CENTRAL COUNCIL OF HOMOEOPATHY

PRINCIPAL REGULATIONS
PUBLISHED IN THE GAZETTE OF INDIA,
EXTRAORDINARY, ON 11TH MAY, 1983
(and Corrigendum Published in the Gazette dated 6th February, 1984)

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& 28th March, 2016)

HOMOEOPATHY (DEGREE COURSE)
B.H.M.S.
REGULATIONS, 1983
(As Amended upto March, 2016)

JANAKPURI, NEW DELHI

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CENTRAL COUNCIL OF HOMOEOPATHY

NOTIFICATION

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, namely:-

PART-I
Preliminary

1. **Short title and commencement:** (1) These regulations may be called the Homoeopathy (Degree Course) Regulations, 1983.
(2) They shall come into force on the date of their publication in the Official Gazette.

[3]N.B.:- The amendments notified in these Regulations on 14th July, 2015 shall apply to students admitted in BHMS (Degree Course) from the commencement of the academic session (2015-2016).

2. **Definitions:** In these regulations, unless the context otherwise requires:-
(i) "Act" means the Homoeopathy Central Council Act, 1973 (59 of 1973);
(ia)[2] "Clinical work" means case taking and treatment of patients in the hospital;
(ii) "Courses" means the course of study in Homoeopathy, namely:-
(a) D.H.M.S. (Diploma in Homoeopathic Medicine and Surgery) and
(b) B.H.M.S. (Bachelor of Homoeopathic Medicine and Surgery) Course;
(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;
(iii) "Diploma" means a Diploma in Homoeopathy as defined in clause (iii) of regulation 2 of the Homoeopathy (Diploma Course) Regulations, 1983;
(iv) "Degree" means a Degree in Homoeopathy provided in regulation 3 of these Regulations or a Degree as defined in clause (iv) of regulation 2 of the Homoeopathy (Graded Degree Course) Regulations, 1983.
(v) [1]"Homoeopathic College" means a Homoeopathic College affiliated to a University and recognized by the Central Government;
(vi) "Inspector" means a Medical Inspector appointed under sub-section (i) of section 17 of the Act;
(via)[2] "Local Body" means the development authority, municipal committee, municipal corporation and panchayat;
(vii) "President" means the President of the Central Council;
(viia)[2] "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;
(viii) "Second Schedule" and "Third Schedule" means the Second Schedule and Third Schedule respectively of the Act;
(ix) "Syllabus" and "Curriculum" means the Syllabus and Curriculum for different courses of study as specified by the Central Council under these Regulations, the Homoeopathy (Diploma Course) Regulations, 1983 and the Homoeopathy (Graded Degree Course) Regulations, 1983;

(x) [1]"Teaching experience" means teaching experience in the subject concerned in a Homoeopathic College and includes teaching experience in the subjects of Medicine, Surgery, Obstetrics and Gynaecology, gained in the Medical Colle recognised by the Central Government;

(xa)[2] "Tutorial" means a regular meeting in which a teacher and a small group students discuss a topic as a part of the course;

(xi) "Visitor" means a Visitor appointed under sub- section (1) of Section 18 of Act;

(xii) [1]"Post Graduation in Homoeopathy" means a Post Graduate qualification Homoeopathy recognised as per the provisions of the Act.

PART-II
COURSES OF STUDY

3. (i) The Degree Course of B.H.M.S. (Degree) shall comprise a Course of study consisting Curriculum and Syllabus provided in these regulations spread over a period of 5½ yea including compulsory Internship of one year duration after passing the Final Deg Examination;

(ii) [1]Every candidate after passing the final BHMS examination, shall undergo compulsory internship for a period of twelve months as per the procedure laid down in Annexure 'A' attached to these regulations.

(iii) [1]On successful completion of the internship and on the recommendation of the Princi of the Homoeopathic College concerned, the concerned University shall issue the Degr to such candidates.

(iv)[2] Every candidate shall complete the course including the passing of examination in subjects and complete the compulsory internship training within a period of eleven ye from the date of admission in First B.H.M.S. Degree Course in the college concern failing which his name shall be removed from the rolls of the college;

PART-III
ADMISSION TO COURSE

[2]4. Eligibility criteria.- (i) No candidate shall be admitted to B.H.M.S Degree Course unless he has passe

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

or

(b) the intermediate examination in science of an Indian University or Board or oth recognised examining body with Physics, Chemistry and Biology which shall inclu 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 Biolog after passing either the higher secondary school examination, or the pre-university an equivalent Examination, which shall include a practical test in Physics, Chemist and Biology and also English as a compulsory subject;

or

(d) the first year of the three years' degree course of a recognised University, w Physics, Chemistry and Biology including a practical test in these subjects provid

the examination is a University Examination and candidate has passed 10+2 with English at a level not less than a core course;

or

(c) 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.

[2]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.

PART IV

THE CURRICULUM

[5] 5. Subjects.– Subjects for study and examination for the B.H.M.S (Degree) Course shall be as are 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.MS, and Third B.H.M.S.	At the end of Third B.H.M.S.
10.	Gynecology and Obstetrics	Second B.H.MS, 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.".

PART V

[6] 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 Genetics and the teaching of Anatomy, Physiology including Bio-chemistry shall be integrated.

Theory:

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

The curriculum includes the following, namely:-

neral 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 Embr

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-	
2.2.2. Viscera	20
2.2.3. Bones	20
2.2.4. Surface Anatomy	20
2.2.5. Spotting(including Radiology and Histology)	10
2.2.6.Maintenance of Practical record or journal and dissection card	20
2.2.7. Viva Voce (Oral)	10
Total	100
	200

PHYSIOLOGY

tructions:

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

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

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

Physiology shall be taught from the stand point of describing physical processes underlying them in alth;

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

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

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

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

heory:

The curriculum includes the following, namely:-

neral physiology:

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

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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 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

II. 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:

1. Eye : Photochemistry of vision, Visual pathway, Pupillary reflexes, Colour vision, Errors refraction
2. 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

III. 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

Practical:

Hematology:

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. Determiaation 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

man 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 sources, 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. Qualititative 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, Reticuloendothelial system, Respiratory system, Excretory system, Regulation of temperature, Skin, Nerve Muscle physiology

1.1.2. Paper-II:
Endocrine system, Central Nervous System, Digestive system and metab 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
Total	200

ORGANON OF MEDICINE WITH HOMOEOPATHIC PHILOSOPHY

Instructions:

(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.

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 of the study of logic, psychology and the fundamentals of Homoeopathy becomes necessary.

(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.

The department of organon of medicine shall co-ordinate with other departments where students meet for the pre-clinical and clinical training 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 classes.

FIRST B.H.M.S.

Theory:

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 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 acqua with the basics of LOGIC to grasp inductive and deductive reasonings.

Preliminary lecturers on inductive and deductive logic (with reference to philosophy book of 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 (5th & 6th Editions translate R.E. Dudgeon and W. Boericke).

2. Homoeopathic philosophy:
   2.1. Chapters of Philosophy books of J.T. Kent (Chapters 1 to17, 23 to 27, 31 to 33), Stuart C (Chapters- 8,9, 11, 12) and H.A. Roberts (Chapters3,4,5,6, 8, 9, 11, 17, 18, 19,20), relation t 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-dispo 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

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.

Examination:

heory

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

ctical including viva voce or oral:

2.1. Marks: 100
2.2. Distribution of marks:

	Marks
2.2.1. Case taking and Case processing	40
2.2.2. Maintenance of practical record or journal	10
2.2.4. Viva voce (oral)	50
Total	100

pory:

THIRD B.H.M.S.

ition to revision of Aphorisms studied in First B.H.M.S and Second B.H.M.S, the following shall be d, 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 (5^{th} and 6^{th} 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), Stua
(Chapters- 7, 10, 13, 14, 15) & H.A. Roberts (Chapters- 7, 10, 12 to 19,21, 34) relatec
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 ca
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
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 follow
shall be covered, namely:–

1. Evolution of medical practice of the ancients (Prehistoric Medicine, Greek Medicine, medicine, Hindu medicine and Renaissance) and tracing the empirical, rationalistic 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 - to 22) and H.A. Roberts (Chapters- 1 to 5, 20, 22 to 33, 35), Richard Hughes (Chapters 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 characteristic expressions are manifested at various levels and attempt should be made 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 acquire 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.

3. 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.

ote: (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.

Examination:

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

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 a long case	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 m organon of medicine and national economy as well as growth of homoeopathic pharmac research;

(2) originality and speciality of homoeopathic pharmacy and its relation to pharmacy of recognised systems of medicine;

(3) the areas of teaching shall encompass the entire subject but stress shall be laid o 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 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.

B.

IV. Pharmacodynamics:

1. Homoeopathic Pharmacodynamics.

2. Drug Proving (related aphorisms 105 – 145 of organon of medicine) and merits and demerits 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, crystallisa

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- minimu List c drugs; Ve

(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 manufacturing unit of homoeopathic medicines (GMP compliant). (Students shall 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 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 Kingdom

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

Chemicals or Minerals

1. Aceticum acidum
2. Alumina
3. Argentum metallicum
4. Argentum nitricum
5. Arsenicum album
6. Calcarea 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 sep

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;

	Marks
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	100

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 bo on animal or their isolated organs is only a partial study of life processes under such action and that it not lead us to a full appreciation of the action of the medicinal substance, the drug substance as a wh lost sight of.

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

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

(b) Each drug should be studied symptomatically, 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;

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

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

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

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

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

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

he 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 Medicas

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. psy... pathological, physiological, synthetic, comparative, analytical, remedy relations... 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 acc... Dr. Wilhelm Heinrich Schuessler. Study of 12 biochemic medicines. (tissue rem...

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

APPENDIX-I

1. Aconitum napellus
2. Aethusa cynapium
3. Allium cepa
4. Aloe socotrina
5. Antimonium crudum
6. Antimonium tartaricum
7. Apis mellifica
8. Argentum nitricum
9. Arnica Montana
10. Arsenicum album
11. Arum triphyllum
12. Baptisia tinctoria
13. Bellis perennis
14. Bryonia alba
15. Calcarea carbonica
16. Calcarea fluorica
17. Calcarea phosphoric
18. Calcarea sulphurica
19. Calendula officinalis
20. Chamomilla
21. Cina
22. Cinchona officinalis
23. Colchicum autumnale
24. Colocynthis
25. Drosera
26. Dulcamara
27. Euphrasia
28. Ferrum phosphoricum
29. Gelsemium
30. Hepar sulph
31. Hypericum perforatum
32. Ipecacuanha
33. Kali muriaticum
34. Kali phosphoricum
35. Kali sulphuricum
36. Ledum palustre
37. Lycopodium clavatum

38. Magnesium phosphoricum
39. Natrum muriaticum
40. Natrum phosphoricum
41. Natrum sulphuricum
42. Nux vomica
43. Pulsatilla
44. Rhus toxicodendron
45. Ruta graveolens
46. Silicea
47. Spongia tosta
48. Sulphur
49. Symphytum officinale
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 a 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, nam

1. Theory:

1.1. Number of papers-01
1.2. Marks: 100
1.3. Distribution of marks:
1.3.1. Topics of I BHMS- 50 Marks
1.3.2. Topics of II BHMS- 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
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 BHMS 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 BHMS 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.

Concept of mother tincture.

Homoeopathic medicines to be taught in Third BHMS as in Appendix-II

APPENDIX-II

1.	Aceticum 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.	Thuridion
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 BHMS- 50 Marks

1.3.2 Topics of Third BHMS- 50 Marks

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
2.2.3Maintenance 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 medicine the Appendices I and II, the following additional topics and medicines are included in the Fourth BHMS examination.

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

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

APPENDIX-III

1	Abies canadensis	70	Jonesia asoca
2	Abies nigra	71	Justicia adhatoda
3	Carbo animalis	72	Ocimum sanctum
4	Carbolic acid	73	Syzigium jambolanum
5	Cundurango	74	Ratanhia peruviana
6	Fluoricum acidum	75	Collinsonia canadensis
7	Hydrastis canadensis	76	Antimonium arsenicosum
8	Raphanus sativus	77	Sticta pulmonaria
9	Magnesia carbonica	79	Asterias rubens
10	Magnesia muriatica	80	Iodium
11	Anthracinum	81	Thyroidinum
12	Bacillinum	82	Argentum metallicum
13	Lac caninum	83	Cuprum metallicum
14	Lac defloratum	84	Plumbum metallicum
15	Lyssin	85	Zincum metallicum
16	Medorrhinum	86	Adonis vernalis
17	Psorinum	87	Kalmia latifolia
18	Pyrogenium	88	Physostigma venenosum
19	Vaccininum	89	Mercurius corrosivus
20	Variolinum	90	Mercurius cyanatus
21	Hydrocotyle asiatica	91	Mercurius dulcis
22	Mezereum	92	Mercurius solubilis
23	Radium bromatum	93	Mercurius sulphuricus
24	Urtica urens	94	Causticum
25	Vince minor	95	Bacillus No. 7
26	Abrotanum	96	Dysentery co
27	Rheum palmatum	97	Gaertner
28	Sanicula aqua	98	Morgan pure
29	Acalypha indica	99	Morgan gaertner
30	Corallium rubrum	100	Proteus bacillus
31	Lobelia inflata	101	Sycotic bacillus
32	Mephitis putorius	Additional medicines	
33	Rumex crispus	102	Aesculus hippocastanum
34	Sabadilla officinalis	103	Adrenalinum
35	Sambucus nigra	104	Artemesia vulgaris
36	Squilla maritima	105	Avena sativa
37	Baryta muriatica	106	Blatta orientalis

38	Crataegus oxyacantha	107	Carcinosin
39	Lithium carbonicum	108	Carduus marianus
40	Rauwolfia serpentina	109	Ceanothus
41	Caulophyllum	110	Chininum arsenicosum
42	Cocculus indicus	111	Cholesterinum
43	Crocus sativus	112	Croti erythroxylon
44	Helonias dioica	113	Diphtherinum
45	Lillium tigrinum	114	Erigeron canadensis
46	Sabina	115	Malandrinum
47	Trillium pendulum	116	Menyanthes
48	Viburnum opulus	117	Onosmodium
49	Cicuta virosa	118	Passiflora incarnata
50	Ranunculus bulbosus	119	Ustilago maydis
51	Rhododendron chrysanthum	120	Stannum metallicum
52	Clematis erecta	121	Valeriana officinalis
53	Sabal serrulata	122	X-ray
54	Sarsaparilla officinalis		
55	Coffea cruda		
56	Gionoine		
57	Melilotus		
58	Millefolium		
59	Sanguinaria canadensis		
60	Spigelia		
61	Veratrum viride		
62	Capsicum		
63	Cedron		
64	Eupatorium perfoliatum		
65	Abroma augusta		
66	Calotropis gigantea		
67	Carica papaya		
68	Cassia sophera		
69	Ficus religiosa		

No.	Group studies
1	Baryta group
2	Calcarea group
3	Magnesia group
4	Natrum group
5	Compositae family
6	Ranunculacae family
7	Solonacae family

C. Practical or clinical:

Each student shall maintain a journal having record of ten acute and ten chronic cas

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:

1 (a) Pathology and microbiology shall be taught in relation to the concept of miasms as Samuel Hahnemann and further developed by JT Kent, H.A. Robert, J.H. Allen and other st due reference to Koch's postulate, correlation with immunity, susceptibility and thereby 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 ma patients under homoeopathic treatment.

38	Crataegus oxyacantha	107	Carcinosin
39	Lithium carbonicum	108	Carduus marianus
40	Rauwolfia serpentina	109	Crotalus
41	Caulophyllum	110	Cuprum arsenicosum
42	Cocculus indicus	111	Cholesterinum
43	Crocus sativus	112	Coca erythroxylon
44	Helonias dioica	113	Digitalinum
45	Lilium tigrinum	114	Erigeron canadensis
46	Sabina	115	Malandrinum
47	Trillium pendulum	116	Menyanthes
48	Viburnum opulus	117	Onosmodium
49	Cicuta virosa	118	Passiflora incarnata
50	Ranunculus bulbosus	119	Ustilago maydis
51	Rhododendron chrysanthum	120	Stannum metallicum
52	Clematis erecta	121	Valeriana officinalis
53	Sabal serrulata	122	X – ray
54	Sarsaparilla officinalis		
55	Coffea cruda		
56	Glonoine		
57	Melilotus		
58	Millefolium		
59	Sanguinaria canadensis		
60	Spigelia		
61	Veratrum viride		
62	Capsicum		
63	Cedron		
64	Eupatorium perfoliatum		
65	Abroma augusta		
66	Calotropis gigantea		
67	Carica papaya		
68	Cassia sophera		
69	Ficus religiosa		

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

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, 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 immu
6. The compliment system
7. Antigen; Antibody; Antigen – Antibody reactions (Anaphylactic and Atopic); Drug Alle
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, aacillus anthrax, cereus mycobacterium tuberculosis, M. lepcae, actinomycetes; nocardia, organism of entero group.
8. Gram positive anaerobic bacilli, eg. genus clostridium, lactobacillus.
9. Gram negative anaerobic bacilli, eg. bacteroides, fragilus, fusobacterium.
10. Others like- cholerae vibrio, spirochaetes, leptospirae, mycoplasma, chlamydiae, ric 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, Wuchereria bancrofti), Brugia malayi, Dracunculus medinensis, Loa loa, Onchocerca volvulus,

(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) rhabdo virus

(d) rubella virus (german measles)

(e) corona virus

(f) retro virus

(g) yellow fever virus

(h) dengue, vhikungunya virus

(i) Miscellaneous virus:

(i) arena virus
(ii) corona virus
(iii) rota virus
(iv) bacteriophages

(j) 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) Imm
examinations (3) Culture methods (4) Animal inoculation

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

(d) Histopathology:

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

B. Practical or clinical:

(1) Clinical and Chemical Pathology: estimation of haemoglobin (by acidometer) count of
Cells and White Blood Cells, bleeding time, clotting time, blood grouping, staining
thick films, differential counts, blood examination for parasites, erythrocyte sedimenta

(2) Urine examination, physical, chemical microscopical, quantity of albumin and sugar.

(3) Examination of Faeces: physical, chemical (occult blood) and microscopical for ova and

(4) Methods of sterilisation, preparation of a media, use of microscope, gram and acid
motility preparation, gram positive and negative cocci and bacilli, special
corynebacterium gram and acid fast stains of pus and sputum.

(5) Preparation of common culture medias, e.g. nutrient agar, blood agar, Robertson's Co
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.
embedding.
(d) Sectioning, staining by common dyes and stain, frozen section and its importan
(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
- Fungi and Parasites - 25 marks - 25 marks

Section B-

- Virology
- Clinical Microbiology and Diagnostic procedures - 20 marks
- Microbiological control and mechanism of pathogenicity - 10 marks
- General Topics Immuno-pathology - 10 marks - 10 marks

2. Practical including viva voce or oral:

2.1. Marks: 100

2.2. Distribution of marks;

	Marks
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	100

FORENSIC MEDICINE AND TOXICOLOGY

Medico-legal examination is the statutory duty of every registered medical practitioner, whether he is in 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;

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 the case on the right track in criminal matters and connected medico-legal problems;

The students shall also acquire knowledge of laws in relation to medical practice, medical negligence issues 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;

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

1. 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 medi 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, and
(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 fr electrocution and lightening.

6. Forensic psychiatry

(a) Definition; delusion, delirium, illusion, hallucinations; impulse and mania; cla 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-le 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 m

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.)

3. 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;

(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) 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 legal importance.

(f) Attending demonstration of ten medico-legal autopsies.

2. Certificate Writing:

Various certificates like sickness certificate, physical fitness certificate, birth certificate, injury certificate, rape certificate, chemical analyzer (Regional Forensic) 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;

	Marks
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	100

(a) Repertorisation is not the end but the means to arrive at the similimum 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.

(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

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 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 Repertory and 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 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 B.H.M.S).

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:

	Marks
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
Total	100

GYNAECOLOGY AND OBSTETRICS

Instructions:

(a) Homoeopathy adopts 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.

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.

Examinations and investigations in gynaecological and obstetrical cases shall be stressed and Homoeopathy in this subject shall be taught in details.

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:-

Third B.H.M.S

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.

...mal-positions and mal-presentations; twins, prolapse of cord a...
...ion of the uterus; abnormal conditions of soft part contracte...
...ations of 3rd stage of labour, injuries of birth can...

...olar pregnancy, diseases of placenta and m...
...marriages, multiple pregnancy, proctracted ...
growth retardation, pregnancy in Rh negative ...

...ystemic diseases associated with pregnancy.

Techniques (Regulation and Prevention of Misuse) Act, 199...

(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.

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.

Examination:

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
Total	200

COMMUNITY MEDICINE

Instructions:

I (a) Physician's function is not limited merely prescribing homoeopathic medicines for curative 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 are he can be assigned responsibilities to play an effective role not only in the field of curative preventive and social medicine including family planning.

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

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

(b) Instructions in this course shall be given by lectures, practicals, seminars, group di 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

I. 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 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;

	Marks
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	100

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 Defeciency Syndrom 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 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.

3. Ear

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

4. 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

5. 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.

6. 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.

7. 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

neral management, surgical management and homoeopathic therapeutics of the above topics will be ered.

ctical or clinical:

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

very student shall prepare and submit twenty complete histories of surgical cases, ten each in the nd and Third B.H.M.S. classes respectively.

emonstration of surgical instruments, X-rays, specimens etc.

linical examinations in Surgery.

anagement 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	50 marks
(I) ENT	-20 marks
(ii) Ophthalmology	20 marks
(iii) Dentistry	-10 marks
Section– 2: -Systemic Surgery Homoeopathic Therapeutics	-50 marks
(i) ENT Homoeopathic Therapeutics	-20 marks
(ii) Ophthalmology Homoeopathic Therapeutics	-20 marks
(iii)Dentistry Homoeopathic Therapeutics	-10 marks

2. Practical including viva voce or oral:

2.1. Marks: 200

2.2. Distribution of marks;

	Marks
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
Total	200

nstructions:

(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 mphasizes the study of the man, his state of health, state of illness.

The study of the above concept of individualisation is essential with the a following background so at the striking features which are characteristic to the individual become clear, in contrast to the common icture 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.

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

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

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

A thorough study of the above areas will enable a homoeopathic physician to comprehend the practical ects of medicine;

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

ational assessment of prognosis and general management of different disease conditions are also to be sed.

V Study of subject. - The study of the subject will be divided in two years i.e. 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 systems as noted 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.

actical 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 similimum and general management.

Examination:

y:

1.1. Number of paper: 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

actical including viva voce or oral:

2.1 Marks: 200

2.2. Distribution of marks:

	Marks
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
Total	200

The case reports of the students carried out during the course shall also be considered for the oral examination.

PART VI
FIRST BHMS EXAMINATION

[1]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	50
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

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

SECOND BHMS EXAMINATION

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

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

The minimum number of hours for lecture, demonstration or practical or clinical classes and nd minar in the subjects shall be as follows, namely:–

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).

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

(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 mark	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

THIRD BHMS EXAMINATION

"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 36th 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 lectures(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	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

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

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

FOURTH BHMS EXAMINATION

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

) The Fourth BHMS examination shall be held in the 54th 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

RESULTS AND RE-ADMISSION TO EXAMINATION

11. [2](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.";

Candidates who have passed in one or more subjects need not appear in that subject or those subjects again in the subsequent examinations if the candidate passes the whole examination with in four chances including the original examination.

Facility to keep term: Not withstanding with the foregoing regulations, the students shall be allowed the facility to keep term on the following conditions:

(a) The candidate must pass the Second BHMS examination at least one term (6 months) before he is allowed to appear in the Third BHMS examination.

(b) The candidate must pass the Third BHMS examination at least one term (6 months) before he is allowed to appear in the Fourth BHMS examination.

[2](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.

[2]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).

Special classes, seminars, demonstrations, practical, tutorials etc. shall be arranged for the repeaters in the subject in which they have failed before they are allowed to appear at the next examination, in which attendance shall be compulsory.

If a candidate fails to pass in all the subjects with in four chances in examinations, he shall be required to prosecute a further course of studying all the subjects and in all parts for one year to the satisfaction of the head of the college and appearing for examination in all the subjects.

Provided that if a student appearing for the Fourth BHMS examination has only one subject to pass at the end of prescribed chances, he shall be allowed to appear at the next examination in that particular subject and shall complete the examination with this special chance.

The examining body may under exceptional circumstances, partially or wholly cancel any examination conducted by it under intimation to the Central Council of Homoeopathy and arrange for conducting re-examination in those subjects within a period of thirty days from the date of such cancellation.

[2]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.

Examiners.– (i) No person other than the holder of qualification prescribed for the teaching 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.

(c) a paper setter may be appointed as an internal or external examiner.

(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. ".

(iii) The examining body may appoint a single moderator or moderators not exceeding three in number for the purpose of moderating question papers.

(iv) Oral and practical examinations shall as a rule be conducted by the respective internal and external examiners with mutual co-operation. They shall each have 50% of the maximum marks out of which they shall allot marks to the candidates appearing at the examination according to their performance and the marks-sheet so prepared shall be signed by both the examiners. Either of the examiners shall have the right to prepare, sign and send mark-sheets separately to the examining body together with comments. The examining body shall take due note of such comments but it shall declare results on the basis of the mark-sheets.

(v) Every Homoeopathic College shall provide all facilities to the internal and external examiners for the conduct of examinations, and the internal examiners shall make all preparations for holding the examinations.

The external examiner shall have the right to communicate to the examining body his views observations about any shortcomings or deficiencies in the facilities provided by the Homoeopathic College.

He shall also submit a copy of his communication to the Central Council for such action as Central Council may consider fit.

GENERAL GUIDELINES FOR ADMISSION TO EXAMINATION AND SCHEME OF EXAMINATION

i) The examining Body shall ensure that the minimum number of hours for lecture/ demonstration/practical/seminar etc. in the subjects in each BHMS examination as specified in respective regulations are followed before allowing any Homoeopathic Medical College to send the students for University examination.

i) The examining body shall ensure that the students of the Homoeopathic Medical Colleges, who do not fulfill the Homoeopathy (Minimum Standards of Education) Regulation, are not sent for the University Examination.

) seventy five percent attendance at the minimum in each of the subjects (in theory and practical including clinical) for appearing in the University examinations shall be compulsory.

) Each theory paper shall be of three hours duration.

The Practical/oral examination shall be completed immediately after the theory examination.

) That the examining body shall hold examinations on such date and time as the examining body may determine. The theory and practical examination shall be held in the premises of the Homoeopathic Medical College concerned.

) 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).

iii) 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.

MISCELLANEOUS

14 (i) **Authorities empowered to conduct examinations:**

The Universities shall conduct the examination for the Degree Course in various States or the agencies empowered by an Act of Parliament.

(ii) Interpretation:

Where any doubt arises to the interpretation of these regulations it shall be referred to the Central Council for clarification.

(iii) Power to relax:

Where any University, or Medical Institution in India which grants medical qualification, is satisfied that the operation of any of these regulations causes undue hardship in any particular case, that University or Medical Institution as the case may be, may by order, for reasons recorded in writing, dispense or relax the requirement of that regulation in such an extent and subject to such exceptions and conditions as it may consider necessary for dealing with the case in a just and equitable manner.

[1A]Provided that no such order shall be made except with the concurrence of the Central Council.

(iii) Saving Clause:

Any Diploma/Degree qualification, at present included in II or III Schedule to the Homoeopathy Central Council Act where nomenclature is not in consonance with these regulations shall cease to be recognized medical qualification when granted after the commencement of these regulations. However, this clause will not apply to the students who are already admitted to these courses before the enforcement of these regulations.

[2](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

of 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.

(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 applications 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 I' in complete anner with requisite documents.

ANNEXURE 'A'
(Regulation 3 (ii))
INTERNSHIP TRAINING

ch candidate shall be required to undergo compulsory rotating internship of e year, after passing the final BHMS Examinations, to the satisfaction of the incipal of the Homoeopathic College. Thereafter only, the candidate shall be gible for the award of Degree of Bachelor of Homoeopathic Medicine and rgery (B.H.M.S.) by the University.

a) All parts of the internship training shall be undertaken at the hospital attached the College, and in cases where such hospital cannot accommodate all of its dents for Internship then such candidates/students shall be informed in writing the college and it shall be the responsibility of the College to ensure that each of h students is put on internship training in a Homoeopathic Hospital or pensary run by Government or local bodies.

(iii) To enable the State Board/Council of Homoeopathy to grant provisional registration of minimum of one year to each candidate to undertake the internship, the University concerned shall issue a provisional passed certificate on passing the final BHMS examination to each successful candidate.

Provided that in the event of shortage or unsatisfactory work, the period of compulsory internship and the provisional registration shall be accordingly extended by the State Board/Council.

(iii) Full registration shall only be given by the State Boards if the BHMS degree awarded by the University concerned is a recognized medical qualification as per Section 13 (1) of the Act, and Board shall award registration to such candidates who produce certificate of completion of compulsory rotating internship of not less than one year duration from the Principal of College where one has been a bonafide student which shall also declare that the candidate is eligible for it.

(iv) The internee students shall not prescribe the treatment including medicines, and, each of them shall work under the direct supervision of Head of Department concerned and/or a Resident Medical Officer. No intern student shall issue any medicolegal document under his/her signatures.

(v) [omitted].

2. The internship training shall be regulated by the Principal in consultation with concerned Heads of Departments and R.M.O. as under:-

(i) Each internee student shall be asked to maintain a record of work which is to be constantly monitored by the Head of concerned Department and/or Resident Medical Officer under whom the internee is posted. The scrutiny of record shall be done in an objective way to update the knowledge, skill and aptitude of internee.

(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.

(iii) rotation of intern students shall be as under:

(a) Practice of Medicine – 8 Months wherein internee will be rotated in each Psychology, Respiratory, Gastro – intestinal, Endocrinology, Skin and V.D., Loco-motor, Cardiology, Paediatrics sections.

(b) Surgery – 1 month.

(c) Obstetrics & Gynaecology -2 Months [1 month each (including Reproductive & child health care)].

(d) Community Medicine (including PHC/CHC) -1 month.

(iv) Each internee shall be exposed to clinicopathology work to acquire skill in taking samples and doing routine blood – examination, blood smear for parasites, sputum examination, urine and stool examination. Students shall be trained to correlate laboratory findings with diagnosis and management of sick people.

(v) Each internee shall be given opportunities to learn the diagnostic techniques like x-rays, Ultrasonography, E.C.G., Spirometer and other forthcoming techniques and co-relate their findings with diagnosis and management of cases.

(vi) Each internee student shall be given adequate knowledge about issuing of medico-legal certificates including medical and fitness certificates, death certificates, birth certificates, court producers and all of such legislation's be discussed which were taught in curriculum of Forensic Medicine.

(vii) Each internee shall maintain records of 40 acute and 25 chronic cases complete in all manner including follow up in Practice of Medicine, record of 5 antenatal check-up and 3 delivery cases attended by him/her in Department of Obstetrics and 3 cases of Gynaecology; records of 5 surgical cases assisted by him (and demonstration of knowledge of dressings) in Surgery department, and records of knowledge gained in Primary Health Centres, Community health Centres, various health programmes.

[1](viii) [Omitted]

(ix) Each internee shall be given a liberty to choose an elective assignment on any subject, and complete out-put shall be furnished in writing by the internee in respect of elective assignment to the Principal of the College within internship duration.

(x) Each intern shall be posted on duty in such a manner that each of them attend at least 15 days in O.P.D. and 15 days in I.P.D. at least in each month (except for duty in Community Medicine, and attend the other parts of duty

including self-preparation in Library.

(xi) Each intern-student shall be made to learn importance of maintaining statistics and records, intern-student shall also be familiarized with research methodology.

3. (i). Each internee shall have not less than 80% of attendance during the internship training.
(ii). Each internee shall be on duty of at least 6 hrs. per day during the compulsory internship training.

[2]**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 a better vision about their future.
6. To improve cognitive skills (thinking and analysis)
7. To improve communication skills (personal and academic).

ning 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.

Sources

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

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)]

gration of Mr./Miss _____ from _____ Homoeopathic Medical College _____ 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: _____".

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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.
3. 12-13/2006-CCH(Pt.V) dated the 14th July, 2015.
4. 12-13/2006-CCH(Pt.V) dated the 28th March, 2016.

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1. Amended in September, 2003.
1A. Amended in June, 2005.
2. Amended in July, 2015
3. Amended in March, 2016
0- Corrigendum dated January'2016.

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