

10. स्थानान्तरण के कारण संक्षेप में (कृप्या सबूत की प्रति संलग्न करें) —      हाँ/नहीं
11. स्थायी पता —
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[विज्ञापन III/4/असा./147/15 (133)]

डॉ. ललित वर्मा, सचिव

**नोट :** मूल विनियमों को भारत के असाधारण राजपत्र भाग—III, खण्ड 4 में संख्या 7-1/83/के.हो.प. के द्वारा दिनांक 11 मई, 1983 को प्रकाशित किया गया तथा तत्पश्चात संशोधन किए गए :-

- 1      12-13/87-के.हो.प. (भाग—II) दिनांक 24 सितंबर, 2003; तथा
- 2      12-4/2000-के.हो.प. (भाग—I) दिनांक 13 जून, 2005 ।

### CENTRAL COUNCIL OF HOMOEOPATHY

#### NOTIFICATION

New Delhi, the 13th July, 2015

**F. No.12-13/2006-CCH (Pt. V).**—In exercise of the powers conferred by clauses (i), (j) and (k) of section 33 and sub-section (1) of section 20 of the Homoeopathy Central Council Act, 1973 (59 of 1973), the Central Council of Homoeopathy, with the previous sanction of the Central Government, hereby makes the following regulations further to amend the Homoeopathy (Degree Course) Regulations, 1983, namely:—

1. Short title and commencement.— (1) These regulations may be called the Homoeopathy (Degree Course) Amendment Regulations, 2015.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Application.— These regulations shall apply to students who shall be admitted for B.H.M.S (Degree Course) from the commencement of the academic session (2015-2016).

3. In the Homoeopathy (Degree Course) Regulations, 1983 (hereinafter referred to as the principal regulations), in regulation 2,-

(a) after clause (i), the following clause shall be inserted, namely: —

‘(ia) “clinical work” means case taking and treatment of patients in the hospital;’;

(b) after clause (ii), the following clause shall be inserted, namely: —

‘(iia) “demonstration” means an educational activity conducted to explain by way of experimentation to show practically or clinically, the process of explaining whatever taught in the class;’;

(c) after clause (vi), the following clause shall be inserted, namely: —

‘(via) “local body” means the development authority, municipal committee, municipal corporation and panchayat;’;

(d) after clause (vii), the following clause shall be inserted, namely: —

‘(viia) “seminar” means a session or sessions of discussion on a particular topic or topics related to the course involving interaction amongst the teaching faculty and the students;’;

(e) after clause (x), the following clause shall be inserted, namely: —

‘(xa) “tutorial” means a regular meeting in which a teacher and a small group of students discuss a topic as a part of the course;’;

4. In the principal regulations, in regulation 3, after clause (iii), the following clause shall be inserted, namely: —

“(iv) Every candidate shall complete the course including the passing of examination in all subjects and complete the compulsory internship training within a period of eleven years from the date of admission in First B.H.M.S Degree Course in the college concerned, failing which his name shall be removed from the rolls of the college.”.

5. In the principal regulations, for regulation 4, the following regulation shall be substituted, namely: —

“4. Eligibility criteria.- (i) No candidate shall be admitted to B.H.M.S Degree Course unless he has passed —

(a) the higher secondary examination or the Indian School Certificate Examination which is equivalent to 10+2 Higher Secondary Examination after a period of twelve years' study, the last two years of study comprising of Physics, Chemistry, Biology with Mathematics or any other elective subjects with English at a level not less than core course of English as prescribed by the National Council of Educational Research and Training after the introduction of the 10+2+3 years educational structure as recommended by the National Committee on Education;

or

(b) the intermediate examination in science of an Indian University or Board or other recognised examining body with Physics, Chemistry and Biology which shall include a practical test in these subjects and also English as a compulsory subject;

or

(c) the pre-professional or pre-medical examination with Physics, Chemistry and Biology, after passing either the higher secondary school examination, or the pre-university or an equivalent Examination, which shall include a practical test in Physics, Chemistry and Biology and also English as a compulsory subject;

or

(d) the first year of the three years' degree course of a recognised University, with Physics, Chemistry and Biology including a practical test in these subjects provided the examination is a University Examination and candidate has passed 10+2 with English at a level not less than a core course;

or

(e) any other examination which, in scope and standard is found to be equivalent to the intermediate science examination of an Indian University or Board, taking Physics, Chemistry and Biology including practical test in each of these subjects and English as a compulsory subject;

(ii) No candidate shall be admitted to B.H.M.S Degree Course unless he has attained the age of 17 years' on or before 31st December of the year of his admission to the first year of the course.

(iii) No candidate shall be admitted to B.H.M.S Degree Course if he is blind (including colour blindness), deaf, dumb, deaf and dumb.”.

6. In the principal regulations, after regulation 4, the following regulation shall be inserted, namely:-

“4A. Criteria for selection of students.- (i) The selection of students to the college shall be based solely on merit of the candidate and for determination of merit, the following criteria be adopted uniformly throughout the country, namely:-

(a) In States, having only one Medical College and one University or examining body conducting the competitive examination, marks obtained at such qualifying examination shall be taken into consideration.

(b) In states, having more than one University or examining body conducting the competitive examination or where there is more than one medical college under the administrative control of one authority, a competitive examination shall be held so as to achieve a uniform evaluation.

(c) Where there are more than one college in a State and only one University or examining Board conducting the competitive examination, then a joint selection board consisting of the Principals of all the colleges and a representative from the faculty of University or examining Body, as the case may be, shall be constituted by the State Government for all colleges to achieve a uniform method of competitive examination.

(d) The Central Government itself or any other agency notified by it shall conduct a competitive examination in the case of institutions of an all India character.

(ii) A candidate shall be eligible for the competitive examination if he has passed any of the qualifying examinations specified under regulation 4:

Provided that a candidate who has appeared in the qualifying examination the result of which has not been declared, he may be provisionally permitted to take up the competitive examination and in case of selection for admission to the B.H.M.S Degree Course, he shall not be admitted to that course until he fulfils the eligibility criteria under regulation 4.”.

7. In the principal regulations, for regulation 5, the following regulation shall be substituted, namely: —

“5. Subjects.—Subjects for study and examination for the B.H.M.S (Degree) Course shall be as under, namely: —

Sl.No	Name of the Subject	Subject taught during	Holding of examination
1.	Anatomy	First B.H.M.S.	At the end of First B.H.M.S.
2.	Physiology	First B.H.M.S.	At the end of First B.H.M.S.
3.	Organon of Medicine with Homoeopathic Philosophy	First B.H.M.S, Second B.H.M.S, Third B.H.M.S and Fourth B.H.M.S.	At the end of Second, Third and Fourth B.H.M.S.
4.	Homoeopathic Pharmacy	First B.H.M.S.	At the end of First B.H.M.S.
5.	Homoeopathic Materia Medica	First B.H.M.S, Second B.H.M.S, Third B.H.M.S and Fourth B.H.M.S.	At the end of Second, Third and Fourth B.H.M.S.
6.	Pathology	Second B.H.M.S.	At the end of Second B.H.M.S.
7.	Forensic Medicine and Toxicology	Second B.H.M.S.	At the end of Second B.H.M.S.
8.	Practice of Medicine	Third B.H.M.S and Fourth B.H.M.S.	At the end of Fourth B.H.M.S.
9.	Surgery	Second B.H.M.S. and Third B.H.M.S.	At the end of Third B.H.M.S.
10.	Gynecology and Obstetrics	Second B.H.M.S. and Third B.H.M.S.	At the end of Third B.H.M.S.
11.	Community Medicine	Third B.H.M.S and Fourth B.H.M.S.	At the end of Fourth B.H.M.S.
12.	Repertory	Third B.H.M.S and Fourth B.H.M.S.	At the end of Fourth B.H.M.S.”.

8. In the principal regulations, for regulation 6, the following regulation shall be substituted, namely:—

“6. Syllabus for degree course. – The following shall be the syllabus for B.H.M.S (Degree) Course.

#### ANATOMY

Instructions:

I (a) Instructions in anatomy should be so planned as to present a general working knowledge of the structure of the human body;

(b) The amount of detail which a student is required to memorise should be reduced to the minimum;

(c) Major emphasis should be laid on functional anatomy of the living subject rather than on the static structures of the cadaver, and on general anatomical positions and broad relations of the viscera, muscles, blood-vessels, nerves and lymphatics and study of the cadaver is the only means to achieve this;

(d) Students should not be burdened with minute anatomical details which have no clinical significance.

II Though dissection of the entire body is essential for the preparation of the student of his clinical studies, the burden of dissection can be reduced and much saving of time can be effected, if considerable reduction of the amount of topographical details is made and the following points are kept in view:-

(1) Only such details as have professional or general educational value for the medical students.

(2) The purpose of dissection is to give the student an understanding of the body in relation to its function, and the dissection should be designed to achieve this goal.

(3) Normal radiological anatomy may also form part of practical or clinical training and the structure of the body should be presented linking functional aspects.

- (4) Dissection should be preceded by a course of lectures on the general structure of the organ or the system under discussion and then its function. In this way anatomical and physiological knowledge can be presented to students in an integrated form and the instruction of the whole course of anatomy and physiology and more interesting, lively and practical or clinical.
- (5) A good part of the theoretical lectures on anatomy can be transferred to tutorial classes with the demonstrations.
- (6) Students should be able to identify anatomical specimens and structures displayed in the dissections.
- (7) Lectures or demonstrations on the clinical and applied anatomy should be arranged in the later part of the course and it should aim at demonstrating the anatomical basis of physical signs and the value of anatomical knowledge to the students.
- (8) Seminars and group discussions to be arranged periodically with a view of presenting these subjects in an integrated manner.
- (9) More stress on demonstrations and tutorials should be given. Emphasis should be laid down on the general anatomical positions and broad relations of the viscera, muscles, blood vessels, nerves and lymphatics.
- (10) There should be joint seminars with the departments of Physiology and Bio-Chemistry which should be organised once a month.
- (11) There should be a close correlation in the teaching of gross Anatomy, Histology, Embryology and Genetics and the teaching of Anatomy, Physiology including Bio-chemistry shall be integrated.

#### A. Theory:

(a) A complete course of human anatomy with general working knowledge of different anatomical parts of the body.

The curriculum includes the following, namely:-

#### 1. General Anatomy:

- 1.1. Modern concepts of cell and its components; cell division, types with their significance.
- 1.2. Tissues.
- 1.3. Genetics.

#### 2. Developmental anatomy (Embryology):

- 2.1. Spermatogenesis
- 2.2. Oogenesis
- 2.3. Formation of germ layers
- 2.4. Development of embryogenic disk
- 2.5. Placenta
- 2.6. Development of abdominal organs
- 2.7. Development of cardio vascular system
- 2.8. Development of nervous system
- 2.9. Development of respiratory system
- 2.10. Development of body cavities
- 2.11. Development of uro-genital system

#### 3. Regional anatomy:

This will be taught under the following regions:-

- 3.1. Head, Neck and Face, Brain
- 3.2. Thorax
- 3.3. Abdomen
- 3.4. Upper and Lower Extremities
- 3.5. Special Senses

Each of the above areas will cover,-

- (a) osteology
- (b) syndesmology (joints)
- (c) myology
- (d) angiology
- (e) neurology
- (f) splanchnology (viscera and organs)
- (g) surface anatomy
- (h) applied anatomy
- (i) radiographic anatomy

#### 4. Histology (Microanatomy):

##### B. Practical -

1. Dissection of the whole human body, demonstration of dissected parts.
2. Identification of histological slides related to tissues and organs.
3. Students shall maintain practical or clinical journals and dissection cards.

##### C. Examination:

##### 1. Theory:

The written papers in anatomy shall be in two papers, namely:—

##### 1.1. Paper-I

- a. General Anatomy,
- b. Head, face and neck, Central nervous System, upper extremities and Embryology.

##### 1.2. Paper-II

- a. Thorax, abdomen, pelvis, lower extremities and Histology (micro-anatomy).

##### 2. The Practical including viva voce or oral examination includes the following:-

2.1. Marks: 200

2.2. Distribution of marks-

**Marks**

2.2.1. Knowledge of dissected parts-	20
2.2.2. Viscera	20
2.2.3. Bones	20
2.2.4. Surface Anatomy	10
2.2.5. Spotting(including Radiology and Histology)	20
2.2.6. Maintenance of Practical record or journal and dissection card	10
2.2.7. Viva Voce (Oral)	100

Total 200

### **PHYSIOLOGY**

Instructions:

I (a) The purpose of a course in physiology is to teach the functions, processes and inter-relationship of the different organs and systems of the normal disturbance in disease and to equip the student with normal standards of reference for use while diagnosing and treating deviations from the normal;

(b) To a Homoeopath the human organism is an integrated whole of body life and mind and though life includes all the chemico-physical processes it transcends them;

(c) There can be no symptoms of disease without vital force animating the human organism and it is primarily the vital force which is deranged in disease;

(d) Physiology shall be taught from the stand point of describing physical processes underlying them in health;

(e) Applied aspect of every system including the organs is to be stressed upon while teaching the subject.

II (a) There should be close co-operation between the various departments while teaching the different systems;

(b) There should be joint courses between the two departments of anatomy and physiology so that there is maximum co-ordination in the teaching of these subjects;

(c) Seminars should be arranged periodically and lecturers of anatomy, physiology and bio-chemistry should bring home the point to the students that the integrated approach is more meaningful.

#### A. Theory:

The curriculum includes the following, namely:—

#### I. General physiology:

1. Introduction to cellular physiology
2. Cell Junctions
3. Transport through cell membrane and resting membrane potential
4. Body fluids compartments
5. Homeostasis

#### II. Body fluids:

1. Blood
2. Plasma Proteins
3. Red Blood Cells
4. Erythropoiesis
5. Haemoglobin and Iron Metabolism
6. Erythrocyte Sedimentation Rate
7. Packed Cell Volume and Blood Indices
8. Anaemia
9. Haemolysis and Fragility of Red Blood Cells
10. White Blood Cell
11. Immunity
12. Platelets
13. Haemostasis
14. Coagulation of Blood
15. Blood groups
16. Blood Transfusion
17. Blood volume
18. Reticulo-endothelial System and Tissue Macrophage
19. Lymphatic System and Lymph
20. Tissue Fluid and Oedema

#### III. Cardio-vascular system:

1. Introduction to cardiovascular system
2. Properties of cardiac muscle
3. Cardiac cycle

4. General principles of circulation
5. Heart sounds
6. Regulation of cardiovascular system
7. Normal and abnormal Electrocardiogram (ECG)
8. Cardiac output
9. Heart rate
10. Arterial blood pressure
11. Radial Pulse
12. Regional circulation- Cerebral, Splanchnic, Capillary, Cutaneous & skeletal muscle circulation
13. Cardiovascular adjustments during exercise

IV. Respiratory system and environmental physiology:

1. Physiological anatomy of respiratory tract
2. Mechanism of respiration : Ventilation, diffusion of gases
3. Transport of respiratory gases
4. Regulation of respiration
5. Pulmonary function tests
6. High altitude and space physiology
7. Deep sea physiology
8. Artificial respiration
9. Effects of exercise on respiration

V. Digestive system:

1. Introduction to digestive system
2. Composition and functions of digestive juices
3. Physiological anatomy of Stomach, Pancreas, Liver and Gall bladder, Small intestine, Large intestine
4. Movements of gastrointestinal tract
5. Gastrointestinal hormones
6. Digestion and absorption of carbohydrates, proteins and lipids

VI. Renal physiology and skin:

1. Physiological anatomy of kidneys and urinary tract
2. Renal circulation
3. Urine formation : Renal clearance, glomerular filtration, tubular reabsorption, selective secretion, concentration of urine, acidification of urine
4. Renal function tests
5. Micturition
6. Skin
7. Sweat
8. Body temperature and its regulation

VII. Endocrinology:

1. Introduction to endocrinology
2. Hormones and hypothalamo-hypophyseal axis
3. Pituitary gland
4. Thyroid gland

5. Parathyroid
6. Endocrine functions of pancreas
7. Adrenal cortex
8. Adrenal medulla
9. Endocrine functions of other organs

VIII. Reproductive system:

1. Male reproductive system- testis and its hormones; seminal vesicles, prostate gland, semen.
2. Introduction to female reproductive system
3. Menstrual cycle
4. Ovulation
5. Menopause
6. Infertility
7. Pregnancy and parturition
8. Placenta
9. Pregnancy tests
10. Mammary glands and lactation
11. Fertility
12. Foetal circulation

IX. Central nervous system:

1. Introduction to nervous system
2. Neuron
3. Neuroglia
4. Receptors
5. Synapse
6. Neurotransmitters
7. Reflex
8. Spinal cord
9. Somato-sensory system and somato-motor system
10. Physiology of pain
11. Brainstem, Vestibular apparatus
12. Cerebral cortex
13. Thalamus
14. Hypothalamus
15. Internal capsule
16. Basal ganglia
17. Limbic system
18. Cerebellum – Posture and equilibrium
19. Reticular formation
20. Proprioceptors
21. Higher intellectual function
22. Electroencephalogram (EEG)



23. Physiology of sleep
24. Cerebro-spinal fluid (CSF)
25. Autonomic Nervous System (ANS)

X. Special senses:

Eye : Photochemistry of vision, Visual pathway, Pupillary reflexes, Colour vision, Errors of refraction

1. Ear: Auditory pathway, Mechanism of hearing, Auditory defects
3. Sensation of taste : Taste receptors, Taste pathways
4. Sensation of smell : Olfactory receptors, olfactory pathways
5. Sensation of touch

XI. Nerve muscle physiology:

1. Physiological properties of nerve fibres
2. Nerve fibre- types, classification, function, Degeneration and regeneration of peripheral nerves
3. Neuro-Muscular junction
4. Physiology of Skeletal muscle
5. Physiology of Cardiac muscle
6. Physiology of Smooth muscle
7. EMG and disorders of skeletal muscles

XII. Bio-physical sciences:

1. Filtration
2. Ultra filtration
3. Osmosis
4. Diffusion
5. Adsorption
6. Hydrotropy
7. Colloid
8. Donnan Equilibrium
9. Tracer elements
10. Dialysis
11. Absorption
12. Assimilation
13. Surface tension

B. Practical:

I. Haematology:

1. Study of the Compound Microscope
2. Introduction to haematology
3. Collection of Blood samples.
4. Estimation of Haemoglobin Concentration
5. Determination of Haematocrit
6. Haemocytometry
7. Total RBC count
8. Determination of RBC indices

9. Total Leucocytes Count (TLC)
10. Preparation and examination of Blood Smear
11. Differential Leucocyte Count (DLC)
12. Absolute Eosinophil Count
13. Determination of Erythrocyte Sedimentation Rate
14. Determination of Blood Groups
15. Osmotic fragility of Red cells
16. Determination of Bleeding Time and Coagulation Time
17. Platelet Count
18. Reticulocyte Count

## II. Human experiments:

1. General Examination
2. Respiratory System- Clinical examination, Spirometry, Stethography
3. Gastrointestinal System- Clinical examination
4. Cardiovascular System- Blood pressure recording, Radial pulse, ECG, Clinical examination
5. Nerve and Muscle Physiology- Mosso's Ergography, Handgrip Dynamometer
6. Nervous System- Clinical examination
7. Special Senses- Clinical examination
8. Reproductive System- Diagnosis of pregnancy

## BIO-CHEMISTRY

### A. Theory:

1. Carbohydrates: (Chemistry, Metabolism, Glycolysis, TCA, HMP, Glycogen synthesis and degradation, Blood glucose regulation)
2. Lipids: (Chemistry, Metabolism, Intestinal uptake, Fat transport, Utilisation of stored fat, Activation of fatty acids, Beta oxidation and synthesis of fatty acids)
3. Proteins: (Chemistry, Metabolism, Digestion of protein, Transamination, Deamination, Fate of Ammonia, Urea cycle, End products of each amino acid and their entry into TCA cycle)
4. Enzymes: (Definition, Classification, Biological Importance, Diagnostic use, Inhibition)
5. Vitamins: (Daily requirements, Dietary source, Disorders and physiological role)
6. Minerals (Daily requirement, Dietary Sources, Disorders and physiological role)
7. Organ function tests

### B. Practical:

1. Demonstration of uses of instruments or equipment
2. Qualitative analysis of carbohydrates, proteins and lipids
3. Normal characteristics of urine
4. Abnormal constituents of urine
5. Quantitative estimation of glucose, total proteins, uric acid in blood
6. Liver function tests
7. Kidney function tests

8. Lipid profile

9. Interpretation and discussion of results of biochemical tests.

C. Examination:

1. Theory:

(1) No. of Papers- 02

(2) Marks: Paper I- 100

(3) Paper II- 100

1.1. Contents:

1.1.1. Paper-I:

General Physiology, Biophysics, Body fluids, Cardiovascular system, Reticuloendothelial system, Respiratory system, Excretory system, Regulation of body temperature, Skin, Nerve Muscle physiology

1.1.2. Paper-II:

Endocrine system, Central Nervous System, Digestive system and metabolism, Reproductive system, Sense organs, Biochemistry, Nutrition.

2. Practical Including viva voce or oral:

2.1. Marks; 200

2.2. Distribution of marks;

Marks

2.2.1. Experiments

50

2.2.2. Spotting

30

2.2.3. Maintenance of Practical record/Journal

20

2.2.4. Viva Voce (Oral)

100

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Total

200

#### ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY

Instructions:

I (a) Organon of Medicine with Homoeopathic Philosophy is a vital subject which builds up the conceptual base of the physician;

(b) It illustrates those principles which when applied in practice enable the physician to achieve results, which he can explain logically and rationally in medical practice with greater competence;

(c) Focus of the education and training should be to build up the conceptual base of Homoeopathic Philosophy for use in medical practice.

II Homoeopathy should be taught as a complete system of medicine with logical rationality of its holistic, individualistic and dynamistic approach to life, health, disease, remedy and cure and in order to achieve this, integration in the study of logic, psychology and the fundamentals of Homoeopathy becomes necessary.

III (a) It is imperative to have clear grasp of inductive and deductive logic, and its application and understanding of the fundamentals of Homoeopathy;

(b) Homoeopathic approach in therapeutics is a holistic approach and it demands a comprehension of patient as a person, disposition, state of his mind and body, along with the study of the disease process and its causes;

(c) Since Homoeopathy lays great emphasis on knowing the mind, preliminary and basic knowledge of the psychology becomes imperative for a homoeopathic physician and introduction to psychology will assist the student in building up his conceptual base in this direction.

IV The department of organon of medicine shall co-ordinate with other departments where students are sent for the pre-clinical and clinical trainin and this will not only facilitate integration with other related departments, but also enhance the confidence of the students when they will be attending specialty clinics.

## FIRST B.H.M.S.

## A. Theory:

## 1. Introductory lectures

- 1.1. Evolution of medical practice of the ancients (Prehistoric Medicine, Greek Medicine, Chinese medicine, Hindu medicine and Renaissance) and tracing the empirical, rationalistic and vitalistic thoughts.
- 1.2. Short history of Hahnemann's life, his contributions, and discovery of Homoeopathy, situation leading to discovery of Homoeopathy
- 1.3. Brief life history and contributions of early pioneers of homoeopathy like C.V. Boenninghausen, J.T. Kent, C. Hering, Rajendra Lal Dutta, M.L. Sircar
- 1.4. History and Development of Homoeopathy in India, U.S.A. and European countries
- 1.5. Fundamental Principles of Homoeopathy.
- 1.6. Basic concept of:
  - 1.6.1. Health: Hahnemann's concept and modern concept.
  - 1.6.2. Disease: Hahnemann's concept and modern concept.
  - 1.6.3. Cure.
- 1.7. Different editions and constructions of Hahnemann's Organon of Medicine.

## 2. Logic

To understand organon of medicine and homoeopathic philosophy, it is essential to be acquainted with the basics of LOGIC to grasp inductive and deductive reasonings.

Preliminary lectures on inductive and deductive logic (with reference to philosophy book of Stuart Close Chapter 3 and 16).

## 3. Psychology

- 3.1. Basics of Psychology.
- 3.2. Study of behavior and intelligence.
- 3.3. Basic concepts of Sensations.
- 3.4. Emotion, Motivation, Personality, Anxiety, Conflict, Frustration, Depression, Fear, Psychosomatic Manifestations
- 3.5 Dreams.

## 4. Aphorisms 1 to 28 of organon of medicine

## 5. Homoeopathic Prophylaxis

B. Examination: There shall be no examination in the subject in First B.H.M.S.

## SECOND B.H.M.S.

## A. Theory:

1. Aphorisms 29-104 including foot notes of Organon of Medicine (5<sup>th</sup> & 6<sup>th</sup> Editions translated by R.E. Dudgeon and W. Boericke).
2. Homoeopathic philosophy:
  - 2.1. Chapters of Philosophy books of J.T. Kent (Chapters 1 to 17, 23 to 27, 31 to 33), Stuart Close (Chapters- 8, 9, 11, 12) and H.A. Roberts (Chapters 3, 4, 5, 6, 8, 9, 11, 17, 18, 19, 20), related to Aphorisms 29-104 of Organon of Medicine
  - 2.2. Symptomatology:
 

Details regarding Symptomatology are to be comprehended by referring to the relevant aphorisms of organon of medicine and chapters of the books on homoeopathic philosophy.
  - 2.3. Causations:
 

Thorough comprehension of the evolution of disease, taking into account pre-disposing, fundamental, exciting and maintaining causes.

## 2.4. Case taking:

The purpose of homoeopathic case taking is not merely collection of the disease symptoms from the patient, but comprehending the patient as a whole with the correct appreciation of the factors responsible for the genesis and maintenance of illness. Hahnemann's concept and method of case taking, as stated in his Organon of Medicine is to be stressed upon.

## 2.5. Case processing: This includes,

- (i) Analysis of Symptoms,
- (ii) Evaluation of Symptoms,
- (iii) Miasmatic diagnosis,
- (iv) Totality of symptoms

## B. Practical or clinical:

1. Clinical posting of students shall be started from Second B.H.M.S onwards.
2. Each student shall maintain case records of at least ten acute cases

## C. Examination:

## 1. Theory

- 1.1. No. of papers -01
- 1.2. Marks: 100
- 1.3. Distribution of marks:
  - 1.3.1. Logic – 15 marks
  - 1.3.2. Psychology – 15 marks
  - 1.3.3. Fundamentals of homoeopathy and aphorisms 1 to 104 – 50 marks
  - 1.3.4. Homoeopathic philosophy – 20 marks

## 2. Practical including viva voce or oral:

2.1. Marks: 100	
2.2. Distribution of marks:	<u>Marks</u>
2.2.1. Case taking and Case processing	40
2.2.2. Maintenance of practical record or journal	10
2.2.4. Viva voce (oral)	50
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Total	<u>100</u>

## THIRD B.H.M.S.

## A. Theory:

In addition to revision of Aphorisms studied in First B.H.M.S and Second B.H.M.S, the following shall be covered, namely:—

1. Hahnemann's Prefaces and Introduction to Organon of Medicine.
2. Aphorisms 105 to 294 of Hahnemann's Organon of Medicine, including foot notes (5th and 6th Editions translated by R.E. Dudgeon and W. Boericke)
3. Chapters of Philosophy books of J.T. Kent (Chapters- 28, 29, 30, 34 to 37), Stuart Close (Chapters- 7, 10, 13, 14, 15) & H.A. Roberts (Chapters- 7, 10, 12 to 19, 21, 34) related to 105-294 Aphorisms of Organon of Medicine.

**B. Practical or clinical:**

Each student appearing for Third B.H.M.S examination shall maintain records of 20 cases (10 acute and 10 chronic cases).

**C. Examination:****1. Theory:****1.1.** Number of papers - 01**1.2.** Marks: 100**1.3.** Distribution of Marks:

1.3.1. Aphorisms 1 to 294 : 60 marks

1.3.2. Homoeopathic philosophy: 40 marks

**2. Practical including viva voce or oral:**

2.1. Marks: 100

2.2. Distribution of marks;

Marks

2.2.1. Case taking and case processing 40

2.2.3. Maintenance of practical record or journal 10

2.2.4. Viva voce (oral) 50

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Total 100**FOURTH B.H.M.S.****A. Theory:**

In addition to the syllabus of First B.H.M.S, Second B.H.M.S and Third B.H.M.S, the following shall be covered, namely:—

1. Evolution of medical practice of the ancients (Prehistoric Medicine, Greek Medicine, Chinese medicine, Hindu medicine and Renaissance) and tracing the empirical, rationalistic and vitalistic thoughts.

2. Revision of Hahnemann's Organon of Medicine (Aphorisms 1-294) including footnotes (5th & 6th Editions translated by R.E. Dudgeon and W. Boericke).

3. Homoeopathic Philosophy:

Philosophy books of Stuart Close (Chapters- 1, 2, 4, 5, 6, 8, 17), J.T. Kent (Chapters - 18 to 22) and H.A. Roberts (Chapters- 1 to 5, 20, 22 to 33, 35), Richard Hughes (Chapters- 1 to 10) and C. Dunham (Chapters- 1 to 7).

4. Chronic Diseases:

4.1. Hahnemann's Theory of Chronic Diseases.

4.2. J.H. Allen's The Chronic Miasms – Psora and Pseudo-psora; Sycosis

(a) Emphasis should be given on the way in which each miasmatic state evolves and the characteristic expressions are manifested at various levels and attempt should be made to impart a clear understanding of Hahnemann's theory of chronic miasms.

(b) The characteristics of the miasms need to be explained in the light of knowledge acquired from different branches of medicine.

(c) Teacher should explain clearly therapeutic implications of theory of chronic miasms in practice and this will entail a comprehension of evolution of natural disease from miasmatic angle, and it shall be correlated with applied materia medica.

**B. Practical or clinical:**

(a) The students shall maintain practical records of patients treated in the out patient department and inpatient department of the attached hospital.

(b) The following shall be stressed upon in the case records, namely:—

- (1) receiving the case properly (case taking) without distortion of the of patient's expressions;
- (2) nosological diagnosis;
- (3) analysis and evaluation of the symptoms, miasmatic diagnosis and portraying the totality of symptoms;
- (4) individualisation of the case for determination of the similimum, prognosis, general management including diet and necessary restrictions on mode of life of the individual patients;
- (5) state of susceptibility to formulate comprehensive plan of treatment;
- (6) order of evaluation of the characteristic features of the case would become stepping stone for the repertorial totality;
- (7) remedy selection and posology;
- (8) second prescription.

Note: (1) Each student has to maintain records of twenty thoroughly worked out cases (ten chronic and ten acute cases).

(2) Each student shall present at least one case in the departmental symposium or seminar.

C. Examination:

1. Theory:

1.1 Number of papers - 02

1.2 Marks: Paper I: 100, Paper II: 100

1.3 Distribution of marks:

Paper I: Aphorisms 1-145:- 30 marks

Aphorisms 146-294:- 70 marks

Paper II: Chronic diseases – 50 marks

Homoeopathic philosophy – 50 marks

2. Practical including viva voce or oral:

2.1. Marks: 100

2.2. Distribution of marks;

2.2.1. Case taking and case processing of a long case

Marks

30

2.2.2. Case taking and case processing of a short case

10

2.2.3. Maintenance of practical  
record or journal

10

2.2.4. Viva Voce (oral)

50

-----

Total

100

### HOMOEOPATHIC PHARMACY

Instructions:

Instruction in Homoeopathic Pharmacy shall be so planned as to present ,—

- (1) importance of homoeopathic pharmacy in relation to study of homoeopathic materia medica, organon of medicine and national economy as well as growth of homoeopathic pharmacy and research;
- (2) originality and speciality of homoeopathic pharmacy and its relation to pharmacy of other recognised systems of medicine;
- (3) the areas of teaching shall encompass the entire subject but stress shall be laid on the fundamental topics that form the basis of homoeopathy.

A. Theory:

I. General concepts and orientation:

1. History of pharmacy with emphasis on emergence of Homoeopathic Pharmacy.
2. Official Homoeopathic Pharmacopoeia (Germany, Britain, U.S.A., India).
3. Important terminologies like scientific names, common names, synonyms.
4. Definitions in homoeopathic pharmacy.
5. Components of Pharmacy.
6. Weights and measurements.
7. Nomenclature of homoeopathic drugs with their anomalies.

#### II. Raw Material: drugs and vehicles

1. Sources of drugs (taxonomic classification, with reference to utility).
2. Collection of drug substances.
3. Vehicles.
4. Homoeopathic Pharmaceutical Instruments and appliances.

#### III. Homoeopathic Pharmaceutics:

1. Mother tincture and its preparation – old and new methods.
2. Various scales used in homoeopathic pharmacy.
3. Drug dynamisation or potentisation.
4. External applications (focus on scope of Homoeopathic lotion, glycerol, liniment and ointment).
5. Doctrine of signature.
6. Posology (focus on basic principles; related aphorisms of organon of medicine).
7. Prescription (including abbreviations).
8. Concept of placebo.
9. Pharmaconomy – routes of homoeopathic drug administration.
10. Dispensing of medicines.
11. Basics of adverse drug reactions and pharmaco-vigilance.

#### IV. Pharmacodynamics:

1. Homoeopathic Pharmacodynamics
2. Drug Proving (related aphorisms 105 – 145 of organon of medicine) and merits and de-merits of Drug Proving on Humans and Animals.
3. Pharmacological study of drugs listed in Appendix -A

#### V. Quality Control:

1. Standardisation of homoeopathic medicines, raw materials and finished products.
2. Good manufacturing practices; industrial pharmacy.
3. Homoeopathic pharmacopoeia laboratory – functions and activities, relating to quality control of drugs.

#### VI. Legislations pertaining to pharmacy:

1. The Drugs and Cosmetics Act, 1940 (23 of 1940) {in relation to Homoeopathy};
2. Drugs and Cosmetics Rules, 1945 {in relation to Homoeopathy};
3. Poisons Act, 1919 (12 of 1919);
4. The Narcotic Drugs and Psychotropic Substances Act, 1985 (61 of 1985);
5. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954);
6. Medicinal and Toilet Preparations (Excise Duties) Act, 1955 (16 of 1955).



## B. Practical:

## Experiments

1. Estimation of size of globules.
2. Medication of globules and preparation of doses with sugar of milk and distilled water.
3. Purity test of sugar of milk, distilled water and ethyl alcohol.
4. Determination of specific gravity of distilled water and ethyl alcohol.
5. Preparation of dispensing alcohol and dilute alcohol from strong alcohol.
6. Trituration of one drug each in decimal and centesimal scale.
7. Succussion in decimal scale from Mother Tincture to 6X potency.
8. Succussion in centesimal scale from Mother Tincture to 3C potency.
9. Conversion of Trituration to liquid potency: Decimal scale 6X to 8X potency.
10. Conversion of Trituration to liquid potency: Centesimal scale 3C to 4C potency.
11. Preparation of 0/1 potency (LM scale) of 1 Drug.
12. Preparation of external applications – lotion, glycerol, liniment, ointment.
13. Laboratory methods – sublimation, distillation, decantation, filtration, crystallisation.
14. Writing of prescription.
15. Dispensing of medicines.
16. Process of taking minims.
17. Identification of drugs (listed in Appendix B)-
  - (i) Macroscopic and Microscopic characteristic of drug substances- minimum 05 drugs;
  - (ii) Microscopic study of trituration of two drugs (up to 3X potency).
18. Estimation of moisture content using water bath.
19. Preparation of mother tincture – maceration and percolation.
20. Collection of 30 drugs for herbarium.
21. Visit to homoeopathic pharmacopoeia laboratory and visit to a large scale manufacturing unit of homoeopathic medicines (GMP compliant). (Students shall keep detailed visit reports as per proforma at Annexure- 'B').

## C. Demonstration

1. General instructions for practical or clinical in pharmacy.
2. Identification and use of homoeopathic pharmaceutical instruments and appliances and their cleaning.
3. Estimation of moisture content using water bath.
4. Preparation of mother tincture – maceration and percolation.

## APPENDIX-A

List of drugs included in the syllabus of pharmacy for study of pharmacological action:-

1. Aconitum napellus
2. Adonis vernalis
3. Allium cepa
4. Argentum nitricum
5. Arsenicum album
6. Atropa Belladonna
7. Cactus grandiflorus
8. Cantharis vesicatoria

9. *Cannabis indica*
10. *Cannabis sativa*
11. *Cinchona officinalis*
12. *Coffea cruda*
13. *Crataegus oxyacantha*
14. *Crotalus horridus*
15. *Gelsemium sempervirens*
16. *Glonoinum*
17. *Hydrastis canadensis*
18. *Hyoscyamus niger*
19. *Kali bichromicum*
20. *Lachesis*
21. *Lithium carbonicum*
22. *Mercurius corrosivus*
23. *Naja tripudians*
24. *Nitricum acidum*
25. *Nux vomica*
26. *Passiflora incarnata*
27. *Stannum metallicum*
28. *Stramonium*
29. *Symphytum officinale*
30. *Tabacum*

## APPENDIX-B

List of drugs for identification

## I. Vegetable Kinngdom

1. *Aegle folia*
2. *Anacardium orientale*
3. *Andrographis paniculata*
4. *Calendula officinalis*
5. *Cassia sophera*
6. *Cinchona officinalis*
7. *Cocculus indicus*
8. *Coffea cruda*
9. *Colocynthis*
10. *Crocus sativa*
11. *Croton tiglium*
12. *Cynodon dactylon*
13. *Ficus religiosa*
14. *Holarrhena antidysenterica*
15. *Hydrocotyle asiatica*
16. *Justicia adhatoda*

17. Lobelia inflata
18. Nux vomica
19. Ocimum sanctum
20. Opium
21. Rauwolfia serpentina
22. Rheum
23. Saraca indica
24. Senna
25. Stramonium
26. Vinca minor

## II. Chemicals or Minerals

1. Aceticum acidum
2. Alumina
3. Argentum metallicum
4. Argentum nitricum
5. Arsenicum album
6. Calcareo carbonica
7. Carbo vegetabilis
8. Graphites
9. Magnesium phosphorica
10. Natrum muriaticum
11. Sulphur

## III. Animal kingdom

1. Apis mellifica
2. Blatta orientalis
3. Formica rufa
4. Sepia
5. Tarentula cubensis

### Note:

1. Each student shall maintain practical or clinical record or journal and herbarium file separately.
2. College authority shall facilitate the students in maintaining record as per Appendix-C.

### E. Examination:

#### 1. Theory

- 1.1 Number of paper - 01
- 1.2 Marks: 100

#### 2. Practical including viva voce or oral

- 2.1. Marks: 100
- 2.2. Distribution of marks;
 

	<u>Marks</u>
2.2.1. Experiments	15
2.2.2. Spotting	20
2.2.3. Maintenance of practical records or journal	10

2.2.4. Maintenance of herbarium record	05
2.2.5. Viva voce (oral)	50
	-----
Total	<u>100</u>

### HOMOEOPATHIC MATERIA MEDICA

Instructions:

I (a) Homoeopathic Materia Medica is differently constructed as compared to other Materia Medicas;

(b) Homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal substance, the drug substance as a whole is lost sight of.

II Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on healthy persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.

III (a) The Homoeopathic Materia Medica consists of a schematic arrangement of symptoms produced by each drug, incorporating no theories for explanations about their interpretation or inter-relationship;

(b) Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Homoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.

IV (a) The most commonly indicated drugs for day to day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications and they should be thoroughly dealt with explaining all comparisons and relationship;

(b) Students should be conversant with their sphere of action and family relationships and the rarely used drugs should be taught in outline, emphasizing only their most salient features and symptoms.

(V) Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.

(VI) (a) While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned;

(b) The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorise a few drugs for a particular disease and this Hahnemannian approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned;

(c) Application of Materia Medica should be demonstrated from case-records in the outdoor and the indoor;

(d) Lectures on comparative Materia Medica and therapeutics as well as tutorials should be integrated with lectures on clinical medicine;

VII For the teaching of drugs, the department should keep herbarium sheets and other specimens for demonstrations to the students and audio-visual material shall be used for teaching and training purposes.

VIII (a) There is a large number of Homoeopathic medicines used today and much more medicines being experimented and proved at present and more will be added in future and some very commonly used Homoeopathic medicines are included in this curriculum for detail study;

(b) It is essential that at the end of this course each student should gain basic and sufficient knowledge of "How to study Homoeopathic Materia Medica" and to achieve this objective basic and general topic of Materia Medica should be taught in details during this curriculum, general topics should be taught in all the classes;

(c) The medicines are to be taught under the following headings, namely:—

(1) Common name, family, habitat, parts used, preparation, constituents (of source material).

(2) Proving data.

(3) Sphere of action.

(4) Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants) and constitution.

(5) Comparative study of medicines.

(6) Therapeutic applications (applied Materia Medica).

### FIRST B.H.M.S.

A. Theory:

General topics of Materia Medica :- (including introductory lectures)

(a) Basic Materia Medica –

1. Basic concept of Materia Medica
2. Basic construction of various Materia Medicas
3. Definition of Materia Medica

(b) Homoeopathic Materia Medica

1. Definition of Homoeopathic Materia Medica
2. Basic concept and construction of Homoeopathic Materia Medica.
3. Classification of Homoeopathic Materia Medica.
4. Sources of Homoeopathic Materia Medica.
5. Scope and Limitations of Homoeopathic Materia Medica.

Note: There shall be no examination in First B.H.M.S.

### SECOND B.H.M.S

A. Theory:

(a) In addition to syllabus of First B.H.M.S. Course, following shall be taught, namely:-

- (i) Science and philosophy of homoeopathic materia medica.
- (ii) Different ways of studying homoeopathic materia medica (e.g. psycho-clinical, pathological, physiological, synthetic, comparative, analytical, remedy relationships, group study, portrait study etc.)
- (iii) Scope and limitations of homoeopathic materia medica.
- (iv) Concordance or remedy relationships.
- (v) Comparative homoeopathic materia medica, namely:-  
Comparative study of symptoms, drug pictures, drug relationships.
- (vi) Theory of biochemic system of medicine, its history, concepts and principles according to Dr. Wilhelm Heinrich Schuessler. Study of 12 biochemic medicines. (tissue remedies).

(b) Homoeopathic Medicines to be taught in Second B.H.M.S as per Appendix –I.

### APPENDIX-I

- |                          |                           |
|--------------------------|---------------------------|
| 1. Aconitum napellus     | 14. Bryonia alba          |
| 2. Aethusa cynapium      | 15. Calcarea carbonica    |
| 3. Allium cepa           | 16. Calcarea fluorica     |
| 4. Aloe socotrina        | 17. Calcarea phosphoric   |
| 5. Antimonium crudum     | 18. Calcarea sulphurica   |
| 6. Antimonium tartaricum | 19. Calendula officinalis |
| 7. Apis mellifica        | 20. Chamomilla            |
| 8. Argentum nitricum     | 21. Cina                  |
| 9. Arnica Montana        | 22. Cinchona officinalis  |
| 10. Arsenicum album      | 23. Colchicum autumnale   |
| 11. Arum triphyllum      | 24. Colocynthis           |
| 12. Baptisia tinctoria   | 25. Drosera               |
| 13. Bellis perrenis      | 26. Dulcamara             |

27. Euphrasia	39. Natrum muriaticum
28. Ferrum phosphoricum	40. Natrum phosphoricum
29. Gelsemium	41. Natrum sulphuricum
30. Hepar sulph	42. Nux vomica
31. Hypericum perforatum	43. Pulsatilla
32. Ipecacuanha	44. Rhus toxicodendron
33. Kali muriaticum	45. Ruta graveolens
34. Kali phosphoricum	46. Silicea
35. Kali sulphuricum	47. Spongia tosta
36. Ledum palustre	48. Sulphur
37. Lycopodium clavatum	49. Symphytum officinale
38. Magnesium phosphoricum	50. Thuja occidentalis

B.: Practical or clinical:

This will cover,-

- (i) case taking of acute and chronic patients.
- (ii) case processing including totality of symptoms, selection of medicine, potency and repetition Schedule

Each student shall maintain practical record or journal with record of five cases.

C. Examination:

The syllabus covered in First BHMS and Second BHMS course are the following, namely:-

1. Theory:

1.1. Number of papers-01

1.2. Marks: 100

1.3. Distribution of marks:

1.3.1. Topics of I B.H.M.S. 50 Marks

1.3.2. Topics of II B.H.M.S. 50 Marks

2. Practical including viva voce or oral:

2.1. Marks:100

2.2. Distribution of marks;

Marks

2.2.1. Case taking and Case

processing of one long case

30

2.2.2. Case taking of one short Case

10

2.2.3. Maintenance of Practical  
record or journal

10

2.2.4. Viva voce (oral)

50

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Total

100

### THIRD B.H.M.S

In addition to the syllabus of First and Second B.H.M.S. including the use of medicines for Second BHMS (Appendix-I), the following additional topics and medicines are included in the syllabus of homoeopathic materia medica for the Third B.H.M.S examination.

A. General Topics of Homoeopathic Materia Medica –

In addition to the syllabus of First and Second B.H.M.S. including the use of medicines for Second BHMS (Appendix-I), the following additional topics and medicines are included in the syllabus of Homoeopathic Materia Medica for the Third B.H.M.S. Examination.

(a) concept of nosodes - definition of nosodes, types of nosodes, general indications of dosodes.

(b) concepts of constitution, temperaments, diathesis-

definitions, various concepts of constitution with their peculiar characteristics, importance of constitution, temperaments and diathesis and their utility in treatment of patients.

B. Concept of mother tincture.

C. Homoeopathic medicines to be taught in Third B.H.M.S. as in Appendix-II

#### APPENDIX-II

1.	Acetic acid
2.	Actea spicata
3.	Agaricus muscarius
4.	Agnus castus
5.	Alumina
6.	Ambra grisea
7.	Ammonium carbonicum
8.	Ammonium muriaticum
9.	Anacardium orientale
10.	Apocynum cannabinum
11.	Arsenicum Iodatum
12.	Asafoetida
13.	Aurum metallicum
14.	Baryta carbonica
15.	Belladonna
16.	Benzoic acid
17.	Berberis vulgaris
18.	Bismuth
19.	Borax
20.	Bovista Lycoperdon
21.	Bromium
22.	Bufo rana
23.	Cactus grandiflorus
24.	Caladium seguinum
25.	Calcarea arsenicosa
26.	Camphora
27.	Cannabis indica
28.	Cannabis sativa
29.	Cantharis vesicatoria
30.	Carbo vegetabilis
31.	Chelidonium majus

32.	Conium maculatum
33.	Crotalus horridus
34.	Croton tiglium
35.	Cyclamen europaeum
36.	Digitalis purpurea
37.	Dioscorea villosa
38.	Equisetum hyemale
39.	Ferrum metallicum
40.	Graphites
41.	Helleborus niger
42.	Hyoscyamus niger
43.	Ignatia amara
44.	Kali bichromicum
45.	Kali bromatum
46.	Kali carbonicum
47.	Kreosotum
48.	Lachesis muta
49.	Moschus
50.	Murex purpurea
51.	Muriatic acid
52.	Naja tripudians
53.	Natrum carbonicum
54.	Nitric acid
55.	Nux moschata
56.	Opium
57.	Oxalic acid
58.	Petroleum
59.	Phosphoric acid
60.	Phosphorus
61.	Phytolacca decandra
62.	Picric acid

63.	Platinum metallicum
64.	Podophyllum
65.	Secale cornutum
66.	Selenium
67.	Sepia
68.	Staphysagria
69.	Stramonium
70.	Sulphuric acid

71.	Syphilinum
72.	Tabacum
73.	Taraxacum officinale
74.	Tarentula cubensis
75.	Terebinthina
76.	Theridion
77.	Thlaspi bursa pastoris
78.	Veratrum album

Group studies	
Acid group	
Carbon group	
Kali group	
Ophidia group	
Mercurius group	
Spider group	

## D. Practical or clinical:

(1) This will cover,—

(a) case taking of acute and chronic patients.

(b) case processing including selection of medicine, potency and repetition schedule

(2) Each student shall maintain a journal having record of ten case takings.

## E. Examination:

## 1. Theory:

1. 1. Number of papers- 01

1. 2. Marks: 100

1. 3. Distribution of marks:

1.3.1. Topics of Second B.H.M.S. 50 Marks

1.3.2. Topics of Third B.H.M.S. 50 Marks

## 2. Practical including viva voce or oral:

2.1. Marks:100

2.2. Distribution of marks:

Marks

2.2.1. Case taking and case

processing of one long case

30

2.2.2. Case taking of one short case

10

2.2.3. Maintenance of practical

record or journal

10

2.2.4. Viva voce or oral

50

-----

Total

100

## Fourth B.H.M.S

In addition to the syllabus of First, Second and Third BHMS including the medicines taught as per the Appendices I and II, the following additional topics and medicines are included in the syllabus for the Fourth BHMS examination.



A. General topics of Homoeopathic materia medica – Sarcodes – definition and general indications.

B. Medicines indicated in Appendix-III shall be taught in relation to the medicines of Appendices-I and II for comparison wherever required.

APPENDIX-III

1	Abies canadensis	35	Sambucus nigra
2	Abies nigra	36	Squilla maritima
3	Carbo animalis	37	Baryta muriatica
4	Carbolic acid	38	Crataegus oxyacantha
5	Cundurango	39	Lithium carbonicum
6	Fluoricum acidum	40	Rauwolfia serpentina
7	Hydrastis canadensis	41	Caulophyllum
8	Raphanus sativus	42	Cocculus indicus
9	Magnesia carbonica	43	Crocus sativus
10	Magnesia muriatica	44	Helonias dioica
11	Anthracinum	45	Lillium tigrinum
12	Bacillinum	46	Sabina
13	Lac caninum	47	Trillium pendulum
14	Lac defloratum	48	Viburnum opulus
15	Lyssin	49	Cicuta virosa
16	Medorrhinum	50	Ranunculus bulbosus
17	Psorinum	51	Rhododendron chrysanthum
18	Pyrogenium	52	Clematis erecta
19	Vaccininum	53	Sabal serrulata
20	Variolinum	54	Sarsaparilla officinalis
21	Hydrocotyle asiatica	55	Coffea cruda
22	Mezereum	56	Glonoine
23	Radium bromatum	57	Melilotus
24	Urtica urens	58	Millefolium
25	Vinca minor	59	Sanguinaria canadensis
26	Abrotanum	60	Spigelia
27	Rheum palmatum	61	Veratrum viride
28	Sanicula aqua	62	Capsicum
29	Acalypha indica	63	Cedron
30	Corallium rubrum	64	Eupatorium perfoliatum
31	Lobelia inflata	65	Abroma augusta
32	Mephitis putorius	66	Calotropis gigantea
33	Rumex crispus	67	Carica papaya
34	Sabadilla officinalis	68	Cassia sophera

69	Ficus religiosa	104	Artemesia vulgaris
70	Jonosia asoca	105	Avena sativa
71	Justicia adhatoda	106	Blatta orientalis
72	Ocimum sanctum	107	Carcinosin
73	Syzigium jambolanum	108	Carduus marianus
74	Ratanhia peruviana	109	Ceanothus
75	Collinsonia canadensis	110	Chininum arsenicosum
76	Antimonium arsenicosum	111	Cholesterinum
77	Sticta pulmonaria	112	Coca erythroxyton
79	Asterias rubens	113	Diphtherinum
80	Iodium	114	Erigeron canadensis
81	Thyroidinum	115	Malandrinum
82	Argentum metallicum	116	Menyanthes
83	Cuprum metallicum	117	Onosmodium
84	Plumbum metallicum	118	Passiflora incarnata
85	Zincum metallicum	119	Ustilago maydis
86	Adonis vernalis	120	Stannum metallicum
87	Kalmia latifolia	121	Valeriana officinalis
88	Physostigma venenosum	122	X – ray
89	Mercurius corrosivus		
90	Mercurius cyanatus		
91	Mercurius dulcis		
92	Mercurius solubilis		
93	Mercurius sulphuricus		
94	Causticum		
95	Bacillus No. 7		
96	Dysentery co		
97	Gaertner		
98	Morgan pure		
99	Morgan gaertner		
100	Proteus bacillus		
101	Sycotic bacillus		
<b>Additional medicines</b>			
102	Aesculus hippocastanum		
103	Adrenalinum		

Sl. No.	Group studies
1	Baryta group
2	Calcarea group
3	Magnesia group
4	Natrum group
5	Compositae family
6	Ranunculaceae family
7	Solonaceae family

C. Practical or clinical:

Each student shall maintain a journal having record of ten acute and ten chronic case takings.

D. Examination:

1. Theory:

1. 1 Number of papers-02

**2.1** Marks: 200

2.1.1 Distribution of marks:

2.1.2 Paper-I: Topics of First, Second and Third B.H.M.S.— 100 Marks

2.1.3 Paper-II: Topics of IV B.H.M.S.— 100 Marks

2. Practical including viva voce or oral:

2.1. Marks: 200

2.2. Distribution of marks;

Marks

2.2.1. Case taking and Case

processing of one long case

60

2.2.2 Case taking of one short case

20

2.2.3 Maintenance of practical  
record or journal

20

2.2.4. Viva voce (oral)

100

-----

Total

200

## PATHOLOGY

Instructions:

I (a) Pathology and microbiology shall be taught in relation to the concept of miasms as evolved by Samuel Hahnemann and further developed by JT Kent, H.A. Robert, J.H. Allen and other stalwarts, with due reference to Koch's postulate, correlation with immunity, susceptibility and thereby emphasizing homoeopathic concept of evolution of disease and cure;

(b) Focus will be given on the following points, namely:-

- (1) Pathology in relation with Homoeopathic Materia Medica.
- (2) Correlation of miasms and pathology.
- (3) Characteristic expressions of each miasm.
- (4) Classification of symptoms and diseases according to pathology.
- (5) Pathological findings of diseases; their interpretation, correlation and usage in the management of patients under homoeopathic treatment.

(c) To summarise, all the topics in the general and systemic pathology and microbiology should be correlated, at each juncture, with homoeopathic principles so that the importance of pathology in Homoeopathic system could be understood by the students.

A. Theory:

(a). General Pathology

1. Cell Injury and cellular adaptation
2. Inflammation and repair (Healing).
3. Immunity
4. Degeneration
5. Thrombosis and embolism
6. Oedema
7. Disorders of metabolism
8. Hyperplasia and hypertrophy
9. Anaplasia
10. Metaplasia
11. Ischaemia
12. Haemorrhage
13. Shock
14. Atrophy
15. Regeneration
16. Hyperemia
17. Infection
18. Pyrexia
19. Necrosis
20. Gangrene
21. Infarction
22. Amyloidosis
23. Hyperlipidaemia and lipidosis
24. Disorders of pigmentation
25. Neoplasia (Definition, variation in cell growth, nomenclature and taxonomy, characteristics of neoplastic cells, aetiology and pathogenesis, grading and staging, diagnostic approaches, interrelationship of tumor and host, course and management).
26. Calcification
27. Effects of radiation
28. Hospital infection

(b) Systemic pathology

In each system, the important and common diseases should be taught, keeping in view their evolution, aetio-pathogenesis, mode of presentation, progress and prognosis, namely:—

1. Mal-nutrition and deficiency diseases.
2. Diseases of Cardiovascular system
3. Diseases of blood vessels and lymphatics
4. Diseases of kidney and lower urinary tract
5. Diseases of male reproductive system and prostate

6. Diseases of the female genitalia and breast.
7. Diseases of eye, ENT and neck
8. Diseases of the respiratory system.
9. Diseases of the oral cavity and salivary glands.
10. Diseases of the G.I. system
11. Diseases of liver, gall bladder, and biliary ducts
12. Diseases of the pancreas (including diabetes mellitus)
13. Diseases of the haemopoetic system, bone marrow and blood
14. Diseases of glands-thymus, pituitary, thyroid, and parathyroid, adrenals, parotid.
15. Diseases of the skin and soft tissue.
16. Diseases of the musculo-skeletal system.
17. Diseases of the nervous system.
18. Leprosy

(c) Microbiology

(I) General Topics:

1. Introduction
2. History and scope of medical microbiology
3. Normal bacterial flora
4. Pathogenicity of micro-organisms
5. Diagnostic microbiology

(II) Immunology:

1. Development of immune system
2. The innate immune system
3. Non-specific defense of the host
4. Acquired immunity
5. Cells of immune system; T cells and Cell mediated immunity; B cells and Humoral immunity
6. The compliment system
7. Antigen; Antibody; Antigen – Antibody reactions (Anaphylactic and Atopic); Drug Allergies
8. Hypersensitivity
9. Immuno-deficiency
10. Auto-immunity
11. Transplantation
12. Blood group antigens
13. Clinical aspect of immuno-pathology.

(III) Bacteriology:

1. Bacterial structure, growth and metabolism
2. Bacterial genetics and bacteriophage
3. Identification and cultivation of bacteria
4. Gram positive aerobic and facultative anaerobic cocci, eg. Streptococci, Pneumococci.
5. Gram positive anaerobic cocci, e.g. peptostreptococci

6. Gram negative aerobic cocci, eg. neisseria, moraxella, kingella.
7. Gram positive aerobic bacilli, eg. corynebacterium, bacillus anthracis, cereus subtilis, mycobacterium tuberculosis, M. leprae, actinomycetes; nocardia, organism of enterobacteriac group.
8. Gram positive anaerobic bacilli, eg. genus clostridium, lactobacillus.
9. Gram negative anaerobic bacilli, eg. bacteroides, fragilis, fusobacterium.
10. Others like- cholerae vibrio, spirochaetes, leptospirae, mycoplasma, chlamydiae, rickettsiae, yersinia and pasturella.

## (IV) Fungi and Parasites:

1. Fungi – (1) True pathogens (cutaneous, sub-cutaneous and systemic infective agents), (2) Opportunistic pathogens.
2. Protozoa – (1) Intestinal (Entamoeba histolytica, Giardia lamblia, Cryptosporidium parvum), (2) Urogenital (Trichomonas vaginalis) 3) Blood and Tissues (Plasmodium-species, Toxoplasma gondii, Trypanosoma species, leishmania species).
3. Helminths – (1) Cestodes (tapeworms)- Echinococcus granulosus, Taenia solium, Taenia saginata, (2) Trematodes (Flukes): Paragonimus westermani, Schistosoma mansoni, Schistosoma haematobium (3) Nematodes– Ancylostoma duodenale, Ascaris lumbricoides, Enterobius vermicularis, Strongyloides, Stercoralis, Trichuris trichiura, Brugia malayi, Dracunculus medinensis, Loa loa, Onchocerca volvulus, Wuchereria bancroftii).

## (V) Virology:

1. Introduction
2. Nature and classification of viruses
3. Morphology and replication of viruses
4. DNA viruses:
  - (i) parvo virus
  - (ii) herpes virus, varicella virus, CMV, EBV.
  - (iii) hepadna virus (hepatitis virus)
  - (iv) papova virus
  - (v) adeno virus
  - (vi) pox virus- variola virus, vaccinia virus, molluscum contagiosum etc.
5. RNA viruses:
  - (a) orthomyxo virus:
    - (i) entero virus
    - (ii) rhino virus
    - (iii) hepato virus
  - (b) paramyxo virus- rubeola virus, mumps virus, Influenza virus etc.
  - (c) phabdo virus
  - (d) rubella virus (german measles)
  - (e) corona virus
  - (f) retro virus
  - (g) yellow fever virus
  - (h) dengue, chikungunya virus
  - (i) Miscellaneous virus:
    - (i) arena virus

- (ii) corona virus
- (iii) rota virus
- (iv) bacteriophages

(VI) Clinical microbiology: (1) Clinically important micro organisms (2) Immunoprophylaxis, (3) Antibiotic Sensitivity Test (ABST)

(VII) Diagnostic procedures in microbiology: (1) Examination of blood and stool (2) Immunological examinations (3) Culture methods (4) Animal inoculation.

(VIII) Infection and Disease: (1) Pathogenicity, mechanism and control (2) Disinfection and sterilisation (3) Antimicrobial chemotherapy (4) Microbial pathogenicity

(d) Histopathology:

1. Teaching of histopathological features with the help of slides of common pathological conditions from each system.
1. Teaching of gross pathological specimens for each system.
2. Histopathological techniques, e.g. fixation, embedding, sectioning and staining by common dyes and stains.
3. Frozen sections and its importance.
4. Electron microscopy; phase contrast microscopy.

B. Practical or clinical:

- (1) Clinical and Chemical Pathology: estimation of haemoglobin (by acidometer) count of Red Blood Cells and White Blood Cells, bleeding time, clotting time, blood grouping, staining of thin and thick films, differential counts. blood examination for parasites. erythrocyte sedimentation rate.
- (2) Urine examination, physical, chemical microscopical, quantity of albumin and sugar.
- (3) Examination of Faeces: physical, chemical (occult blood) and microscopical for ova and protozoa.
- (4) Methods of sterilisation, preparation of a media, use of microscope. gram and acid fast stains. motility preparation. gram positive and negative cocci and bacilli. special stains for corynebacterium gram and acid fast stains of pus and sputum.
- (5) Preparation of common culture medias, e.g. nutrient agar, blood agar, Robertson's Cooked Meal media (RCM) and Mac conkey's media.
- (6) Widal test demonstration.
- (7) Exposure to latest equipment, viz. auto-analyzer, cell counter, glucometer.
- (8) Histopathology
  - (a) Demonstration of common slides from each system.
  - (b) Demonstration of gross pathological specimens.
  - (c) Practical or clinical demonstration of histopathological techniques, i.e. fixation, embedding.
  - (d) Sectioning, staining by common dyes and stain. frozen section and its importance.
  - (e) Electron microscopy, phase contrast microscopy.

C. Examination:

1. Theory:

1.1 Number of papers - 02

1.2 Marks: Paper I-100; Paper II-100

1.3 Contents:

- |   |            |
|---|------------|
| 1.3.1 Paper-I: Section A- General Pathology | - 50 marks |
| Section B- Systemic Pathology               | - 50 marks |
| 1.3.2. Paper- II: Section A-                |            |
| • Bacteriology                              | - 25 marks |

• Fungi and Parasites	- 25 marks
Section B-	
• Virology	- 20 marks
• Clinical Microbiology and Diagnostic procedures	- 10 marks
• Microbiological control and mechanism of pathogenicity	- 10 marks
• General Topics Immuno-pathology	- 10 marks

## 2. Practical including viva voce or oral:

2.1. Marks: 100

2.2. Distribution of marks;

	<u>Marks</u>
2.2.1. Practicals	- 15
2.2.2. Spotting	- 20 (4 spottings)
2.2.3. Histopathological slides	- 10 (2 slides)
2.2.4. Journal or practical record	- 05
2.2.5. Viva voce (oral)	- 50

(Including 5 marks for interpretation of routine pathological reports)

Total	<u>100</u>
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## FORENSIC MEDICINE AND TOXICOLOGY

## Instructions:

I (a) Medico-legal examination is the statutory duty of every registered medical practitioner, whether he is in private practice or engaged in Government sector and in the present scenario of growing consumerism in medical practice, the teaching of Forensic Medicine and Toxicology to the students is highly essential;

(b) This learning shall enable the student to be well-informed about medico-legal responsibility in medical practice and he shall also be able to make observations and infer conclusions by logical deductions to set enquire on the right track in criminal matters and connected medico-legal problems;

(c) The students shall also acquire knowledge of laws in relation to medical practice, medical negligence and codes of medical ethics and they shall also be capable of identification, diagnosis and treatment of the common poisonings in their acute and chronic state and also dealing with their medico-legal aspects;

(d) For such purposes, students shall be taken to visit district courts and hospitals to observe court proceedings and post-mortem as per Annexure 'B'.

## I. Forensic Medicine

## A. Theory:

## 1. Introduction

- (a) Definition of forensic medicine.
- (b) History of forensic medicine in India.
- (c) Medical ethics and etiquette.
- (d) Duties of registered medical practitioner in medico-legal cases.

## 2. Legal procedure

- (a) Inquests, courts in India, legal procedure.
- (b) Medical evidences in courts, dying declaration, dying deposition, including medical certificates, and medico-legal reports.



### 3. Personal identification

- (a) Determination of age and sex in living and dead; race, religion.
- (b) Dactylography, DNA finger printing, foot print.
- (c) Medico-legal importance of bones, scars and teeth, tattoo marks, handwriting, anthropometry.
- (d) Examination of biological stains and hair.

### 4. Death and its medico-legal importance

- (a) Death and its types, their medico-legal importance
- (b) Signs of death (1) immediate, (2) early, (3) late and their medico-legal importance
- (c) Asphyxial death (mechanical asphyxia and drowning).
- (d) Deaths from starvation, cold and heat etc.

### 5. Injury and its medico-legal importance

Mechanical, thermal, firearm, regional, transportation and traffic injuries; injuries from radiation, electrocution and lightening.

### 6. Forensic psychiatry

- (a) Definition; delusion, delirium, illusion, hallucinations; impulse and mania; classification of Insanity.
- (b) Development of insanity, diagnosis, admission to mental asylum.

### 7. Post-mortem examination (autopsy)

- (a) Purpose, procedure, legal bindings; difference between pathological and medico-legal autopsies.
- (b) External examination, internal examination of adult, foetus and skeletal remains.

### 8. Impotence and sterility

Impotence; Sterility; Sterilisation; Artificial Insemination; Test Tube Baby; Surrogate mother.

### 9. Virginity, defloration; pregnancy and delivery

### 10. Abortion and infanticide

- (a) Abortion: different methods, complications, accidents following criminal abortion, MTP.
- (b) Infant death, legal definition, battered baby syndrome, cot death, legitimacy.

### 11. Sexual Offences

Rape, incest, sodomy, sadism, masochism, tribadism, bestiality, buccal coitus and other sexual perversions.

## II. Toxicology

### 1. General Toxicology

- (a) Forensic Toxicology and Poisons
- (b) Diagnosis of poisoning in living and dead,
- (c) General principles of management of poisoning,
- (d) Medico-legal aspects of poisons,
- (e) Antidotes and types.

### 2. Clinical toxicology

- (a) Types of Poisons:
  - (i) Corrosive poisons (Mineral acids, Caustic alkalis, Organic acids, Vegetable acids)
  - (ii) Irritant poisons (Organic poisons - Vegetable and animal; Inorganic poisons - metallic and non-metallic; Mechanical poisons)
  - (iii) Asphyxiant poisons (Carbon monoxide; Carbon dioxide; Hydrogen sulphide and some war gases)
  - (iv) Neurotic poisons (Opium, Nux vomica, Alcohol, Fuels like kerosene and petroleum products, Cannabis indica, Dhatura, Anaesthetics Sedatives and Hypnotics, Agrochemical compounds, Belladonna, Hyoscyamus, Curare, Conium)

- (v) Cardiac poisons (Digitalis purpurea, Oleander, Aconite, Nicotine)
- (vi) Miscellaneous poisons (Analgesics and Antipyretics, Antihistaminics, Tranquillisers, antidepressants, Stimulants, Hallucinogens, Street drugs etc.)

### III. Legislations relating to medical profession

- (a) the Homoeopathy Central Council Act, 1973 (59 of 1973);
- (b) the Consumer Protection Act, 1986 (68 of 1986);
- (c) the Workmen's compensation Act, 1923 (8 of 1923);
- (d) the Employees State Insurance Act, 1948 (34 of 1948);
- (e) the Medical Termination of Pregnancy Act, 1971 (34 of 1971);
- (f) the Mental Health Act, 1987 (14 of 1987);
- (g) the Indian Evidence Act, 1872 (1 of 1872);
- (h) the Prohibition of Child Marriage Act, 2006 (6 of 2007);
- (i) the Personal Injuries Act, 1963 (37 of 1963)
- (j) the Drugs and Cosmetics Act, 1940 (23 of 1940) and the rules made therein;
- (k) the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 (21 of 1954);
- (l) the Transplantation of Human Organs Act, 1994 (42 of 1994);
- (m) the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994);
- (n) the Homoeopathic Practitioners (Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982;
- (o) the Drugs Control Act, 1950 (26 of 1950);
- (p) the Medicine and Toiletry Preparations (Excise Duties) Act, 1955 (16 of 1955);
- (q) the Indian Penal Code (45 of 1860) and the Criminal Procedure Code (2 of 1974) {relevant provisions}
- (r) the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996);
- (s) the Clinical Establishment (Registration and Regulation) Act, 2010 (23 of 2010).

### B. Practical:

#### 1. Demonstration:

- (a) Weapons
- (b) Organic and inorganic poisons
- (c) Poisonous plants
- (d) Charts, diagrams, photographs, models, x-ray films of medico-legal importance
- (e) Record of incidences reported in newspapers or magazines and their explanation of medico-legal importance.
- (f) Attending demonstration of ten medico-legal autopsies.

#### 2. Certificate Writing:

Various certificates like sickness certificate, physical fitness certificate, birth certificate, death certificate, injury certificate, rape certificate, chemical analyzer (Regional Forensic Laboratory), certificate for alcohol consumption, writing post-mortem examination report.

### C. Examination:

#### 1. Theory:

- 1.1. Number of papers-01
- 1.2. Marks: 100

#### 2. Practical including viva voce or oral:

- 2.1. Marks: 100

2.2. Distribution of marks;	<u>Marks</u>
2.2.1. Medico-legal aspect of 4 specimens	40
2.2.3. Journal or practical records	10
2.2.4. Viva voce (oral)	50
	-----
Total	<u>100</u>

### REPERTORY

Instructions:

I. (a) Repertorisation is not the end but the means to arrive at the simillimum with the help of materia medica, based on sound knowledge of Homoeopathic Philosophy;

(b) Homoeopathic materia medica is an encyclopedia of symptoms. No mind can memorize all the symptoms or all the drugs with their gradations;

(c) The repertory is an index and catalogue of the symptoms of the materia medica, neatly arranged in a practical or clinical form, with the relative gradation of drugs, which facilitates quick selection of indicated remedy and it may be difficult to practice Homoeopathy without the aid of repertories.

II. (a) Each repertory has been compiled on distinct philosophical base, which determines its structure;

(b) In order to explore and derive full advantage of each repertory, it is important to grasp thoroughly its conceptual base and construction and this will help student to learn scope, limitations and adaptability of each repertory.

Third B.H.M.S

A. Theory:

1. Repertory: Definition; Need; Scope and Limitations.
2. Classification of Repertories
3. Study of different Repertories (Kent, Boenninghausen, Boger-Boenninghausen):
  - (a) History
  - (b) Philosophical background
  - (c) Structure
  - (d) Concept of repertorisation
  - (e) Adaptability
  - (f) Scope
  - (g) Limitation(s)
4. Gradation of Remedies by different authors.
5. Methods and techniques of repertorisation. Steps of repertorisation.
6. Terms and language of repertories (Rubrics) cross references in other repertories and materia medica.
7. Conversion of symptoms into rubrics and repertorisation using different repertories.
8. Repertory – its relation with organon of medicine and materia medica.
9. Case taking and related topics:
  - (a) case taking.
  - (b) difficulties of case taking, particularly in a chronic case.
  - (c) types of symptoms, their understanding and importance.
  - (d) importance of pathology in disease diagnosis and individualisation in relation to study of repertory.
10. Case processing

- (a) analysis and evaluation of symptoms
- (b) miasmatic assessment
- (c) totality of symptoms or conceptual image of the patient
- (d) repertorial totality
- (e) selection of rubrics
- (f) repertorial technique and results
- (g) repertorial analysis

B. Practical or clinical:

1. Record of five cases each of surgery, gynaecology and obstetrics worked out by using Kent's repertory.
2. Rubrics hunting from Kent's & Boenninghausen's repertories.

**Note:** There will be no Examination in the subject in Third B.H.M.S.

Fourth B.H.M.S

A. Theory:

1. Comparative study of different repertories (like Kent's Repertory, Boenninghausen's Therapeutic Pocket Book and Boger- Boenninghausen's Characteristic Repertories, A Synoptic Key to Materia Medica).
2. Card repertories and other mechanical aided repertories— History, Types and Use.
3. Concordance repertories (Gentry and Knerr)
4. Clinical Repertories (William Boericke etc.)
5. An introduction to modern thematic repertories- (Synthetic, Synthesis and Complete Repertory and Murphy's Repertory)
6. Regional repertories
7. Role of computers in repertorisation and different softwares.

B. Practical or clinical:

Students shall maintain the following records, namely:-

1. Five acute and five chronic cases (each of medicine, surgery and obstetrics and gynaecology) using Kent's Repertory.
2. Five cases (pertaining to medicine) using Boenninghausen's therapeutics pocket book.
3. Five cases (pertaining to medicine) using Boger-Boenninghausen's characteristics repertory.
4. Five cases to be cross checked on repertories using homoeopathic softwares.

C. Examination:

There will be examination of repertory only in Fourth B.H.M.S (not in III BHMS).

1. Theory:

- 1.1. Number of papers-01
- 1.2. Marks: 100

2. Practical including viva voce or oral:

- 2.1. Marks: 100
- 2.2. Distribution of marks:
 

	<u>Marks</u>
2.2.1. One long case	30
2.2.2. One short case	10
2.2.3. Practical record or journal	10
2.2.4. Viva Voce (Oral)	50

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Total

100

## GYNAECOLOGY AND OBSTETRICS

## Instructions:

I. (a) Homoeopathy adopt the same attitude towards this subject as it does towards Medicine and Surgery, but while dealing with Gynaecology and Obstetrical cases, a Homoeopathic physician must be trained in special clinical methods of investigation for diagnosing local conditions and individualising cases, the surgical intervention either as a life saving measure or for removing mechanical obstacles, if necessary, as well as their management by using homoeopathic medicines and other auxiliary methods of treatment;

(b) Pregnancy is the best time to eradicate genetic dyscrasias in women and this should be specially stressed. And students shall also be instructed in the care of new born;

(c) The fact that the mother and child form a single biological unit and that this peculiar close physiological relationship persists for at least the first two years of the child's life should be particularly emphasised.

II. A course of instructions in the principles and practice of gynaecology and obstetrics and infant hygiene and care including the applied anatomy and physiology of pregnancy and labour, will be given.

III. Examinations and investigations in gynaecological and obstetrical cases shall be stressed and scope of homoeopathy in this subject shall be taught in details.

IV. The study shall start in Second B.H.M.S and shall be completed in Third B.H.M.S. and examinations will be held in Third B.H.M.S and following topics shall be taught, namely:-

## Second B.H.M.S

## A. Theory:

## 1. Gynaecology

- (a) A review of the applied anatomy of female reproductive systems-development and malformations.
- (b) A review of the applied physiology of female reproductive systems-puberty, menstruation and menopause.
- (c) Gynaecological examination and diagnosis.
- (d) Developmental anomalies.
- (e) Uterine displacements.
- (f) Sex and intersexuality.
- (g) General Management and therapeutics of the above listed topics in Gynaecology .

## 2. Obstetrics

- (a) Fundamentals of reproduction.
- (b) Development of the intrauterine pregnancy-placenta and foetus.
- (c) Diagnosis of pregnancy-investigations and examination.
- (d) Antenatal care.
- (e) Vomiting in pregnancy.
- (f) Preterm labour and post maturity.
- (g) Normal labour and puerperium.
- (h) Induction of labour.
- (i) Postnatal and puerperal care.
- (j) Care of the new born.
- (k) Management and therapeutics of the above listed topics in obstetrics.

## Third B.H.M.S

## 1. Gynaecology

- (a) Infections and ulcerations of the female genital organs.
- (b) Injuries of the genital tract.

- (c) Disorders of menstruation.
- (d) Menorrhagia and dysfunctional uterine bleeding.
- (e) Disorders of female genital tract.
- (f) Diseases of breasts.
- (g) Sexually transmitted diseases.
- (h) Endometriosis and adenomyosis.
- (i) Infertility and sterility.
- (j) Non-malignant growths.
- (k) Malignancy.
- (l) Chemotherapy caused complications.
- (m) Management and therapeutics of the above listed topics in gynaecology.

## 2. Obstetrics

- (a) High risk labour; mal-positions and mal-presentations; twins, prolapse of cord and limbs, abnormalities in the action of the uterus; abnormal conditions of soft part contracted pelvis; obstructed labour, complications of 3<sup>rd</sup> stage of labour, injuries of birth canal, foetal anomalies.
- (b) Abnormal pregnancies-abortion, molar pregnancy, diseases of placenta and membranes, toxemia of pregnancy, antepartum haemorrhages, multiple pregnancy, protracted gestation, ectopic pregnancy, intrauterine growth retardation, pregnancy in Rh negative woman, intrauterine fetal death, still birth.
- (c) Common disorders and systemic diseases associated with pregnancy.
- (d) Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994.
- (e) Common obstetrical operations-medical termination of pregnancy, criminal abortion, caesarean section, episiotomy.
- (f) Emergency obstetric care.
- (g) Population dynamics and control of conception.
- (h) Infant care – neonatal hygiene, breast feeding, artificial feeding, management of premature child, asphyxia, birth injuries, common disorders of newborn.
- (i) Reproductive and child health care (a) safe motherhood and child survival (b) Risk approach –MCH care (c) Maternal mortality and morbidity (d) Perinatal mortality and morbidity (e) Diseases of foetus and new born.
- (j) Medico-legal aspects in obstetrics.
- (k) Homoeopathic Management and Therapeutics of the above listed clinical conditions in Obstetrics.

## B. Practical or clinical:

Practical or clinical classes shall be taken on the following topics both in Second and Third B.H.M.S.

- (a) Gynaecological case taking
- (b) Obstetrical case taking
- (c) Gynaecological examination of the patient
- (d) Obstetrical examination of the patient including antenatal, intranatal and post- natal care
- (e) Bed side training
- (f) Adequate grasp over Homoeopathic principles and management
- (g) Identification of Instruments and models

Record of ten cases each in gynaecology and obstetrics.

## C. Examination:

### 1. Theory:

- 1.1 Number of papers - 02

1.2 Marks: Paper I-100; Paper II-100

1.3 Contents:

1.3.1 Paper-I: Gynaecology and homoeopathic therapeutics

1.3.2. Paper-II: Obstetrics, infant care and homoeopathic therapeutics

2. Practical including viva voce or oral:

2.1. Marks: 200

2.2. Distribution of marks;

Marks

2.2.1. One long case 30

2.2.2. Practical records, case records, journal 30

2.2.3. Identification of instruments, models  
and specimens 40

2.2.4. Viva voce (oral) 100

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Total 200

### COMMUNITY MEDICINE

Instructions:

I. (a) Physician's function is not limited merely prescribing homoeopathic medicines for curative purpose, but he has wider role to play in the community;

(b) He has to be well conversant with the national health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.

II. This subject is of utmost importance and throughout the period of study attention of the student should be directed towards the importance of preventive medicine and the measures for the promotion of positive health.

III. (a) During teaching, focus should be laid on community medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and disease;

(b) Instructions in this course shall be given by lectures, practicals, seminars, group discussions, demonstration and field studies.

### Third B.H.M.S

A. Theory:

1. Man and Medicine

2. Concept of health and disease in conventional medicine and homoeopathy

3. Nutrition and health

(a) Food and nutrition

(b) Food in relation to health and disease

(c) Balanced diet

(d) Nutritional deficiencies, and Nutritional survey

(e) Food Processing

(f) Pasteurisation of milk

(g) Adulteration of food

(h) Food Poisoning

4. Environment and health

(a) air, light and sunshine, radiation.

- (b) effect of climate
  - (c) comfort zone
  - (d) personal hygiene
  - (e) physical exercise
  - (f) sanitation of fair and festivals
  - (g) disinfection and sterilisation
  - (h) atmospheric pollution and purification of air
  - (i) air borne diseases
5. Water
- (a) distribution of water; uses; impurities and purification
  - (b) standards of drinking water
  - (c) water borne diseases
  - (d) excreta disposal
  - (e) disposal of deceased.
  - (f) disposal of refuse.
  - (g) medical entomology- insecticides, disinfection, Insects in relation to disease, Insect control.
6. Occupational health
7. Preventive medicine in pediatrics and geriatrics

Fourth B.H.M.S

A. Theory:

1. Epidemiology
- (a) Principles and methods of epidemiology
  - (b) Epidemiology of communicable diseases:
    - General principles of prevention and control of communicable diseases;
  - (c) Communicable diseases: their description, mode of spread and method of prevention.
  - (d) Protozoan and helminthic infections- Life cycle of protozoa and helminthes, their prevention.
  - (e) Epidemiology of non-communicable diseases: general principles of prevention and control of non-communicable diseases
  - (f) Screening of diseases
2. Bio-statistics
- (a) Need of biostatistics in medicine
  - (b) Elementary statistical methods
  - (c) Sample size calculation
  - (d) Sampling methods
  - (e) Test of significance
  - (f) Presentation of data
  - (g) Vital statistics
3. Demography and Family Planning; Population control; contraceptive practices; National Family Planning Programme.
4. Health education and health communication
5. Health care of community.
6. International Health



7. Mental Health
8. Maternal and Child Health
9. School Health Services
10. National Health Programs of India including Rashtriya Bal Chikitsa Karyakram.
11. Hospital waste management
12. Disaster management
13. Study of aphorisms of organon of medicine and other homoeopathic literatures, relevant to above topics including prophylaxis.

**B. Practicals:**

1. Food additives; food fortification, food adulteration; food toxicants
2. Balanced diet
3. Survey of nutritional status of school children, pollution and Water purification
4. Medical entomology
5. Family planning and contraception
6. Demography
7. Disinfection
8. Insecticides

**Field Visits**

1. Milk dairy
2. Primary Health Centre
3. Infectious Diseases Hospital
4. Industrial unit
5. Sewage treatment plant
6. Water purification plant

**Note:**

1. For field visits, Annexure 'B' has to be kept in view.
2. Students are to maintain practical records or journals in support of above practical or field visits.
3. Reports of the above field visits are to be submitted by the students.
4. Each student has to maintain records of at least ten infectious diseases.

**C. Examination:**

There will be examination of the subject only in Fourth B.H.M.S (and not in III BHMS). Besides theory examination there shall be a practical or clinical examination including viva-voce as per following distribution of marks-

**1. Theory:**

- 1.1.** Number of papers - 01
- 1.2.** Marks: 100

**2. Practical including viva voce oral:**

- 2.1. Marks: 100

2.2. Distribution of marks;

	<u>Marks</u>
2.2.1. Spotting	30
2.2.3. Journal or practical records (including field visit records)	20

2.2.4. Viva voce (oral)	50
	-----
Total	<u>100</u>

### SURGERY

#### Instructions:

I (a) Homoeopathy as a science needs clear application on part of the physician to decide about the best course of action(s) required to restore the sick, to health;

(b) Knowledge about surgical disorders is required to be grasped so that the Homoeopathic Physician is able to:-

- (1) Diagnose common surgical conditions.
- (2) Institute homoeopathic medical treatment wherever possible.
- (3) Organise Pre and Post-operative Homoeopathic medicinal care besides surgical intervention with the consent of the surgeon.

II For the above conceptual clarity and to achieve the aforesaid objectives, an effective co-ordination between the treating surgeons and homoeopathic physicians is required keeping in view the holistic care of the patients and it will also facilitate the physician in individualising the patient, necessary for homoeopathic treatment and management.

III The study shall start in Second B.H.M.S and complete in Third B.H.M.S. and examination shall be conducted in Third B.H.M.S.

IV (a) Following is a plan to achieve the above and it takes into account about the Second and Third year B.H.M.S syllabus and respective stage of development;

(b) Throughout the whole period of study, the attention of the students should be directed by the teachers of this subject to the importance of its preventive aspects.

V There shall be periodical inter-departmental seminars, to improve the academic knowledge, skill and efficiency of the students and the study shall include training on, –

- (a) principles of surgery,
- (b) fundamentals of examination of a patient with surgical problems
- (c) use of common instruments for examination of a patient.
- (d) physiotherapy measures.
- (e) applied study of radio-diagnostics.
- (f) knowledge of causation, manifestations, management and prognosis of surgical disorders.
- (g) miasmatic background of surgical disorders, wherever applicable.
- (h) bedside clinical procedures.
- (i) correlation of applied aspects, with factors which can modify the course of illness, including application of medicinal and non-medicinal measures.
- (j) role of homoeopathic treatment in pseudo-surgical and true surgical diseases.

#### Second B.H.M.S

#### A. Theory:

(a) General Surgery:-

1. Introduction to surgery and basic surgical principles.
2. Fluid, electrolytes and acid-base balance.
3. Haemorrhage, haemostasis and blood transfusion.

4. Boil, abscess, carbuncle, cellulitis and erysipelas.
5. Acute and chronic infections, tumors, cysts, ulcers, sinus and fistula.
6. Injuries of various types; preliminary management of head injury
7. Wounds, tissue repair, scars and wound infections.
8. Special infections (Tuberculosis, Syphilis, Acquired Immuno Deficiency Syndrome, Actinomycosis, Leprosy).
9. Burn
10. Shock
11. Nutrition
12. Pre-operative and post-operative care.
13. General management, surgical management and homoeopathic therapeutics of the above topics will be covered.

Examination: There will be no examination in the subject in Second B.H.M.S.

#### Third B.H.M.S

#### A. Theory:

##### (b) Systemic Surgery:-

1. Diseases of blood vessels, lymphatics and peripheral nerves
2. Diseases of glands
3. Diseases of extremities
4. Diseases of thorax and abdomen
5. Diseases of alimentary tract
6. Diseases of liver, spleen, gall bladder and bile duct.
7. Diseases of abdominal wall, umbilicus, hernias.
8. Diseases of heart and pericardium.
9. Diseases of urogenital system.
10. Diseases of the bones, cranium, vertebral column, fractures and dislocations.
11. Diseases of the joints.
12. Diseases of the muscles, tendons and fascia.

#### B. Ear

1. Applied anatomy and applied physiology of ear
2. Examination of ear
3. Diseases of external, middle and inner ear

#### C. Nose

1. Applied anatomy and physiology of nose and paranasal sinuses.
2. Examination of nose and paranasal sinuses
3. Diseases of nose and paranasal sinuses

#### D. Throat

1. Applied Anatomy and applied Physiology of pharynx, larynx, tracheobronchial tree, oesophagus
2. Examination of pharynx, larynx, tracheobronchial tree, oesophagus
3. Diseases of Throat (external and internal)
4. Diseases of oesophagus.

## E. Ophthalmology

1. Applied Anatomy, Physiology of eye
2. Examination of eye.
3. Diseases of eyelids, eyelashes and lacrimal drainage system.
4. Diseases of Eyes including injury related problems.

## F. Dentistry

1. Applied anatomy, physiology of teeth and gums;
2. Milestones related to teething.
3. Examination of Oral cavity.
4. Diseases of gums
5. Diseases of teeth
6. Problems of dentition

General management, surgical management and homoeopathic therapeutics of the above topics will be covered.

Practical or clinical:

(To be taught in Second and Third B.H.M.S.)

1. Every student shall prepare and submit twenty complete histories of surgical cases, ten each in the Second and Third B.H.M.S. classes respectively.
2. Demonstration of surgical Instruments, X-rays, specimens etc.
3. Clinical examinations in Surgery.
4. Management of common surgical procedures and emergency procedures as stated below:
  - (a) Wounds
  - (b) Abscesses: incision and drainage.
  - (c) Dressings and plasters.
  - (d) Suturing of various types.
  - (e) Pre-operative and post-operative care.
  - (f) Management of shock.
  - (g) Management of acute haemorrhage.
  - (h) Management of acute injury cases.
  - (i) Preliminary management of a head Injury case.

Examination:

It will be conducted in Third B.H.M.S (not in Second B.H.M.S).

## 1. Theory:

1.1. Number of papers - 02

1.2. Marks: Paper I-100; Paper II-100

1.3. Contents:

1.3.1. Paper –I:

Section –1- General Surgery- 50 marks

Section – 2-

Homoeopathic Therapeutics relating to General Surgery – 50 marks

1.3.2. Paper –II:

Section– 1-Systemic Surgery 25 marks

(i) ENT	-10 marks
(ii) Ophthalmology	-10 marks
(iii) Dentistry	-05 marks

## Section– 2: -Systemic Surgery

Homoeopathic Therapeutics	25 marks
(i) ENT Homoeopathic Therapeutics	-10 marks
(ii) Ophthalmology Homoeopathic Therapeutics	-10 marks
(iii) Dentistry Homoeopathic Therapeutics	-05 marks

## 2. Practical including viva voce or oral:

2.1. Marks: 200

2.2. Distribution of marks;

	<u>Marks</u>
2.2.1. One long case	40
2.2.2. Identification of instruments, X-rays	30
2.2.3. Practical records, case records or journal	30
2.2.4. Viva voce (oral)	100
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Total

200**PRACTICE OF MEDICINE**

Instructions:

I (a) Homoeopathy has a distinct approach to the concept of disease;

(b) it recognises an ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of illness.

II The study of the above concept of individualisation is essential with the a following background so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease conditions, namely:—

- (1) correlation of the disease conditions with basics of anatomy, physiology and, biochemistry and pathology.
- (2) knowledge of causation, manifestations, diagnosis (including differential diagnosis), prognosis and management of diseases.
- (3) application of knowledge of organon of medicine and homoeopathic philosophy in dealing with the disease conditions.
- (4) comprehension of applied part.
- (5) sound clinical training at bedside to be able to apply the knowledge and clinical skill accurately.
- (6) adequate knowledge to ensure that rational investigations are utilised.

III (a) The emphasis shall be on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause;

(b) Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, syphilis and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

IV (a) The teaching shall include homoeopathic therapeutics or management in respect of all topics and clinical methods of examination of patient as a whole will be given due stress during the training;

(b) A thorough study of the above areas will enable a homoeopathic physician to comprehend the practical aspects of medicine;

(c) He shall be trained as a sound clinician with adequate ability of differentiation, sharp observation and conceptual clarity about diseases by taking help of all latest diagnostic techniques, viz. X-ray, ultrasound, electrocardiogram, and commonly performed laboratory investigations;

(d) Rational assessment of prognosis and general management of different disease conditions are also to be focused.

V Study of subject. - The study of the subject will be done in two years in Third B.H.M.S and Fourth B.H.M.S, but examination shall be conducted at the end of Fourth B.H.M.S.

Third B.H.M.S

Theory:

1. Applied anatomy and applied physiology of the respective system as stated below.
2. Respiratory diseases.
3. Diseases of digestive system and peritoneum.
4. Diseases concerning liver, gall-bladder and pancreas.
5. Genetic Factors (co-relating diseases with the concept of chronic miasms).
6. Immunological factors in diseases with concept of susceptibility (including HIV, Hepatitis-B)
7. Disorders due to chemical and physical agents and to climatic and environmental factors.
8. Knowledge of clinical examination of respective systems.
9. Water and electrolyte balance – disorders of.

Fourth B.H.M.S

A. Theory:

1. Nutritional and metabolic diseases
  2. Diseases of haemopoietic system.
  3. Endocrinal diseases.
  4. Infectious diseases.
  5. Diseases of cardiovascular system.
  6. Diseases of urogenital Tract.
  7. Disease of CNS and peripheral nervous system.
  8. Psychiatric disorders.
  9. Diseases of locomotor system (connective tissue, bones and joints disorders)
  10. Diseases of skin and sexually transmitted diseases.
  11. Tropical diseases.
  12. Paediatric disorders.
  13. Geriatric disorders.
  14. Applied anatomy and applied physiology of different organ and systems relating to specific diseases.
  15. Knowledge of clinical examination of respective systems.
- (a) General management and homoeopathic therapeutics for all the topics to be covered in Third B.H.M.S and Fourth B.H.M.S shall be taught simultaneously and the emphasis shall be on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause.
- (b) Study of therapeutics does not mean simply list of specifics for the clinical conditions but teaching of applied materia medica which shall be stressed upon.

Practical or clinical:

- (a) Each candidate shall submit of twenty complete case records (ten in Third B.H.M.S and ten in Fourth B.H.M.S).

- (b) The examination procedure will include one long case and one short case to be prepared. During clinical training, each student has to be given adequate exposure to,—
1. comprehensive case taking following Hahnemann's instructions;
  2. physical examinations (general, systemic and regional);
  3. laboratory investigations required for diagnosis of disease conditions;
  4. differential diagnosis and provisional diagnosis and interpretation of Investigation reports;
  5. selection of similitum and general management.

**B. Examination:**

1. Theory:

1.1. Number of papers - 02

1.2. Marks: Paper I-100; Paper II-100

1.3. Contents:

1.3.1 Paper-I: Topics of Third B.H.M.S with Homoeopathic Therapeutics

1.3.2. Paper-II: Topics of Fourth B.H.M.S with Homoeopathic Therapeutics

2. Practical including viva voce or oral:

2.1. Marks: 200

2.2. Distribution of marks;

	<u>Marks</u>
2.2.1. One long case	20
2.2.2. One short case	20
2.2.3. Practical records, case records, journal	30
2.2.4. Identification of specimens (X-ray, E.C.G., etc.)	30
2.2.5. Viva voce (oral)	100

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Total	<u>200</u>
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Note: The case reports of the students carried out during the course shall also be considered for the oral examination.”.

9. In the principal regulations, for regulation 7, the following regulation shall be substituted, namely:—

“7. First B.H.M.S examination.— (i) The student shall be admitted to the First B.H.M.S examination provided he has required attendance as per clause (iii) of regulation 13 to the satisfaction of the head of the college.

(ii) The First BHMS examination shall be held in the 12th month of admission.

(iii) The minimum number of hours for lecture, tutorial, demonstration or practical classes and seminars in the subjects shall be as under:—

Sl. No.	Subject	Theoretical lecture(in hours)	Practical or clinical or tutorial or seminars (in hours).
1.	Organon of Medicine with Homoeopathic Philosophy	35 (including 10 for logic)	
2.	Anatomy	200 (including 10 hours each for histology and embryology).	275 (including 30 on histology and embryology).
3.	Physiology	200 (including 50 hours for bio-chemistry)	275 hours (including 50 hours for Bio-chemistry).
4.	Pharmacy	100	70
5.	Homoeopathic Materia Medica	35	--

(iv) Full marks for each subject and the minimum number of marks required for passing the First B.H.M.S examination shall be as follows, namely:—

Subject	Written		Practical (including oral)		Total	
	full marks	pass marks	full marks	pass marks	full marks	pass marks
Homoeopathic Pharmacy	100	50	100	50	200	100
Anatomy	200	100	200	100	400	200
Physiology	200	100	200	100	400	200".

10. In the principal regulations, after regulation 7, the following regulation shall be inserted, namely:-

“7A. Each college shall impart teaching and training to all the students in all the classes for theory and practical or clinical including tutorial and seminar for minimum of seven working hours on a working day (including thirty minutes of lunch).”.

11. In the principal regulations, for regulation 8, the following regulation shall be substituted, namely:-

“8. Second B.H.M.S examination.— Subject to the provisions of sub-clause (c) of clause (iii) of regulation 11, no candidate shall be admitted to the Second B.H.M.S examination unless he has passed the First B.H.M.S examination and has required attendance as per clause (iii) of regulation 13 to the satisfaction of the Head of the Homoeopathic Medical College.

(ii) The Second BHMS examination shall be held in the 24th month of admission to First BHMS.

(iii) The minimum number of hours for lecture, demonstration or practical or clinical classes and seminar in the subjects shall be as follows, namely:-

Sl. No.	Subject	Theoretical lecture (in hours)	Practical or clinical or tutorial or seminar (in hours)
1.	Pathology	200	80
2.	Forensic Medicine and Toxicology	80	40
3.	Organon of Medicine with Homoeopathic Philosophy	160	60
4.	Homoeopathic Materia Medica	160	60
5.	Surgery	80	60 (One term of three months in surgical ward and outpatient department).
6.	Gynaecology and Obstetrics	40 and 40=80	60 (One term of three months in gynaecology and obstetrics ward and outpatient department).

(iv) In order to pass the Second B.H.M.S examination, a candidate has to pass all the subjects of examination.

(v) Full marks for each subject and minimum marks required for pass are as follows, namely:-

Subject	Written		Practical or clinical including oral		Total	
	Full marks	Pass marks	Full marks	Pass marks	Full marks	Pass marks
Pathology	200	100	100	50	300	150
Forensic medicine and toxicology	100	50	100	50	200	100
Homoeopathic materia medica	100	50	100	50	200	100
Organon of medicine	100	50	100	50	200	100".

12. In the principal regulations, for regulation 9, the following regulation shall be substituted, namely:-

“9. Third B.H.M.S examination.- Subject to the provisions of sub-clause (a) of clause (iii) of regulation 11, no candidate shall be admitted to the Third B.H.M.S examination unless he has passed the Second B.H.M.S examination and has



required attendance as per clause (iii) of regulation 13 to the satisfaction of the Head of the Homoeopathic Medical College.

(ii) The Third B.H.M.S examination shall be held in the 36<sup>th</sup> month of admission to First B.H.M.S.

(iii) The minimum number of hours for lecture, demonstration or practical or clinical classes and seminar in the subjects shall be as follows, namely:—

Sl. No.	Subject	Theoretical lecture (in hours)	Practical or clinical or tutorial or seminars (in hours).
1.	Practice of medicine and Homoeopathic therapeutics	50}75 25}	75 One term of three months each in outpatient department and inpatient department in different wards or department.
2.	Surgery including ENT Ophthalmology and Dental and Homoeopathic therapeutics	100}150 50}	75 One term of three months each in surgical ward and outpatient department.
3.	Obstetrics and Gynaecology , Infant Care and Homoeopathic therapeutics	100}150 50}	75 One term of three months gynaecology and obstetrics ward and outpatient department.
4.	Homoeopathic Materia Medica	100	75
5.	Organon of Medicine	100	75
6.	Repertory	50	25
7.	Community Medicine	35	15

(iv) In order to pass the Third B.H.M.S examination, a candidate has to pass all the subjects of examination.

(v) Full marks for each subject and minimum marks required for pass are as follows, namely:—

Subject	Written		Practical or clinical including oral		Total	
	Full marks	Pass marks	Full marks	Pass marks	Full marks	Pass marks
Surgery	200	100	200	100	400	200
Gynaecology and Obstetrics	200	100	200	100	400	200
Homoeopathic Materia Medica	100	50	100	50	200	100
Organon of Medicine	100	50	100	50	200	100".

13. In the principal regulations, for regulation 10, the following regulation shall be substituted, namely: —

“10. Fourth B.H.M.S examination.- Subject to the provisions of sub-clause (b) of clause (iii) of regulation 11, no candidate shall be admitted to the Fourth B.H.M.S examination unless he has passed the Third B.H.M.S examination and has required attendance as per clause (iii) of regulation 13 to the satisfaction of the Head of the Homoeopathic Medical College.

(ii) The Fourth BHMS examination shall be held in the 54<sup>th</sup> month of admission to First B.H.M.S.

(iii) The minimum number of hours for lecture, demonstration or practical or clinical classes and seminar in the subjects shall be as follows, namely: —

Subject	Theoretical lecture (in hours)	Practical or clinical or tutorial classes (in hours)
Practice of Medicine	120} 180 60}	One term of three months each in outpatient department and inpatient department respectively for case taking, analysis, evaluation and provisional prescription just for case presentation on ten cases per month.
Homoeopathic Materia Medica	180	
Organon of Medicine and Homoeopathic Philosophy	180	
Repertory	100	
Community Medicine	100	
		100

(iv) In order to pass the Third B.H.M.S examination, a candidate has to pass in all the subjects of examination.

(v) Full marks for each subject and minimum marks required for pass are as follows, namely: —

Subject	Written		Practical or clinical including oral		Total	
	Full marks	Pass marks	Full marks	Pass marks	Full marks	Pass marks
Practice of medicine	200	100	200	100	400	200
Homoeopathic materia medica	200	100	200	100	400	200
Organon of medicine with homoeopathic philosophy	200	100	100	50	300	150
Repertory	100	50	100	50	200	100
Community medicine	100	50	100	50	200	100

14. In the principal regulations, in regulation 11, -

(a) for clause (i), the following clause shall be substituted, namely: —

“(i) the examining body shall ensure that the results of the examination are published at the maximum within one month of the last date of examination so that students can complete the course in 5 ½ yrs. after admission.”;

(b) in clause (iii), for sub-clause (c), the sub-clause shall be substituted, namely: —

“(c) the candidate shall pass First B.H.M.S examination in all the subjects at least one term (six months) before he is allowed to appear in the Second B.H.M.S examination provided that he has passed in the subjects of anatomy and physiology (including Biochemistry) examinations two terms (twelve months) before he is allowed to appear in the Second B.H.M.S examination.”;

(c) for clause (iv), the following clause shall be substituted, namely: —

“(iv) a candidate who appears at First B.H.M.S examination, Second B.H.M.S examination, Third B.H.M.S examination or Fourth B.H.M.S examination but fails to pass in the subject or subjects shall be re-admitted to the next examination in the subject or subjects (theory and practical or clinical including oral or practical or clinical wherein he has failed);”;

(d) for clause (viii), the following shall be substituted, namely: —

“(viii) the University or examining authority shall have the discretion to award grace marks at the maximum to ten marks in total if a student fails in one or more subjects.”.

15. In the principal regulations, for regulation 12, the following regulation shall be substituted, namely: —

“12. Examiners.— (i) No person other than the holder of qualification prescribed for the teaching staff in the Homoeopathy Central Council (Minimum Standards Requirement of Homoeopathic Colleges and attached Hospitals) Regulations, 2013 (as amended from time to time) shall be appointed as an internal or external examiner or paper-setter or moderator for the B.H.M.S Degree Course:

Provided that, —

- (a) no such person shall be appointed as an examiner unless he has at least three years' continuous regular teaching experience in the subject concerned, gained in a degree level Homoeopathic Medical College.
- (b) internal examiners shall be appointed from amongst the teaching staff of the Homoeopathic Medical College to which the candidate or student belongs.

(ii) The criteria for appointing the Chairman or paper-setter or moderator shall be as follows, namely: —

(1) Chairman: Senior most person from amongst the examiners or paper-setters appointed for theory and oral or practical or clinical examinations shall be appointed as Chairman and the eligibility qualification for the Chairman shall be the same as for appointment of a Professor.

(2) Moderator: A Professor or Associate Professor or Reader shall be eligible to be appointed as moderator:

Provided that an Assistant Professor or Lecturer with five years experience as an examiner; shall be eligible to be appointed as moderator.

(3) Paper-setter: A Professor or Associate Professor or Reader shall be appointed as a paper-setter:

Provided that an Assistant Professor or Lecturer with three years experience as an examiner shall be eligible to be appointed as Paper-setter. ”.

16. In the principal regulations, in regulation 13,—

(a) for clause (iii) the following clause shall be substituted, namely:-

“(iii) seventy five per cent attendance at the minimum in each of the subjects (in theory and practical including clinical) for appearing in the University examinations shall be compulsory”.;

(b) for clauses (vii) and (viii), the following clauses shall be substituted, namely:-

“(vii) There shall be a regular examination and a supplementary examination in a year and the supplementary examination shall be conducted within two months of declaration of results (including issue of mark sheets);

(viii) For non-appearance in an examination for any reason, a candidate shall not have any liberty for availing additional chance to appear in that examination.”.

17. In the principal regulations, in regulation 14, for clause (v) the following clause shall be substituted, namely: —

“(v) Migration or transfer of students from one college to another:

- (a) Migration from one college to other is not a right of a student.
- (b) Migration of students from the Homoeopathic College to another Homoeopathic College in India shall be considered by the Central Council of Homoeopathy only in exceptional cases on extreme compassionate grounds, provided following criterias are fulfilled. Routine migrations on other grounds shall not be allowed;
- (c) Both the college, i.e. one at which the student is studying at present and one to which migration is sought are recognised as per provisions of Homoeopathy Central Council Act.
- (d) The applicant shall have passed First B.H.M.S examination.
- (e) The applicant shall submit his application in the Format annexed below for migration, complete in all respects, to the principal of his college within a period of one month of passing (declaration of result) the first professional Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S) examination.
- (f) The applicant shall submit an affidavit stating that he shall pursue twelve months of prescribed study before appearing at second professional B.H.M.S examination at the transferee college, which shall be duly certified by the Registrar of the concerned University in which he is seeking transfer and the transfer shall be effective only after receipt of the affidavit.
- (g) Migration during internship training shall be allowed on extreme compassionate grounds, provided that such migration shall be allowed only with the mutual consent of the concerned Colleges, where both the college, i.e. one at which the student is studying at present and one to which migration is sought are recognised as per provisions of Homoeopathy Central Council Act.

**Note 1:**

(A) All applications for migration shall be referred to Central Council of Homoeopathy by college authorities. No institution or University shall allow migrations directly without the approval of the Central Council.

(B) The Central Council of Homoeopathy reserves the right not to entertain any application except under the following compassionate grounds, namely:—

- (i) death of a supporting guardian;
- (ii) illness of candidate causing disability supported by medical grounds certified by a recognised hospital;
- (iii) disturbed conditions as declared by concerned Government in the area where the college is situated.

(C) A student applying for transfer on compassionate ground shall apply in 'Format 1' in complete manner with requisite documents.

18. In the principal regulations, in Annexure 'A', -

(a) in paragraph 1, sub-paragraph (v) shall be omitted;

(b) in paragraph 2,-

(a) for sub-paragraph (ii), the following sub-paragraph shall be substituted, namely: —

“(ii) (a) The stress during the internship training shall be on case taking, analysis and evaluation of symptoms, nosological and miasmatic diagnosis, totality of symptoms, repertorisation and management of sick people based on principles of Homoeopathy;

(b) The Principal or Head of the College in consultation with heads of concerned clinical departments (including Organon of Medicine, Materia Medica and Repertory) shall make medical units having integration of teaching faculty of concerned departments to regulate internship training to be given to each student;

(c) Weekly seminars shall be conducted wherein interns in rotation be given a chance to present their cases for discussion and concerned teachers shall assess performance of each of interns;

(d) Resident Medical Officer shall co-ordinate with teachers concerned in conduct of weekly seminars.

(b) sub-paragraph (viii) shall be omitted.

19. In the principal regulations, after Annexure 'A', the following Annexure and Format 1 shall respectively be inserted, namely:-

**“Annexure -‘B’**

(See regulation 6)

Educational Tour

Components:

Number of Students:

Name of teachers accompanying students:

What the tour is about- an overview:

Prerequisites –What knowledge the students must know before going for tour :

How it will be organised:

Approaches to teaching or learning and assessment:

Aim and objective:

1. To provide the basic knowledge of practical aspects of pharmacy/ FMT/ community medicine by exposure of students to pharmaceutical labs. and HPL/ district courts/ hospitals/ milk dairies/ PHC/ I.D. Hospitals/ industrial units/ sewage treatment plants/ water purification plants as the case may be.
2. To inspire students for their involvement in study during the said visits to learn the related procedures.
3. To provide the platform for evaluation of their skill and knowledge by interactive methodology.
4. To infuse confidence amongst students about homoeopathy, its future and their career.
5. To provide interaction between students, induce decision making skills and to motivate them for better vision about their future.

6. To improve cognitive skills (thinking and analysis).
7. To improve communication skills (personal and academic).

Learning outcomes:

1. To be more than a wish list objectives, need to be realistic, pragmatic, understandable and achievable.
2. The focus should be on what students will be able to do or how they will show that they know, and how this will help in their career and individual growth.
3. Knowledge we want the students to have by the end of the course.
4. Skills we want the students to master by the end of the course.
5. Attitudes we want students to demonstrate at the ends of the course.

Note: It shall be an essential part of the Journal on the subject a viva- voice can be put in respect of it.

Resources

1. Essential and recommended text books.
2. Journals and other readings.
3. Equipment and apparatus.

Visit record

1. Places visited with photographs
2. Programmes organised during visit.
3. Summary.

Assignment or project report

1. Description of assignments.
2. Due dates of assignments.
3. Preparation method for the project report
  - (i) Purpose.
  - (ii) Schedule.
  - (iii) Places visited.
  - (iv) Details of visit.
  - (v) Summary of achievements or learnings.

**Format-1**

[See regulation 14(v)]

Migration of Mr./Miss. \_\_\_\_\_ from \_\_\_\_\_  
 Homoeopathic Medical College \_\_\_\_\_ to \_\_\_\_\_ Homoeopathic Medical  
 College \_\_\_\_\_

1. Date of admission in First B.H.M.S course
2. Date of passing First B.H.M.S University examination
3. Date of application
4. No objection certificate from relieving college (enclosed) -Yes/No
5. No objection certificate from relieving University(enclosed) –Yes/No
6. No objection certificate from receiving college(enclosed) - Yes/No
7. No objection certificate from receiving University(enclosed) –Yes/No
8. No objection certificate from State Government wherein the relieving college is located – Yes/No.
9. Affidavit, duly sworn before First Class Magistrate containing an undertaking that “I will study for full twelve months in existing class of B.H.M.S course in transferred Homoeopathic Medical College before appearing in the IInd Professional University examination” (enclosed) -Yes/No

10. Reasons for migration in brief( please enclose copy of proof) - Yes/No

11. Permanent address:\_\_\_\_\_”.

Dr. LALIT VERMA, Secy.

[ADVT.-III/4/Exty./147/15 (133)]

**Note: -** The principal regulations were published in the Gazette of India, Extraordinary Part III, Section 4 *vide* number 7-1/83/CCH dated the 11th May, 1983 and subsequently amended *vide* :-

1. 12-13/87-CCH (Pt. II) dated the 24th September, 2003; and
2. 12-4/2000-CCH (Pt.-I) dated the 13th June, 2005.