The **Enactment effect**, also called self-performed task effect (SPT effect). Facts are memorized better if a learner performs the described action during learning, compared to just getting the verbal information or seeing someone else perform the action. The use of gestures improves the quantity of factual data that can be recalled, and remembered for a longer amount of time, and they can be accessed easier. Knowing that enacting improves memory performance we are introducing the concept of enactment so that clinical thinking pattern, approach towards a particular case and medicinal diagnosis come in alignment easily.

#### **Objective of session:**

- 1] To understand the various presentations of acute abdomen through actual enactment or SPT.
- 2] To practically demonstrate the actual situations faced by students in casualty, and get an idea of clinical orientation of students, this will be assessed by other students enhancing concept of peer learning.

#### **Outcome/Benefits at the end of activity:**

- 1] Students will be able to grasp the topic in great detail as they have enacted it and will be able to identify similar condition in future.

2] Students who will be observing and writing transaction will develop their observation evaluation skills, they will be giving feedback to their colleagues and thus the concept of peer learning will be inculcated into them.

3] Clinical Approach of students will be assessed on the basis of preformed checklist and they will be given marks accordingly, faculty will come to know about their clinical orientation and whether their thinking is in alignment with the presented symptomatology.

**Methodology:** Enactment under the guidance of Faculty in departmental session

**Directives to students-**

Small caselet would be given to students which is attached below in the document, so that they can ponder upon it\*.

3 students will be given 3 different acute abdomen conditions (which they would only know and others would be unaware of it) and they will be asked to enact and 1 student will take the case. Student enacting will be asked to give answers as per given condition which they are enacting during session in front of other students and remaining students who are acting as observers will be asked to maintain transaction and judge the physician as per the below given criteria.

Sr No	Disease condition	Student who are Enacting as Patient	Physician	Observers
1	A	Dr Disha	Dr Sakshi	Dr Sanjyoti, Dr Vaishali, Dr Shruti
2	B	Dr Vaishali	Dr Disha	Dr Sakshi, Dr Snajyoti, Dr Shruti
3	C	Dr Sanjyoti	Dr Vaishali	Dr Disha, Dr Sakshi, Dr Shruti

**Checklist/Marking guidelines for the observer students:**

Headings	2 marks	1 mark	0 mark	Final score
1] Preliminary data	Completely asked	Partially asked(missed aspect of address, occupation, marital status etc)	Not asked	
2] Chief complaint	Completely asked	Asked but did not explore the details of ODPFI	Partially asked only most troublesome complaint without enquiring further	
3] Clinical Evolution	Fully enquired	Enquired but of few symptoms	Not enquired	

4] causative and other modalities	Fully enquired	Partially enquired	Not enquired	
5] Sensation	explored properly with details	Partially explored	Not explored	
6] Negative history	Asked properly with conscious awareness to rule out other D/Ds	Partially asked which was of little relevance in ruling out other D/Ds	Not asked	
7] Clinical Assessment of Physician as per history taken	Questions asked where in alignment to reach the clinical diagnosis	Questions asked where not in alignment to reach the clinical diagnosis	Not up to satisfactory level	
8] Physical Examination	Fully done along with general and other systems	done only of GIT	Not done	
9] Investigation	Ordered as per need of case with specific markers	Partially ordered	Not investigated	
10] Diagnosis	Reached Proper Diagnosis	Only reached differential but could not come to correct diagnosis	Incorrect diagnosis	
Total				

### **Pre Reading-Assignment:**

Acute Abdomen from Textbook of Surgery (S Das)

Approach to GI Disorders from Harrison's Principle of Internal Medicine

### **Case let for session**

**(This case should be referred by students who are acting as Physician and Patient)**

39-year-old male patient comes to casualty with complaints of nausea, vomiting, acute abdominal pain and with certain stool complaints since 7 to 8 days.

**Directives: (For the all students as preparation for the session)**

1] Make a list of symptoms which above patient presented.

2] Make list of what further data needs to be enquired in this case with regards to each symptom with proper reasoning

3] What further data with regards to examination, investigation you will collect in this case to reach to certain diagnosis

(These above directives should be worked on by all the students, and mail your workings to all the faculty by Sunday 17/7/22 night 8 PM)

### **SCR Orientation Session**

**Batch-**2022-2023

**Guide-** Dr Harshla

**Consultant-** Dr Bipin Jain sir

**Date :** 27/04/2022

**Note :** Submit your workings in a written document to Dr. Harshla & Dr. Mansi by Monday, 25/4/22 at 1.00 PM

#### **Objectives-:**

- 1) To understand the importance of standardized processes to understand homoeopathic concepts and apply them in practice.

#### **Exhibit 2-: Data after Case definition**

##### **Directives-:**

- 1) Go through the data given comment on the problem that the patient is suffering from  
Give reasons for the same.
- 2) What was your experience after going through the document?
- 3) How will you approach the case clinically and homoeopathically?
- 4) What are the qualities of the patient that you are able to identify? How have you identified these qualities?
- 5) How would you like to solve the problem of the patient? Enumerate the steps
- 6) Give the plan of management, including the remedy and potency along with posology along with the reasons



**Preliminary data-:**

Name- Mrs SG	Age- 37 years	Sex- Female	Education- BA
Occupation- Earlier job, now helping in husbands shop	Married since 16 years	Diet- Mixed	Husband- 46 years old, husbands own shop of mobile accessory
Father- 65 years old HTN, CVA	Mother- 55 years old HTN CVA	Brother- 39 years HTN	Daughter- 14 years

**CHIEF COMPLAINTS**

Patient came with the complaint of pain in fronto-parietal region of the head. The character of pain is throbbing type and since 6-7 years on and off which has increased since 3-4 months. The onset of pain is sudden and it started after mental stress (Stressor+2). The head pain is aggravated with physical exertion and with mental exertion (overthinking). It is better by rest. Pt is irritable every time during headache and gets angry at trifles. She wants to be left alone during her complaint. There is generalised weakness+3. No palpitation. No giddiness. No vision changes. No episode of heavy perspiration.

O/E: BP: 180/110mmHg

Patient is under regular treatment: taking Tab. CTD-O (6.25/20) OD since 1 and half year.

Patient also has complaint of involuntary passage of urine- since 6-7 months, passes few drops at a time, has to wear pad (1 pad/day). No burning or pain experienced. Urine passed after coughing+2, sneezing+2. Frequency is more throughout day and less at night, bending forward ameliorates the complaint.

Patient also suffers from white, thick, sticky and stringy discharge P/V since adolescence, which is increased since 1-2 months. Frequency: daily, continuous flow. Quantity: 3-4 lumps at a time. Non-offensive. Occasionally associated with itching+, no associated complaint of burning or pain at vulva. Backache+ occasional, generalised weakness+2. There are no specific aggravating or ameliorating modalities that the patient has noticed.

There is complaint of coryza with watery discharge and sneezing+2 which the patient develops and is aggravated after exposure to dust+2. No other specific aggravating modality. Better after taking allopathic medicines (no documentation/ patient does not remember). There is no lachrymation from eyes, no itching in nose. No nose block, No PND, No headache, no paranasal sinus or frontal sinus pain or tenderness. This complaint is since childhood, frequency: 3-4 times/month and for a day.

Along with above mentioned complaints, patient also suffers from Lumbar backache+2, which started 3-4 years back, developed gradually and with slow pace, on and off which aggravates lying on back, pronged standing+2, and is better bending forward and oil massage+2, pressure+2.

### **PATIENT AS A PERSON:**

Appearance wise, patient is medium built with wheatish complexion.

Hair: Dandruff in winters

Nails: Bitten, habit of biting nails since childhood, whenever she thinks something

Vision: myopia, since patient was in 4<sup>th</sup> standard, now difficulty in near vision since 3-4 months

Perspiration: partial on forehead+2, upper lips+2, axilla+2 with offensive odour and no staining.

Appetite: adequate, Hunger: intolerable, leads to generalised weakness, headache+2, heaviness in abdomen, no eructations.

Desire: Chicke+2, Fish+2, Pungent+2, Lady finger+2

Aversion: Bitter gourd+2

Stool: Normal, satisfactory, once or twice a day

### **MENSTRUAL HISTORY:**

FMP: 11<sup>th</sup> std (15 years of age)

LMP: 3.2.2022

Regular cycle, Duration: 2-3 days, cycle: 22-25 days

Quantity: 1<sup>st</sup> day: 3 pads/day

2<sup>nd</sup> day: 2 pads/day and 3<sup>rd</sup> day: 1 pad/day

Dark-red in color, offensive+, occasional clots+, Indelible stains

Dysmenorrhoea: lower abdominal pain+2 better by rest and it gets better on its own after 1<sup>st</sup> day of menses. No pain before or after menses.

Dysmenorrhoea started 1 year after marriage.

SEXUAL FUNCTION: Heterosexual, desire-diminished, frequency: once in 15 days.

PREGANACY/OBSTETRIC HISTORY: G3, P1, A2, D0, L1

History of induced abortion (1<sup>st</sup> and 3<sup>rd</sup> pregnancy):

1<sup>st</sup> pregnancy: patient had hyperemesis: doctor advised termination (MTP done)

3<sup>rd</sup> pregnancy: unplanned, husband and patient decided to terminate and TL done post termination.

Mental state during pregnancy: stressed, as she was not getting what she expected.

Delivery: LSCS, i/v/o Meconium stained Liquor and Meconium Stained Aspiration.

Birth weight: 3.5Kgs, Lactation: adequate

Mental state post partum: Thoughts related to husband not giving time and attention, not looking after her.

Motion sickness++: has to take anti-emetic before traveling in bus and car.

No sun aggravation.

Thermally: Ambithermal towards Chilly

Family History:

Essential HTN: Mother, Father, Brother

H/O CVA: Mother and Father

Husband: Allergic Rhinitis

**On examination:- Day of Case taking**

Temp- afebrile, Pulse – 78/min, RR- 18/min BP- 150/90

RS- AEBE, Clear, Nose- Left- HTT

CVS- S1S2 Normal

P/A- Soft NT, ND

CNS- NAD

PV examination- No discharge, redness or eruptions

Lumbar spine examination- SLR- Negative, ROM- free, No spasm

**Life-space:** Patient in her childhood used to stay with mother, father and brother. She describes her mothers nature as good but she(Mo) used to impose many restrictions on patient, (as patient being a girl child), like patient was not allowed to go out with friends, was expected to return home on time, etc. Patient didn't like this as she used to feel she wants to do all of this as her

friends are doing. Her friends used to hang out, go for movies, etc. and she felt she is deprived of it. Later she understood parents won't send so she didn't ask only as she knew, "Once they say no, it will never turn to a yes". Her brother on other hand was allowed to go out and have fun.

About father patient says- Father by nature was a good person, he used to think for us sometimes, but mother's opinion would change his thinking process, so he would take her side.

With brother, since beginning, patient did not share much and till today it is like that.

School: patient had many friends in school but 1 close friend with whom she used to share everything, patient was good in studies. She used to participate in stage performances but before performing, she used to experience anticipatory anxiety in form of palpitations, trembling of extremities, etc. but once she starts performing, the anxiety reduces. Anxiety is experienced because she used to think what if she made mistake and someone will scold her.

Patient shared she was very dependent before marriage, she did not travel alone anywhere, and did not talk to strangers, etc. Pursuing BA was her choice and she wanted to study law after that but parents didn't allow as all good colleges were far away from home and it was not possible to travel daily according to them.

After completing college, patient met a person, with whom she talked and met for few days and fell in love with him. The boy proposed her for marriage and she said yes, as soon as this happened, the man talked to his family and told them to start preparing for marriage. The girl's side was not very convinced, as the father knew that the boy belonged from a financially poor background and their home is small as well as it is a joint family. In addition, the man was 10 years older than the patient was. So, father asked her patient to think twice before making a decision. Patient didn't think about anything just married him thinking its better to find someone who loves you, without you asking for it.

Patient used to think a partner is one who looks after you, takes care of you, give you all your attention and takes you to places, travel with you, etc. Thinking all of this, patient got married and after marriage she realised, husband is very different from her expectations. His choices, responsibilities, etc were different from what she thought. He never gave much love, care and attention to patient as she expected. In the joint family of almost 8 members (Pt, daughter, HU, MIL, 3 SIL, 1 BIL), husband is the only responsibly earning member, so he has to look after everyone health wise, financially and emotionally. And during initial days of marriage, MIL and SIL didn't accept the patient and used to find faults and yell at her for little things, which patient didn't like and used to feel angry but she never expressed her anger in front of them. She shared this with her husband, and husband used to ask her to do her duty, irrespective of what they say, as according to him, if she does her duty, a day will come when they will accept her. So, patient used to look after everything and everyone.

Patient stayed with in-laws till 2 years, and asked her husband to separate, as all these things bothered her to which the husband agreed but with a condition that wherever we stay, family's responsibility is our responsibility. Patient was okay with it and so, after 2 years of marriage, they moved out after which patient looked after everyone, as the new home was nearby.

She looked after her mother in law during her last 20 days when she was bed-ridden after a head trauma, from her food to bathing, toilet, etc everything patient has cleaned, and during those 20 days, MIL realised she(pt) is a good person. Similarly, patient looked after her eldest SIL who had some heart pathology and had undergone angioplasty, patient looked after her till her last breath.

Currently in family there are 2 sister in law and 1 BIL (1 SIL is divorced and youngest is not married). Eldest BIL has no relations with anyone in this family, he stays independently with his family, other BIL stays with patient as he is unmarried and has ? psychiatric disorder.

Patient conceived 2 years after marriage. She was happy and satisfied now at her new place. But she felt husband is not paying as much attention as she wants. At the time of pregnancy, she wanted her husband to stay with her but he could not. She felt she did not get what she wants. Patient met a boy, 2 years after her daughter's birth and fell in love with him (they met at an event arranged by SIL), they were in relationship for 4 years, they used to meet, and patient shared everything with him and even had physical relations with him. Patient thought that this person understands me. He is like the person I had dreamt of and I always wanted. Patient knew she was making a mistake and that the consequence will be big enough. All these thoughts used to be stressful sometimes. In this relationship, patient also used to give money to that person, whenever he asked.

Patient's husband came to know about it after 4-5 years and as expected, he got very angry, yelled at patient and asked her to leave him, husband told her to leave with or without daughter, however way she wants. Husband asked patient's parents to take her home (he didn't say anything about her affair but just asked them to take her), pts parents came to know something is wrong, but they didn't take the patient back home, instead explained her that whatever it is you get it sorted, you have to adjust, you have to stay strong and deal with things as you are married now. Under all these stressful situation, patient started experiencing symptoms of giddiness, headache and was diagnosed with HTN.

Patient shared that she realised her mistake and therefore reduced talking to that boy and then they used to talk only once in 2-3 months. Patient used to take care of family and husband as well as in laws, she shared an incident, where husband met an RTA, she independently handled everything, from admitting him to his discharge.

Till 2019, patient looked after family, after which Husband asked her to apply for law college as it was her dream, but since she didn't get admission in any college, she started a job, where she had good friends and one of the male friend became very good friend and patient fell in love with

him. She started spending more and more time with him, talked to him and met him daily. That male friend asked her to marry him but he said that she will have to leave her daughter as his family will not accept the daughter. Patient said she would have married him if he would have accepted her daughter. But she cannot leave her daughter so she refused the proposal. Apparently, husband came to know about this and his reaction was again filled with anger. Patient was too stressed because of all this and since it was a strict lockdown she couldn't even go out of her house. All this was too overwhelming for her and so she took poison and attempted suicide (Rat poison).

She was admitted in ICU because of it and doctors declared that there are only 10% chances that she will survive. Patient remembers that she was lying unconscious and in that state she saw a vision of her MIL and SIL smiling in clouds. She started weeping when she was asked about the parents, she shared even though they knew that I may not survive, nobody cared to come and see me, instead they stopped talking to me. My brother had come but my parents called him too saying, there is too much of work and he is needed at my maiden's place.

She shared that when she was pregnant, patient used to go alone for the ANC checkup. Neither my parents nor my husband accompanied me. She shared that since then my relations with my parents are strained. She shared that if anytime they need me, they'll not think twice and call me for help. All this makes patient angry and its impacts her a lot. She started having dreams where she fights with her parents and she yells at them, "who does this with their own daughter?" "why do you call me when you need me?" and during these dreams there is grinding of teeth.

Patient now calms herself whenever she feels angry, and so she shared that her frequency of dreams has reduced but she still has those dreams sometimes. She explains herself when angry that I am destined to look after them and unless I have got a genuine reason to not be able to help them in need, I'll always go and help them I will not be like them. I will not carry forward the bitterness. I will break the chain. She says therefore I am making my daughter also independent and strong from now itself. I tell her that there are no fairy tales, you yourself have to make your life and be independent.

After the poisoning incident, patient feels she has got a second life and she has realised all her mistakes. She understands her husband and his nature. She understands his perspective she says. Now she feels relieved that there are now no secrets between them. About her past relationships, she says, she feels that the first person took advantage of me, of my situation. She says now she realises she was so immature then that she was only concerned about why my husband is not paying attention to me?

Patient feels angry when she thinks about parents or when there is lot of work to do. She becomes irritable and sometimes expresses it but the anger is never violent.

She cries when she thinks of her parents and her MIL/SIL (as they got attached to her in the end).

Patient has fear of snakes+

Used to fear being alone before marriage, now she can be alone.

## **Innovative teaching in psychiatry**

### **Topic- Schizophrenia**

#### **Objectives-**

- To teach the topic with innovation which can bring insight in students related to topic
- To combine education with entertainment
- To assess students on all domains of educational taxonomy viz. Cognitive, Affective and Psychomotor through acts

#### **Process-**

1. Students from middle batch and senior batch (Team allotted) will be asked to prepare for one type of schizophrenia. It will have to be done in duo of two (one middle and one senior) students.
2. One of the students will play role of a patient and other of a relative and they will closely coordinate their information
3. Students have to present the clinical syndrome with innovation, incorporating the specific form of expressions related to miasm of that clinical state. Also they will have to enact a homoeopathic remedy best suited to their clinical condition. The clinical syndromes would comprise the following :
  - a. Simple
  - b. Hebephrenic
  - c. Catatonic
  - d. Paranoid
  - e. Schizoaffective
  - f. Residual
  - g. Childhood
4. One random student from the other group will be selected to become the physician for that patient and asked to conduct the screening of patient, and also evaluate the possible miasmatic expression and remedy.

5. The observers will assess the performance on a assessment sheet which will form the basis of their own evaluation.
6. There would be a discussion at the end of all presentations on the value of learning from this method of training.

### **Assessment-**

**Assessment form-** To be filled up by all for the each enactment

#### **For patient and relatives-**

<b>Sr. no</b>	<b>Areas</b>	<b>Poor (1)</b>	<b>Fair (2)</b>	<b>Good (3)</b>	<b>Very good (4)</b>	<b>Excellent (5)</b>
1	Ability to display knowledge related to the expressions of clinical condition					
2	Ability to display the expressions					
3	Ability to enact materia medica picture into the scene					
4	Ability to enact the miasmatic expressions					
5	Ability to showcase the family dynamics of such condition					
6	Ability to display the concern and frustration of relatives					

#### **For the physician-**

<b>Sr. no.</b>	<b>Area</b>	<b>Poor (1)</b>	<b>Fair (2)</b>	<b>Good (3)</b>	<b>Very good (4)</b>	<b>Excellent (5)</b>
1	Ability to show the professional stance with empathy					



2	Ability to give full attention to patients expressions and use that for questioning					
3	Ability to apply knowledge of the clinical condition and frame questions accordingly					
4	Ability to hunt for the causative factors					
5	Ability to use patience sufficiently to conduct the interview					
6	Ability to use guiding skills to proceed and conclude the interview					
7	Ability to conclude the screening with differential diagnosis					
8	Ability to look out for investigation and suggest if any					
9	Ability to take note of all the important symptoms/modalities shared by patient and relatives					
10	Ability to do the mental status examination					
11	Ability to show empathy towards patient					
12	Ability to show empathy towards relatives					
13	Ability to give valuable suggestion/treatment plan for the condition					

**Note-**

1. All have to be thorough with the clinical conditions and all aspects (Biological, Psychological and Social), as also the homoeopathic aspects (Miasmatic expressions, Remedy suitable).
2. Maximum time allotted for each enactment is 15 minutes. So prepare your material accordingly
3. Keep all your material and process in person between you and your partner (do not share with others) and get the same cleared from any faculty
4. Try to combine entertainment with academics for better learning
5. Clinical condition to be enacted will be shared with each team tomorrow by Tanvir mam individually

### **Teams and Supervisors-**

**Team 1-** Dr. Muhamad and Dr. Mahwash

**Team 2-** Dr. Ankita and Dr. Vandana

**Team 3-** Dr. Natasha and Dr. Aisha

**Team 4-** Dr. Shradha and Dr. Lucky

**Team 5-** Dr. Snehal and Dr. Gneya

**Team 6-** Dr. Priyanka and Dr. John

### **Innovative teaching of Neurodevelopmental disorders**

Department of Psychiatry

Date- 1<sup>st</sup> April 2022

### **Objectives-**

- To teach the topic with innovation which can bring insight in students related to topic
- To combine education with entertainment
- To assess students on all domains of educational taxonomy viz. Cognitive, Affective and Psychomotor through acts

### **Process-**

1. Students from senior batch will be asked to prepare topics of Neurodevelopmental disorders thoroughly.
2. A scenario will be given (Mentioned below) and students will be given their respective clinical condition from the cluster of Neurodevelopmental disorders to enact in the scenario

3. Students have to present the clinical syndrome with innovation, incorporating the specific form of expressions related to miasm of that clinical state. Also they will have to enact a possible homoeopathic remedy best suited to their clinical condition. The clinical syndromes would comprise the following :
  - a. Intellectual disabilities
  - b. Communication disorders
  - c. Autism spectrum disorder
  - d. ADHD
  - e. Specific learning disorders
  - f. Motor disorders
  - g. Other Neurodevelopmental disorders
4. Students will be allotted the topic or the clinical condition on the spot through chit system
5. Scenario will occur as per given direction within 30-45 minutes of allotted time
6. Post scenario the interaction/Discussion will occur within to group to identify the clinical condition, its differentiations, Miasmatic expression and the remedial measures to be taken.
7. There would be a discussion at the end of all presentations on the value of learning from this method of training.

Scenario-

5 students of common age of 5 years from different places come to tuition of Mrs. S on Sunday morning. Mrs. S gets little busy in her household chores in mean time and given some assignments to students to work upon. She remains busy for about 30 minutes and the whole act happens between the students in meanwhile.

**Assessment of Neurodevelopmental disorders session-**

**Assessment form-** To be filled up by all the observers for each enactment

**For patient and relatives-**

Sr. no	Areas	Poor (1)	Fair (2)	Good (3)	Very good (4)	Excellent (5)
1	Ability to display knowledge related to the expressions of clinical condition					
2	Ability to display the expressions					

3	Ability to enact materia medica picture into the scene					
4	Ability to enact the miasmatic expressions					
5	Ability to showcase the dynamics group involvement of the clinical condition allotted					
6	Ability to display the concern and frustration can happen as a result of the clinical condition allotted					
7	Ability to participate in actively discussion post enactment and					
8	Ability to give constructive opinions to others during discussion					

## Innovative teaching in Psychiatry

### Personality disorders

#### OBJECTIVES-

- To evaluate the teaching of personality disorders in an innovative way that can bring insight in students related to it
- To combine entertainment with education for better academic outcome
- To assess students on domains of educational taxonomy like Cognitive, Affective and Psychomotor etc.

#### DIRECTIVES-

1. Students from middle and senior batches will be asked to read in depth about the clinical/psychopathological/management about personality disorders
  - a) Paranoid personality disorder
  - b) Schizoid personality disorder
  - c) Schizotypal personality disorder
  - d) Antisocial/dissocial personality disorder
  - e) Histrionic personality disorder
  - f) Emotionally unstable personality disorder- Impulsive type
  - g) Emotionally unstable personality disorder- Borderline type
  - h) Narcissistic personality disorder

- i) Obsessive compulsive personality disorder
  - j) Dependent personality disorder
  - k) Avoidant personality disorder
2. They will be assigned a specific type of personality on the spot through chit selection.
  3. Two groups can be created with one leader amongst them, who will be the in-charge of conduct and proceedings of the discussion (Any type of personality will be selected by them) or debate out a specific situation/topic- (Social media brings more harm than good, all illnesses are psychosomatic? ) ----- Any other suggestions are welcome
  4. Students have to display the clinical syndrome of their assigned personality with their acts or any other modes, they can enact the specific types of remedy they want to display for their personality type (Which later in group discussion others have to identify along with the type of personality displayed)
  5. Whole process will be assessed on a performance assessment sheet for their evaluation
  6. There would be group discussion at the end to understand-
    - i. Type of personality displayed
    - ii. Quality of effort made to display the personality
    - iii. Extent of displaying the clinical syndrome of personality
    - iv. To connect the type of personality disorder displayed with that of Big five factors
    - v. To discuss the peeling layer of understanding the personality development

Assessment- To be filled by all the attending personnel for each participants

Sr. no.	Areas	Poor (1)	Fair (2)	Good (3)	Very good (4)	Excellent (5)
1	Ability to display knowledge related to the expressions of personality					
2	Ability to display the expression of assigned personality disorder					
3	Ability to enact the material medica image related to assigned personality disorder					
4	Ability to participate in qualitative group discussion post enactment					
5	Ability to participate in group discussion related to peeling up layer understating of personality development					
6	Ability to communicate his/her point of view with confidence					

7	Ability to give constructive criticism on others point of view					
8	Ability to take his/her group together during discussion					
9	Ability to identify the types of personality disorders displayed during the enactment					
10	Ability to guide the group during the discussion					

**Note-** Total time for the enactment discussion will be one hr and post enactment discussion will be one hr.

Next session will deal with the assigned presentation topics.