



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)

PROGRAMME FOR ORIENTATION TRAINING IN BEDSIDE CLINICAL EXAMINATION
2022-23

Duration: 3 months

Trainers: Dr.Sonam, Dr. Namrata

Trainees: Medicine Batch of 21-25

Schedule: 3 sessions of 1 hour on Monday, Thursday and Friday (From 1 to 2 pm)

References:

- 1) Clinical Methods: Hutchison & Hunter (H)
- 2) Symptoms & Signs in Clinical Medicine: Chamberlain (C)
- 3) PJ Mehta clinical examination
- 4) A manual on clinical surgery by S. Das
- 5) Macleod's clinical examination
- 6) Maheshwari (ortho)
- 7) B D chaurasia anatomy
- 8) Guyton (Physiology)

Objectives:

- 1) To understand the importance of anatomy and physiology and applying the same for better clinical understanding
- 2) To acquire and implement basic communication skills while interrogating with the patient during clinical assessment
- 3) To be able to take proper clinical evolution, so as to understand the disease and to be able to reach to set of differential diagnosis

<p>CVS CNS P/A</p> <p>Local Examination</p> <p>Basic Investigation: Doing hgt,ecg,urine ketone,trop T,ABG etc Primary management of patient Settling of vitals Keen monitoring Timely reporting Shifting to ICU, Higher Centres</p> <p>Homoeopathic history taking quick,precise,keen and timely reporting to respective consultant...making sure medicines are released as soon as possible</p>	<p>Can be dealt in session if case is so while discussion (Reference book-P.J.Mehta and Hutchinson)</p> <p>Through case based discussion in SCR,Departmental sessions (requires knowledge of technicalities through operational manual)</p>
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OPD Learning:

3 month training Programme: Medicine faculty is responsible for handling following OPDs:

Gynec /obs department (Dr. Harshala and D. Shama) General (Dr, Shama, Dr. Harshala,Dr. Sonam,) Screening (Dr. Namrata) Nephrology/Dialysis Department (Dr. Namrata)

Direct observation and one to one training is possible

Nephrology Department headed by Dr. Kapse has already devised the teaching module (consisting of 12 sessions covering entire nephrology syllabus) for Posted students which is starting from next week.

1 st month	<p>Student could be sent as observer in first few cases and asked to maintain transactional record and solve cases in rough SCR. Take follow ups and present them to consultant with proper understanding and clinical checkup Maintaining the follow up record book</p>	<p>Can be supervised by responsible consultant of the day Direct demonstration of particular test or observation can be taught</p>
2 nd month	<p>All above + students can be sent as PP in case as by that time they will be properly oriented with case taking Taking clinical decision</p>	<p>Submission of working within a week's time with discussion of case before patient's arrival is expected Knowledge's through</p>

- a) Anatomy & Physiology
- b) Inspection
- c) Respiration
- d) Palpation
- e) Percussion
- f) Auscultation
- g) Lab Investigations: Sputum, X-ray, HRCT, blood investigation etc

3) CIRCULATORY SYSTEM.....3 sessions

- a) Anatomy & Physiology
- b) Inspection
- c) Palpation
- d) Percussion
- e) Auscultation
- f) Heart sounds and murmurs
- g) Lab Investigation: X ray, ECG, Echo, Stress test

4) ALIMENTARY SYSTEM & ABDOMEN.....3 sessions

- a) Anatomy & Physiology
- b) Inspection
- c) Palpation
- d) Percussion
- e) Auscultation
- f) Lab Investigation: X ray, USG, Barium, Stools, Endoscopies
Tubes: Flatus Stomach: Ryle's tube, Proctoscope

5) NERVOUS SYSTEM.....3 sessions

- a) Anatomy & Physiology
- b) Intellectual / External Functions (Higher)
- c) Cranial Nerves
- d) Motor Functions
- e) Sensory Functions
- f) Reflexes
- g) Trophic Functions
- h) Special Lab Investigation: EEG, MRA, CSF analysis

6) LOCOMOTOR SYSTEM & JOINTS.....3 sessions

- a) BONES: Normal Growth; Abnormal Growths; Fractures.
- b) JOINTS: Inspection; Palpation; Movements
- c) GAIT: Types
- d) Special Investigations: x ray, bone scan,

		<ul style="list-style-type: none"> ▪ Joints ▪ Distended Veins ▪ Neck 		
3	6/05/22	RS <ul style="list-style-type: none"> ▪ Cardinal Features ▪ History taking ▪ inspection ▪ Palpation 	Dr. Namrata	
4	9/06/22	RS <ul style="list-style-type: none"> ▪ Percussion ▪ Auscultation 	Dr. Namrata	
5	10/06/22	Investigation <ul style="list-style-type: none"> ▪ Xray chest-how to read ▪ Sputum examination ▪ PFT ▪ ABG ▪ Short Demo of RS Examination on Patient 	Dr. Sonam	Prior Reading of CVS Examination
6	13/06/22	CVS- <ul style="list-style-type: none"> ▪ Cardinal Features ▪ Peripheral Examination: ▪ Central Examination: ▪ Inspection ▪ Palpation 	Dr. Namrata	
	16/06/22	CVS- <ul style="list-style-type: none"> ▪ Percussion ▪ Auscultation 		
	17/06/22	CVS-Investigations <ul style="list-style-type: none"> ▪ ECG ▪ X-ray ▪ PTCA ▪ Angioplasty ▪ Examination of CVS on patient 		Reaing Assingment of GIT
	20/06/22	GIT- <ul style="list-style-type: none"> ▪ Cardinal Manifestation 		

		<ul style="list-style-type: none"> ▪ Hip examination 		
08/07/22		<ul style="list-style-type: none"> ▪ Investigations in Rheumatic Diseases ▪ Synovial Fluid Examination ▪ Radiological Examination 	Dr. Sonam	
11/07/22 to 31/07/22 On Monday, Thursday, Friday		<ul style="list-style-type: none"> ▪ IPD Procedures are part of Skill Development ,common ones are listed below, if time permits and case is of that sought it can be taught with help of medical officers in IPD/Casualty/ICU 	Dr. Sonam Dr. Namrata	
Anywhere between 2/8/22 to 20/8/22	OSCE		Dr Sonam Dr. Namrata	

General Precautions:

- a. Access to Recommended books to be available to all concerned.
- b. Prior Reading of Recommended Sections before session
- c. Session primarily used to demonstrate & polish the necessary skills & demonstrate the clinical implications.
- d. Carry the instruments during session
- e. Care to be taken not to go into theoretical discussions
- f. Practical skills test after each clinical Module

Evaluation:

Evaluation form to be submitted at the end of Orientation Training Programme at end of each fortnight by students and faculty

- Objectives of the Module -Stated/Achieved
- Learning Material-Comprehensiveness and Quality.
- Preparation Self/Guide
- Methodology followed and its relevance to the stated objectives
- Functional Evaluation of conduct of Participants, Self. Guide to facilitate, achieve the learning objectives.
- Difficulties experienced

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Orientation Programme 2022

The Orientation program 2022 is designed to orient and sensitize the fresh entrants to acquire a working familiarity of basic clinical procedures and processes:

- a. Elementary principles of case taking in everyday situations-screening, casualty (emergency), chronic and acute
- b. Components of the SCR
- c. Ward procedures and systems
- d. Philosophical base of ICR
- e. Identifying learners with academic/communication/emotional difficulties

Objectives of the orientation programme:

The program will orient them to:

- 1) Sensitizing in receiving a patient in clinical setups
- 2) Demonstrating importance and techniques of data recording
- 3) Orientation to different stages of recording and processing through SCR orientation.
- 4) Acquainting with the issues, discipline, team work and various processes in the IPD.
- 5) Introduction to the ICR approach and its founders

Methodology:

The following cares are to be exercised:

- Postings in the OPD, IPD
- SCR Training from function to structure
- Daily time table will have a
 - a. OPD 9am – 1 pm (To relieve students at 12:30pm if there is session in afternoon)
 - b. IPD rotational duties 6am to 1pm (twice a week) (To relieve students at 12:30pm if there is session in afternoon)
 - c. Orientation group discussion sessions as per time table below
- The consultant in charge of the day sees that each one gets an exposure and insight into the clinical work of their departments which impinge on the general objectives.
- No 'lectures' should be taken- rather a group discussion should be evolved through tapping their experiences and through patient simulation and problem based learning.
- Wherever SCR tools or concepts are dealt with, the training should occur from function to structure of the tools and not vice versa

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Orientation Programme 2022

The different modules which will focus on introduction to standardized approach

A. Receiving the Patient in the First Encounter

1. Receiving the patient
2. Understanding the purpose of patient's visit in the clinical setup.
3. Learning the processes in Clinical assessment.
4. Orientation for need of a written history form: the concept and correlation with the directions in Organon on chronic case taking (Apho 5, 94)

B. Understanding the Patient through Documents -

1. Learning the Process of analyzing the written document, clinical records of patients and formulating the clinical, personal and homoeopathic dimensions in a given case.
2. Learning how to plan a clinical interview for diagnosis of clinical state, patient as a person, and to plan remedial and ancillary therapeutic measures.
3. Developing insights in following the directives in Organon aphorisms on Case Taking (83-104) and case recording.

C. Analytical treatment (Classification and Evaluation) of Information received

1. Demonstrating importance of recording data in a suitable format which will enable the homoeopathic clinician to arrive at a clinical diagnosis and homoeopathic diagnosis as per Hahnemannian concept of disease.
2. Learning the application of knowledges of anatomy physiology, pathology in recording clinical data in evolution in a given case.
3. Utilizing the above knowledges in constructing Hahnemannian totality and selecting suitable approach.

D. Value inculcation and Life-long learning

1. Introduction to the concept of Lifelong learning and the necessary ingredients
2. Introduction to the Masters of Homoeopathy and ICR and how their life and living has shaped the values of the Science and the Institute
3. Demonstration of the importance of Professional values and ethics in the conduct of a Homoeopathic clinician and introduction to concept of Life Long learning

E. Familiarizing with the IPD procedures and systems

1. Acquainting the students with the systems prevalent in the wards
2. Introducing and familiarizing them to the different ward procedures (as given in How to Learn)
3. Teaching them communication skills and importance of team work in the wards

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Orientation Programme 2022

IPD orientation:

The sessions will be conducted on Monday, Wednesday, and Friday between 1530 to 1700 hrs. (Time table will be circulated by Dr. Naved/Dr. Prashant)


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

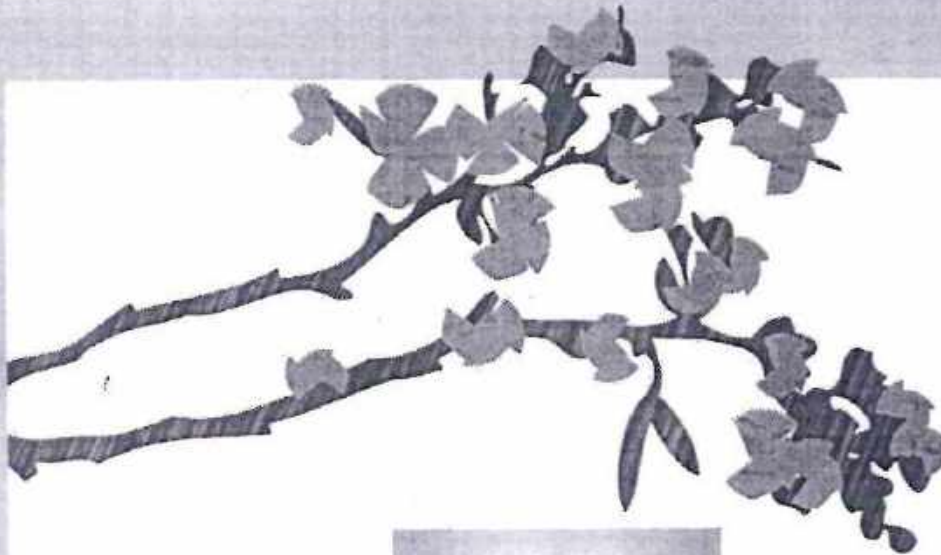


Shreeda Triak Mahanti
Ashwarya Deepak Kulkarni
Diya Ashudharan Budhwani
Eshani Kailas Jasrajiv
Shweta Anilkumar Chudasama
Gaurav Kaur

PSYCHWAY

Name of student	COMMUNICATIVE SKILLS	GRAMMAR	LANGUAGE SKILLS				CRITICAL SKILLS			CASE AVAILABLE	MENTAL STATE	ANGLIARY MEASURES	INADMI	HOMORPHATIC SKILLS			PHI	TROBUPR	POSSOLOGY	
			SPELLING MISTAKES	CLARITY IN COMPREHENDING	LOGIC	DIAGNOSIS	INVESTIGATION	PROGRESS	REFLECTION					HMM						
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	50	
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	49	
	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	55	
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	49	
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	51	
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	52	
	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	39	





INTERNATIONAL YOGA DAY, 2022

DR. M. L. DHAWALE HOMOEOPATHIC INSTITUTE, PALGHAR

15/06/2022

International Yoga Day is being organized in our Institute through a Programme on Tuesday, 21st June between 9.00-10.00 am. Instructors will be Mrs. Rajeshri Patil, who would be guiding students and staff.

Students from all batches and staff members are expected to participate.

So all come together to make this event a step closer towards harmony and peace.

Venue: Outside Auditorium, 2nd floor


Dr. Sachin Junagade,
Vice Principal





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(Recognized by the Central council of Homoeopathy, New Delhi and
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Title: World Autism Awareness Day 2022

Date: 9th April 2022

Time: 11 am to 12:30 pm

Objectives:

1. Spreading awareness among parents of children on Autism- Myths, facts, clinical condition, management
2. Exploring and discussing the difficulties faced by parents and teachers at home and school respectively.
3. Sharing awareness on integrated management strategies for autism i.e. Homoeopathy, Occupational therapy, Speech therapy, etc.

Team:

Psychiatry team: Supervisor- Dr. Sunita Nikumbh

Paediatric team: Supervisor: Dr. Nikita Mehta

Coordinator: Dr. Tanvir Sheikh, DrOmkarAnavkar, DrAbhshekKukade

Mode of conducting: Offline and online

Participants: Parents of children under homoeopathic treatment (from child psychiatry and pediatricopd), teachers of neighboring schools

Itinerary

TIME	TOPIC	MODE	IN-CHARGE
11:00 - 11:15 am	Welcoming and Introduction to the topic	PPT	Dr. Tanvir Sheikh



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World Autism Awareness Day celebrations – 2022

The report made by –Dr.Nikita Mehta

Organized by - Department of Psychiatry and Paediatrics, MLDMHI

Sponsored by–Shri Mukeshbhai Shah (GulabchandIndustries) and Shri Raichandbhai Shah (Sundaramindustries)

Date and Time – Saturday, 09/04/2022, 11.30 am to 1.00 pm

Venue–Auditorium, MLDMHI

Attended by- M.D Homoeopathy PG Students and Teachers of Dept of Psychiatry and Paediatrics, Patients and the parents of Child psychiatry, Paediatrics OPD & Disability project, and a Few Teachers of local schools.

Objectives

1. To create awareness among the community about autism spectrum disorders including school teachers and parents of children with Autism and otherwise
2. To orient the Parents about the clinical condition, the various challenges faced by children, the parents and the multidisciplinary approach to management
3. To break the myths and propagate the facts about Autism
4. To generate awareness about various methods and options of scholastic and vocational training for these children and to create a world of inclusion and integrate them into society
5. To demonstrate the role of Homoeopathy in the management of Autism
6. To orient about the role of ancillary therapies like Occupational therapy and Physiotherapy in holistic multidisciplinary management Of Autism
7. To orient the community about the Disability project run by the institute and its benefits.

Organizing Team

Dept of Psychiatry - Supervisor- Dr. Sunita Nikumbh mam, HOD, Dept. of Psychiatry, Co-coordinators - Drs. Abhishek Kukde and Tanvir Sheikh

Dept of Paediatrics: Supervisor–Dr. Nikita Mehta, Co-Ordinator Dr. Omkar Anavkar

education program for each child in improving them with adaptive functioning, communicative skills, cognitive skills, and behavioral problems. Various methods and options available for education – shadow teacher, resource rooms, NIOS schools, homeschooling, and vocational training of autistic children were introduced and the need for active participation by parents for improving the adaptability of the child in the community was focused upon. The importance of early intervention programs in the age group of 3- 5 years for better results was emphasized. She demonstrated the role of Homoeopathy in children suffering from Autism. She concluded by showing a small video of children showcasing how life can be lived beyond Autism and then answering the questions of the parents.

Dr. Rohan focused on the importance of early diagnosis, evaluation, and intervention based on individual program therapy. He shared the positive results of the multidisciplinary approach and the free treatment under the disability project witnessed by him. The concept of the Role of parents as key therapists was put forth to the audience.

Dr. Venu shared about the limited but important role of physiotherapy in children with Autism struggling with gross and fine motor milestone achievement.

Dr. Sunita shared about the disability project run by the institute, the facilities available free of cost, and its benefits along with the findings of her project on the effect of Homoeopathy on Autism which was also presented at the Philippines conference.

The program was concluded by thanking the sponsors, the speakers, the parents, and the children followed by light refreshments for all.

It was a well-planned program executed well.

It was very heartening to see the love that these beautiful children showed towards us and the bond they have formed with the doctors over the years.


PRINCIPAL

DR. BIPIN S. JAIN

M.D. (Hom.), MBA (Ed. Mgt)





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Coordinators: Dr. Tanvir Sheikh, Dr Abhshek Kukade, Dr Omkar Anavkar

Speakers:

Guest speaker: Dr. Swapna Kamath

Other speakers: Dr. Rohan Akre (occupational therapist), Dr. Venu Chafekar (Physiotherapist)

Mode of conducting: Offline and online (Instagram live)

Participants: Parents of children under homoeopathic treatment (from child psychiatry and pediatric opd) accompanied by their children, teachers of neighboring schools, MD students and some teachers.

Pre-program planning:



regular school. Children who require special attention should be given vocational training. Many times the autistic features are missed especially in mild case and the patients are perceived as just introverts. She spoke on sensory process and how it presents in a particular child. She emphasised on the effect of homoeopathy by presenting a case of Navya and talking on her clinical presentation and the comprehensive management given.

4. Dr Rohan Akre spoke on the importance of occupational therapy, if started early then it can give better improvement. He spoke on stereotypy. A question was asked by a participant that should a child be allowed to display stereotypy, to which Dr. Akre responded that if it helps the child or alleviate any symptom then he should be allowed to do it, it should be treated only if it affects the child.
5. Dr. Venu Chafekar spoke on physiotherapy, that it's useful in the early age if symptoms are recognised. Though PT has less scope but can be useful in early age
6. Speech therapist wasn't available as she was unwell
7. Sunita ma'am shared the results of the study on autism especially focussing on the clinical presentation and effect of homoeopathy. She also shared the state of patients during covid which was followed up over phone, that children who were on homoeopathy before covid could be managed well during lockdown. She highlighted the disability project and how they can avail the facilities.

Conclusion:

The session was concluded by Dr. Nikita ma'am with a vote of thanks.

Participation of group:

The parents were actively involved and the good thing was that they were on the same page. They were aware about autism. One parent asked on stereotypy (mentioned above). One parent asked what should be done if their child has desire for cold drinks. Dr. Swapna explained how it is due to the sensory stimulation which the child gets on drinking cold.

One parent (child in under paediatric opd) shared that his autistic daughter learns Telugu with help of internet and has developed exceptional interest in it.

Managing the children:

It was anticipated that some children may get cranky and unmanageable. In this regard, drawing books were arranged through Sundaram Industries sponsorship. The kids were given the books and some colours to keep them





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REPORT

MEDICAL CAMP

- VADRAI, PALGHAR

24-06-2022



BACKGROUND :

Wadrai village is situated 11km away from palghar. Camp by Dr. M.L. Dhawale Memorial Homoeopathic Institute, Palghar was organized in the village to screen the community and spread awareness about homoeopathy.

4. Patient Orientation :

- Homoeopathic Medicines were prescribed in the acute cases and residents oriented the patients about continuing homoeopathic treatment and its benefits in the management of their respective illnesses.
- Children were brought to the camp by Anganwadi Sevika and a Z.P. Teacher, so we oriented both of them about each child's health status and need of homoeopathic treatment, so that they can convey the message to the parents.
- Orientation of anganwadi workers and teachers about free Homoeopathic treatment in Malnutrition in children was done.
- Adult patients were oriented about different schemes and concessions for required

Investigations that are available at the center

Important learning points.

1- Making acute totality-

We make acute totality for childrens who came with disease to gave them acute remedy .it help me to brusing upm my totality making methods.

2-Marketing skills-

We distibute micronutrient protien powder to the needy children who suffer from low weight, conveyence them to take protien powder, communication creativity and ge t new marketing idea from this one.

3-Documentation -

We gave HIMS no to the paediatric cases (childrens) , which is helpful in next folloup,to asses the productivity and efficiency of micronutrient protien powder.

4-Management-

In starting phase of camp,there was so many rush so we divided all patients in 3 catagories some in paediatric age group, cataract checkup group and general checkup so further camp managed very decently and peacefully.

3 Feeling -

I just wanted to send out to you all a short note expressing my thanks to you all for wonderful support. I feel both scary and exited before going to camp. I was curious about everything. It was not only a great experience for improving my professional skills but also I learn the meaning of life and the responsibility I had on my shoulder. I would thanks to everyone for the kind words and support during the camp . This expirence will help me move on to the new opportunities.



Vadrai Camp Visit Report– 24-6-2022-Dr.Sonali Mandal

Pre-camp preparations:

Reached campus at 8.45am and gathered with students from junior and senior batches to start for the health camp visit at Vadrai. I got oriented about the various health care activities to be carried out at the camp – general medicine health screening, eye check up and pediatric screening. I oriented the students regarding pediatric screening and the Google form required to be filled for the pediatric patients enrolled under micronutrient project. We started at around 10 am. for the health camp visit.

Objectives:

1. Screening of children for growth and general well being.
2. Screening of children for common physical complaints and give acute remediation if needed at camp and chronic remediation after case taking at the RH.
3. Screening of grades of malnourishment if present in children and orient them to come at the RH for case taking, nutritionist consultation if needed and further treatment.
4. Screening of children in the age group of 6-10 years for enrollment under micronutrient project.

Experience at camp:

On reaching the camp pediatric patients from aganwadi were waiting with ASHA worker/aganwadi worker. Children were registered with their age and weight noted on slip. Students started screening the children for any complaints and general well being (including nutritional status), birth history, developmental history and vaccination history. General examination and systemic examination with anthropometric assessment done (grades of malnutrition if present).

Acute presentation of AGE in a toddler was given acute medicine. Another case of perianal dermatitis with acute presentation needed acute remediation but required medicine was not available.

Malnutrition cases were identified : 4 for grade I, 2 for grade II and 1 for grade III. These cases were oriented for reporting at RH for case definition, nutritionist consultation if needed and further treatment at free of cost (under the guidance of social worker Mr. Ravi Bobade).

Chronic presentations of recurrent URTI, CSOM, idiopathic thrombocytopenia, bilateral squinting and worm infestations were identified and oriented for reporting at the RH for the further treatment at free of cost (under the guidance of social worker Mr. Ravi Bobade).

Later on 2 children from the age group 6-10 years were screened and enrolled under micronutrient project and given GO PRO KYDZ protein powder for 1 month. They were advised to follow up at the RH for growth and anthropometric assessment.

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

"Care of care-giver"

Joint Project by Department of Psychiatry and Department of Nephrology

Date	Title	Objectives	Topics/ Methodology/ Conclusion
1 st Sept 2021 to November 2021	Care of care giver-project: Phase 1 Title- Exploring the Mental Health Status of Care givers of CKD patients on hemodialysis at rural and urban setting of Palghar District with the interventions: An Observational study	1. Study mental health status of care givers of CKD patients	Observational study Sample size- 48 care givers Steps: screening and application of psychometric scales (HAM-A, HAM-D, PHQ-9, GHQ-28 and Zarit's burden interview)

Title- Exploring the Mental Health Status of Care givers of CKD patients on haemodialysis at rural and urban setting of Palghar District with the interventions: An Observational study

RESULTS

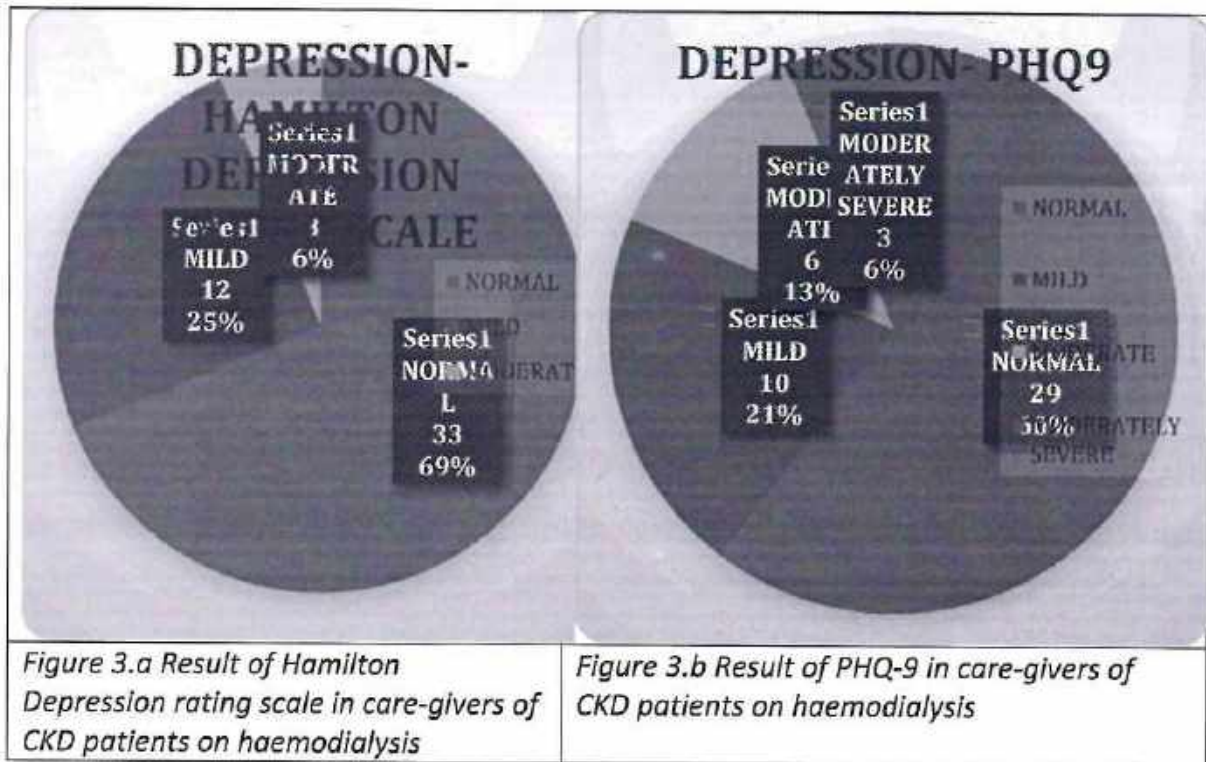
The sample size was supposed to be 60 but the total number of care-givers who could be screened were 48. These 48 care-givers were screened and the psychometric scales (HAM-A, HAM-D, PHQ-9, GHQ-28 and Zarit's burden interview) were applied.

The results obtained through the screenings and the scales are as follows:

A. DEMOGRAPHIC DATA

1. GENDER

3. DEPRESSION



This study shows 31% (15 samples) having depression as per HAM-D ranging from mild to moderate depression while PHQ-9 (which signifies the disturbed mood since last 2 weeks of application of scale) shows 40% (19 care-givers).

Family Caregiver Alliance of USA estimated that 25% to 50% of caregivers meet the diagnostic criteria of major depression, and 40% to 70% show significant depressive symptoms. (1)

There is no Indian study on caregivers of CKD patients but one study was conducted in 2016 on relatives of ICU patients which showed depression in 28% of the samples. (2)

4. ANXIETY

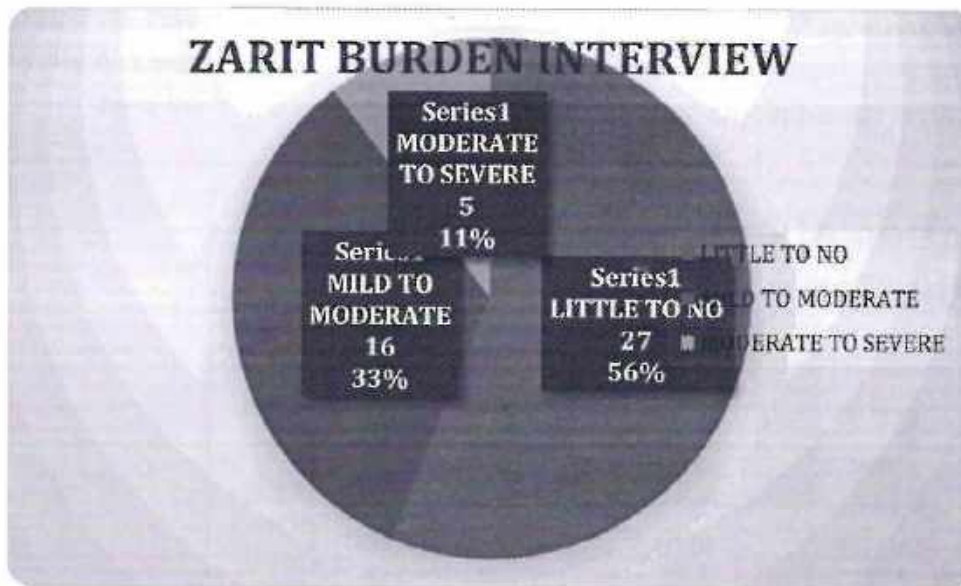


Figure 5: Burden scores on Zarit burden interview in care givers of patients on haemodialysis

In this study, there is little to no burden in 56%, mild to moderate in 33% i.e. 16 care-givers (which is a large number compared to the previous study) and moderate to severe burden in 11% i.e. 5 care-givers.

A study PUBLISHED IN Indian Journal of Psychiatry in 2019 assessed the burden on caregivers of patients undergoing haemo-dialysis in a sample size of 30, showing the following result- Little to no burden in 33%; mild to moderate in 16%, moderate to severe in 40% and severe in 10% (5)

C. STUDY OF VARIOUS FACTORS IN RELATION TO DEPRESSION, ANXIETY AND BURDEN

6. EDUCATION STATUS

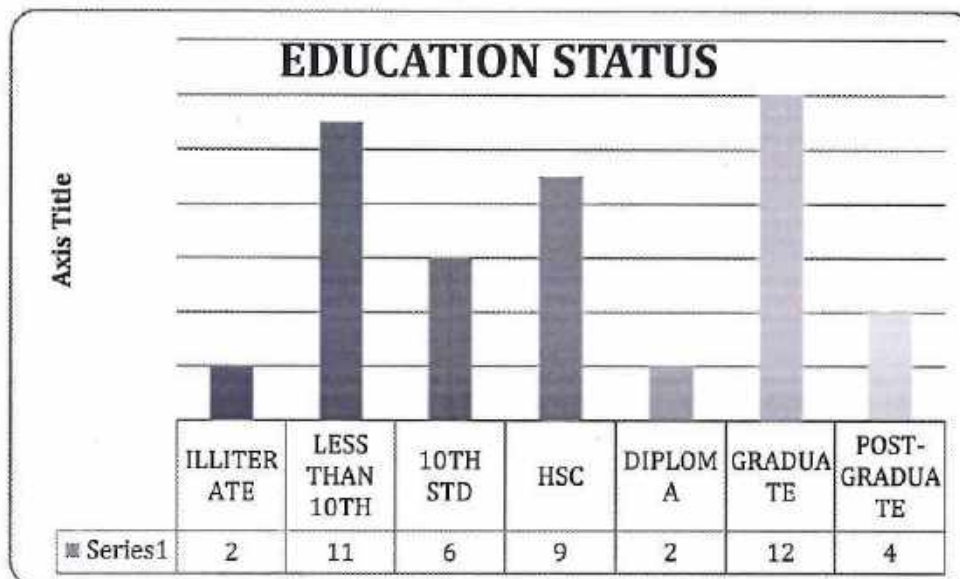


Figure 6.a: Education status of care givers of CKD patients on haemodialysis

7. DURATION OF ACCOMPANYING PATIENTS ON DIALYSIS

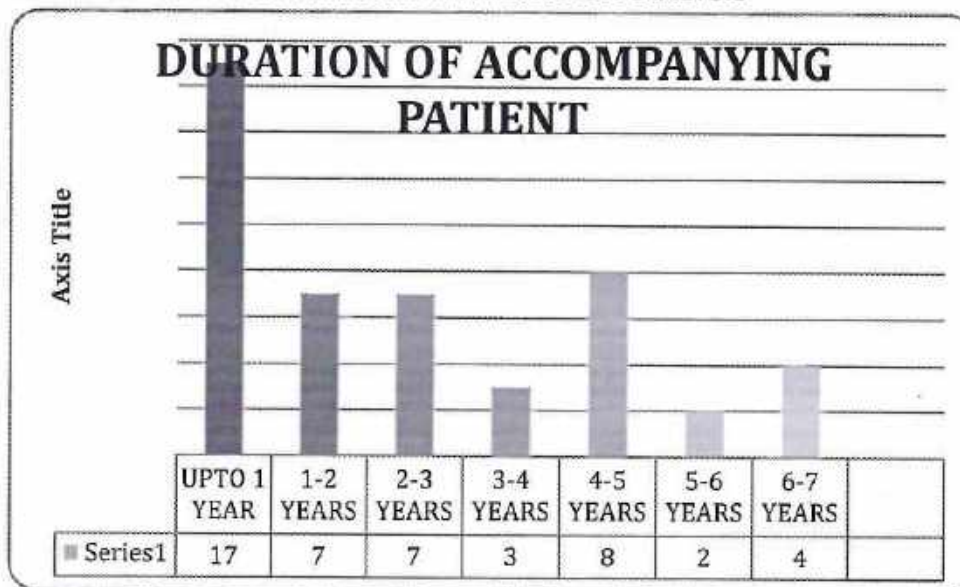


Figure 7.a - Duration for accompanying the patient for dialysis on haemodialysis

The majority i.e. 17 care-givers are the ones accompanying patients since upto 1 years. 7 have been accompanying for the duration of 1-2 years and 2-3 years each. 3 have been accompanying for 3-4 years, 8 for 4-5 years, 2 for 5-6 years and 4 for 6-7 years.

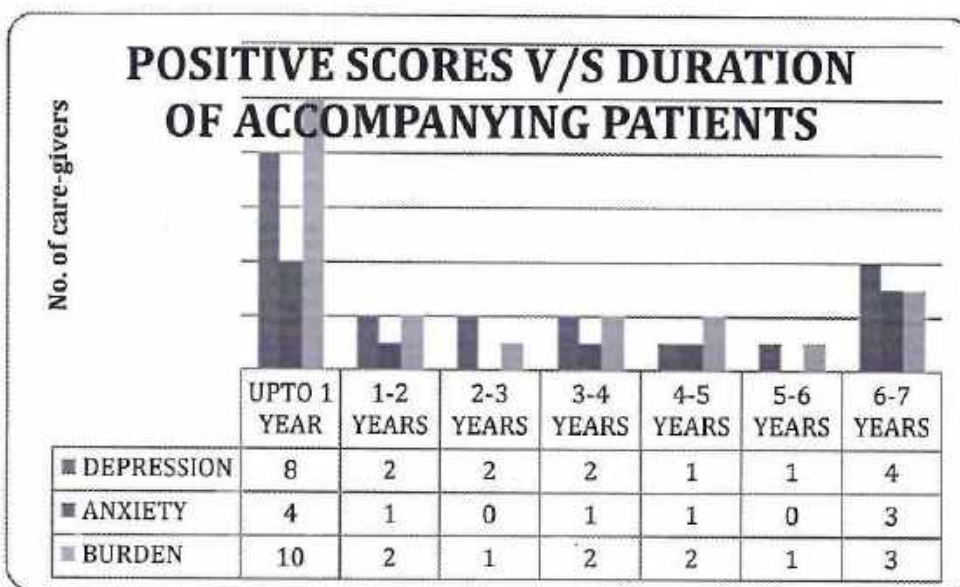


Figure 7.b- Positive Scores of Depression, Anxiety and Burden V/S Duration of accompanying Patients

Care-givers who have been accompanying dialysis patient since last one year show prevalence of 58% of burden, 47% of depression and 28% of anxiety. Of the 4 care-givers accompanying since more than 6 years, all have presence of depression and 75% show anxiety and burden each. Among these 4 care-givers, 3 of the patients require assistance for everything and have to be looked up for 24 hours daily; Those accompanying from more

Figure 8.b- Co-morbidities in relation to depression, anxiety and burden in care-givers

Co-morbidities were present in few care-givers. 2 care-givers with HTN have burden while depression and anxiety in one each. One with DM has burden present. The only care-giver with bronchial asthma has depression as well as anxiety. Depression, anxiety and burden is seen in 2 care-givers with MSS affection each.

9. TIME SPENT IN CARE OF PATIENT

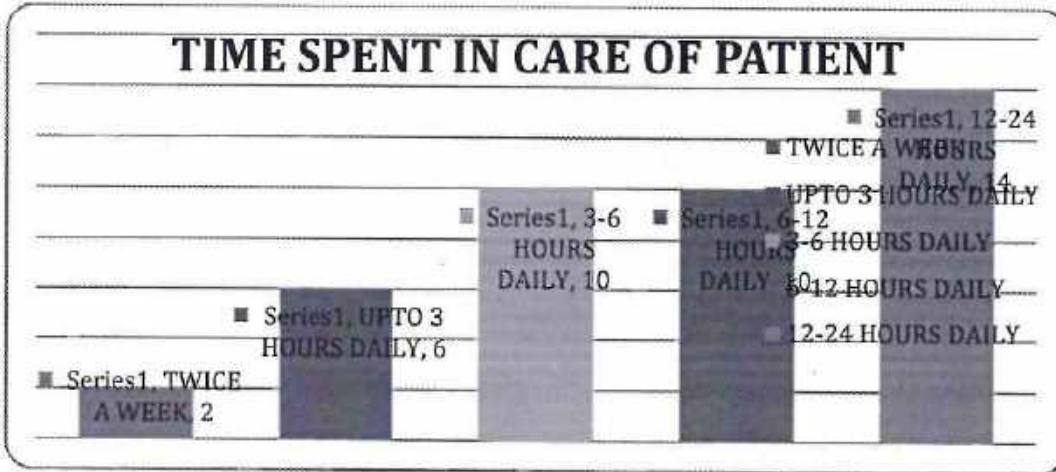


Figure 9. a- Presence of co-morbidities in caregiver

2 care-givers spend time with their patients twice a week, 6 spend upto 3 hours daily, 10 spend 3-6 hours daily while 10 spend 6-12 hours daily. 14 care-givers spend 12-24 hours daily.

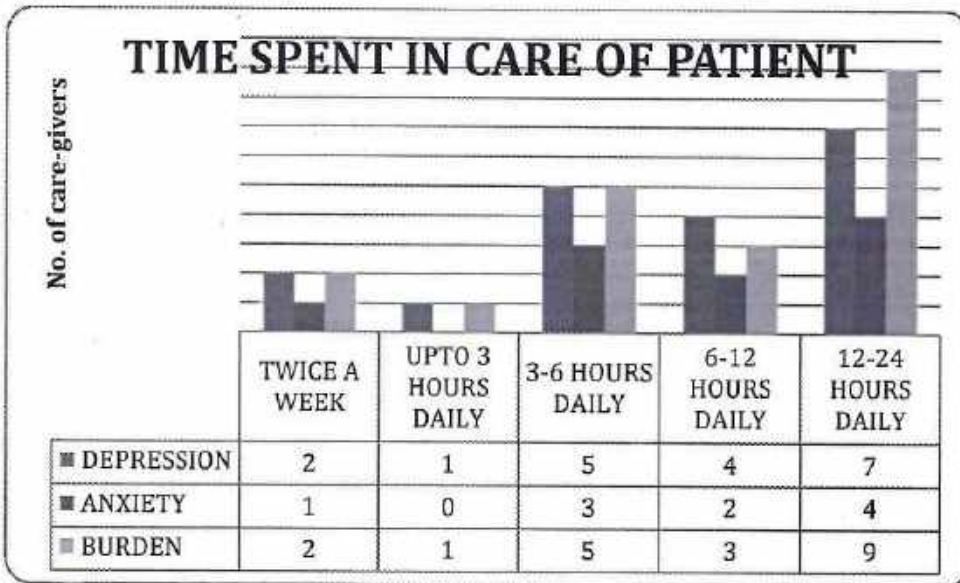


Figure 9.b- Depression, Anxiety and Burden in relation to time spent in care of patient

Out of 20 care-givers with low financial state depression is present in 12 of them accounting to 60%, 35% have anxiety and 65% have burden. Among the care-givers with average financial state, 35% have depression, 15% have anxiety and 30 % have burden present. Out of 7 care-givers with good financial state, 3 have depression (42%) and 2 have burden (28%)

Since many of the patients are registered in MPJAY scheme, the financial burden is less for each cycle of dialysis but more of the emergency related to dysfunctional fistula, catheter etc which are not covered in the scheme.

11. PATIENT'S ABILITY TO MANAGE THEMSELVES

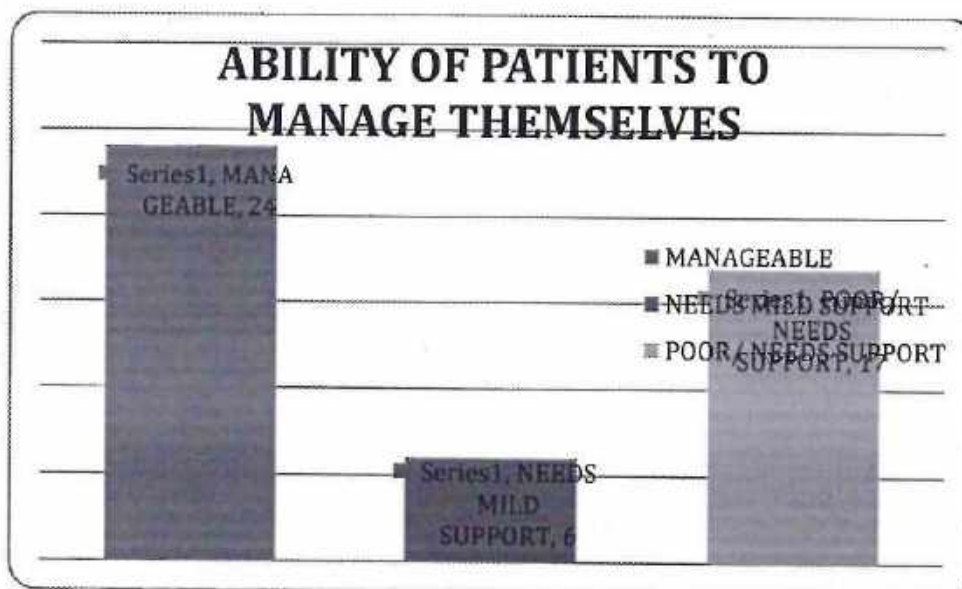


Figure 11.a- No of patients and their ability to manage themselves

50% i.e. 24 patients have good ability to manage themselves without support. Of these 15 are care-givers of patients who have been on dialysis for 2 years or less. 6 patients requiring mild support have been on dialysis for duration ranging from 9 months to 3 years. 17 patients have poor ability and need support. Of these, 4 have been on dialysis since 3 years and 7 from duration ranging 4 years to 7 years.

7. Care-givers with low financial state show more presence of psychological issues i.e 60% of these have depression, 35% have anxiety and 65% have burden
8. Care-givers of patients who have poor ability to manage themselves and need support show depression and burden in 70% (12 out of 17 care-givers) of each and anxiety in 41 %.

Thus, it can be concluded that significant psychological issues are seen in care givers in their initial one year of accompanying the care-giver for dialysis and accompanying for a long period i.e. beyond 6 years, those who spent more than 12 hours daily on care of the patient, those with low financial state and care-givers of patients with poor ability to manage themselves.

E. SUGGESTIONS BASED ON THE STUDY OF CARE GIVERS :

1. Every care giver should be assessed for mental health issues on the day patient is registered for the dialysis at the center.
2. A bunch of screening tools should be kept ready in dialysis center and residents posted in the OPD should assess the care givers
3. Training of residents/ staff for the use and orientation of screening tools is done in systematic way by the OPD in-charge
4. Care givers should meet the OPD in-charge at least once in 2 weeks
5. Based on analysis of care givers; intervention should be planned by OPD incharge – Homoeopathic or ancillary
6. OPD incharge is responsible for the documentation –Manual and computerized document and generation of monthly report for the department and MLDMHI
7. Every month over view of the work is must by the OPD in charge
8. Review meeting of all stake holders once in a month is must
9. Self help support group is the need of the time and OPD incharge should plan this in collaboration with Psychiatry department.
10. Role of MSW in Education and Orientation can be planned / thought of.
11. PG residents from MLDMHI should be encouraged to take up dissertation topic or small project based activity
12. Validation of change in patient and care givers should be done independently with reliable tools.
13. Prepare a special module on mental health of care giver and orient them once in 6 months.

"CARE OF CARE GIVERS" Inauguration

Date: 1.09.2021

Venue: AV room, MLDMHI

Objective: 1. To inaugurate the project through our Chief guest Dr. Mahesh Prasad and our panel of consultants Dr. ARK sir, Dr. Sunita ma'am and Dr. Gayatri ma'am.

2. To introduce the topic to the care-givers and orient about the project.

3. To screen the care givers

4. To apply the psychometric scales

Planning undertaken for the inauguration:



We all know that we have been planning for this project since more than a month. As I'm the JRF, I'm mainly assigned the implementation task currently. I prepared the pamphlet, advertising poster and note for the inauguration. As per the schedule planned initially, it was decided that orientation, screening and application of scales would be done separately on different days. But later we realized that the care givers already face difficulty in managing time for their relative's dialysis cycle, also their dialysis timings change on rotational basis. So in the last 4-5 days it was decided to screen as well as apply scales on the same day when we orient them. So myself and Sunita ma'am were left with the huge task of translating all the materials in Hindi and Marathi, which included the pamphlet, patient information sheet and the scales. 3 of the scales were already available in Marathi and one in Hindi, so we translated the rest. I worked on the Hindi translations while ma'am on Marathi. Till the last day some or the other translation work was going on. In the future projects this should be taken as a learning that we are ready with vernacular translations much prior to the project. Sunita ma'am wanted to revise the screening form but we were unable to do it at the last minute. I had also prepared the itinerary of the inauguration process and implemented it after taking ARK sir's suggestions on it. Dr. R.K. prepared the list of care givers to be called for inauguration and called them personally.

Inauguration:

The inauguration started around 15-20 minutes late. It was marked by presence of around 13-14 care givers, Dr Mahesh Prasad sir, ARK sir, Sunita ma'am, Gayatri ma'am, Rajesh sir, Dr R. K., Dr. Natasha, Dr. Mehwash, Dr. Priyanka and Dr. Vandana.

I started with a welcoming speech. Spoke on how generally camps and organized to examine the sick or evaluate health status, but this time we have organized something for those are care givers of the sick. Then gave them a short introduction to the project. There were some care givers who were nodding while listening to what I said. This made me feel that they are able to connect with what I'm conveying.

It was followed by speech by ARK sir who spoke on the reason for doing such study and how our institute looks forward to work on such projects. Sunita ma'am gave the details of the project, the 2 phases and explained on the steps that would be taken in 1st phase, she also informed that the confidentiality will be retained.

DR. M. L. DHAWALE MEMORIAL TRUST'S HOSPITAL, PALGHAR

DEPARTMENT OF HOMOEOPATHIC PSYCHIATRY (AYUSH CENTER OF EXCELLENCE)
AND
DEPARTMENT OF NEPHROLOGY
a
Joint Research Project
"CARE OF CARE GIVERS"
EXPLORING AND MANAGING PSYCHOLOGICAL DISTRESS OF CARE-GIVERS OF
PATIENTS ON DIALYSIS



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



SCR_FRIDAY_SESSION Module

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

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



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

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

SCR COMMITTEE

SOP

The Standardized Case Record (SCR) is a major contribution of the late Dr. M. L. Dhawale and the I.C.R towards the standards of Homoeopathic Practice, Education and Research. The standardization of operations done through it disciplines the mind, which is necessity of any professional training. It protects the physician against errors while taking quick decisions in a busy practice. The authentic and adequate records that a physician keeps through the SCR are a must for the legitimacy of any Research project. The SCR has successfully integrated the best in Homoeopathic philosophy, viz. Hahnemann, Boenninghausen, Kent and Boger, with modern clinic-pathological concepts and psychological knowledge integrated with Indian philosophy enunciated in the Bhagvad Geeta. It takes the physician through a series of analytical and synthetic steps till he perceives the totality with clarity. Thus it is the only instrument for an INTEGRATED APPROACH to the patient.

To master this beneficial tool is not possible without an adequate practice. And this training begins the moment, student enters the MLDMHI. The SCR Sessions are being conducted twice a week. And for that, SCR Committee has been established for the smooth functioning with the following objectives, so that all students can get benefit of these sessions equally.

GENERAL OBJECTIVES-

1. To orient the student with SCR system, its relevance and functioning.
2. To orient and take practice of students in understanding screening form.
3. To orient and take practice of students in understanding and analyzing the history form.
4. To orient and take practice of students in formulating PD-PR-IP form.
5. To orient and take practice of students in understanding SCR recording section.
6. To orient and take practice of students in understanding Life Space Table (LST) and Mental State Record.



7. To orient and take practice of students in practicing SFFT (Structure- Form- Function- Time)
8. To orient and take practice of students in understanding 36 column classification form and SCR processing section.
9. To orient and take practice of students in understanding EET tool.
10. To orient and take practice of students in various processes of Repertorization, RS and PDF in different approaches.
11. To orient and take practice of students in understanding the Planning and Programming tool, Therapeutic Problem Definition (TPD) and Therapeutic Problem Resolution (TPR).
12. To orient and take practice of students in understanding RREF (Remedy response Evaluation Form) and preparation of Follow up Criteria.

RESPONSIBILITIES OF THE COMMITTEE MEMBER-

1. To segregate all the students in two groups for two sessions as per their Clinical Timetable.
2. To make a proper arrangement of the material (projector, laptop, white board, white board pens etc.) required on the days of the sessions prior to the session.
3. To ensure that the required SCR tools are adequately available in the Library.
4. To encourage students to come forward as a guide of SCR Sessions with the cases taken in their respective College OPD, so that they can get benefitted through their own experience.
5. To encourage students to submit their working on the said time, to enhance their learning and better grasp over various SCR tools through direct inputs by guide and coordinator.
6. To maintain attendance register and reports of each session.

RESPONSIBILITIES OF THE COORDINATOR-

1. To encourage students to become guide of the SCR session by bringing the cases taken by themselves in any college OPD or IPD.
2. To work as a facilitator during the session, in evolving group discussion, clearing doubts of the participants, and help them achieve the objective.
3. To identify and select the cases adequately demonstrating various tools.
4. To assess the level of student in each tool at the end of each session though Formative assessment.
5. To ensure smooth functioning of the SCR session.

RESPONSIBILITIES OF PARTICIPANTS-

1. Each participant should carry their own separate copy of "OPERATIONAL MANUAL"
2. Each participant should submit their working on given time to the guide, so that the inputs can be obtained and reworking can be done efficiently.
3. Each participant should undertake the reading material required for that case, which will help in the own contribution to the session.



4. Participant should actively share their working in the group, as it helps to clear the doubts and difficulties.
5. As the method of teaching is group discussion, each participant should actively contribute during the session, as active participation gives maximum benefit and better understanding.
6. It is expected that each participant should write evaluation reports immediately after the session and submit it to the guide.
7. In the module of 12 sessions, it is expected that each participant should attend at least 8 sessions, so that their learning can be maximum.

CONFIGURATION-

1. Thursday SCR Team
 - a. Faculty in charge- Dr. Anand Kapase
 - b. Coordinator- Dr. Harshla Sarvagod
2. Friday SCR Team
 - a. Faculty in charge- Dr. Anoop Nigwekar
 - b. Coordinator- Dr. Vivek Kadam
3. Student Representatives (Combined for the days)- 2 student representatives from each batch.

SCHEDULED MEETING-

The Meeting is scheduled quarterly or at the start and end of the each session or as per requirement.

ISSUES TO BE ADDRESSED-

1. Management of the timetable of each student, so that each one can participate at least in one SCR session compulsory.
2. Regarding the case and reading material etc.



**SIGN of Head of
SCR COMMITTEE**





DR. M. L. DHAVALE 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)

Brochure of sessions conducted on English language and skills

SYLLABUS for 2021-2022

Sr. no.	Particulars of the session	Details
1.	Title	course in English literature and skills
2.	Duration	12 weeks (3 months)
3.	goals/objectives	<p><u>Aims:</u></p> <ol style="list-style-type: none">1. To enhance the communication ability (Reading, Listening, Writing and Talking) of the students studying Homoeopathy.2. To develop the logical processes in the students through literature.3. To introduce ICR literature in the early formative days.4. Training of sensitivity through the use of literature. <p><u>Objectives:</u></p> <ol style="list-style-type: none">1. Explaining the difference between Indian syntax (arrangement of words in a sentence) and English syntax to make them aware of the thought-processes involved in using any language2. Getting the students to appreciate the classification of language skills into the four-fold Reading – Listening and Talking – writing skills. This, because awareness leads to control.3. Introducing basic units of grammar as spelt out below in objectives.



		<ol style="list-style-type: none"> 4. Giving some training to the students in utilizing these grammatical units 5. Getting them to develop a grasp of reading skills through the concept of the 'core sentence'. 6. Taking their writing skills to the point of writing an accurate and simple paragraph 7. Getting them to be participating well in group discussions through awareness about and practice of the rudiments of listening and speaking skills 8. Helping them to develop the basic logical processes of Analysis – Synthesis – Verification and Deductive & Inductive Logic 9. Opening their sensitivities through exposure to and discussion of comparatively short pieces of literature which focus on simple, single and deep emotions 10. Exposing them to a lot of humor to make them comfortable with language.
4.	Contents, syllabus and curriculum	<p>English Reading, Writing and Communication skill development</p> <p>English Grammar – Parts of speech, tenses, direct and indirect speech, active and passive voice,</p> <p>English literature</p> <p>ICR literature</p>
5.	Teaching methods and tools/ teaching learning methods	<ol style="list-style-type: none"> 1. Lecturing/ power point presentation 2. Discussion 3. Small written focused activities 4. Reading of general literature/ ICR literature
6.	Assessment procedure	Pre and post formative evaluation through tests
7.	Texts and reference books	English literature and ICR literature
8.	Policies	<p>How will you grade all required work, all assignments, papers and exams, class participation</p> <p>How will you deal with Student behaviour issues, attendance problems, late submissions, requests for extensions</p>
9.	Schedule	12 sessions every week
10.	Syllabus	
11.	Refined design	



12.	Proposed fee's structure	
13.	Eligibility criteria for students	M.D. Part – I
14.	Eligibility criteria for director, course instructor and mentor	Mrs. Rohini M. Belsare, Dr. Madhavi P. Tamboli, M. D (Hom)
15.	Infrastructure - administrative block, equipment, instruments	

Planning of th Sessions

Sn no.	Topic	Batch
0	Pre – test	M.D. Part-I
1	<ol style="list-style-type: none"> 1. Differentiate between the syntax of English and Indian languages. 2. Understand the concept of the core sentence and identify the core sentence of the paragraph. 3. Comprehend the concept of sentence building. 4. Appreciate the construction of OM and SCR 	M. D Part I
2	<ol style="list-style-type: none"> 1. Re visit the core sentence 2. Name and differentiate the different parts of the speech 3. Appreciate the difference in an index and contents 4. Understand the structure and construction of the textbook- Principles and Practice 	
3	<ol style="list-style-type: none"> 1. Name and differentiate the Nouns 2. Pronouns 3. Understand the structure and construction of the books- <ol style="list-style-type: none"> a. Paediatrics in Homeopathy b. Staphysagria 4. Enjoying the various forms of literature through poems and write up 	
4	<ol style="list-style-type: none"> 1. Name and differentiate the Uncountable and Countable Nouns 2. Understand the use of Articles 3. Understand the structure and construction of the books- <ol style="list-style-type: none"> a. Paediatrics in Homeopathy 	



	<p>b. Staphysagria</p> <p>4. Enjoying the various forms of literature through poems and write up</p> <p>5. Explore their creative talent.</p>	
5	<p>1. Understand the usage of verbs</p> <p>a. Name and differentiate the transitive and intransitive verbs</p> <p>2. Utilization of the singular and plural</p> <p>3. Usage of Adverbs</p> <p>4. An Introduction of the founders: Biography of LDD, MLD</p> <p>5. Enjoying the various forms of literature through poems and write up</p> <p>6. Explore their creative talent</p>	
6	<p>1. Revise the usage of Adverbs</p> <p>2. Understand Tenses</p> <p>a. Introduction to Tenses</p> <p>b. Present Tense and its uses</p> <p>3. Enjoying the various forms of literature through poems and write up</p> <p>4. Explore their creative talent</p>	
7	<p>1. Revising adverbs</p> <p>2. Understand Past Tense and its uses</p> <p>3. Understand Future Tense and its uses</p> <p>4. Enjoying the various forms of literature through poems and write up</p> <p>5. Explore their creative talent</p>	
8	<p>1. Revise Tenses-Past and Future</p> <p>2. Understand the usage of</p> <p>a. Preposition and Conjunction</p> <p>b. Adjectives</p> <p>c. Punctuations</p> <p>3. Enjoy the various forms of literature through a write up.</p> <p>4. Explore their creative side</p>	
9	<p>1. Differentiate between phrases and clauses</p> <p>2. Identify independent and dependent clauses.</p> <p>3. Identify simple, compound, and complex sentences.</p> <p>4. Construct simple, compound, and complex sentences.</p>	



	<p>5. Effectively use multiple types of sentences in a single piece of writing.</p> <p>6. Enjoy the various forms of literature through a write up.</p>	
10	<p>1. Recognize the differences between direct and indirect speech</p> <p>2. Form statements in indirect speech</p> <p>3. Enlist the rules for converting direct speech to indirect speech and indirect speech to direct speech</p> <p>4. Convert sentences from active to passive voice and vice versa.</p> <p>5. Enjoy the various forms of literature through a write up.</p> <p>6. Explore their creative side.</p>	
11	<p>1. Recognize the differences between direct and indirect speech</p> <p>2. Form statements in indirect speech</p> <p>3. Enlist the rules for converting direct speech to indirect speech and indirect speech to direct speech</p> <p>4. Convert sentences from active to passive voice and vice versa.</p> <p>5. Enjoy the various forms of literature through a write up.</p> <p>6. Explore their creative side.</p>	
12	Post test	

M.D. (H)





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INTERNATIONAL YOGA DAY 2022



Dr M L Dhawale Memorial Trust - MLDT

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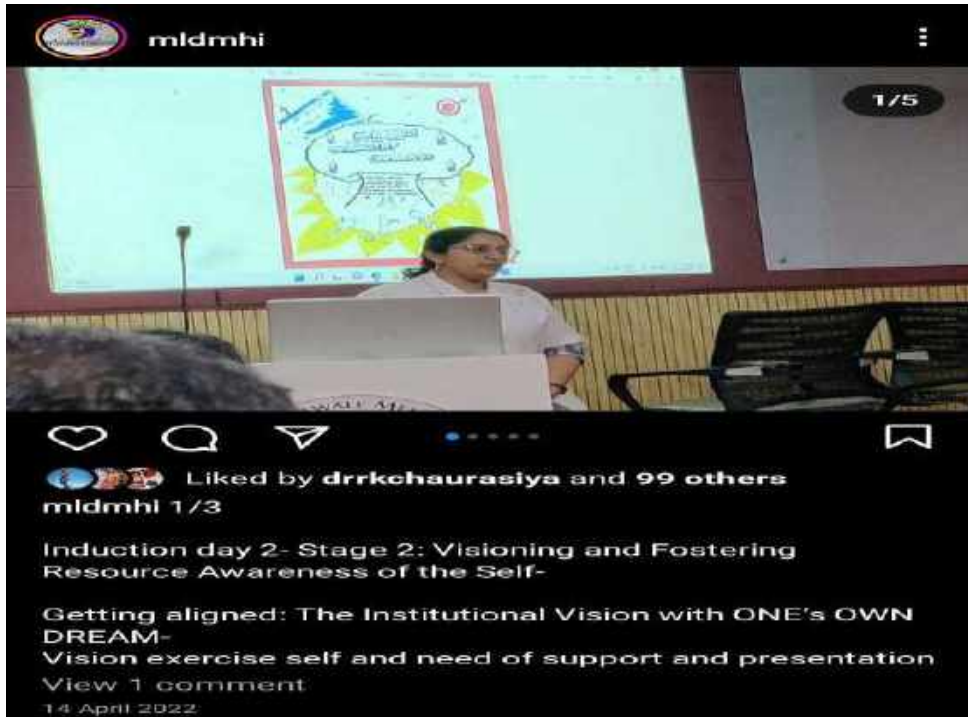


Dr M L Dhawale Memorial Trust - MLDT 21 June 2022 at 11:24 · 🌐

International yoga day celebration at Dr M L Dhawale Memorial Homoeopathic Institute and Dr M L Dhawale Memorial Trust Hospital, Palghar

#internationalyogaday2022 #yogaday #yogaislife

ORIENTATION PROGRAMME -2021-22





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mldmhi MD(Hom) Part 1 student's orientation programme at MLDT's Community Health Centre, Bhopoli

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mldmhi



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Induction day 2- Stage 2: Visioning and Fostering
Resource Awareness of the Self-

Getting aligned: The Institutional Vision with ONE's OWN
DREAM-

Vision exercise self and need of support and presentation

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14 April 2022