

**I. Title of the Speciality Course, and its abbreviation.**

M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking.

**II. Components of the Curriculum**

II (1). Part I

- (i) Fundamentals of Repertory and Case Taking;
- (ii) Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking; and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Repertory and Case Taking. Paper 1
- (ii) Repertory and Case Taking. Paper 2.

**III. Brief description of speciality and its relevance in homoeopathy post-graduate course.**

Undergraduate education in repertory has oriented the students to the philosophy and construction of the most repertories and their clinical utility in day-to-day practice in common diseases and primary level of management.

Post graduate studies in repertory will take students on the journey of extending and deepening the understanding of the application of repertories at bedside. As well as grasping and internalizing the concept on which newer repertories are built and their application at bedside. Simultaneously, the concept and practice of case taking will be broadened and deepened to extend to several clinical conditions and settings thus building the experiential bridge between case taking and the repertory.

He ought to learn the background that existed in creation of these repertories by various masters. He should be able to learn the difference between two repertories. Difference between offerings of physical and software-based repertories. Explore this comparative learning at bedside to demonstrate the utility of one over the other.

He should be proficient to apply the philosophical, clinical, regional, software-based repertories at bedside as per the demand of the case. Master the art of analysis and evaluation of symptoms in the most proficient manner.

This background in depth will allow them to address the scope and limitations of different repertories and their utility in different clinical states and situations. Further depth and refinement in symptom classification, evaluation and basic philosophy of different approaches with repertorial totality and PDF will help in approaching cases of secondary and tertiary level. This in-depth study will also help in expanding and addition to Homoeopathic Materia Medica.

He should demonstrate effective application of Kent's 12 observations and application of Remedy relationship chapters in various repertories based on these 12 observations.

Software and artificial intelligence will become a part of day-to-day practice and understanding their scope, limitations and development will impart insight at basic level which will help repertory post graduate to develop the logic.

In-depth study also will help in developing insights in case taking which will help in developing different facets and areas of exploration and adding them to current repertories or building new repertories based on dissertations on case receiving and repertory. These can form the foundation for further research work and authentication. Utilizing this knowledge to achieve depth in case receiving as well as developing a competency to translate data in rubrics and visa a versa.

He explores the possibilities of integration of this tool with various other homoeopathic speciality subjects and train those candidates in the art and science of use of repertory at bedside.

With changing socio, cultural, political, economic situation one also needs to look into addition and modification of the repertorial rubrics and add bio-psycho-social model for upcoming repertories. Postgraduates would need to be oriented for the same. This will allow them to explore different avenues of research and will help in updating as well as expanding those repertories based on the philosophy and concepts on which they are built and not randomly expanding them.

So, the curriculum so designed shall address these professional activities and competency.

#### IV. Program Objectives. (Entrustable Professional Activities – EPAs)

1. Gather a homoeopathic history and perform a physical examination in various settings.
2. Obtain information for homoeopathic case management decisions through case analysis.
3. Prioritize a differential diagnosis following a clinical encounter.
4. Recommend and interpret common diagnostic screening investigations as appropriate.
5. Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management.
6. Document the homoeopathic as well as clinical data and the processing of case.
7. Apply appropriate homeopathic tools for prescription and assessment of progress.
8. Prioritize the Repertorial approach for making homeopathic prescription.
9. Adapt the axioms of Information and Communication Technology for unbiased repertorisation along with PDF.
10. Form clinical questions and retrieve evidence to advance patient care.
11. Identify the need for second opinion / expert advice to improve quality of care.
12. Document a clinical encounter in the patient record.
13. Provide oral presentation of a clinical encounter.
14. Adhere to legal and ethical principles in professional practice.
15. Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.
16. Teach juniors and patients on aspects of health education.
17. Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels.
18. Conduct research relevant for promoting quality of homeopathic services through repertory-based competencies.
19. Publish evidence driven documentation of repertory-based clinical outcomes in credible journals.
20. Collaborate as a member of an interprofessional team.
21. Function as effective leader of team that is engaged in health care, research and training.
22. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

##### IV(1). Mapping of EPAs and Domain Competencies

**KS** : Knowledge & Scholarship  
Orientation

**PC** : Patient care

**HO** : Homoeopathic

**CS** : Communication skills  
Professionalism

**PBL** : Practice based learning

**Prf** :

Sr. No	EPA	KS	PC	HO	CS	PBL	Prf
1	Gather a homoeopathic history and perform a physical examination.	√	√	√	√	√	√
2	Obtain information for homoeopathic case	√	-	√	√	√	-

	management decisions through case analysis.						
3	Prioritize a differential diagnosis following a clinical encounter	√	√	√		√	
4	Recommend and interpret common diagnostic screening investigations as appropriate.	√	√	-	-	-	-
5	Determine the appropriate diagnostic investigations for planning comprehensive homeopathic management	√	-	√	-	√	-
6	Document the homoeopathic as well as clinical data and the processing of case	√	-	√	-	√	-
7	Apply appropriate homeopathic tools for prescription and assessment of progress	√	-	√	-	-	-
8	Prioritize the significance of repertory for making homoeopathic prescription	-	-	√	-	√	-
9	Adapt the axioms of Information and Communication Technology for unbiased repertorisation.	-	-	√	-	√	√
10	Form clinical questions and retrieve evidence to advance patient care	√	√	-	√	√	-
11	Identify the need for second opinion / expert advice to improve quality of care	-	√	√	-	√	√
12	Document a clinical encounter in the patient record	-	-	-	√	√	-
13	Provide oral presentation of a clinical encounter	-	-	-	√	-	√
14	Adhere to legal and ethical principles in professional practice.	-	-	-	-	-	√
15	Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.	-	-	-	-	√	√
16	Teach juniors and patients on aspects of health education	√	-	-	√	-	√
17	Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels	-	-	-	-	√	√
18	Conduct research relevant for promoting quality of homoeopathic services through repertory-based competencies.	-	-	√	-	√	√
19	Publish evidence-driven documentation of repertory-based clinical outcomes in credible journals	-	-	-	√	-	√
20	Collaborate as a member of an interprofessional team	-	-	-	√	-	√
21	Function as effective leader of team that is engaged in health care, research and training	-	-	-	√	-	√
22	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√	-	-	√	√	√

**IV(2). Semester wise table EPA levels and competencies applicable to each EPA.**

*EPA Level:*

*1 = No permission to act*

*2 = Permission to act with direct, proactive supervision present in the room*

*3 = Permission to act with indirect supervision, not present but quickly available if needed*

*4 = Permission to act under distant supervision not directly available (unsupervised)*

*5 = Permission to provide supervision to junior trainees*

EPAs	Hom-PG-R -Part 1			Hom-PG-R -Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Gather a homoeopathic history and perform a physical examination	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge, skill and attitude
Obtain information for homoeopathic case management decisions through case analysis.	2 Gather information that will help case management decision	2 Ensure the data gathered is accurate	3 Define the scope of homoeopathy	3 Inform patient scope of homoeopathy	4 Conclude the scope of homoeopathy and ensure	5 Ensures juniors follow steps defined accurately.
Prioritize a differential diagnosis following a clinical encounter	2 Organizes the data obtained and suggest a differential diagnosis	3 Concludes the differential diagnosis based on case, examination	3 Concludes the differential diagnosis based on case, examination	4 Conveys the process adopted in arriving at differential diagnosis	4 Concludes the differential diagnosis based on case, examination	5 Orients the juniors the process to be adopted to arriving at differential diagnosis
Recommend and interpret common diagnostic screening investigations as appropriate.	2 Demonstrates the ability to identify common and characteristic symptoms	3 Identifies and suggests suitable investigation reports relevant to differential diagnosis.	4 Advises suitable investigations to arrive at the provisional diagnosis	4 Correlates the investigation reports with the clinical condition.	4 Correlates the investigation reports with the clinical condition.	5 Orients the juniors on the process of identifying common and characteristic homoeopathic symptoms and advise of relevant investigations and help them

						correlate clinically.
Determine the appropriate diagnostic investigations for planning comprehensive homoeopathic management	2 Identifies area involved in planning comprehensive homoeopathic management	2 Documents appropriately and accurately the planning of comprehensive homoeopathic management	3 Demonstrates accurate documentation of diagnostic position for planning comprehensive homoeopathic management	3 Seeks proactively feedback on process of diagnostic position for comprehensive homoeopathic management documented	3 Seeks proactively feedback on assessment of process adopted in periodic follow ups of patients in determining continuation or revision for diagnostic position planning comprehensive homoeopathic management	4 Demonstrates effective implementation of diagnostic position for planning comprehensive homoeopathic management
Document the homoeopathic as well as clinical data and the processing of case	2 Attempts to document the clinical and homoeopathic data accurately and appropriately in the patient records of the organization	3 Demonstrates accurate and appropriate documentation of clinical and homoeopathic data in the patient records of the organization	3 Demonstrates accurate and appropriate analysis and evaluation of clinical and homoeopathic data in the patient records of the organization	4 Demonstrates willingness to receive feedback and improve the skills of processing of the case	4 Recognizes the need of developing ability of self-assessment to improve the skills of processing of the case	5 Orients juniors the various steps required for accurate processing of case
Apply appropriate homeopathic tools for prescription and assessment of progress	3 Demonstrates knowledge of choice an appropriate repertory for the case (Basic, regional, clinical, modern, softwares etc.), remedy relationship section of repertory	3 Demonstrates knowledge of evaluation and sign and symptoms to assess of patient and correlate with Kent's 12 observations and use of remedy relationship section of	4 Can apply the evaluation and sign and symptoms to assess of patient and correlate with Kent's 12 observations and use of remedy relationship section of repertory	4 Can choose appropriate homoeopathic tool (Basic, regional, clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in primary setting	5 Applies appropriate homoeopathic tool (Basic, regional, clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in secondary & tertiary	5 Demonstrates application of appropriate homoeopathic tool (Basic, regional, clinical, modern, softwares etc.) for prescription applicable for progress assessed of the patient in various specialty

		repertory			setting	subjects
Prioritize the significance of repertory for making homoeopathic prescription	3 Applies basic repertoires- Kent, TPB, BBCR	4 Applies regional and modern repertoires in various specialty subjects and settings	4 Applies softwares in various specialty subjects and settings	5 Monitors the effective application of basic repertoires by juniors	5 Monitors the effective application of regional and modern repertoires by juniors	5 Monitors the effective application of software repertoires by juniors
Adapt the axioms of Information and Communication Technology for unbiased repertorisation .	3 Explores the various softwares and their application	4 Demonstrates the utility of various features of repertory softwares in clinical practice	4 Demonstrates the utility of various features of repertory softwares in study of materia medica & development of new repertoires	5 Engages the students in understanding the various applications in the repertory softwares	5 Engages the students in understanding the utility of repertory softwares in study of Materia Medica	5 Engages the students in understanding the various repertory softwares in creation of new repertoires
Form clinical questions and retrieve evidence to advance patient care	2 Explore the process of prognostication of the disease	3 Documents accurately the experience shared by patient	3 Analyses the document created to advance patient care	4 Demonstrates the synthesis of evidences to advance patient care	4 Effectively replicates the application of evidence to advance patient care	5 Trains the juniors to create appropriate questions and retrieve evidence to advance patient care
Identify the need for second opinion / expert advice to improve quality of care	2 Learns when to seek second opinion / expert advice	3 Attempts to define reasons for second opinion / expert advice	3 Communicates with patient and colleagues the need for second opinion / expert advice	4 Communicate with expert reasons for second opinion	4 Learn to accept feedback on gaps in self's evidence based medicine	5 Demonstrates the process of how and when to seek second opinion / expert advice
Document a clinical encounter in the patient record	2 Demonstrate the ability to record details expressed by patient	3 Explores the deficiencies in clinical record by engaging with the patient	3 Systematically records the events of interaction with patient	4 Accepts feedback proactively on lacunae within self in documenting the expression of patient in the record	4 Demonstrate the effective utilization of patient record to generate evidence based medicine	5 Orients the importance of accurate documentation of clinical record
Provide oral presentation of a clinical encounter	2 Accurately narrates the information	3 Accurately expresses the nuances of communication	3 Accepts proactively feedback on gaps in oral presentation	4 Attempts to judge self's performance on the presentation	4 Identifies why of personal prejudices in the oral	5 Demonstrates the importance and advantages

		ion of patient			presentation	of accurate oral presentation of clinical encounter
Adhere to legal and ethical principles in professional practice.	2 Demonstrates awareness of responsibilities	2 Adheres to responsibilities	3 Ensures adherence to responsibilities	3 Proactively open to feedback in gaps in adherence.	4 Ensure awareness of adherence in various clinical settings and clinical conditions	4 Demonstrates the adherence in various clinical settings and clinical conditions
Consistently demonstrate characteristics of self-directed learning by recognizing continuing educational needs and using appropriate learning resources.	1 Proactively seeks the process	2 Attempts to demonstrates the importance through actions	2 Demonstrate the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	3 Attempts to proactively adapt and change based on feedback	4 Demonstrates through action the use of tools to become a self-directed learner.
Teach juniors and patients on aspects of health education	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of communication	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Improve instructional methods and assessment practices for repertory at undergraduate and postgraduate levels	1 Orients self to various instructional assessment practices	2 Acquires the basic knowledge of how to do it	3 Attempts to apply at UG level	4 Attempts to apply at PG level	4 Demonstrates how to apply at UG and PG level	5 Monitors application at UG and PG level
Conduct research relevant for promoting. Quality of homeopathic services through repertory-based competencies.	1 Orients self to research methodology as a subject	2 Proactively seeks guidance in application of research methodology	3 Identifies the avenues and processes that can be taken	3 Concludes the topic to work and applies the learnt processes	4 Conducts the research on the topic selected and consolidates the findings	5 Reviews the conclusions and identifies future areas for research
Publish evidence-driven	1 Becomes aware of	2 Explores the documentati	2 Consolidates the	3 Attempts to document	3 Effectively documents	4 Ensures publication

documentation of repertory-based clinical outcomes in credible journals.	importance	on already published	process to adopted			of research conducted
Collaborate as a member of an interprofessional team	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participation	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
Function as effective leader of team that is engaged in health care, research and training	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportunities to demonstrate leadership	4 Demonstrates effective leadership
Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	Justify the need for educational methodology as a component of PG Course.	Identify the learning objectives for their domain in Bloom's taxonomy. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructional activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessment tools appropriate for the context.	Conduct evidence driven TL and Assessment of UG students.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.

## PART I Paper 1:

### V. Topic and Topic Objectives.

#### Part 1-Paper I: Fundamentals of Homoeopathic Repertory and Case Taking (Hom-PG- FHRCT)

- Hom-PG- FHRCT - 01 Concept of repertory in Homoeopathy
- Hom-PG- FHRCT - 02 Historical evolution of Repertories
- Hom-PG- FHRCT - 03 Terminologies
- Hom-PG- FHRCT - 04 Symptomatology
- Hom-PG- FHRCT - 05 Case taking in various settings and situations.
- Hom-PG- FHRCT - 06 Analysis and evaluation of symptoms
- Hom-PG- FHRCT - 07 Case analysis
- Hom-PG- FHRCT - 08 Repertorisation
- Hom-PG- FHRCT - 09 Evolution – Plan – Construction – Application of Philosophical repertories

### VI. Topic description.

- Hom-PG- FHRCT – 01 Concept of repertory in Homoeopathy
  - Correlation of Repertory as a database of symptoms based on the Materia medica.

- Repertory as a decision making tool to demonstrate evidence based homeopathic practice.
- **Hom-PG- FHRCT – 02 Historical evolution of Repertories**
  - Background behind need of repertory
  - Concepts and development of various kinds of repertories
  - Historical evolution of repertories
  - Scientific background of development of repertories
- **Hom-PG- FHRCT – 03 Terminologies**
  - Genesis of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr
  - Interpretation of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr
- **Hom-PG- FHRCT – 04 Symptomatology**
  - Various types of symptoms
  - Classification of symptoms as per masters' philosophies
  - Representation of these symptoms in various repertories
- **Hom-PG- FHRCT – 05 Case taking in various settings and situations.**
  - Define case taking, purpose and objectives of case taking in different settings and scenarios
  - Understanding of process of arriving at clinical diagnosis and differential diagnosis
  - Science and Art of case taking in different types of acute cases
  - Science and Art of case taking in non – communicable chronic, psychosomatic diseases, mental diseases, etc.
  - Identify the pace of progression of disease, susceptibility of patient, patient as a person, why the person is suffering.
  - Arrive at a set of symptoms that need to be repertorised.
- **Hom-PG- FHRCT – 06 Analysis and evaluation of symptoms**
  - Symptom analysis as per philosophies of different masters
  - Evaluation of symptoms as per the philosophies of Boenninghausen, Kent and Boger
- **Hom-PG- FHRCT – 07 Case analysis**
  - Identify case category – acute / chronic, mental / physical, miasmatic / surgical.
  - Classify acute case, chronic case.
  - Classify type of mental disease, physical disease
  - Classify miasmatic nature of the case.
  - Define the scope of homoeopathy in each case.
- **Hom-PG- FHRCT – 08 Repertorisation**
  - Discuss concept of Repertorization
  - Arrange the symptoms as per the philosophy applicable for the case.
  - Identify cases which don't need philosophical repertorisation
  - Explore different methods & technique of repertorization described by various master's writings
  - Apply different methods and technique of repertorization in various cases of different scenarios
  - Organise symptoms as per the demand of philosophical approach in RS & PDF

- Demonstrate the logic applied in creating RS & PDF filters
- **Hom-PG- FHRCT – 09 Evolution – Plan – Construction – Application of Philosophical repertories**
- Boenninghausen’s Therapeutic Pocket Book – T.F. Allen
- Repertory of the Homoeopathic Materia Medica – J. T. Kent
- Boger Boenninghausen’s Characteristic Repertory – C. M. Boger
  - Source and origin of repertory with the editions.
  - Background the author and its influence on the essence of that repertory
  - Chapters in the repertory.
  - Structure of the rubrics represented in the repertory.
  - Years of publication of the editions, difference in various editions and reason behind the editions.
  - Unique rubrics.
  - Number of remedies in the repertory
  - Utility of philosophical repertory in specific conditions
  - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
  - Cross references suggested are checked for appropriateness to the symptoms of the case.
  - Utility in specific conditions.
  - Limitation of the utility in specific conditions
  
- **Topic Name Hom-PG- FHRCT - 01Concept of repertory in Homoeopathy**

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an overview of the significance of repertory as credible database for shortlisting prescription possibilities.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Explain the position of repertory as a database of symptoms.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Recall the felt need for repertory by the early stalwarts of homeopathy.</li> <li>▪ Discuss the efforts of Boenninghausen for a granular indexing symptom-remedy connect.</li> <li>▪ Illustrate the relationship of repertory with materia medica.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Search the relevant data to seek basis of creation of repertory.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Recall the experience with referencing the reportorial result with materia medica before confirming the prescription.</li> </ul> </li> </ul> <p><b>Competency 2: Justify the necessity for repertory in homeopathic practice.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Describe repertory as a clinical decision tool.</li> <li>▪ State the taxonomy of evidence for clinical decision.</li> <li>▪ Discuss importance of evidence-supported decision in clinical practice.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ To logically demonstrate the need of repertory</li> </ul> </li> <li>▪ <u>Reflection</u></li> </ul>

	<ul style="list-style-type: none"> <li>▪ Identify the critical incidents that supported your prescription decision to be unbiased.</li> </ul>
<b>Learning Methods</b>	· Brain storming / e-learning / library based / self-regulated.
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / LAQ / Viva / Assignment
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

**Topic Name: Hom-PG- FHRCT - 02 Historical evolution of Repertories**

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an overview of the Historical evolution of Repertory.
	<p><b>Competency 1: Discuss chronological development of repertories.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Identify background behind the very first need of Repertory.</li> <li>▪ Recognize efforts done by master Hahnemann for creation of repertories.</li> <li>▪ Relate Evolution of concepts and development of various kind of Repertories</li> <li>▪ Illustrate Historical evolution of Repertories.</li> <li>▪ Discuss the philosophy and scientific background of development of Repertories.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Future scope of repertories – identifying future methods of use of Repertory for study of Materia Medica – clinical conditions at mental and physical level</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Justification of selection of repertory in variety of cases</li> </ul> </li> </ul>
<b>Learning Method</b>	· Brain storming / Self regulated learning / Library based / e-learning / formative self assessment
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / LAQ / Viva / Assignment / MCQ
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Homoeopathic Orientation

▪ **Topic Name: Hom-PG- FHRCT -03 Terminologies**

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an understanding the genesis and interpretation of terminologies used in various repertories
	<p><b>Competency 1: Understanding the genesis and interpretation of terminologies used in various repertories.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Discuss the genesis and interpretation of terminologies used in the repertories such as Boenninghausen, Kent, Boger, Boericke, Murphy, Synthesis, Synthetic, Knerr.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Apply various terminologies used in repertory according to</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>the case</li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Correlate terminologies used specific to different repertories</li> </ul> </li> </ul>
<b>Learning Method</b>	· Library / Brain storming / e-learning / formative self assessment
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Homoeopathic Orientation

- **Topic Name:** Hom-PG- FHRCT - 04 Symptomatology

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an overview of the significance of various type of symptoms & its utility in different types of cases and situation.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Significance of various type of symptoms &amp; its utility in different types of cases and situation</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Define symptoms and glossary of symptoms.</li> <li>▪ Classify symptoms as per various stalwarts.</li> <li>▪ Explain the position of repertory as a database of symptoms.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Apply various types of symptoms as per their significance in framing totality in different types of cases and situation.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Recall your experience with referencing the case with symptom analysis before confirming the totality.</li> </ul> </li> </ul>
<b>Learning Method</b>	· Library / Brain storming / e-learning / formative self assessment
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

**Topic Name:** Hom-PG- FHRCT - 05 Case taking in various settings and situations.

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with in-depth understanding of case taking in Homoeopathic Practice in different settings and scenarios
<b>Learning Outcomes:</b>	<p><b>Competency 1: Develop Case taking skills in different type of clinical conditions and setups.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Define Case taking, Purpose and objectives of case taking.</li> <li>▪ Recall various components of clinical case taking and homoeopathic case taking.</li> <li>▪ Discuss the Art of Case taking in different types of cases as in acute (Individual, Sporadic, Epidemic, Acute diseases with a Chronic background)</li> <li>▪ Discuss the art of case taking in Chronic – Non –</li> </ul> </li> </ul>

	<p>Communicable, Psychosomatic diseases, Mental diseases, intermittent with acute- exacerbation etc.</p> <ul style="list-style-type: none"> <li>▪ Demonstrate In-depth understanding of Disease diagnosis with Differential diagnosis,</li> <li>▪ Classify the phase of the disease acute or chronic.</li> <li>▪ Differentiate the Nature of disease,</li> <li>▪ Identify the Pace and progress of disease,</li> <li>▪ Classify the Level of disease in the health-disease paradigm, Derive the Susceptibility of the person to disease,</li> <li>▪ Define the patient as a person,</li> <li>▪ Conclude the vitality of the patient.</li> <li>▪ Identify of why the patient is suffering.</li> <li>▪ Perform Case analysis for Repertorisation.</li> </ul> <ul style="list-style-type: none"> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Conducts general physical examination.</li> <li>▪ Conducts systemic examination.</li> <li>▪ Records the examination finding appropriately.</li> <li>▪ Request for appropriate investigations to establish the diagnosis.</li> <li>▪ Observes the non – verbal expressions of patient and other care givers.</li> <li>▪ Documents the verbal and non – verbal communication expressed by the patient and other care givers.</li> <li>▪ Analyses the documented expressions.</li> <li>▪ Correlates the verbal and non – verbal communication and give a logical meaning.</li> <li>▪ Prescribe suitable dietary measure.</li> <li>▪ Advise suitable physical therapies.</li> <li>▪ Orient the patient and his care givers prognosis of the case.</li> <li>▪ Orient the scope and limitation of the therapeutic action envisaged.</li> <li>▪ Utilize latest technologies for case taking</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Problem identification strategies (communication oral and physical to demonstrate the intent of helping the patient)</li> <li>▪ Problem solving strategies (choosing of repertorial or non – repertorial approach to arrive at the medicine, decision on auxiliary therapy, decision on diet and regimen)</li> <li>▪ To appropriately use the case record of the institute to document the symptoms expressed by the patient and care givers at the right places.</li> </ul> </li> </ul> <p><b>Competency 2: Differentiates the data obtained between diagnostic and homoeopathic.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Enumerate different types of symptoms.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Differentiate various signs and symptoms and their relevance.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ To establish the clinical problem, the patient is suffering from and the characteristic expressions individualising the patient as a person.</li> </ul> </li> </ul> <p><b>Competency 3: Organisation of data for arriving at the differential diagnosis.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Analysing the symptoms and signs to arrive at group of diagnosis.</li> <li>▪ Identifying suitable investigations based on history and</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>examination findings. <ul style="list-style-type: none"> <li>▪ Correlating the history – examination and investigations to arrive at provisional diagnosis and differential diagnosis.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Request for appropriate investigations to establish diagnosis.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ To integrate the various information from case taking, physical examination, investigation records, past medical records</li> </ul> </li> </ul>
<b>Learning Method</b>	· Library / Brain storming / Bedside / Patient based / Role play / formative self assessment / Reflective learning
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / OSCE / Mini – CEX / Simulation based / DOPS
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning / Communication skills / Professionalism.

- **Topic Name:** Hom-PG- FHRCT - 06 Analysis and evaluation of symptoms

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an understanding of Analysis and Evaluation of symptoms.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Explain analysis and evaluation of symptoms.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Define Symptom analysis as per different stalwarts.</li> <li>▪ Discuss evaluation of symptoms as per Boenninghausen, Kent, Boger</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Application of analysis and evaluation of symptoms in various cases for framing totality.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Recall your experience with referencing the case taking for framing the totality.</li> </ul> </li> </ul>
<b>Learning Method</b>	· Library / Brain storming / e-learning / formative self assessment
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

- **Topic Name:** Hom-PG- FHRCT -07 Case analysis

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an insight into method, significance of case analysis & its practical utility in various clinical situation.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Describe the process of case analysis in terms of scope of Homoeopathy.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Identify case category – acute / chronic.</li> <li>▪ Identify case category mental / physical.</li> <li>▪ Identify case category miasmatic / surgical.</li> <li>▪ Classify acute case.</li> <li>▪ Classify chronic case.</li> <li>▪ Classify type of mental disease</li> <li>▪ Classify type of physical disease</li> <li>▪ Classify miasmatic nature of the case.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Define the scope of homoeopathy in each case.</li> <li>▪ Classify the given case as per scope and limitations of Homoeopathy.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Able to define the process of choosing a case for homoeopathic management.</li> </ul> </li> </ul>
<b>Learning Method</b>	· Library / Brain storming / e-learning / formative self assessment
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / SAQ / Assignment / Viva / MCQ
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

- **Topic Name:** Hom-PG- FHRCT -08 Repertorisation

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an In-depth knowledge and application of various methods and technique of repertorization&its utility in different types of cases and situation.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Illustrate concept of Repertorization and its demand based on demand of the case.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Discuss concept of Repertorization.</li> <li>▪ Identifies symptom in the case.</li> <li>▪ Classifies the symptoms.</li> <li>▪ Evaluates the importance of the symptom.</li> <li>▪ Arranges the symptoms as per the philosophy applicable for the case.</li> <li>▪ Identifies cases which don't need philosophical repertorisation.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Applying all prerequisites of repertorization for process of repertorization</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Future scope of repertories – identifying future methods of use of Repertory for study of Materia Medica – clinical conditions at mental and physical level.</li> </ul> </li> </ul> <p><b>Competency 2: Apply method, technique, and process of repertorization in various cases of different scenarios.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Explore different methods &amp; technique of repertorization described by various master's writings, their working methods, advantages and disadvantages and clinical application.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Apply different methods and technique of repertorization in various cases of different scenarios.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Appreciates the utilisation of repertorisation in different scenarios</li> </ul> </li> </ul> <p><b>Competency 3: Apply method, technique, and process of creating Reportorial Syndrome (RS) &amp; Potential Differential Field (PDF) in various cases of different scenarios.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Organises symptoms as per the demand of philosophical approach in RS &amp; PDF</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Demonstrate the logic applied in creating RS &amp; PDF</li> <li>▪ Apply the appropriate filters required for RS&amp; PDF.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Appreciates the importance of repertorization using concept of RS&amp; PDF in arriving at the simillimum of the case.</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>· Case based / bed – side / self – regulated learning / spaced repetition / deliberate practice</li> </ul>
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>· Continuous / Programmatic assessment / Practical assessment / Written assessment / Assignment / Rubric / Checklist / Rating scales / Portfolio</li> </ul>
<b>Prescribed Texts:</b>	Refer to list attached
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

- **Topic name:** Hom-PG- FHRCT - 09 Evolution – Plan – Construction – Application of Philosophical repertories

<b>Topic Overview:</b>	<p>This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of philosophical repertories in clinical practice.</p> <ul style="list-style-type: none"> <li>· Boenninghausen’s Therapeutic Pocket Book – T.F. Allen</li> <li>· Repertory of the Homoeopathic Materia Medica – J. T. Kent</li> <li>· Boger Boenninghausen’s Characteristic Repertory – C. M. Boger</li> </ul>
<b>Learning Outcomes:</b>	<p><b>Competency 1: Explain the source and origin of repertory, about writer, developments, and edition subsequently.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Recall the source and origin of repertory with the editions.</li> <li>▪ Discuss background the author and its influence on the essence of that repertory.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Organises the information in a logical manner.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Understands the importance of appreciating the link between author’s background in creation of his repertory.</li> </ul> </li> </ul> <p><b>Competency 2: Understands and demonstrates the philosophical background and its basis of plan and construction of the repertory.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Understands the chapters in the repertory.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory.</li> <li>▪ Remembers the years of publication of the editions.</li> <li>▪ Recalls the difference in various editions.</li> <li>▪ Understands the reason behind the editions.</li> <li>▪ Recalls the unique rubrics.</li> <li>▪ Recalls the number of remedies in the repertory.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Able to demonstrate the relationship between the background and plan and construction of the repertory.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Appreciates the process involved in application of philosophy to creation of the repertory.</li> </ul> </li> </ul> <p><b>Competency 3: Demonstrate the Adaptability, Scope, and Limitations of philosophical repertories in clinical practice.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Understands utility of philosophical repertory in specific conditions.</li> <li>▪ Applies in the specific conditions.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Refers in specific conditions.</li> <li>▪ Oriented to cross reference in specific conditions.</li> <li>▪ Aware of limitation of the utility in specific conditions.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Utilises the repertories at bedside as appropriate to the clinical condition.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Derives assessment of utility of application of the repertories at bedside.</li> </ul> <p><b>Competency 4: Demonstrate the skills of choosing appropriate rubrics and explains the interpretation logic adopted.</b></p> <p>▪ <u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Observes the non – verbal expressions of patient and other care givers.</li> <li>▪ Documents the verbal and non – verbal communication expressed by the patient and other care givers.</li> <li>▪ Analyses the documented expressions.</li> <li>▪ Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.</li> <li>▪ Chooses an appropriate word that represents the expression of the patient.</li> <li>▪ Attempts to choose an appropriate rubric representing the word of the expression.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Ensures that the interpretation made is matching to the experience shared by the patient or care giver.</li> <li>▪ Utilises right section of the repertory for reference.</li> <li>▪ Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.</li> <li>▪ Understands the limitation of self in choosing of the appropriate rubric.</li> </ul> <p><b>Competency 5: Analyses and compares utility of various repertories in relationship to repertories classified as philosophical.</b></p> <p>▪ <u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Understands the utility in specific conditions.</li> <li>▪ Applies in the specific conditions.</li> <li>▪ Refers in specific conditions.</li> <li>▪ Oriented to cross reference with clinical repertories in specific conditions.</li> <li>▪ Aware of limitation of the utility in specific conditions.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory.</li> <li>▪ Recalls the unique rubrics.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Demonstrates awareness of the various repertories and when they can be applied.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Identifies the advantages and limitation of each of the repertories compared at bedside.</li> </ul>
<b>Learning Methods</b>	<ul style="list-style-type: none"> <li>· Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment</li> </ul>
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>· Continuous / Programmatic assessment /Practical assessment/Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside</li> </ul>
<b>Prescribed Texts:</b>	<ul style="list-style-type: none"> <li>· Boenninghausen's Therapeutic Pocket Book – T.F. Allen</li> </ul>

	<ul style="list-style-type: none"> <li>· Repertory of the Homoeopathic Materia Medica – J. T. Kent</li> <li>· Boger Boenninghausen's Characteristic Repertory – C. M. Boger</li> <li>· Refer to list attached</li> </ul>
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

## VII. Assessment

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	<b>1<sup>st</sup> Term Test:</b> During sixth month of training	During eighteenth month of training
	<b>2<sup>nd</sup> Term Test:</b> During twelfth month of training	

**VII (1). M.D. (Homoeopathy) Part-I examination –Maximum marks for each subject and minimum marks required to pass shall be as follows:**

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Homoeopathic Repertory and Case Taking	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
ii. Research Methodology and Biostatistics	100	50	-	-

(\*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. \*eighty per cent. weightage shall be for summative assessment).

**VII (2). Assessment Blueprint – Theory (Benchmarked by the module-wise distribution.)**

**VII (2a). Distribution of Courses for Theory-Based Assessment.**

Types of Questions with Marks

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20

Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

**Part 1 – Paper 1. Fundamentals of Homoeopathic Repertory and Case Taking (Hom-PG-FHRCT)**

- **Hom-PG- FHRCT - 01** Concept of repertory in Homoeopathy
- **Hom-PG- FHRCT - 02** Historical evolution of Repertories
- **Hom-PG- FHRCT -03** Terminologies
- **Hom-PG- FHRCT - 04** Symptomatology
- **Hom-PG- FHRCT - 05** Case taking in various settings and situations.
- **Hom-PG- FHRCT - 06** Analysis and evaluation of symptoms
- **Hom-PG- FHRCT -07** Case analysis
- **Hom-PG- FHRCT -08** Repertorisation
- **Hom-PG- FHRCT - 09** Evolution – Plan – Construction – Application of Philosophical repertories

**VII (2b). Question Paper Layout (PART I -PAPER I)**

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question using either of any one repertory <b>Hom-PG- FHRCT - 09</b>	20
2	LAQ	<b>Hom-PG- FHRCT - 02</b>	10
3	LAQ	<b>Hom-PG- FHRCT -03</b>	10
4	LAQ	<b>Hom-PG- FHRCT-05</b>	10
5	LAQ	<b>Hom-PG- FHRCT -08</b>	10
6	SAQ	<b>Hom-PG- FHRCT - 06</b>	5
7	SAQ	<b>Hom-PG- FHRCT - 06</b>	5
8	SAQ	<b>Hom-PG- FHRCT -07</b>	5
9	SAQ	<b>Hom-PG- FHRCT - 09</b>	5
10	SAQ	<b>Hom-PG- FHRCT - 05</b>	5
11	SAQ	<b>Hom-PG- FHRCT - 04</b>	5
12	SAQ	<b>Hom-PG- FHRCT - 04</b>	5
13	SAQ	<b>Hom-PG- FHRCT - 01</b>	5

**VII (3). Assessment Blueprint –Practical / Viva.**

**VII (3a). Clinical examination.**

Clinical		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks

5	Micro Teaching	5 Marks
Total		100 Marks

### VII (3b). Viva Voce.

<b>Viva</b>		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		100 Marks

### VIII. List of Reference Books (As per APA Format).

- Allen, H. C. (1993). *The Therapeutics of Fever* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Allen, T. F. (2003). *Boenninghausen's Therapeutics Pocket Book* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
- Barthel, H., & Klunker, W. (2008). *Synthetic Repertory* (Reprint Edition ed.). New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
- Bell, J. B. (1997). *The Homoeopathic Therapeutics of Diarrhoea* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Berridge, E. W. (1973). *Complete Repertory to the Homoeopathic Materia Medica, Diseases of the Eyes*. New Delhi: Harjeet & Co. New Delhi.
- Bidwell, G. I. *How to use the Repertory*. New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
- Boenninghausen, C. (2019). *The Lesser Writings of C. M. F. Boenninghausen* (14th Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Boericke, G. (1986). *A compend of the Principles of Homoeopathy for students in Medicine* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
- Boericke, W. (2016). *Boericke's New Manual of Materia Medica with Repertory* (Second Revised & Re-augmented edition, 37th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
- Boger C.M (2008) Boenninghausen's characteristics Materia Medica & repertory with word index with corrected & revised abbreviations & word index. B Jain Pub Pvt Ltd.
- Boger, C. M. (2008). *A Synoptic Key of the Materia Medica* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Boger, C. M. (1996). *Times of the Remedies and Moon Phases* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
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- Clark, G. H., & Lee, E. J. (1894). *Lee and Clarkes's Cough and Expectoration: A Repertorial Index of Their Symptoms* (2nd ed.). A. L. Chatterton et Company.
- Clarke, J. H. (2003). *The Prescriber* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
- Clarke, J. H. (1961). *A Clinical Repertory to the Dictionary of Materia Medica*. Calcutta : Sri. H. Dey of A. P. Homoeo Library, Calcutta.
- Dhawale, M. L. (2020). *Principles and Practice of Homoeopathy* (Fourth Edition (Revised & Enlarged)- 11th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
- Dockx, R., & Kokelenberg, G. (1996). *Kent's Comparative Repertory of the Homoeopathic Materia Medica* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
- Fimmelsberg, J. K., & Kent, J. T. (1987). *Kent's Repertorium Generale*. Barthel & Barthel.
- Gallavardin, J. P. (1986). *Repertory of Psychic Medicines with Materia Medica* (Second Edition ed.). New Delhi: B. Jain Publishers (P) Ltd, New Delhi.
- Hahnemann, S. (2002). *Materia Medica Pura* (Reprint Edition ed.). New Delhi: B. Jain

- Publishers Pvt. Ltd., New Delhi.
22. Hahnemann, S. (2001). *The Chronic Diseases* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
  23. Kent, J. T. (2012). *Repertory of the Homoeopathic Materia Medica* (Low Price Edition- 10th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
  24. Kent, J. T. (2019). *Lesser Writings- Clinical Cases, New Remedies, Aphorisms and Precepts* (14th Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
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  26. Lippe, C. (1996). *Repertory to the More Characteristic Symptoms of the Materia Medica* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
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  29. Murphy, R. (2010) *Homeopathic medical repertory: A modern alphabetical and practical repertory*. New Delhi: B. Jain.
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  31. Roberts, H. A. (1999). *Sensation as if* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
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  33. Schmidt P, Diwan Harishchandra(1982). *Kent's Final General Repertory of the Homoeopathic Materia Medica* (Revised ed.). National Homoeopathic Pharmacy.
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  35. Tiwari, S. (1991). *Essentials of Repertorization* (5th Edition ed.). New Delhi: B. Jain Publishers (P) LTD.
  36. Yingling, W. A. (1985). *The Accoucher's Emergency Manual* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.

## Part II Paper I & II

### V. Topics and Topic Objectives.

Part II: Repertory and Case Taking. (Hom-PG-R -Part II – Paper I)

- Hom-PG-R – 10 Evolution – Plan – Construction – Application of Clinical repertories & Puritan repertories
- Hom-PG-R – 11 Evolution – Plan – Construction – Application of Post – Kentian repertories.

### VI. Topic description.

- **Hom – PG – RCT – 10:** Evolution – Plan – Construction – Application of Clinical repertories & Puritan repertories
- Boericke's *Materia Medica with Repertory* – W. Boericke
- *Concise Repertory of Homoeopathy* – S. R. Pathak
- *Prescriber* – J. H. Clarke
- *A Clinical Repertory to Dictionary of Homoeopathic Matera Medica* – J. H.

Clarke

- Sensation as if – H. A. Robert
  - The Rheumatic Remedies – H. A. Roberts
  - Analytical Repertory of the symptoms of the Mind – C. Herring
  - Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr
  - Source and origin of repertory with the editions.
  - Background the author and its influence on the essence of that repertory
  - Chapters in the repertory.
  - Structure of the rubrics represented in the repertory.
  - Years of publication of the editions, difference in various editions and reason behind the editions.
  - Unique rubrics.
  - Number of remedies in the repertory
  - Utility of repertory in specific conditions
  - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
  - Cross references suggested are checked for appropriateness to the symptoms of the case.
  - Utility in specific conditions.
  - Limitation of the utility in specific conditions
  - Differentiating features of two similar repertories.
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- **Hom – PG - RCT – 11:** Evolution – Plan – Construction – Application of Post – Kentian repertories.
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- Kent's Repertorium Generale – Jost Kunzli
  - Kent's Final General Repertory - Pierre Schmidt & Diwan Harishchandra
  - Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg
  - Essential Synthesis – Fredrick Schroyens
  - Synthetic Repertory- Barthal & Klunker
  - Homoeopathic Medical Repertory – Robin Murphy
  - Additions to Kent's Repertory by Dr C. M. Boger
  - Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe
  - A Synoptic Key to Materia Medica – C.M.Boger
  - Complete Repertory - Roger Von Zandvoort
  - Source and origin of repertory with the editions.
  - Background the author and its influence on the essence of that repertory
  - Chapters in the repertory.
  - Structure of the rubrics represented in the repertory.
  - Years of publication of the editions, difference in various editions and reason behind the editions.
  - Unique rubrics.
  - Number of remedies in the repertory
  - Utility of repertory in specific conditions
  - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
  - Cross references suggested are checked for appropriateness to the

- symptoms of the case.
- Utility in specific conditions.
- Limitation of the utility in specific conditions
- Differentiating features of two similar repertories.

**Topic name: Hom-PG-R – 10: Evolution – Plan – Construction – Application of Clinical & Puritan repertories**

<p><b>Course Overview:</b></p>	<p>This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of clinical &amp; puritan repertories in clinical practice.</p> <ul style="list-style-type: none"> <li>· Boericke’s Materia Medica with Repertory – W. Boericke</li> <li>· Concise Repertory of Homoeopathy – S. R. Pathak</li> <li>· Prescriber – J. H. Clarke</li> <li>· A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke</li> <li>· Sensation as if – H. A. Robert</li> <li>· The Rheumatic Remedies – H. A. Roberts</li> <li>· Analytical Repertory of the symptoms of the Mind – C. Herring</li> <li>· Repertory of Hering’s Guiding Symptoms of our Materia Medica – C. B. Knerr</li> </ul>
<p><b>Learning Outcomes:</b></p>	<p><b>Competency 1: Explain the source and origin of repertory, about author, developments, and subsequent editions.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Recall the source and origin of repertory with the editions.</li> <li>▪ Discuss background the author and its influence on the essence of that repertory.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Organises the information in a logical manner.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Understands the importance of appreciating the link between author’s background in creation of his repertory.</li> </ul> </li> </ul> <p><b>Competency 2: Understands and demonstrates the background and basis of plan and construction of the clinical &amp; Puritan repertories.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Understands the chapters in the repertory.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory</li> <li>▪ Remembers the years of publication of the editions.</li> <li>▪ Recalls the difference in various editions.</li> <li>▪ Understands the reason behind the editions.</li> <li>▪ Recalls the unique rubrics.</li> <li>▪ Recalls the number of remedies in the repertory.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Able to demonstrate the relationship between the background and plan and construction of the repertory.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Appreciates the process involved in application of philosophy to creation of the repertory.</li> </ul> </li> </ul> <p><b>Competency 3: Demonstrate the Adaptability, Scope, and Limitations of clinical &amp; Puritan repertories in clinical practice.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Understands in utility in specific conditions.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Applies in the specific conditions.</li> <li>▪ Refers in specific conditions.</li> <li>▪ Oriented to cross reference in specific conditions.</li> <li>▪ Aware of limitation of the utility in specific conditions.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Utilises the repertories at bedside as appropriate to the clinical condition.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Derives assessment of utility of application of the repertories at bedside.</li> </ul> <p><b>Competency 4: Demonstrate the skills of choosing appropriate rubrics and explains the interpretation logic adapted.</b></p> <p>▪ <u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Observes the non – verbal expressions of patient and other care givers.</li> <li>▪ Documents the verbal and non – verbal communication expressed by the patient and other care givers.</li> <li>▪ Analyses the documented expressions.</li> <li>▪ Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.</li> <li>▪ Chooses an appropriate word that represents the expression of the patient.</li> <li>▪ Attempts to choose an appropriate rubric representing the word of the expression.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Ensures that the interpretation made is matching to the experience shared by the patient or care giver.</li> <li>▪ Utilises right section of the repertory for reference.</li> <li>▪ Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.</li> <li>▪ Understands the limitation of self in choosing of the appropriate rubric.</li> </ul> <p><b>Competency 5: Analyses and compare utility of various repertories in relationship to clinical &amp; Puritan repertories.</b></p> <p>▪ <u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Understands the utility in specific conditions.</li> <li>▪ Applies in the specific conditions.</li> <li>▪ Refers in specific conditions.</li> <li>▪ Oriented to cross reference with clinical repertories in specific conditions.</li> <li>▪ Aware of limitation of the utility in specific conditions.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory.</li> <li>▪ Recalls the unique rubrics.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Demonstrates awareness of the various repertories and when they can be applied.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Identifies the advantages and limitation of each of the repertories compared at bedside.</li> </ul> <p><b>Competency 6: Compare repertories before choosing the simillimum.</b></p>
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	<ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Identifies the differentiating features of two similar clinical repertories.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Demonstrates clinical utility of two similar clinical repertories.</li> </ul> </li> <li>▪ <u>Reflection:</u> Enhances the awareness of utility of similar clinical repertories</li> </ul>
<b>Learning Methods:</b>	<ul style="list-style-type: none"> <li>· Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment</li> </ul>
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>· Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside</li> </ul>
<b>Prescribed Texts:</b>	<ul style="list-style-type: none"> <li>· Boericke's Materia Medica with Repertory – W. Boericke</li> <li>· Concise Repertory of Homoeopathy – S. R. Pathak</li> <li>· Prescriber – J. H. Clarke</li> <li>· A Clinical Repertory to Dictionary of Homoeopathic Materia Medica – J. H. Clarke</li> <li>· Sensation as if – H. A. Robert</li> <li>· The Rheumatic Remedies – H. A. Roberts</li> <li>· Analytical Repertory of the symptoms of the Mind – C. Herring</li> <li>· Repertory of Hering's Guiding Symptoms of our Materia Medica – C. B. Knerr</li> <li>· Refer to list attached</li> </ul>
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

**Topic name: Hom-PG-R – 11: Evolution – Plan – Construction – Application of Post – Kentian repertories.**

<b>Course Overview:</b>	<p>This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Post Kentian repertories in clinical practice.</p> <ul style="list-style-type: none"> <li>· Kent's Repertorium Generale – Jost Kunzli</li> <li>· Kent's Final General Repertory - Pierre Schmidt &amp; Diwan Harishchandra</li> <li>· Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg</li> <li>· Essential Synthesis – Fredrick Schroyens</li> <li>· Synthetic Repertory- Barthal &amp; Klunker</li> <li>· Homoeopathic Medical Repertory – Robin Murphy</li> <li>· Additions to Kent's Repertory by Dr C. M. Boger</li> <li>· Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe</li> <li>· A Synoptic Key to Materia Medica – C.M.Boger</li> <li>· Complete Repertory - Roger Von Zandvoort</li> </ul>
<b>Learning Outcomes:</b>	<p><b>Competency 1: Explain the source and origin of repertory, about writer, developments, and edition subsequently.</b></p> <p><u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Recall the source and origin of repertory with the editions.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Discuss background the author and its influence on the essence of that repertory.</li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Organises the information in a logical manner.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Understands the relationship between the background of the author and its role in creation of the repertory.</li> </ul> </li> </ul> <p><b>Competency 2: Understands and demonstrates the background and basis of plan and construction of the Post Kentian repertories.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Understands the chapters in the repertory.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory.</li> <li>▪ Remembers the years of publication of the editions.</li> <li>▪ Recalls the difference in various editions.</li> <li>▪ Understands the reason behind the editions.</li> <li>▪ Recalls the unique rubrics.</li> <li>▪ Recalls the number of remedies in the repertory.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Able to demonstrate the relationship between the background and plan and construction of the repertory.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Appreciates the process involved in application of philosophy to creation of the repertory.</li> </ul> </li> </ul> <p><b>Competency 3: Demonstrate the Adaptability, Scope, and Limitations of Post Kentian repertories in clinical practice.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Understands in utility in specific conditions.</li> <li>▪ Applies in the specific conditions.</li> <li>▪ Refers in specific conditions.</li> <li>▪ Oriented to cross reference in specific conditions.</li> <li>▪ Aware of limitation of the utility in specific conditions.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Utilises the repertories at bedside as appropriate to the clinical condition.</li> </ul> </li> <li>▪ <u>Reflection:</u> <ul style="list-style-type: none"> <li>▪ Derives assessment of utility of application of the repertories at bedside.</li> </ul> </li> </ul> <p><b>Competency 4: Demonstrate the skills of choosing appropriate rubrics and explains the interpretation logic adapted.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge:</u> <ul style="list-style-type: none"> <li>▪ Observes the non – verbal expressions of patient and other caregivers.</li> <li>▪ Documents the verbal and non – verbal communication expressed by the patient and other care givers.</li> <li>▪ Analyses the documented expressions.</li> <li>▪ Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.</li> <li>▪ Chooses an appropriate word that represents the expression of the patient.</li> <li>▪ Attempts to choose an appropriate rubric representing the word of the expression.</li> </ul> </li> <li>▪ <u>Skill:</u> <ul style="list-style-type: none"> <li>▪ Ensures that the interpretation made is matching to the</li> </ul> </li> </ul>
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	<p>experience shared by the patient or care giver.</p> <ul style="list-style-type: none"> <li>▪ Utilise right section of the repertory for reference.</li> <li>▪ Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Ability to adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.</li> <li>▪ Understands the limitation of self in choosing of the appropriate rubric.</li> </ul> <p><b>Competency 5: Analyses and compare utility of various repertories in relationship to Post Kentian repertories.</b></p> <p>▪ <u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Understands the utility in specific situations.</li> <li>▪ Applies in the specific situations.</li> <li>▪ Refers in specific situations.</li> <li>▪ Oriented to cross reference with Post Kentian repertories in specific situations.</li> <li>▪ Aware of limitation of the utility in specific situations.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory.</li> <li>▪ Recalls the unique rubrics.</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Demonstrates awareness of the various repertories and when they can be applied.</li> </ul> <p>▪ <u>Reflection:</u></p> <ul style="list-style-type: none"> <li>▪ Identifies the advantages and limitation of each of the repertories compared at bedside.</li> </ul> <p><b>Competency 6: Compare Post Kentian repertories &amp; philosophical repertories before choosing the simillimum.</b></p> <p>▪ <u>Knowledge:</u></p> <ul style="list-style-type: none"> <li>▪ Identifies the differentiating features between Post Kentian repertories</li> <li>▪ Identifies the differentiating features between Post Kentian repertories &amp; philosophical repertories</li> <li>▪ Identifies the differentiating features between philosophical repertories</li> </ul> <p>▪ <u>Skill:</u></p> <ul style="list-style-type: none"> <li>▪ Demonstrates differentiating features between Post Kentian repertories</li> <li>▪ Demonstrates differentiating features between Post Kentian repertories &amp; Philosophical repertories</li> <li>▪ Demonstrates differentiating features between philosophical repertories</li> </ul> <p>▪ <u>Reflection:</u></p> <p>Enhances the awareness of differentiating features Post Kentian repertories &amp; Philosophical repertories</p>
<b>Learning Methods:</b>	<ul style="list-style-type: none"> <li>· Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment</li> </ul>
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>· Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist /</li> </ul>

	Viva / Bedside
<b>Prescribed Texts:</b>	<ul style="list-style-type: none"> <li>· Kent's Repertorium Generale – Jost Kunzli</li> <li>· Kent's Final General Repertory - Pierre Schmidt &amp; Diwan Harishchandra</li> <li>· Kent's Comparative Repertory of the Homoeopathic Materia Medica - Dockx and Kokelenberg</li> <li>· Essential Synthesis – Fredrick Schroyens</li> <li>· Synthetic Repertory- Barthal &amp; Klunker</li> <li>· Homoeopathic Medical Repertory – Robin Murphy</li> <li>· Additions to Kent's Repertory by Dr C. M. Boger</li> <li>· Repertory of the more Characteristic Symptoms of our Materia Medica – C. Lippe</li> <li>· A Synoptic Key to Materia Medica – C. M. Boger</li> <li>· Complete Repertory - Roger Von Zandvoort</li> <li>· Refer to list attached</li> </ul>
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

## **Part II: Repertory and Case Taking. (Hom-PG-R -Part II – Paper II)**

### **Hom-PG-R Part II – Paper II:**

- **Hom-PG-R – 12 Evolution – Plan – Construction – Application of Regional repertories.**
- **Hom-PG-R – 13 Evolution – Plan – Construction – Application of Software based repertories**

### **VI Topic description:**

- **Hom – PG – RCT – 12: Evolution – Plan – Construction – Application of Regional repertories.**
- The Homoeopathic therapeutics of Diarrhoea – James Bell
- Therapeutics of Fever- H. C. Allen
- Pneumonias – Douglas Borland
- Accoucher's emergency Manual in Obstetrics – W. A. Yingling
- Uterine Therapeutics – Minton
- Cough and Expectoration by Dr Lee and Dr Clarke
- Time of Remedies and Moon Phases – C. M. Boger
  - Source and origin of repertory with the editions.
  - Background the author and its influence on the essence of that repertory
  - Chapters in the repertory.
  - Structure of the rubrics represented in the repertory.
  - Years of publication of the editions, difference in various editions and reason behind the editions.
  - Unique rubrics.
  - Number of remedies in the repertory
  - Utility of repertory in specific conditions
  - Observe, document and correlates the verbal and non – verbal communication and give a logical meaning to the expression
  - Cross references suggested are checked for appropriateness to the symptoms of the case.
  - Utility in specific conditions.
  - Limitation of the utility in specific conditions
  - Differentiating features of two similar repertories.

- **Hom – PG – RCT – 13: Evolution – Plan – Construction – Application of Software based repertories**
  - Recall the source and origin of repertory with the upgrades.
  - Discuss background the author and its influence on the essence of that software-based repertory.
  - Operate the software and its various applications and features.
  - The versions and reasons of upgrade
  - Unique rubrics.
  - Understands the utility of various features of the software-based repertory.
  - Able to demonstrate the relationship between the various search features across various repertories and materia medica supplied by software-based repertory.
  - Utility of repertory in specific conditions
  - Observe, document and correlate the verbal and non – verbal communication and give a logical meaning to the expression
  - Cross references suggested are checked for appropriateness to the symptoms of the case.
  - Utility in specific conditions.
  - Limitation of the utility in specific conditions
  - Differentiating features of two similar repertories.
  - Identifies the differentiating features between Software based repertories
  - Identifies the differentiating features between Software based repertories & philosophical repertories

**Topic name:** Hom-PG-R – 12: Evolution – Plan – Construction – Application of Regional repertories.

<p><b>Topic Overview:</b></p>	<ul style="list-style-type: none"> <li>· This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Regional repertories in clinical practice.</li> <li>· The Homoeopathic therapeutics of Diarrhoea – James Bell</li> <li>· Therapeutics of Fever- H. C. Allen</li> <li>· Pneumonias – Douglas Borland</li> <li>· Accoucher’s emergency Manual in Obstretics – W. A. Yingling</li> <li>· Uterine Therapeutics – Minton</li> <li>· Cough and Expectoration by Dr Lee and Dr Clarke</li> <li>· Time of Remedies and Moon Phases – C. M. Boger</li> </ul>
<p><b>Learning Outcomes:</b></p>	<p><b>Competency 1:</b> Explain the source and origin of repertory, about writer, developments, and edition subsequently.</p> <ul style="list-style-type: none"> <li>▪ <b>Knowledge:</b> <ul style="list-style-type: none"> <li>▪ Recall the source and origin of repertory with the editions.</li> </ul> </li> </ul> <p>Discuss background the author and its influence on the essence of that repertory.</p> <ul style="list-style-type: none"> <li>▪ <b>Skill:</b> <ul style="list-style-type: none"> <li>▪ Organises the information in a logical manner.</li> </ul> </li> <li>▪ <b>Reflection:</b> <ul style="list-style-type: none"> <li>▪ Understands the relationship between the background of the author and its role in creation of the repertory.</li> </ul> </li> </ul> <p><b>Competency 2:</b> Understands and demonstrates the background and basis of</p>

plan and construction of the regional repertories.

▪ **Knowledge:**

- Understands the chapters in the repertory.
- Recalls the structure of the rubrics represented in the repertory.
- Remembers the years of publication of the editions.
- Recalls the difference in various editions.
- Understands the reason behind the editions.
- Recalls the unique rubrics.
- Recalls the number of remedies in the repertory.

▪ **Skill:**

- Demonstrate the relationship between the background and plan and construction of the repertory.

▪ **Reflection:**

- Understand the process involved in application of philosophy to creation of the repertory.

**Competency 3:** Demonstrate the Adaptability, Scope, and Limitations of regional repertories in clinical practice.

▪ **Knowledge:**

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

▪ **Skill:**

- Utilises the repertories at bedside as appropriate to the clinical condition.

▪ **Reflection:**

- Derives assessment of utility of application of the repertories at bedside.

**Competency 4:** Demonstrate the skills of choosing appropriate rubrics and explains the interpretation logic adapted.

▪ **Knowledge:**

- Observes the non – verbal expressions of patient and other caregivers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.
- Analyses the documented expressions.
- Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.
- Chooses an appropriate word that represents the expression of the patient.
- Attempts to choose an appropriate rubric representing the word of the expression.

▪ **Skill:**

- Ensures that the interpretation made is matching to the experience shared by the patient or relatives.
- Utilise right section of the repertory for reference.
- Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.

▪ **Reflection:**

- Ability to adapt to the plan, construction based on the background of the philosophy of the repertory to the case in hand.

	<ul style="list-style-type: none"> <li>▪ Understands the limitation of self in choosing of the appropriate rubric.</li> </ul> <p><b>Competency 5:</b> Analyses and compare utility of various repertories in relationship to regional repertories.</p> <ul style="list-style-type: none"> <li>▪ <b>Knowledge:</b> <ul style="list-style-type: none"> <li>▪ Understands the utility in specific situations.</li> <li>▪ Applies in the specific situations.</li> <li>▪ Refers in specific situations.</li> <li>▪ Oriented to cross reference with regional repertories in specific situations.</li> <li>▪ Aware of limitation of the utility in specific situations.</li> <li>▪ Recalls the structure of the rubrics represented in the repertories.</li> <li>▪ Recalls the unique rubrics.</li> </ul> </li> <li>▪ <b>Skill:</b> <ul style="list-style-type: none"> <li>▪ Demonstrates awareness of the various repertories and when they can be applied.</li> </ul> </li> <li>▪ <b>Reflection:</b> <ul style="list-style-type: none"> <li>▪ Identifies the advantages and limitation of each of the repertories compared at bedside.</li> </ul> </li> </ul> <p><b>Competency 6:</b> Compare Regional &amp; philosophical repertories.</p> <ul style="list-style-type: none"> <li>▪ <b>Knowledge:</b> <ul style="list-style-type: none"> <li>▪ Identifies the differentiating features between regional repertories.</li> </ul> </li> </ul> <p>Identifies the differentiating features between regional &amp; philosophical repertories.</p> <ul style="list-style-type: none"> <li>▪ <b>Skill:</b> <ul style="list-style-type: none"> <li>▪ Demonstrates differentiating features between regional repertories.</li> <li>▪ Demonstrates differentiating features between regional repertories &amp; Philosophical repertories</li> </ul> </li> <li>▪ <b>Reflection:</b> <ul style="list-style-type: none"> <li>▪ Enhances the awareness of differentiating features regional repertories &amp; Philosophical repertories</li> </ul> </li> </ul>
<b>Learning Methods</b>	<ul style="list-style-type: none"> <li>▪ Case based learning / Problem based learning / Bedside / Flipped learning / Self-regulated learning / Library / Spaced repetition / formative self assessment</li> </ul>
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>▪ Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside</li> </ul>
<b>Prescribed Texts:</b>	<ul style="list-style-type: none"> <li>▪ Refer to list attached</li> </ul>
<b>Domains of Competencies</b>	<ul style="list-style-type: none"> <li>▪ Knowledge &amp; Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning</li> </ul>

**Topic name:** Hom-PG-R – 13: Evolution – Plan – Construction – Application of Software based repertories.

<b>Topic Overview:</b>	<ul style="list-style-type: none"> <li>▪ This topic will provide students of MD Hom (Repertory) with an in depth understanding of the significance of Software based repertories in clinical practice.</li> </ul>
<b>Learning Outcomes:</b>	<b>Competency 1:</b> Explain the source and origin of Software based repertories,

about writer, developments, and edition subsequently.

▪ **Knowledge:**

- Recall the source and origin of repertory with the upgrades.
- Discuss background the author and its influence on the essence of that software-based repertory.

▪ **Skill:**

- Organises the information in a logical manner.
- Operate the software and its various applications and features.

▪ **Reflection:**

- Appreciate the use of technology in the current form and its future applications.

**Competency 2: Understands and demonstrates the utility of the Software based repertories, its various features, applications.**

▪ **Knowledge:**

- Understands the chapters in the repertory.
- Recalls the structure of the rubrics represented in the repertory.
- Remembers the versions of upgrade.
- Recalls the difference in various upgrades.
- Understands the reason behind the upgrades.
- Recalls the unique rubrics.
- Recalls the number of remedies in the repertory.
- Understands the utility of various features of the software-based repertory.

▪ **Skill:**

- Able to demonstrate the relationship between the various search features across various repertories and materia medica supplied by software-based repertory.

▪ **Reflection:**

- Appreciates the technical process involved in utilisation of computer repertory.

**Competency 3: Demonstrate the Adaptability, Scope, and Limitations of computer repertories in clinical practice.**

▪ **Knowledge:**

- Understands in utility in specific conditions.
- Applies in the specific conditions.
- Refers in specific conditions.
- Oriented to cross reference in specific conditions.
- Aware of limitation of the utility in specific conditions.

▪ **Skill:**

- Utilises the repertories at bedside as appropriate to the clinical condition.
- Utilises the various applications and features to deliver best of care to the patient.

▪ **Reflection:**

- Derives assessment of utility of application of the computer repertories at bedside.

**Competency 4: Demonstrate the skills of choosing appropriate rubrics and explains the interpretation logic adapted.**

▪ **Knowledge:**

- Observes the non – verbal expressions of patient and other care givers.
- Documents the verbal and non – verbal communication expressed by the patient and other care givers.

	<ul style="list-style-type: none"> <li>▪ Analyses the documented expressions.</li> <li>▪ Correlates the verbal and non – verbal communication and gives a logical meaning to the expression.</li> <li>▪ Chooses an appropriate word that represents the expression of the patient.</li> <li>▪ Attempts to choose an appropriate rubric representing the word of the expression.</li> </ul> <p>▪ <b><u>Skill:</u></b></p> <ul style="list-style-type: none"> <li>▪ Ensures that the interpretation made is matching to the experience shared by the patient or relatives.</li> <li>▪ Utilises right section of the repertory for reference.</li> <li>▪ Ensure all the cross references suggested are checked for appropriateness to the symptoms of the case.</li> </ul> <p>▪ <b><u>Reflection:</u></b></p> <ul style="list-style-type: none"> <li>▪ Ability to adapt to the plan, construction of the software-based repertory to the case in hand.</li> <li>▪ Understands the limitation of self in choosing of the appropriate rubric.</li> </ul> <p><b>Competency 5: Analyses and compare utility of various software-based repertories.</b></p> <p>▪ <b><u>Knowledge:</u></b></p> <ul style="list-style-type: none"> <li>▪ Understands the utility in specific situations.</li> <li>▪ Applies in the specific situations.</li> <li>▪ Refers in specific situations.</li> <li>▪ Oriented to cross reference with software-based repertories in specific situations.</li> <li>▪ Aware of limitation of the utility in specific situations.</li> <li>▪ Recalls the structure of the rubrics represented in the repertory.</li> <li>▪ Recalls the unique rubrics.</li> </ul> <p>▪ <b><u>Skill:</u></b></p> <ul style="list-style-type: none"> <li>▪ Demonstrates awareness of the various features of software-based repertories and when they can be applied.</li> </ul> <p>▪ <b><u>Reflection:</u></b></p> <ul style="list-style-type: none"> <li>▪ Identifies the advantages and limitation of each of the software-based repertories when compared at bedside.</li> </ul> <p><b>Competency 6: Compare Software based repertories &amp; philosophical repertories.</b></p> <p>▪ <b><u>Knowledge:</u></b></p> <ul style="list-style-type: none"> <li>▪ Identifies the differentiating features between Software based repertories</li> <li>▪ Identifies the differentiating features between Software based repertories &amp; philosophical repertories.</li> </ul> <p>▪ <b><u>Skill:</u></b></p> <ul style="list-style-type: none"> <li>▪ Demonstrates differentiating features between Software based repertories.</li> <li>▪ Demonstrates differentiating features between Software based repertories &amp; philosophical repertories.</li> </ul> <p>▪ <b><u>Reflection:</u></b></p> <ul style="list-style-type: none"> <li>▪ Enhances the awareness of differentiating features of Software based repertories &amp; philosophical repertories</li> </ul>
<b>Learning Methods:</b>	<ul style="list-style-type: none"> <li>▪ Case based learning / Problem based learning / Bedside /</li> </ul>

	Flipped learning / Self-regulated learning / Library / Spaced repetition / formative self-assessment
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside</li> </ul>
<b>Prescribed Texts:</b>	<ul style="list-style-type: none"> <li>Refer to list attached</li> </ul>
<b>Domains of Competencies</b>	<ul style="list-style-type: none"> <li>Knowledge &amp; Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning</li> </ul>

## VII. Assessment

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-II	<b>1<sup>st</sup> Term Test:</b> During twenty fourth month of training	During thirty sixth month of training
	<b>2<sup>nd</sup> Term Test:</b> During thirtieth month of training	

**VII (1). M.D. (Homoeopathy) Part-II examination –Maximum marks for each subject and minimum marks required to pass shall be as follows:**

Subjects	Theory		Practical or clinical exams including Viva-Voce and dissertation	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
Repertory and Case Taking. Paper 1	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
Repertory and Case Taking. Paper 2	100	50		

(\*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. \*eighty per cent. weightage shall be for summative assessment).

**VII (2). Assessment Blueprint – Theory (Benchmarked by the module-wise distribution.)**

**VII (2a). Distribution of Courses for Theory-Based Assessment.**

Types of Questions with Marks

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40

Short Answer Question	08	05	40
Total			100

**Part 2 – Paper 1. Topic Numbers**

- Hom-PG-R – 10 Evolution – Plan – Construction – Application of Clinical repertories & Puritan repertories
- Hom-PG-R – 11 Evolution – Plan – Construction – Application of Post – Kentian repertories.

**Part 2 – Paper 2. Topic Numbers**

- Hom-PG-R – 12 Evolution – Plan – Construction – Application of Regional repertories.
- Hom-PG-R – 13 Evolution – Plan – Construction – Application of Software based repertories.

**VII (2b). Question Paper Layout**

**PART II – PAPER I**

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom PG – R – 10 / 11	20
2	LAQ	Hom PG – R - 11	10
3	LAQ	Hom PG – R – 11	10
4	LAQ	Hom PG – R – 10	10
5	LAQ	Hom PG – R - 11	10
6	SAQ	Hom PG – R – 10 / 11	5
7	SAQ	Hom PG – R – 10	5
8	SAQ	Hom PG – R – 11	5
9	SAQ	Hom PG – R – 10	5
10	SAQ	Hom PG – R – 10	5
11	SAQ	Hom PG – R – 11	5
12	SAQ	Hom PG – R – 10	5
13	SAQ	Hom PG – R – 11	5

**PART II – PAPER II**

Q. No.	Type of Question	Content	Marks
1	Problem Based	Hom PG – R – 13	20
2	LAQ	Hom PG – R – 12	10
3	LAQ	Hom PG – R – 12 / 13	10
4	LAQ	Hom PG – R – 12	10
5	LAQ	Hom – PG – R - 13	10
6	SAQ	Hom PG – R – 12	5
7	SAQ	Hom PG – R – 13	5
8	SAQ	Hom PG – R – 12	5
9	SAQ	Hom PG – R – 13	5
10	SAQ	Hom PG – R – 12	5
11	SAQ	Hom PG – R – 12	5

12	SAQ	Hom PG – R – 12	5
13	SAQ	Hom – PG – R – 13	5

**VII (3). Assessment Blueprint –Practical / Viva.**

**VII (3a). Clinical examination.**

Clinical		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	5 Marks
5	Micro Teaching	5 Marks
Total		100 Marks

**VII (3b). Viva Voce.**

Viva		
1	Internal Assessment	20 Marks
1	Discussion of Synopsis	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		100 Marks

**VIII. List of Reference Books (As per APA Format).**

- Allen, H. C. (1993). *The Therapeutics of Fever* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Allen, T. F. (2003). *Boenninghausen's Therapeutics Pocket Book* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
- Barthel, H., & Klunker, W. (2008). *Synthetic Repertory* (Reprint Edition ed.). New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
- Bell, J. B. (1997). *The Homoeopathic Therapeutics of Diarrhoea* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Berridge, E. W. (1973). *Complete Repertory to the Homoeopathic Materia Medica, Diseases of the Eyes*. New Delhi: Harjeet & Co. New Delhi.
- Bidwell, G. I. *How to use the Repertory*. New Delhi: Indian Books and Periodicals Syndicate, New Delhi.
- Boenninghausen, C. (2019). *The Lesser Writings of C. M. F. Boenninghausen* (14th Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Boericke, G. (1986). *A compend of the Principles of Homoeopathy for students in Medicine* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
- Boericke, W. (2016). *Boericke's New Manual of Materia Medica with Repertory* (Second Revised & Re-augmented edition, 37th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
- Boger C.M (2008) Boenninghausen's characteristics Materia Medica & repertory with word index with corrected & revised abbreviations & word index. B Jain Pub Pvt Ltd.
- Boger, C. M. (2008). *A Synoptic Key of the Materia Medica* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
- Boger, C. M. (1996). *Times of the Remedies and Moon Phases* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
- Borland, D. (2023). *Pneumonias* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.

14. Clark, G. H., & Lee, E. J. (1894). *Lee and Clarkes's Cough and Expectorations: A Repertorial Index of Their Symptoms* (2nd ed.). A. L. Chatterton et Company.
15. Clarke, J. H. (2003). *The Prescriber* (Reprint ed.). New Delhi: Indian Books & Periodicals Publishers, New Delhi.
16. Clarke, J. H. (1961). *A Clinical Repertory to the Dictionary of Materia Medica*. Calcutta : Sri. H. Dey of A. P. Homoeo Library, Calcutta.
17. Dhawale, M. L. (2020). *Principles and Practice of Homoeopathy* (Fourth Edition (Revised & Enlarged)- 11th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
18. Dockx, R., & Kokelenberg, G. (1996). *Kent's Comparative Repertory of the Homoeopathic Materia Medica* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
19. Fimmelsberg, J. K., & Kent, J. T. (1987). *Kent's Repertorium Generale*. Barthel & Barthel.
20. Gallavardin, J. P. (1986). *Repertory of Psychic Medicines with Materia Medica* (Second Edition ed.). New Delhi: B. Jain Publishers (P) Ltd, New Delhi.
21. Hahnemann, S. (2002). *Materia Medica Pura* (Reprint Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd., New Delhi.
22. Hahnemann, S. (2001). *The Chronic Diseases* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
23. Kent, J. T. (2012). *Repertory of the Homoeopathic Materia Medica* (Low Price Edition- 10th impression ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
24. Kent, J. T. (2019). *Lesser Writings- Clinical Cases, New Remedies, Aphorisms and Precepts* (14th Edition ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
25. Knerr, C.B. (2021) *Repertory of Hering's guiding symptoms of our Materia Medica.*: B Jain Publishers Pvt. Ltd.
26. Lippe, C. (1996). *Repertory to the More Characteristic Symptoms of the Materia Medica* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
27. Minton, H. (2005). *Uterine Therapeutics* (Reprint Edition ed.). New Delhi: B. Jain Publishers (P) LTD.
28. Munir Ahmed R Fundamentals of repertories: Alchemy of Homoeopathic Methodology; HiLine publishers and distributors
29. Murphy, R. (2010) Homeopathic medical repertory: A modern alphabetical and practical repertory. New Delhi: B. Jain.
30. Phatak, S.R. (2016) Concise repertory of homeopathic medicines. New Delhi: B. Jain.
31. Roberts, H. A. (1999). *Sensation as if* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd.
32. Robert, H. A. *Repertory to the Rheumatic Remedies*. London: Homoeopathic Publishing Company Ltd, London.
33. Schmidt P, Diwan Harishchandra(1982). *Kent's Final General Repertory of the Homoeopathic Materia Medica* (Revised ed.). National Homoeopathic Pharmacy.
34. Schroyens, F. (Ed.). (2010). *Essential Synthesis*. New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.
35. Tiwari, S. (1991). *Essentials of Repertorization* (5th Edition ed.). New Delhi: B. Jain Publishers (P) LTD.
36. Yingling, W. A. (1985). *The Accoucher's Emergency Manual* (Reprint ed.). New Delhi: B. Jain Publishers Pvt. Ltd, New Delhi.

## Part I Paper 2

### I. Title of the Speciality Topic, and its abbreviation.

M.D. (Homoeopathy) Homoeopathic Repertory and Case Taking.

**Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking (HOM-PG-FMR)**

**II. Brief description of speciality and its relevance in homoeopathy post-graduate course.**

This paper deals with the clinical stream to provide a foundation for homoeopathic practice and therefore is expected to deliver the basic clinical approach. This paper supports the evolution of an integrated approach to relating clinical symptomatology with homoeopathic fundamentals, including the miasmatic interpretation in the context of Homoeopathic Repertory. This intends to impart knowledge for a basic clinical approach required by a homoeopathic professional for practising clinical medicine concerning homoeopathic principles in general and homoeopathic repertory in particular.

**3Course outcomes:**

1. Perform homoeopathic case taking from the perspective of man and environment.
2. Correlate symptomatology and clinical examination for repertorisation
3. Interpret investigation in the light of clinical diagnosis and repertory.
4. Evaluate differential diagnosis through a symptom-based approach in clinical practice.
5. Relate miasms and susceptibility to repertory.
6. Associate the information of case anamnesis with the essence of repertorisation.
7. Display ethical based clinical practice in repertory.
8. Perform evidence based homoeopathic clinical practice and correlate with repertory.

**V. Courses and Course Objectives.**

**PART I PAPER II:**

**Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking (HOM-PG-FMR)**

- (I) HOM-PG-FMR – 01  
Introduction to the Practice of Evidence-based Medicine.**
- a. Concept of evidence-based practice and its importance in Homoeopathy in relation to Repertory.
  - b. Importance of developing an ethical base while adhering to the above with relation to repertory.
- (II) Hom-PG-FMR – 02  
Developing a Basic Clinical Approach.**
- a. Correlative study of Normal structure and function to reveal Structural and functional integrity in Health and understanding the clinical and Hahnemannian concept of health through clinical cases.
  - b. Bed side - General and Systematic examination and understanding their basis.
  - c. Role of physical examination and clinical investigation in the study of evolution of disease
  - d. Understanding the process of clinical diagnosis
  - e. Importance of differential diagnosis-probable diagnosis and final diagnosis

**(III) Hom-PG-FMR – 03**

**Studying the Cardinal manifestations of disease through their Pathophysiology with Hahnemannian classification of symptoms and Miasmatic classification and representation in repertory through clinical cases and bedside**

- a. Pain
  - i. Pain: Pathophysiology
  - ii. Chest Pain
  - iii. Abdominal pain
  - iv. Headache
  - v. Back and Neck pain
- b. Fever-types
- c. Alteration in Nervous system functions
  - i. Faintness, syncope, dizziness, vertigo
  - ii. Weakness, myalgias, imbalance
  - iii. Numbness, tingling and sensory loss
  - iv. Acute confusional states
  - v. Aphasias
  - vi. Memory loss and dementia
  - vii. Sleep disorder
- d. Alteration in Respiratory and Circulation
  - i. Dyspnoea
  - ii. Cough and haemoptysis
  - iii. Cyanosis
  - iv. Oedema
  - v. Shock
- e. Alteration in Gastrointestinal functions
  - i. Dysphagia
  - ii. Nausea, vomiting, indigestion
  - iii. Diarrhoea and Constipation
  - iv. Weight loss
  - v. Gastrointestinal bleeding
  - vi. Jaundice
  - vii. Abdominal swelling and ascites
- f. Alteration in Urinary functions and electrolytes
  - i. Incontinence and lower urinary symptoms
  - ii. Urinary abnormalities
- g. Alteration in Reproductive and Sexual functions
  - i. Erectile dysfunction
  - ii. Disturbances of Menstruation
  - iii. Leucorrhoea
  - iv. Hirsutism
  - v. Infertility
- h. Alteration in Skin functions
  - i. Itching
  - ii. Eruptions
  - iii. Disorders of pigmentation
- i. Haematological alterations
  - i. Anaemia
  - ii. Bleeding
  - iii. Enlargement of Lymph nodes and spleen

**(IV) Hom-PG-FMR – 04**

**Basic Concepts of Nutrition, Nutritional Diseases, relevant rubrics and miasmatic assessment**

- a. Nutritional and Dietary assessment
- b. Malnutrition
- c. Vitamin and Mineral deficiency
- d. Obesity

- e. Eating disorders

**(V) Hom-PG-FMR – 05**

**Interpretations of Laboratory and Radiological Investigations**

- Hematology - All basic tests
- Serology
- Biochemistry
- Microbiology
- Special tests – Hormonal Assays – Thyroid function tests, LH, FSH, Prolactin, TORCH, Triple marker, IgG/ IgM, HLA B27, Beta HCG, Anti-thyroid antibodies, Anti-cardiolipin antibodies.
- Basis Concepts of Radio Imaging like X-rays, CT, MRI
- USG
- ECG (Basic applications)

**VI. Topic description**

• **Hom-PG-FMR – 01**

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- Deriving symptoms from experience of patient
- Truthfulness in writing the right symptoms choosing right words.
- Identifying appropriate rubric from the repertory
- Authentic data publication in journals and dissertation.
- Publication ready document which ensures free of plagiarism and no manipulation of data

• **Hom-PG-FMR – 02**

- Identifying the location of affection and alteration of physiological function
- Define the pathophysiology of the evolution of disease through bedside case taking
- Conduct a general and systemic physical examination as appropriate to the state and stage of disease.
- Identify the potential investigations to be ordered to consolidate the thinking related to altered function and structure.
- Correlate the information during case taking with examination findings and clinical investigations to arrive at differential and provisional diagnosis.

• **Hom-PG-FMR-03**

- Identify the cardinal symptoms, signs and pathophysiology of clinical conditions associated with pain, fever – types, nervous system, respiratory system, circulatory system, Gastro-intestinal system, urinary system, reproductive system, skin and haematology.
- Analyse the symptom as common and characteristic
- Define the miasm – dominant and fundamental.
- Identify suitable approach to address the clinical condition
- Identify suitable repertory
- Identify suitable rubrics

• **Hom-PG-FMR-04**

- Define the nutritional status of the case through suitable methods
- Identify deficiencies if any based on signs, symptoms, examination findings and appropriate investigations.

- Propose corrective actions to address to the deficiencies, if any
- Define the miasm – dominant and fundamental as a cause for the deficiency if any.
- Identify any psychological or underlying clinical factors affecting nutritional status, including obesity and eating disorders.
- Identify suitable rubrics relevant to the nutritional status in various repertoires.

• **Hom-PG-FMR-05**

- a) Identify the need for appropriate investigation method – related to basic blood tests, body fluids / discharges – including urine and stool.
- b) Identify the need for appropriate biochemistry, microbiology, serology, special tests such as immune – assays etc.
- c) Identify the need for appropriate radiological investigation including – X – Ray, CT scan, MRI etc.
- d) Identify the need for appropriate sonography investigations
- e) Identify the basic need for appropriate electrophysiological investigations including ECG.
- f) Demonstrate the interpretation of abnormal reports correlating with the symptoms, signs and stage of disease of the case.

**Hom-PG-FMR-01**

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an overview of the significance of deriving symptoms from patient to arrive at the appropriate rubric. Ensure the documentation published thereof is authentic and free from plagiarism.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Identifies ethical based clinical practices in repertory.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Describes the process of deriving symptoms from experience of patient.</li> <li>▪ Explain importance of converting the symptoms into appropriate rubric.</li> <li>▪ Identifies the relevant rubric amongst the cross references.</li> <li>▪ Explain importance of authentic data publication in journals and dissertation.</li> <li>▪ Aware of issue related to plagiarism.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Demonstrates fidelity in converting the experience shared by patient using all senses.</li> <li>▪ Demonstrates truthfulness in writing the right symptoms choosing right words.</li> <li>▪ Ensures the rubrics used have the intended meaning desired by the author of the repertory.</li> <li>▪ Comply with a publication ready document which ensure free of plagiarism and no manipulation of data.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Appreciates the process involved ensuring ethical based clinical practice in repertory.</li> </ul> </li> </ul>
<b>Learning Methods:</b>	<ul style="list-style-type: none"> <li>· Case based learning / Problem based learning / Flipped learning / Self-regulated learning / Spaced repetition / formative self-assessment</li> </ul>
<b>Assessment:</b>	<ul style="list-style-type: none"> <li>· Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment</li> </ul>
<b>Prescribed Texts:</b>	

<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning
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**Hom-PG-FMR-02**

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an overview of the significance of understanding the structure and function altered in the evolution of disease, differential and provisional diagnosis using the information gathered from case taking, physical examination, clinical investigation
<b>Learning Outcomes:</b>	<p><b>Competency 1: Explore evolution of clinical condition during the case taking, physical examination – general and systematic.</b></p> <ul style="list-style-type: none"> <li>▪ Knowledge <ul style="list-style-type: none"> <li>▪ Describes the process of evolution of the clinical condition based on the interaction with the patient during case taking.</li> <li>▪ Correlates the choice of examination to be performed with the clinical symptoms and signs narrated by the patient.</li> <li>▪ Identifies appropriate examination – general and local applicable.</li> <li>▪ Describes the process of applicable general and local examinations</li> </ul> </li> <li>▪ Skill <ul style="list-style-type: none"> <li>▪ Demonstrate bedside case taking skills.</li> <li>▪ Identify the symptom based on subjective and objective expressions.</li> <li>▪ Demonstrate step by step process of general and local examinations.</li> </ul> </li> <li>▪ Reflection <ul style="list-style-type: none"> <li>▪ Appreciates the importance of case taking and examination to arrive at clinical diagnosis</li> </ul> </li> </ul> <p><b>Competency 2: Identify the potential altered structure and function to advice appropriate investigations based on the stage of the disease.</b></p> <ul style="list-style-type: none"> <li>▪ Knowledge <ul style="list-style-type: none"> <li>▪ Identify the location of affection.</li> <li>▪ Correlates the signs and symptoms with the altered function of the location affected.</li> <li>▪ Defines the pathogenesis of the clinical condition in the case under consideration.</li> <li>▪ Identifies the investigations to be indented.</li> <li>▪ Concludes the provisional clinical diagnosis after correlating the findings in case taking, physical examination and investigation reports.</li> </ul> </li> <li>▪ Skill <ul style="list-style-type: none"> <li>▪ Explain logically the correlation of findings from case taking, physical examination and investigation report.</li> </ul> </li> <li>▪ Reflection <ul style="list-style-type: none"> <li>▪ Identifies the need to be updated on the need to correlate various inputs to arrive at a clinical diagnosis.</li> </ul> </li> </ul> <p><b>Competency 3: Derive a set of differential and provisional diagnosis</b></p> <ul style="list-style-type: none"> <li>▪ Knowledge <ul style="list-style-type: none"> <li>▪ Identifies various clinical conditions that match the clinical presentation of the case.</li> <li>▪ Defines the stage of the disease</li> <li>▪ Identifies the co - morbidities</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Correlates the co – morbidities and impact of their existence on the presenting complaint.</li> <li>▪ Concludes and describes the provisional diagnosis with reason.</li> <li>▪ Skill <ul style="list-style-type: none"> <li>▪ Explains the conclusion of the clinical diagnosis in a systematic manner using all the evidences available of the case.</li> </ul> </li> <li>▪ Reflection <ul style="list-style-type: none"> <li>▪ Appreciates the prognosis of the case clinically and scope of homoeopathy in the case under consideration.</li> </ul> </li> </ul>
<b>Learning Methods:</b>	· Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / library / Spaced repetition / formative self assessment
<b>Assessment:</b>	· Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Viva / Bedside
<b>Prescribed Texts:</b>	
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

### Hom-PG-FMR-03

Topic Overview:	This topic will provide students of MD Hom (Repertory) with an overview of the significance of identifying the cardinal symptoms, signs and pathophysiology of clinical conditions associated with pain, fever – types, nervous system, respiratory system, circulatory system, Gastro-intestinal system, urinary system, reproductive system, skin and hematology. Analyse the symptoms as common and characteristics. Define miasm – dominant and fundamental. Apply a suitable approach, choose an appropriate repertory and identify suitable rubrics to identify the remedy for prescription.
Learning Outcomes:	<p><b>Competency 1: Explain the pathophysiology of various conditions giving rise to pain, fever – types, various clinical conditions affecting: nervous system, respiratory system, circulatory system, Gastro-intestinal system, urinary system, reproductive system, skin and hematology using the details received in case taking, physical examinations and clinical investigations conclude a provisional diagnosis.</b></p> <p>Knowledge</p> <ul style="list-style-type: none"> <li>▪ Describes the various pathophysiology of various conditions and clinical conditions.</li> <li>▪ Describe the predisposition and dispositions prone for various clinical conditions</li> <li>▪ Interpret the data collected from the case taking</li> <li>▪ Assemble the clinical and homoeopathic data relate the with examination findings to arrive at provisional diagnosis.</li> </ul> <p>Skill:</p> <ul style="list-style-type: none"> <li>▪ Demonstrates bedside case taking skills in cases of various clinical conditions .</li> <li>▪ Perform homoeopathic clinical case taking.</li> <li>▪ Demonstrate the physical examination skill.</li> </ul>

	<p>Reflection:</p> <p>Importance of defining the clinical condition to identify the prognosis of the condition, differentiate common and characteristic symptoms.</p> <p><b>Competency 2: Analyse the symptoms as common and characteristics. Define miasm – dominant and fundamental. Apply a suitable approach, choose an appropriate repertory and identify suitable rubrics to identify the remedy for prescription</b></p> <p>Knowledge: Defines symptom classification and evaluation</p> <ul style="list-style-type: none"> <li>▪ Describe the classification and evaluation</li> <li>▪ Describe range of susceptibility and miasm – fundamental and dominant.</li> <li>▪ Construct repertorial totality</li> <li>▪ Select applicable repertories</li> <li>▪ Select appropriate rubrics</li> <li>▪ Perform differentiation of remedies</li> </ul> <p>Skill:</p> <ul style="list-style-type: none"> <li>▪ Identifies appropriate repertory</li> <li>▪ Demonstrates the repertorisation</li> <li>▪ Demonstrates the process of remedy differentiation.</li> </ul> <p>Reflection</p> <ul style="list-style-type: none"> <li>▪ Recall the experience with repertories used in cases.</li> <li>▪ Recall different clinical rubrics from repertories used in cases</li> </ul>
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning.

#### Hom-PG-FM-04

Topic Overview:	This topic will provide the students of MD Hom (Repertory) with an overview of how to define the nutritional status based on assessment of signs and symptoms, define the miasmatic load and also the underlying psychological factors affecting the nutritional status.
Learning Outcomes:	<p><b>Competency 1: Define the nutritional status based on signs and symptoms</b></p> <p>Knowledge</p> <ul style="list-style-type: none"> <li>· Explain the basic essential nutritional elements required for growth and well-being of a person.</li> <li>· Classify the various forms of deficiencies with their signs and symptoms</li> <li>· Define the psychological factors impacting the nutritional status – anorexia and or obesity etc.</li> <li>· Define the miasmatic load underlying the deficiency – fundamental and dominant</li> <li>· Choose an appropriate repertory and rubric relevant to nutritional status</li> <li>· Define corrective measures to address the deficient nutritional status</li> <li>· Various national health programs related to ensuring healthy nutritional status.</li> </ul>

	<p>Skill:</p> <ul style="list-style-type: none"> <li>· Perform Clinical examination to define the nutritional deficiency.</li> <li>· Display proficiency in use of tools / scales to define the nutritional status.</li> <li>· Display Homoeopathic approach in terms of anamnesis, susceptibility and miasmatic analysis</li> <li>· Refer appropriate repertory for rubrics related to nutritional status</li> </ul> <p>Reflection:</p> <ul style="list-style-type: none"> <li>· Integrated approach in understanding management of nutritional status Identify social, economic, environmental, biological and emotional determinants of nutritional imbalance.</li> <li>· Awareness of common rubrics and approach used in OPD and IPD for correcting nutritional imbalance.</li> </ul>
Learning Methods:	Case based learning / Problem based learning / Bedside / Flipped learning / Self regulated learning / Library / Spaced repetition / formative self assessment
Assessment:	Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
Prescribed Texts:	As per the list
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation

<b>Topic Overview:</b>	This topic will provide students of MD Hom (Repertory) with an overview of the significance of utilisation of various investigations (Laboratory, Radiology, Electrophysiology, Sonography) that are essential to arrive at the diagnosis, prognosis and create evidence-based treatment outcomes.
<b>Learning Outcomes:</b>	<p><b>Competency 1: Identifies appropriate investigations relevant to the clinical condition.</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Identifies based on case taking, physical examination appropriate – laboratory, Radiology, Electrophysiology, Sonography tests to be performed.</li> <li>▪ Identifies and instructs the exact purpose and method to be adopted for the tests to be performed.</li> <li>▪ Aware of subjective and objective signs and symptoms essential to be informed along with the prescription of investigation for better orientation of the technician performing the tests.</li> <li>▪ Defines the abnormal values if found are critical and need to be urgently informed to better manage the case.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ Documents the relevant tests to be performed correctly.</li> <li>▪ Documents the view / procedure to be adopted to perform the test for better clinical assessment.</li> <li>▪ Documents the critical values that need to be informed urgently for better care of patient.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Appreciates the process involved in identifying and ordering the tests / procedures for better care of patient.</li> </ul> </li> </ul> <p><b>Competency 2: Interpret the investigation reports – laboratory, radiology, electrophysiology and sonography</b></p> <ul style="list-style-type: none"> <li>▪ <u>Knowledge</u> <ul style="list-style-type: none"> <li>▪ Identifies the normal and abnormal values from the investigation reports – laboratory radiology, electrophysiology and sonography.</li> <li>▪ Correlates the abnormal reports with the state and stage of the clinical condition.</li> <li>▪ Defines the provisional diagnosis based on the investigation report findings, state and stage of the clinical condition.</li> <li>▪ Identifies the corrective measures to be adopted in lifestyle, diet &amp; regimen etc. by the patient.</li> <li>▪ Defines the prognosis of the clinical condition.</li> </ul> </li> <li>▪ <u>Skill</u> <ul style="list-style-type: none"> <li>▪ To logically correlate the investigation findings with the state and stage of the clinical condition.</li> <li>▪ Communicate the prognosis to the patient and relatives based on his assessment of the investigation reports</li> <li>▪ Communicates the corrective actions to be adopted in lifestyle, diet &amp; regimen etc to patient and relatives.</li> </ul> </li> <li>▪ <u>Reflection</u> <ul style="list-style-type: none"> <li>▪ Identifies the importance of knowledge related to various investigations to guide the diagnosis, prognosis and correction in lifestyle, diet &amp; regimen etc.</li> </ul> </li> </ul>
<b>Learning Methods:</b>	· Case based learning / Problem based learning / Bedside / Flipped

	learning / Self-regulated learning / Library / Spaced repetition / formative self assessment
<b>Assessment:</b>	Continuous / Programmatic assessment / Practical assessment / Written assessment / MCQ / SAQ / LAQ / assignment / Portfolio / Checklist / Viva / Bedside
<b>Prescribed Texts:</b>	
<b>Domains of Competencies</b>	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

## VII. Assessment

	Formative Assessment (Internal Assessment)	Summative Assessment (University Examination)
M.D.(Hom.) Part-I	<b>1<sup>st</sup> Term Test:</b> During sixth month of training	During eighteenth month of training
	<b>2<sup>nd</sup> Term Test:</b> During twelfth month of training	

**VII (1). M.D. (Homoeopathy) Part-I examination –Maximum marks for each subject and minimum marks required to pass shall be as follows:**

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i. Fundamentals of Repertory and Case Taking	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
ii. Fundamentals of Clinical Medicine in Homoeopathic Repertory and Case Taking	100	50		
ii. Research Methodology and Biostatistics	100	50	-	-

(\*A common practical exam for paper I and II (100 marks practical + 100 marks viva) shall be conducted; twenty per cent. weightage shall be for internal assessment, which shall be calculated for practical or clinical including viva voce only. One internal assessment of 40 marks [20 marks (practical or clinical) + 20 marks (viva voce)] after each term of six months and average of two terms shall be considered. \*eighty per cent. weightage shall be for summative assessment).

**VII (2). Assessment Blueprint – Theory (Benchmarked by the module-wise distribution.)**

**VII (2a). Distribution of Courses for Theory-Based Assessment.**

Types of Questions with Marks

Types of question	No. of questions to be asked	Marks per question	Total
Problem Based Question	01	20	20
Long Answer Question	04	10	40
Short Answer Question	08	05	40
Total			100

**VII (2b). Question Paper Layout**

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question using either of any one repertory <b>HomPG-FMR-01 or 03 or 04</b>	20
2	LAQ	<b>HomPG-FMR-01</b>	10
3	LAQ	<b>HomPG-FMR-03</b>	10
4	LAQ	<b>HomPG-FMR-02</b>	10
5	LAQ	<b>HomPG-FMR-04</b>	10
6	SAQ	<b>HomPG-FMR-04</b>	5
7	SAQ	<b>HomPG-FMR-03</b>	5
8	SAQ	<b>HomPG-FMR-02</b>	5
9	SAQ	<b>HomPG-FMR-05: a or b</b>	5
10	SAQ	<b>HomPG-FMR-03</b>	5
11	SAQ	<b>HomPG-FMR-02</b>	5
12	SAQ	<b>HomPG-FMR-05: c or d</b>	5
13	SAQ	<b>HomPG-FMR-05: e or f</b>	5

**VII (3). Assessment Blueprint –Practical / Viva.****VII (3a). Clinical examination: A Common Practical/viva for Part I Paper 1 and 2.****VIII. List of Reference Books (As per APA Format).****List of Recommended Reference Books for the Practice of Medicine:**

1. Bates, B., Bickley, Lynn, S. and Szilagyi, Peter, G. (2013) Bates' Guide to Physical Examination and history taking. Philadelphia u.a.: Wolters Kluwer, Lippincott Williams & Wilkins.
2. Beeson, P. B., McDermott, W., & Wyngaarden, J. B. (Eds.). (1979). *Cecil Textbook of Medicine* (Asian Edition ed.). Philadelphia: W. B. Saunders Company.
3. Boyd, W. (1979). *A Textbook of Pathology* (8th ed.). London: Lea & Febiger, Philadelphia.
4. Cecil, R.L. and Kennedy, F. (1943) *A text-book of medicine*. Philadelphia: Saunders
5. Datey, K.K. and Shah, S.J. (1979) *A.P.I. textbook of medicine*. Bombay: Association of Physicians of India
6. Davis, M.A. (1999) *Signs and symptoms in emergency medicine: Literature-based guide to emergent conditions*; Mark A. Davis. St. Louis, MO: Mosby
7. Fauci, A. S., Kasper, D. L., Longo, D. L., Braunwald, E., Hauser, S. L., Jameson, J. L., et al.

- (Eds.), (2008). *Harrison's Principles of Internal Medicine* (17th Edition ed.). New York: Mc Graw Hill Medical.
8. Frazier, H.S. and Mosteller, F. (1995) *Medicine worth paying for: Assessing Medical Innovations*. Cambridge, MA: Harvard University Press.
  9. Glynn, M., & Drake, W. (Eds.). (2012). *Hutchison's Clinical Methods* (23rd ed.). China: Saunders Elsevier.
  10. Golwalla, A. F., & Golwalla, S. A. (2000). *Golwalla Medicine for Students* (19th ed.). Mumbai: Dr. A. F. Golwalla Empress Court, Mumbai.
  11. Gupta, L., Gupta, Abhitabh and Gupta, Abhishek (2005) *Differential diagnosis: Medicine, surgery, OB/GYN, Ophth, paed, dental*. New Delhi: Jaypee Bros.
  12. Hurst, J. W. (Ed.). (1992). *Medicine for the Practicing Physician* (3rd ed.). USA: Butterworth Heineman, Stoneham.
  13. Kamath, S. A. (Ed.). (2022). *API Textbook of Medicine* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
  14. Kaul, V. K., & Bagga, A. (Eds.). (2019). *Ghai Essential Pediatrics* (10th ed.). New Delhi: CBS Publishers & Distributors Pvt Ltd, New Delhi.
  15. Kinirons, M., & Ellis, H. (Eds.). (2005). *French's Index of Differential Diagnosis* (14th ed.). London: Hodder Arnold.
  16. Kumar, P., & Clark, M. (Eds.). (2005). *Clinical Medicine* (6th ed.). Elsevier Saunders.
  17. Malhotra, N., Malhotra, J., Saxena, R., & Malhotra Bora, N. (Eds.). (2019). *Jeffcoate's Principles of Gynaecology* (9th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
  18. Mehta, P.J. and Palia, F.E. (1979) *Practical medicine for students and Practitioners*. Bombay: P.J. Mehta and F.E. Palia.
  19. Munir Ahmed R *Fundamentals of repertories: Alchemy of Homoeopathic Methodology*; HiLine publishers and distributors
  20. Ogilvie, C., & Evans, C. (2006). *Chamberlain's Symptoms and Signs in Clinical Practice* (12th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.
  21. Parthasarathy, A., Menon, P., & Nair, M. (Eds.). (2019). *IAP Textbook of Pediatrics* (7th ed.). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, New Delhi.
  22. Penman, I. D., Ralston, S. H., Strachan, M. W., & Hobson, R. P. (Eds.). (2022). *Davidson's Principles and Practice of Medicine* (24th Edition ed.). Elsevier.
  23. Rao, L. V., & Snyder, L. M. (2021). *Wallach's Interpretation of Diagnostic Tests* (South Asian Edition ed.). (S. Dubey, Ed.) New Delhi: Wolters Kluwer Pvt. Ltd. New Delhi.
  24. Savill, T.D. and Warner, E.C. (1950) *Savill's System of Clinical Medicine*. edited by E.C. Warner. London: Edward Arnold & Co.
  25. Swash, M. (2006) *Hutchison's clinical methods*. Orlando, FL.: Saunders
  26. Vakil, R.J. and Golwalla, A.F. (1974) *Clinical diagnosis: A textbook of physical signs and symptoms for medical students and practitioners*. Bombay: Asia Pub. House.
  27. Wallach, J. (2007) *Interpretation of diagnostic tests*. Philadelphia: Wolters Kluwer.