

Niti Aayog GOVT of India WB/2021/0300920 (Regd. Under section 25 of the comapnies Act, 1956/2013 No. 1 of 1956) Authorized by: Asian International University





# **Certificate of Compliance**

This is to Certify that

## INSTITUTE OF ELECTRO HOMOEOPATHY OF INDIA

Kohinoor City Hayat Nagar Barawan Kalan Lucknow 226101 (UP) India

The above organization has been assessed and found to comply with the requirements of this certification details below



# Scope

# Medical Education and E H Herbal Production

**Certification Calender Certificate Number** BLA 8240123 Client ID DG 200 Date of start on 30.01.2023 Valid From 30.01.2023 Valid Until 29.01.2026

Validity of this certificate is subject to successful and timely completion of the annual surveillance audit.

Note1: Certification Cycle expiry date of this certificate is 29.01.2026 Note2: Surveillance 01 will be due in the month of January-2024 and surveillance 02 will be due in the month of January-2025



Signed on Behalf of Delta 300 Global Certification Solutions Pvt Ltd



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Wharf London E14 5AB www.gasl.uk
DGCS: Plot No : 114, 4th Floor Pocket C-8, Sector-17, Dwarka, New Delhi -110075 www.dgcsindia.com, info@dgcsindia.com This Certificate Remains the Property of

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# **GMP Good Manufacturing Practice** Scope

# **Medical Education and E H Herbal Production**

**Certification Calender** Certificate Number BLA 8250123 Client ID DG 201 Date of start on 30.01.2023 Valid From 30.01.2023 Valid Until 29.01.2026

Validity of this certificate is subject to successful and timely completion of the annual surveillance audit.

Note1: Certification Cycle expiry date of this certificate is 29.01.2026 Note2: Surveillance 01 will be due in the month of January-2024 and surveillance 02 will be due in the month of January-2025.



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# **Certificate of Registration**

This is to Certify that

# INSTITUTE OF ELECTRO HOMOEOPATHY OF INDIA

Kohinoor City Hayat Nagar Barawan kalan Lucknow Lucknow 226101 (UP) India

The Management System of the above organization has been assessed and found to comply with the requirements of the management system standard details below

ISO 9001:2015

# (QUALITY MANAGEMENT SYSTEM)

# Scope

#### **Medical Education and E H Herbal Production**

Certification Calender
Certificate Number
BLA 8030123
Client ID .DG 179
Date of start on 23.01.2023
Valid From 23.01.2023
Valid Until 22.01.2026

Validity of this certificate is subject to successful and timely completion of the annual surveillance audit.

Note1: Certification Cycle expiry date of this certificate is 22 Jan 2026 Note2: Surveillance 01 will be due in the month of 22 Jan 2024 and surveillance 02 will be due in the month of 22 Jan 2025



Signed on Behalf of Delta 300 Global Certification Solutions Pvt Ltd



MSCB - 120



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## COURSE APPROVED BY

# FACULTY OF ELECTROHOMOEOPATHY

## EASTED BY

# INSTITUTE OF ELECTROHOMOEOPATHY OF INDIA KOLKATA B.E.M.S. LIST OF SUBJECTS

B.E.M.S. L.	IST OF SUB			
SUBJECTS	Theory	PRACTICAL (VIVA- VOICE)	TOTAL MARKS	PASSING MARKS
1	2	3	4	5
1. B.E.M.S (I <sup>st</sup> Year)				
1. ANATOMY	100	50	150	60
2. PHYSIOLOGY	100	50	150	60
3. PHARMACY	100	50	150	60
4. PHILOSOPHY	100		100	40
5. MATERIA MEDICA	100		100	40
Total	500	150	650	260
2. B.E.M.S (II <sup>nd</sup> Year)				
1. ANATOMY	100	50	150	60
2. PHYSIOLOGY	100	50	150	60
3. PATHOLOGY	100	50	150	60
4. PRACTICE OF MEDICINE	100		100	40
5. MATERIA MEDICA	100		100	40
6. SOCIAL PREVENTIVE MEDICINE			100	40
Total	600	150	750	300
3. B.E.M.S (III <sup>rd</sup> Year)				
1. ANATOMY	100	50	150	60
2. PHYSIOLOGY	100	50	150	60
3. PATHOLOGY	100	50	150	60
4. GYNAECOLOGY	100	50	150	60
5. PRACTICE OF MEDICINE (II)	100		100	40
6. MEDCIAL JURIS PRUDENCE	100		100	40
Total	600	200	800	320
4. B.E.M.S (IV <sup>th</sup> Year)				
1. OBSTETRICS	100	50	150	60
2. SURGERY	100	50	150	60
3. E.N.T.	100	50	150	60
4. TOXICOLOGY	100		100	60
5. PRATICE OF MEDICINE Ist Paper	100		100	40
6. PRATICE OF MEDICINE II <sup>nd</sup> Paper	100		100	40
7. IRIDOLOGY	100	50	150	40
Total	700	200	900	360

## COURSE APPROVED BY

# FACULTY OF ELECTROHOMOEOPATHY

## EASTED BY

# INSTITUTE OF ELECTROHOMOEOPATHY OF INDIA KOLKATA S LIST OF SUBJECTS

	SUBJECTS		Theory	PRACTICAL (VIVA- VOICE)	TOTAL MARKS	PASSING MARKS
	1		2	3	4	5
1. D	.E.M.S (I <sup>st</sup> Year)					
1.	ANATOMY		100	50	150	60
2.	PHYSIOLOGY		100	50	150	60
3.	PHARMACY		100	50	150	60
4.	PATHOLOGY		100		100	40
5.	PHILOSOPHY		100		100	40
6.	MATERIA MEDICA		100	50	150	60
		Total	600	200	800	320
2. D	.E.M.S (II <sup>nd</sup> Year)					
1.	ANATOMY		100	50	150	60
2.	PHYSIOLOGY		100	50	150	60
3.	SURGERY		100	50	150	60
4.	GYNAECOLOGY		100	50	150	60
5.	PRACTICE OF MEDICINE		100		100	40
6.	MEDICAL JURIS PRUDENCE	3	100		100	40
		Total	600	200	800	320

#### COURSE APPROVED BY

# **FACULTY OF ELECTROHOMOEOPATHY**

#### EASTED BY

# INSTITUTE OF ELECTROHOMOEOPATHY OF INDIA

## **KOLKATA**

#### M.D.E.H. LIST OF SUBJECTS

SUBJECTS	Theory	PRACTICAL (VIVA- VOICE)	TOTAL MARKS	PASSING MARKS
1	2	3	4	5
1. M.D.E.H. (Ist Year)				
MATERIA MEDICA (I)	100		100	40
2. MATERIA MEDICA (II)	100		100	40
3. PRACTICE OF MEDICINE (I)	100		100	40
4. PRACTICE OF MEDICINE (II)	100		100	40
5. PRACTICE OF MEDICINE (III)	100		100	40
6. PHILOSOPHY	100		100	40
7. IRIDOLOGY	100	50	150	60
Total	700	50	750	300
2. M.D.E.H. (II <sup>nd</sup> Year)				
MATERIA MEDICA (I)	100		100	40
2. MATERIA MEDICA (II)	100		100	40
3. PHARMACY	100	50	150	60
4. PRACTICE OF MEDICINE	100		100	40
5. IRIDOLOGY	100	50	150	60
6. THESIS	200		200	80
Total	700	100	800	320

# **CONTENTS**

# **INSTITUTE OF ELECTRO HOMOEOPATHY OF INDIA**

## I. REGULATIONS

- 1. Short Title and Commencement
- 2. Aims and Objectives
- 3. Minimum Eligibility criteria for Admission
- 4. Age limit for Admission
- 5. Duration of the course
- 6. Commencement of the course
- 7. Commencement of Examination
- 8. Cut-off date for admission to Examination
- 9. Enrolment of candidate
- 10. Registration
- 11. Medium of Instruction
- 12. Curriculum
- 13. Working days in an academic year
- 14. Attendance required for admission to examination
- 15. Re-admission after break of study
- 16. Submission of Laboratory record note books
- 17. Internal Assessment
- 18. Re totalling of Answer papers
- 19. Exemption from Re-Examination in a subject
- 20. Carry-over of failed subjects
- 21. Migration/Transfer
- 22. Subjects of study
- 23. Restructured question pattern in general
- 24. Distribution of Marks
- 25. Internship (Compulsory postings)

# **B.E.M.S. IST YEAR**

#### **ANATOMY**

#### **HUMAN ANATOMY-I**

## (Duration of study - 18 months)

# **THEORY**

#### I. GENERAL INTRODUCTION:

Importance of the study of Anatomy

- 1. Definitions & Sub divisions
- 2. Systems of the body
- 3. Structure of the cells
- 4. Terminology, Anatomical positions, Planes, & Surfaces.

# **II. OSTEOLOGY:** (Including Ossification & Related Histology)

- 1. Types of Bones.
- 2. Classification of Bones.
- 3. Description of various bones of:
  - (a) Upper limb
  - (b) Thorax
  - (c) Abdomen and pelvis
  - (d) Vertebral column including cervical region

#### III. ARTHROLOGY:

- 1. Classification of Joints
- 2. Construction of Joints
- 3. Description of various joints of:
  - (a) Upper limb
  - (b) Thorax
  - (c) Pelvis
  - (d) Vertebral column

#### IV. MYOLOGY:

1. Types of Muscles

- 2. Muscles of Upper limb, Thorax, Abdomen and Pelvis
- 3. Origin, insertion, Blood supply, nerve supply and actions of these muscles

#### V. RESPIRATORY SYSTEM:

- 1. Upper respiratory tract-Nose, Pharynx, larynx
- 2. Trachea & Bronchial tree.
- 3. Lungs
- 4. Pleura
- 5. Mediastinum

#### VI. CARDIOVASCULAR SYSTEM:

- 1. Heart Position, Surface anatomy and its description.
- 2. Great vessels Aorta, Pulmonary trunk, superior vena cava, inferior vena cava and their branches.
- 3. Arteries and Veins Structure of arteries and veins, important arteries & veins of the body.

#### VII. DIGESTIVE SYSTEM:

Oral cavity, Teeth, Hard palate, Soft palate. Esophagus, Stomach, Small Intestine (Duodenum, Jejunum & Ileum) Large intestine (Casecum, Appendix, ascending colon, transverse colon, descending colon, sigmoid colon, rectum), Anal canal, Anus, Liver, Gall bladder, Bile duct, Pancreas, Spleen, Peritoneum, Mesentery and their position in the abdominal quadrants.

#### VIII. URINARY SYSTEM:

- 1. Kidneys: position, surfaces, internal structures.
- 2. Ureters
- 3. Urinary Bladder
- 4. Male Urethra
- 5. Female Urethra

# IX. LYMPHATIC SYSTEM:

Description of: Lymph, Lymph glands, Lymph ducts, Thoracic duct, and Cysterna chyli.

# X. DISSECTION/DEMONSTRATION OF DISSECTED PARTS OF:

- 1. Upper limb
- 2. Thorax
- 3. Abdomen and Pelvis
- b) Head & Neck
- 2. Brain & Spinal cord
- 3. Special senses.

# **B.E.M.S. IST YEAR**

#### PHYSIOLOGY - I

(Duration of study - 18 months)

## **THEORY**

#### I. GENERAL PHYSIOLOGY-

- 1. Cell Structure
- 2. Subceliular units
- 3. Cell membrane and its properties
- 4. Transport mechanisms
- 5. Bioelectrical potentials
- 6. Body fluids and homeostasis.

# **II. BLOOD** - Physical properties, composition and functions of blood.

- 1. Plasma proteins
  - (a) Normal values
  - (b) Origin and methods of separation
  - (c) Functions and variations in health and disease.
- 2. Bone marrow
  - (a) Formed elements
  - (b) Composition and functions
- 3. Erythrocytes
  - (a) Morphology and variations in health and disease.
  - (b) Development of erythrocytes.
  - (c) Site and stages in development
  - (d) Necessary factors
  - (e) Regulation of development of erythrocytes
  - (f) Life-Span and fate of erythrocytes
  - (g) Erythrocytes sedimentation rate (ESR)
- 4. Hemoglobin
  - (a) Structure, synthesis, function and metabolism

- (b) Types of hemoglobin.
- 5. Anemia Definition and classification
- 6. Jaundice Definition and classification
  - (a) Role and function of spleen.
- 7. Leucocytes
  - (a) Classification, morphology, development and functions
  - (b) Variation in health and disease.
- 8. Thrombocytes
  - (a) Origin, morphology and functions
  - (b) Variation in health and disease
- 9. Homeostasis
  - (a) Mechanism of homeostasis, coagulation of blood
  - (b) Fate of clot and disorders of clotting.
- 10. Anticoagulants
  - (a) Mechanism of action and clinical applications
- 11. Blood group
  - (a) Classification
  - (b) ABO and RH system
  - (c) Blood transfusion, indication and hazards
- 12. Lymph and tissue fluids
  - (a) Lymph and reticular system
  - (b) Principles of immune system
  - (c) Cellular and hormonal immunity

#### III. CARDIOVASCULAR SYSTEM

Historical perspective, organization of cardiovascular system

- 1. Heart:-
  - (a) Structure and properties of cardiac muscle
  - (b) Cardio metabolism
  - (c) Innervations of heart, junctional tissue of heart.

- (d) Regeneration and spread of cardiac impulse
- 2. Electrocardiography: -
  - (a) Enthovan's Law
  - (b) Various EGG leads, normal EGG and its interpretation.fot
  - (c) Cardiac Arrhythmias and heart blocks.
  - (d) Cardiac Vector.
- 3. Cardiac cycle
  - (a) Pressure and volume changes (mechanical events)
  - (b) Heart sounds and stethoscope
  - (c) Principles of echo-cardiograph
  - (d) Measurement and regulation of cardiac output
- 4. Heart sounds
  - (a) Description, Causation and relation to other events in cardiac cycle.
  - (b) Clinical significance of heart sounds.
- 5. Blood Pressure
  - (a) Definition, regulation and factors influencing B.P.
  - (b) Measurement of blood pressure.
  - (c) Physiology of hemorrhage and shock.
- 6. Circulation
  - (a) Blood vessels
  - (b) Physical principles of blood flow, regulation of blood flow.
  - (c) Jugular venous pulse tracing, radial pulse tracking.
  - (d) Coronary, cerebral, renal and pulmonary circulation.
  - (e) Splanchnic, cutaneous and capillary circulation.
  - (f) Cardiovascular changes in altitude and exercise.

#### IV. RESPIRATORY SYSTEM

Introduction, internal and external respiration, physiological anatomy of respiratory system.

## 1. Mechanics of respiration

- (a) Inspiration and expiration.
- (b) Role of respiratory muscles and thoraxic cage.
- (c) Pressure and volume changes during respiration.
- (d) Work of breathing, lung compliance and its significance in health and disease.

## 2. Lung volumes and capacities

- (a) Lung volumes and capacities and their measurements.
- (b) Respiratory minute volume and maximum voluntary ventilation.

#### 3. Alveolar Ventilation

Composition of atmospheric, inspired, alveolar and expired air. 4. Pulmonary circulation

- (a) Pulmonary circulation, ventilation perfusion relationship.
- (b) Diffusion of gases across pulmonary membrane.
- (c) Oxygen uptake, transport and delivery.
- (d) Carbon dioxide uptake, transport and delivery.

# 5. Organization of the respiratory centers

- (a) Nervous and chemical regulation of respiration
- (b) Classification and characteristics of hypoxia, cyanosis, asphyxia, hyper apnea, hypo apnea, dysnoea, apnea and orthopnea and periodic breathing.
- (c) Respiratory aspects of high altitude.
- (d) Physiology of acclimatization and hyperbarrism.
- (e) Respiratory / pulmonary function tests.
- (f) Non-respiratory functions of lungs.
- (g) Artificial respiration.

#### V. DIGESTIVE SYSTEM

- 1. Introduction, organization and plan of digestive system.
- 2. Saliva

- (a) Composition, functions, regulation of secretion.
- (b) Methods of study of above aspects of saliva.

#### 3. Stomach

- (a) Functions of stomach
- (b) Composition and functions of gastric juice.
- (c) Regulation of secretion and mechanics of HCL secretion.
- (d) Gastric emptying time and its regulation.
- (e) Methods of study of gastric function and its supplied aspect.

#### 4. Pancreas

- (a) Composition and functions of pancreatic juice.
- (b) Regulation of pancreatic secretion.
- (c) Methods of study of pancreatic secretion.

#### 5. Liver

- (a) Function, formation, storage and emptying of bile.
- (b) Composition, function and regulation of release of bile.

# 4. Hemoglobin

- (a) Structure, synthesis, function and metabolism
- (b) Types of hemoglobin.
- 5. Anemia Definition and classification
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  - (a) Role and function of spleen.

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  - (a) Classification
  - (b) ABO and RH system
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  - (a) Lymph and reticular system
  - (b) Principles of immune system
  - (c) Cellular and hormonal immunity

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Historical perspective, organization of cardiovascular system

- 1. Heart:-
  - (a) Structure and properties of cardiac muscle
  - (b) Cardio metabolism
  - (c) Innervations of heart, junctional tissue of heart.
  - (d) Regeneration and spread of cardiac impulse
- 2. Electrocardiography: -
- 3. Alveolar Ventilation

Composition of atmospheric, inspired, alveolar and expired air.

- 4. Pulmonary circulation
  - (a) Pulmonary circulation, ventilation perfusion relationship.
  - (b) Diffusion of gases across pulmonary membrane.
  - (c) Oxygen uptake, transport and delivery.
  - (d) Carbon dioxide uptake, transport and delivery.
- 5. Organization of the respiratory centers
  - (a) Nervous and chemical regulation of respiration

- (b) Classification and characteristics of hypoxia, cyanosis, asphyxia, hyper apnea, hypo apnea, dysnoea, apnea and orthopnea and periodic breathing.
- (c) Respiratory aspects of high altitude.
- (d) Physiology of acclimatization and hyperbarrism.
- (e) Respiratory / pulmonary function tests.
- (f) Non respiratory functions of lungs.
- (g) Artificial respiration.

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- (d) Gastric emptying time and its regulation.
- (e) Methods of study of gastric function and its supplied aspect.

#### 4. Pancreas

- (a) Composition and functions of pancreatic juice.
- (b) Regulation of pancreatic secretion.
- (c) Methods of study of pancreatic secretion.

#### 5. Liver

- (a) Function, formation, storage and emptying of bile.
- (b) Composition, function and regulation of release of bile.
- (d). Tests for liver function.

#### 6. Small intestine

(a) Succusentericus.

- (b) Composition, function and mechanism of secretions.
- 7. Large Intestine
  - (a) Functions.
- 8. Gastro-intestinal hormones
  - (a) Release and functions.
- 9. Gastro-intestinal movements
  - (a) Mastication, deglutition and vomiting
  - (b) Movements of stomach and small intestines
  - (c) Movements of large intestine and defecation.
  - (d) Regulation of movement and methods of study.
- 10. Digestion and absorption of carbohydrates, fats, proteins and vitamins, minerals and water.

#### VI. EXCRETORY SYSTEM

- 1. General introduction, organs of excretion with special emphasis on evolution of excretory mechanisms.
- 2. Renal system Functional anatomy and renal circulation.
- 3. Nephron:-
  - (a) Mechanism of urine formation, glomerular filtration, tubular function.
  - (b) Concentration and acidification of urine.
  - (c) Composition of normal urine, and abnormal constituents of urine.
  - (d) Renal function tests,
- 4. Non-excretory functions of kidney
  - (a) Physiology of micturition and its abnormalities.
- 5. Skin Structure and functions.

# B.E.M.S. IST YEAR PHARMACY

#### **THEORY**

Instruction in Electro - Homoeopathic Pharmacy should be so planned as to present general working knowledge of an industry and dispensing various preparation. Major emphasis should be laid on evolution and relationship of Electrohomoeopathic Pharmacy to Philosophy/Organon of medicine and Materia medica, the concept of therapeutic drug proving and dynamisation.

The curriculum of Electrohomoeopathic Pharmacy should be divided under following headings:-

#### **PART-I**

Orientation to subject - elementary history of Botany, Zoology and Chemistry with rules of their nomenclature and their respective terminologies.

- (1) (A) Explanation of terms like a common names, synonyms, Hyponyms, typonyms, invalid names.
  - (B). Advantages and disadvantages of Commercial names and Botanical names.
  - (C) Anomalies in the nomenclature of Electrohomoeopathic Drugs.
- (2) Schools of Medicine: their discovery, principles pharmacology and Materia Medica, scope and limitations.
- (3) History of the art and science of Pharmaceutics.
- (4) Literature on Electrohomoeopathic Pharmaceutics.
- (5) Sources of Electrohomoeopathic Pharmacy.
- (6) Electrohomoeopathic Pharmacy: its speciality and originality
- (7) Importance of the knowledge of Pharmacy.
- (8) Sources of knowledge about curative powers of the technique of Drug proving in Electrohomoeopathy.
- (9) Aspects of Pharmacy.
- (10) Relation of Pharmaceutics with other sciences.

- (11) Inter-relationship of different schools of Pharmacy with emphasis on relationship
- (12) Properties of Drugs.
- (13) (a) Routes of Administration of drugs in general.
  - (b) Routes of Administration of Electrohomeopathic remedies.
    - a. Action of Drugs.
    - b. Uses of Drugs.

#### **PART-II**

Explanation and definitions of:-

- (a) Foods, Poisons, cosmetics.
- (b) Drug substance, Drug, Medicine, Remedy,
- (c) Pharmacy. Pharmacology and Pharmacopoeia, Pharmaco-dynamics and other related terms used in relation to the subject. Electrohomeopathic Pharmacopoeia,

Electrohomeopathic Pharmacy in relation to:-

- (a) Organon of Medicine / Philosophy
- (b) Materia Medica.
- (c) National Economy.

Pharmacy and Pharmacopoeia;

- 1. Pharmaceutical Instruments and Appliances
- 2. Cleansing of utensils
- 3. Vehicles
- 4. Collection of drug substances
- 5. Preservation of drugs
- 6. Preparation of Spagyric essence
- 7. Preparation of specific remedies
- 8. General Method of the preparation of dilutions

# IDENTIFICATION AND PHARMACOLOGICAL ACTION OF 115 DRUGS AS MENTIONED BELOW (IN APPENDIX-I)

Detail study of 115 drug substances (herbs), its Sources and relation with other sciences. Classification of Electrohomeopathic drug substances according to their source, habitat, action and temperament. (Under the head of Botanical name, English name of each medicinal plant, common names, natural order, habitat, parts used, class of preparation method.)

Posology (Electrohomeopathic Posology its logic, advantages and disadvantages), Percolation, Zimple process, Cohobation, Krauss Method, Potentisation and dilution (Its logic, scientificity and evolution and scales.), Vehicles, Scales for preparation of drugs dilution, Pharmacological Action of Electrohomeopathic medicines, Abbreviations used in prescription writing.

Legal part: legislation in respect of Electrohomeopathic Pharmacy, Drugs and Cosmetic Act, Poison Act, Pharmacy Act.

#### PRACTICAL:

- (1) Identification, and uses of Electrohomeopathic Pharmaceutical instruments and appliances and their cleaning.
- (2) Identification of important Electrohomeopathic drugs vide list attached.
  (All 115 plants)
  - (i) Macroscopic study of any 30 drugs substances as listed in Appendix I,
  - (ii) Collection of any 30 drugs substances for herbarium as listed in Appendix I,
- (3) Estimation of moisture content of one drug substance with water bath.
- (4) Purity test of ethyl, alcohol, distilled water, sugar of milk, including determination of specific Gravity of distilled water and alcohol.
- (5) Estimation of size of globule, its medication of milk sugar and distilled water-making of doses.
- (6) Preparation and dispensing and dilute alcohol solutions and dilutions.

- (7) Preparation of Spagyric essence of 3 medicinal plants.
- (8) Preparation of 3 drugs up to D4
- (9) Preparation of spagyric essence and percent Drug strength.
- (10) Preparation of any 10 specific original Remedies like S1, F1, C1, L1, P1, R.E., W.E., Ver-1, Ven-1, A1, Potentisation of 3 spagyric essence up to 4 decimal scale (D4).
- (11) Dilution of three medicines up to 3rd dilution in distilled water and rectified spirit with their medication with globules.
- (12) Preparation of external applications-one of each (Ointment, liniment, lotion, fomentation, eye drop, bath etc.)
- (13) Writing of prescriptions and dispensing of the same.
- (14) Laboratory methods:-
  - (a) Sublimation
  - (b) Distillation
  - (c) Decantation
  - (d) Filtration
  - (e) Crystallisation
  - (f) Percolation, Zimple process, Cohobation, Krauss Method.
- (15) Visit to an Electrohomeopathic Laboratory to study the manufacture of drugs on a large scale.

# (APPENDIX - I)

# <u>LIST OF DRUGS FOR IDENTIFICATION WITH THEIR</u> <u>PHAMACOLOGICAL ACTION</u>

	PART-A					
1	Achillea millefolium	21	Carduus benedicts	41	Euphorbiuro officinale	
2	Aconitum napellus	22	Caulophyllum thalictroides	42	Euphrasia officinalis	
3	Adiantum capillus	23	Cetraria islandica	43	Fucus vesiculosus	
4	Asculus hippocastanum	24	Chelidonium majus	44	Genista scopars	
5	Agaricus muscaris	25	Chenopodium anthelminthic	45	Gentian lutea	
6	Ailanthus glandulosa	26	Cimicifuga racemosa	46	Glechoma hederacea	
7	Allium cepa	27	Cinchona calisaya	47	Galeopsis ochroleuca	
8	Allium sativa	28	Cinchona succiruba	48	Guaiacum officinale	
9	Aloe capensis	29	Clemetis erecta	49	Hamamelis virginiana	
10	Althaea officinalis	30	Cochleria officinalis	50	Humulus lupulus	
11	Anthemus nobilis	31	Conium maculatum	51	Hydrastis Canadensis	
12	Amica Montana	32	Daphne mezerium	52	Hyoscyamus niger	
13	Artemisia abrotanum	33	Dictamnus albus	53	Imperatoria ostruthium	
14	Artimisia cina	34	Drosera rotundifolia	54	Ledum palustre	
15	Atropa belladonna	35	Echinecea angusttifolia	55	Lobelia inflate	
16	Avena sativa	36	Equisetum arvense	56	Lycopodium clavatum	
17	Berberis vulgaris	37	Ervum lens	57	Malva sylvestris	
18	Betula alba	38	Erythrea centaurium	58	Marsdenia condurango	
19	Cannabis sativa	39	Eucalyptus globules	59	Matricaria chamomilla	
20	Capsella bursapastoris	40	Euonymus europacus	60	Mellisa officinalis	

# Institute of Electro Homoeopathy of India

	PART-B					
61	Menyanthes trifoliate	80	Rhus toxicodendron	99	Strychnos nux vomica	
62	Myrtus communis	81	Rosa canina	100	Symphytum officinalis	
63	Nasturtium officinale	82	Rosmarinus officinalis	101	Tanacetum vulgare	
64	Oxalis acetosella	83	Ruta graveolens	102	Taraxacum officinale	
65	Petroselinum sativum	84	Salix alba	103	Taxus baccata	
66	Phelandrium aquaticum	85	Salvia officinalis	104	Teucrium chamaedrys	
67	Phytolacca decandra	86	Salvia sclarea	105	Thuja occidental is	
68	Pimpinella saxifrage	87	Sambucus nigra	106	Thymus serpyllum	
69	Pious maritime	88	Sanguinaria Canadensis	107	Tilia platyphyllos	
70	Pious nigra	89	Sanguisorba officinalis	108	Tussilago farfara	
71	Podophyllum peltatum	90	Scolopendrium vulgare	109	Uragoga ipecaccuanha	
72	Polygala amara	91	Scrophularia nodosa	110	Veronica officinalis	
73	Populus albus	92	Sempervivum tectorurn	111	Viburnum opulus	
74	Populus tremuloides	93	Simruba amara	112	Vinca minor	
75	Pulmonaria officinalis	94	Smilax medica	113	Vincetoxicum	
					officinale	
76	Pulsatilla vulgaris	95	Solanum dulcamara	114	Viscum album	
77	Rheum palmatum	96	Solidago vulgaurea	115	Vitis vinifera	
78	Rhododendron	97	Spigelia anthelima			
	ferrugineum					
79	Rhus aromatic	98	Steffencia elongate			

# E. Examination

PAPER		TOPICS		MARKS
01	THEORY	PAPER ONE		100
	PRACTICAL	DISTRIBUTION OF		50
	+ ORAL	MARKS		
		Oral/Viva	10	
		Spotting	15	
		Maintenance of practical record or journal	10	
		Maintenance of herberium	15	
		record		
		Total	50	

## **B.E.M.S. IST YEAR**

# **MATERIA MEDICA**

#### 1. Instructions:

- (a) Electro-homoeopathic Materia Medica is differently constructed as compared to other Materia Medica;
- (b) Electro-homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal substance, the drug substance as a whole is lost sight of.
- 2. Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drug proving on diseased persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.
  - (a) The Electro-homoeopathic Materia Medica consists of a schematic management of diseases by each drug, incorporating no theories for explanations about their interpretation or interrelation ship;
  - (b) Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Electrohomoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
- 3. (a) The most commonly indicated drugs for day to day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications and

- they should be thoroughly dealt with explaining all comparisons and relationship;
- (b) Student should be conversant with their sphere of action and family relationships and the rarely used drugs should be taught in outline, emphasizing only their most salient features and symptoms.
- 4. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.
- 5. (a) While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned;
  - (b) The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorise a few drugs for a particular disease and this Count Cesare Mattei approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned;
  - (c) Application of Materia Medica should be demonstrated from case-records in the outdoor and the indoor;
  - (d) Lectures on comparative Materia Medica and therapeutics as well as tutorials should be integrated with lectures on clinicalmedicine;
- 6. For the teaching of drugs, the department should keep herbarium sheets and other specimen s for demonstrations to the students and audio-visual material shall be used for teaching and training purposes.
- 7. (a) There is a large number of Homoeopathic medicines used today

and much more medicines being experimented and proved at present and more will be added in future and some very commonly used Homoeopathic medicines are included in this curriculum for detail study;

- (b) It is essential that at the end of this course each student should gain basic and sufficient knowledge of "How to study Electrohomoeopathic Materia Medica" and to achieve this basic and general topic of Materia Medica should be taught in details during this curriculum, general topics should be taught in all the classes;
- (c) The medicines are to be taught under the following headings, namely: (1) Common name, family, habitat, parts used, preparation, constituents (of source material). (2) Proving data. (3) Sphere of action. (4) Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants) and constitution. (5) Comparative study of medicines. (6) Therapeutic applications (applied Materia Medica)

#### B.E.M.S. Ist Year

- A. Theory: General topics of Materia Medica:- (including introductory lectures)
  - (a) Basic Materia Medica 1. Basic concept of Materia Medica 2.Basic construction of various Materia Medicas 3. Definition of Materia Medica
  - (b) Electro-Homoeopathic Materia Medica
    - 1. Definition
    - 2. Basic concept and construction of Electro-Homoeopathic Materia Medica.
    - 3. Classification of ElectroHomoeopathic Materia Medica.

- 4. Sources of Electro-Homoeopathic Materia Medica.
- 5. Scope and Limitations of Electro-homoeopathic Materia Medica.
- 6. Different Groups of Medicines and their sphere of action.
- 7. Different constitutional remedies and their therapeutic actions.

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

# B.E.M.S. II<sup>nd</sup> Year

A. Theory: (a) In addition to syllabus of B.E.M.S II<sup>nd</sup>. Course, following shall be taught, namely:" (i) Science and philosophy of Electro-homoeopathic materia media. (ii) Different ways of studying Electro-homoeopathic materia medica (e.g. psychoclinical, pathological, physiological, synthetic, comparative, analytical, remedy relationships, group study, portrait study etc.) (iii) Scope and limitations of Electro-homoeopathic materia medica. (iv) Concordance or remedy relationships. (v) Comparative Electro-homoeopathic materia medica, namely:- Comparative study of drug drng relationships. (b) Electro-homoeopathic Medicines to be taught in B.E.M.S II<sup>nd</sup> as per Appendix -II.

	APPENDIX - II	
1. Canceros-1	14. Scrofolos-5	27. Vermifugo-1
2. Canceros-2	15. Scrofolos-6	28. Vermifugo-2
3. Canceros-3	16. Scrofolos-10	29. Venerio-1
4. Canceros-4	17. Scrofolos-11	30. Febrifugo-1
5. Canceros-5	18. Scrofolos-12	31. Febrifugo-2
6. Canceros-6	19. S. Lassativa	32. Linfatico-1
7. Canceros-10	20. Pettorale -1	33. Blue Electricity
8. Canceros-13	21. Pettorale -2	34. Green electricity
9. Canceros-15	22. Pettorale -3	35. Red Electricity
10. Canceros-17	23. Pettorale -4	36. Yellow electricity
11. Scrofolos-1	24. Angioitico-1	37. Whit electricity
12. Scrofolos-2	25. Angioitico2	38. Aqua per La Pelle
13. Scrofolos-3	26. Angioitico-3	

- B. Practical or clinical: This will cover,-
- (i) case taking of acute and chronic patients

- (ii) case processing including selection of temperament, selection of medicine, dilutions and repetition schedule. Each student shall maintain practical record or journal with record of five cases.
- C. Examination: The syllabus covered in Second B.E.M.S II<sup>nd</sup> course are as the following, namely:-

<b>PAPER</b>		TOPICS		MARKS
01	THEORY	PAPER ONE (as given above)		100
	PRACTICAL +	<b>DISTRIBUTION OF MARKS</b>		50
	ORAL			
		case taking and case processing	30	
		of one long case		
		Case taking of one short case	10	
		Maintenance of practical record	10	
		or journal		
		Total	50	

# B.E.M.S.III rd Year

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

- A. General Topics of Electro-homoeopathi Materia Medica In addition to the syllabus of First and Second B.E.M.S.1ncluding the use of medicines for Second B.E.M.S. (Appendix-I), the following additional topics and medicines are included in the syllabus of Homoeopathic Materia Medica for the Third. Examination. (a) concept of medicinal sources of each medicine
- B. Concepts of constitution, temperatures, diathesis- definitions, various concepts of constitution with their peculiar characteristics, importance of constitution, temperaments and diathesis and their utility in treatment of patients., All Complex Electro-homeopathic remedies

- B. Concepts of spagyric essence.
- C. ElectrohHomoeopathic medicines to be taught in Third B.E.M.S. as in Appendix-III

1.	Canceros-7	9. Scrofolos-8	17. Pettorale -7
2.	Canceros 8	10. Scrofolos-9	18. Pettorale -8
3.	Canceros-9	11. Scrofolos-11	29. Venerio-2
4.	Canceros-11	12. Scrofolos-14	20. Venerio-3
5.	Canceros-14	13. Scrofolos-16	21. Venerio-4
6.	Canceros-16	14. Scrofolos-12	22. Synthesis
7.	Scrofolos-4	15. Pettorale -5	
8.	Scrofolos-7	16. Pettorale -6	

- C. Practical or clinical: Each student shall maintain a journal having record of ten acute and ten chronic case takings.
- D. Examination: Theory: 100 marks, Practical: 100 Mark, Viva:100 Marks

Paper-I: Topics of First, Second and Third BEMS (One paper)

PAPER		TOPICS		MARKS
01	THEORY			100
02	PRACTICAL	DISTRIBUTION OF MARKS		50
		Case taking and Case processing of one long case	20	
		Case taking of one short case	10	
		Oral/Viva	10	
		Maintenance of practical record or journal	10	
		Total	50	

# **B.E.M.S** I<sup>st</sup> Year

# PHILOSOPHY (BASIC PRINCIPLE OF ELECTROHOMEOPATHY) PART-1

- 1. Introduction
- 2. Count Cesare Mattei
- 3. Discovery of electrohomeopathy
- 4. What is electrohomeopathy
- 5. The Mattei 's Theory
- 6. Electrohomeopathy -the secret remedy.
- 7. Development of Electrohomeopathy
- 8. Electrohomeopathy in India
- 9. Basis of Electrohomeopathy
- 10. Homoeopathy and Electrohomeopathy
- 11. Concept of disease
- 12. Circulation of Energy and Law of polarity
- 13. Principle of cure
- 14. Diagnosis in Electrohomeopathy
- 15. Concept of constitution
- 16. Lymphatic constitution
- 17. Sanguine constitution
- 18. Mixed constitution
- 19. Bilious constitution
- 20. Nervous constitution
- 21. Characteristic of Electrohomeopathic remedies

## Part-II

- 1. Mattei led to the discovery of his specific
- 2. Mattei 's remedies
- 3. List of original medicines
- 4. List of complex medicines
- 5. The principal remedies
- 6. The special remedies
- 7. The general remedies
- 8. The liquid remedies
- 9. Remarks upon Mattei's specifics
- 10. The remedies balance the nerves impulses
- 11. General indication for Electrohomeopathic remedies
- 12. Method of treatment
- 13. Selection of the remedies
- 14. Law of dosology
- 15. Inference Law of dosology
- 16. Some observations and experiments
- 17. Doses and method of application of globules remedies
- 18. Alteration of the remedies
- 19. Aggravation and antidot
- 20. Epitome of Electrohomeopathy
- 21. The liquid remedies
- 22. The characteristics of liquid remedies
- 23. Application of liquid electrc1ty
- 24. Practical view with inference
- 25. Preparation of medicines

- 26. How to prepare dilutions in distilled water
- 27. Dilutions in rectified spirit
- 28. The external uses of the globules remedies

<b>PAPER</b>		TOPICS	•••••	MARKS
01	THEORY			100
		Chapters from Part -1	50	
		Chapters from Part - 11	50	
	PRACTICAL + ORAL	DISTRIBUTION OF MARKS		50
		Oral/Viva	10	
		One long case	10	
		One short case	10	
		Practical records, case records, journal	10	
		Identification of specimens (X-ray, E.C.G., etc.)	10	
		Total	50	

# B.E.M.S II<sup>nd</sup> Year HUMAN ANATOMY-II (Duration of study - 18 months) <u>THEORY</u>

I. OSTEOLOGY: (including Ossification and related Histology)

Description of various bones of:

- (a) Lower limb
- (b) Skull as a whole
- (c) Individual Cranial bones of skull
- II. ARTHROLOGY: Description of various joints of:
  - (a) Lower limb
  - (b) Skull
  - (c) Skull & Vertebral column
- III. MYOLOGY:

Description of various muscles of:

- (a) Lower limb
- (b) Head
- (c) Neck

(Origin, Insertion, Blood Supply, Nerve supply and actions of these muscles)

#### IV. REPRODUCTIVE SYSTEM:

1. Male Reproductive organs:

(Scrotum, Penis, Glands, Testes, Vas deferens, Spermat ic cord, Epidermis, Seminal vesicles, Ejacu latory duct, Prostate gland etc.)

- 2. Female Reproductive system:
  - (a) External genital organs: Vulva. Clitoris, vagina.
  - (b) Internal genital organs:

(Uterus, Cervix, Fallopian tubes, Ovaries, Ligaments of Uterus & Ovaries).

(c) Mammary glands

#### V. ENDOCRINE SYSTEM:

Description of:

(Pituitary, Pineal, Thyroid, Parathyroid, Thymus, Spleen, Pancreas, Suprarenal, Ovaries & Testes).

#### **VI.** NERVOUS SYSTEM:

Division of nervous system, central nervous system, peripheral nervous system, cerebral hemispheres, Mid brain, pons, medulla oblongata, Cerebellum, spinal cord, Autonomic nervous system.

- Meninges: Dura mater, Arachnoid mater
- C.S.F.
- Ventricular system
- Cranial nerves
- Spinal nerves
- Important plexuses: Cervical, Brachial, Lumbers Sacral Plexuses and description of their nerves.

#### VII. ORGANS OF SPECIAL SENSES:

- Tongue
- Nose
- Eye ball & associated structures, Lacrimal apparatus
- Ear: Description of external ear, middle ear and internal ear.
- The integumentary system: Description of skin & itappendages.

#### VIII. DISSECTIONIDEMONSTRATION OF DISSECTED PARTS OF:

- 1. Lower limb
- 2. Head & Neck
- 3. Brain & Spinal Cord

- 4. Organs of Special senses.
- 5. Cranial nerves.

#### **PRACTICALS**

#### 1. HISTOLOGY

- 1. Fresh tissue preparations and staining exercises of tissues specified under histology.
- 2. Demonstration of histological slides of: -
  - (a) Respiratory System
  - (b) Gastrointestinal system
  - (c) Renal system
  - (d) Reproductive system
  - (e) Endocrine system

#### II. Demonstration of Embryological Models and charts

For the purpose of written theory examination, the syllabus is divided as follows:

#### **ANATOMY I:**

- Regional Anatomy, Histology, embryology, Myology, Anthrology &
   Osteology of:
  - a) Upper limb
  - b) Thorax
  - c) Abdomen & Pelvis

#### **ANATOMY II:**

- 1. Regional Anatomy, Histology, Embryology, Myology, Anthrology & Osteology of:
  - a) Lower limb

# B.E.M.S II<sup>nd</sup> Year PHYSIOLOGY (Duration of study - 18 months) THEORY

#### VII. ENDOCRINES

- 1. Introduction-hormones, evolutionary back-ground and organisation of endocrine control systems.
- 2. Methods of study
  - (a) Classification of hormones and mechanism of hormone action.
  - (b) Regulation of honnone secretion and feed-back system.
- 3. Hypothalmo-hypophyseal system Releasing hormones.
- 4. Active princip les
  - (a) Chemical nature, biosynthesis, role of action.
  - (b) Control of secretion, excretion and its applied aspect.
  - (c) Clinical study of t heir hypo and hyper function.
  - (d) Laboratory diagnosis of pituitary (anterior and posterior) glands. thyroid, parathyroid, adrenal cortex and medulla and islets of langerhans.

#### VIII. REPRODUCTIVE SYSTEM

- 1. Physiology reproduction
  - (a) Introduction to physiology of reproduction.
  - (b) Sex determination and sex differentiation and chromosomal study.
- 2. Male reproductive system
  - (a) Growth, development and structure of testes.
  - (b) Gonadotropins and gonadal hormones.
  - (c) Functions of testes and spermatogenesis.
  - (d) Composition of semen.
- 3. Female reproductive system
  - (a) Ovary, gonadotropins
  - (b) Structure of ovary, and co1pus lucteum.

- (c) Functions of ovary, ovarian hormones.
- (d) Physiology of menstruation cycle and physiology of pregnancy.
- (e) Physiology o[placenta, gestation and parturition.
- 4. Physiology of lactation.

#### IX. NERVE MUSCLE PHYSIOLOGY

- 1. Neuron
  - (a) Morphology and measures of excitability.
  - (b) Classification and properties of nerve fibers.
- 2. Muscle
  - (a) Types of muscle and their propelties and morphology
  - (b) Neuro-muscular junction, exitation-contraction coupling.
  - (c) Clinical study of their hypo and hyperfunction.
  - (d) Myasthenia gravis.
  - (e) Starling's taw its applications.

#### X. CENTRAL NERVOUS SYSTEM

- 1. Structural and functional organization of central nervous system.
- 2. Neuron Neurogilia, functional types of neurons.
- 3. Cerebro-spinal fluid
  - (a) formation, circulation, functions of CSF.
  - (b) Methods of collection of clinical significance of CSF.
- 4. Synapse
  - (a) Types of synapses and their structure.
  - (b) Sympathetic transmission.
  - (c) General propelties of neuro-transmitters.
- 5. Sensory Physiology
  - (a) Classification an general propelties of receptors
  - (b) Sensory modalities and stereognosis.
- 6. Reflexes
  - (a) Reflex and general properties of reflexes (with examples)

#### 7. Ascending tracts

- (a) Origin, course, tcm1inatiun and functions.
- (b) Specific reference to pain pathway and physiology of pain

#### 8. Organisation of motor system

- (a) Pyramidal and extra-pyramid al systems
- (b) Upper and lower motor neurones and their lesions.
- (c) Brown sequard syndrome.
- (d) Syringomyelis

#### 9. Cerebellum

- (a) Functional anatomy, connect ions and functions.
- (b) Effects of lesions and tests for cerebellar function.

#### 10. Basal ganglion

- (a) Functional anatomy, connections and functions.
- (b) Diseases of basal ganglion and its clinical evaluation.

#### 11. Vestibular apparatus

- (a) Functional anatomy, connections and function.
- (b) Effects of lesions and their assessment.
- (c) Physiology of maintenance and regulation of muscle tone, posture and equilibrium .
- (d) Decerebrated rigidity and righting reflexes.

#### 12. Thalamus

- (a) Functional anatomy, connection s and functions
- (b) Effects of lesions of hypothalamus.

#### 13. Hypothalamus

- (a) Functional anatomy, connections and functions
- (b) Effects of lesions of hypothalamus

#### 14. Body temperature regulation

- (a) Normal body temperature, pyrexia and hypothermia.
- 15. Cerebral cortex

- (a) Functional anatomy.
- (b) Methods of study of cortical functions.
- 16. Limbic system
  - (a) Functional anatomy, connect ions and functions.
- 17. Reticular formation
  - (a) Physiology of reticular formation.
  - (b) EEC, physiology of sleep and wakefulness.
- 1. Higher functions
  - (a) Learning, speech, memory, behavior and emotions.

#### XI. AUTONOMIC NERVOUS SYSTEM

- 1. Sympathetic nervous system.
- 2. Parasympathetic nervous system

#### XII. SPECIAL SENSES

- 1.
- (a) Physiology of olfaction and olfactory discrimination .
- (b) Olfactory pathway and defects of olfaction.
- 2. Receptors. primary taste sensation and taste pathway
- 3. Vision
  - (a) Functio11al anatomy uf eye, extra and inner-ocular muscles.
  - (b) Errors of refraction and its correction, visual acuity.
  - (c) Physiology of aqueous humor.
  - (d) Cornea, lens, intraoccular pressure, accommodation.
  - (e) Retina, rhodospin cycle, dark and light adaptation.
  - (f) Visual pathways and effects of lesions in visual pathways
  - (g) Field of vision, perimetry, binocular vision
  - (h) Ins and pupillary reflexes.
  - (i) Colour vision, colour blindness and tests for colour blindness,
  - (j) Formation and circulation of tears, lacrimal glands.
- 4. Hearing

- (a) Functional anatomy of ear, function of external ear,
- (b) Physiological functions of middle ear.
- (c) Impedence matching and tympanic reflex.
- (d) Functional anatomy of internal ear, cochles, organ of cort.
- (e) Auditory pathways and auditory cortex.
- (f) frequency analysis, sound localisation, defects of hearing.
- (g) Audiometry, tests for conduction defects, Aphasia.

Note: For the purpose of written theory examination, the syllabus is divided as follows: -

Theory paper 1

Consisting of chapters on general physiology, blood, cardiovascular system, respiratory system and digestive system and excretory system.

Theory Paper -II

Consisting of chapter on Endocrine system, reproductive system (male and female), nerve muscle physiology, central nervous system, autonomic nervous system special senses.

### PRACTICAL SECTION-C

#### **PART-I**

#### I. Hematology experiments: -

- 1. Collection of blood, study of fresh drop of blood, effects of isotonic, hypotonic saline on RBC's
- 2. Enumeration of RBC's (RBC count.)
- 3. Estimation of hemoglobin
- 4. Packed cell volume (PCV) and blood indices
- 5. Determination of Erythrocyte sedimentation rate (ESR)
- 6. Enumeration of WBC (Total count)
- 7. Differential WBC count (Differential count)
- 8. Determination of blood groups (ABO system)
- 9. Determination of clotting time and bleeding time.
- 10. Enumeration of platelet (Platelet count)

#### II. Human Physiology Experiments

- 1. Recording of blood pressure in human beings and srudy of effects of exercise on blood pressure.
- 2. Electrocardiography (Demonstration)
- 3. Clinical examination of CVS and radial pulse.
- 4. Determination of tidal volume, inspirarn1y reserve volume, expiratory reserve volume, inspiratory capacity, expiratory capacity, vital capacity and forced expiratory volume.
  - (All experiments are to be arranged for demonstration)
- 5. Stethoscope, normal body temperature and its phys1olog1cal variation.
- 6. Pulse, respiration and temperature chart with correlation.
- 7. Chemical examination of respiratory system.
- 8. Plethysmography,

- 9. Clinical examination of CNS
  - a) Motor functions.
  - b) Sensory functions.
  - c) Cranial nerves
  - d) Reflexes superficial and deep.
- 10. Determination of vital capacity and maximum ventilator volume with spirometry (Demonstration)

Note: - The above 10 human physiology experiments are to be conducted with demonstration as a joint venture by physiologists and the clinical faculty, if necessary.

#### PART - II

(Only demonstration to students)

- I. AMPHIBIAN EXPERIMENTS (MUSCLE): -
  - 01. Staff of commonly used apparatus in experimental physiology for muscle experiments.
  - 02. Gastronemius-Solatio preparation of frog.
  - 03. Recording simple muscle witch from G.S. preparation of frog.
  - 04. Effects of successive stimuli on G.S. preparation of frog.
- 11. AMPHIBIAN EXPERIMENTS (HF.ART)
- 1. Recording a cardiogram.
- 2. Effect of warmth and cold on sinus venosus of frog's heart.
- 3. Effects of 1st and IInd stannius ligature on frog's heart.
- 4. Effect of cat-ions Na, K and chloride.

#### RECOMMENDED TEXT BOOKS FOR PHYSIOLOGY

- 1. Text book of medical physiology- by A. C. Guyton
- 2. Review of Medical Physiology- by W.F. Gamong.
- 3. Concise text book of medical physiology Choudhary.
- 4. Text book of physiology by C.S. Chatterjee.

#### **REFERENCE BOOKS**

- 1. Best and Taylor's physiological bas1s of Medical practice.
- 2. Practical physiology -by Ghaj
- 3. Practical physiology by Ranade.

#### B.E.M.S II<sup>nd</sup> Year PATHOLOGY-I

## (Duration of study - 12 months) THEORY

#### I. General Pathology: -

- 1. History and scope of pathology
  - (a) Definition and various branches in pathology
  - (b) Scientific study of disease and methodology
- 2. The cell and the react ion of cell, tissue and organ to injury
  - (a) Structure of cell and its functions
  - (b) Causes and nature of cell injury
  - (d) Infectious agents & Parasites.
  - (e) Immune mechanisms and genetic defects.
- 3. Reactions of cell to injurious agents
  - (a) Lethal injury-necrosis and gangrene
  - (b) Sub lethal injury -
    - (i) Cloudy swelling
    - (ii) Fatty changes in liver, heart and kidney.
    - (iii) Glycogen infiltration and hyaline degeneration.
    - (iv) Lipoid degeneration Goucher's disease.
    - (v) Mucoid degeneration.
  - (c) Excessive or abnormal accumulations: -
    - (i) Amyloid
  - (d) Pathological calcification

- 4. Inflammation and repair: -
  - (a) Definition, classification and nomenclature.
  - (b) Acute inflammation

Vascular and cellular phenomenon, cells of exudates chemical mediators and tissue change in acute inflammation cardinal Sign of acme inflammation.

Fate, types and systemic effects of acute inflammation

- 5. Chronic Inflammation: -
  - (a) Difference between acute and chronic inflammation.
  - (b) Definition of Granuloma.
- 6. Wound Healing: -
  - (a) Restitution, regeneration and repair.
  - (b) Repair or epithelial and mesenchymal tissue.
  - (c) Primary union and secondary union.
  - (d) Mechanism involved and factors modifying repair process.
- 6. A Gangrene:- Causes, Dry Gangrenes, moist gangrene, gas gangrene.
- 7. Granulomas
  - (a) Classification of granulomas.
  - (b) Tuberculosis, genesis and fate of tuberele, primary and secondary tuberculosis.
  - (c) Definition, classification and pathology of leprosy.

#### PRACTICE OF MEDICINE

#### **B.E.M.S 2ND YEAR**

#### Paper I (Theory):-

- 1. Applied anatomy and applied physiology of the respective system as state below
- 2. Respirato1y diseases.
- 3. Diseases of digestive system and peritoneum.

- 4. Diseases concerning liver, gall-bladder and pancreas.
- 5. Genetic Factors (co-relating diseases with the concept of chronic miasms).
- 6. Immunological factors of diseases with concept of susceptibility (including HIV, Hepatitis-B)
- 7. Disorders due to chemical and physical agents and to climatic and environmental factors.
- 8. Knowledge of clinical examination of respective systems.
- 9. Water and electrolyte balance -disorders of.

(Note:- There will be no examination in Part II)

#### B.E.M.S II<sup>nd</sup> Year

#### PRACTICE OF MEDICINE

#### Paper II Theory:

- 1. Nutritional and metabolic diseases
- 2. Diseases of haemopoietic system.
- 3. Endocrinal diseases.
- 4. Infectious diseases.
- 5. Diseases of cardiovascular system.
- 6. Diseases of urogenital Tract.
- 7. Diseases of CNS and peripheral nervous system.
- 8. Psychiatric disorders.
- 9. Diseases of locomotor system (connective tissue, bones and joints disorders)
- 10. Diseases of skin and sexually transmitted diseases.
- 11. Tropical diseases.
- 12. Paediatric disorders.
- 13. Geriatric disorders.
- 14. Applied anatomy and applied physiology of different organ and systems

- relating to specific diseases.
- 15. Knowledge of clinical examination of respective systems.
  - (a) General management and Electro-homoeopathic therapeutics for all the topics to be covered in Part II and Fourth Part III shall be taught simultaneously and the emphasis shall be on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause.
  - (b) Study of therapeutics does not mean simply list of specifics for the clinical conditions but teaching of applied materia medica which shall be stressed upon.

#### **Practical or clinical:**

- (a) Each candidate shall submit of twenty complete case records (Ten each from Part I and II)
- (b) The examination procedure will include one long case and one short case to be prepared. During clinical training, each student has to be given adequate exposure to, -
  - 1. comprehensive case taking following Electro-homeopathic instructions;
  - 2. physical examinations (general, systemic and regional);
  - 3. laboratory investigations required for diagnosis of disease conditions;

#### D.E.M.S I<sup>st</sup> Year PHILOSOPHY

#### PHILOSOPHY (BASIC PRINCIPLE OF ELECTROHOMEOPATHY)

#### PART-I

- 1. Introduction
- 2. Count Cesare Mattei
- 3. Discovery of electrohomeopathy
- 4. What is electrohomeopathy
- 5. The Mattei's Theory
- 6. Electrohomeopathy -the secret remedy.
- 7. Development of Electrohomeopathy
- 8. Electrohomeopathy in India
- 9. Basis of Electrohomeopathy
- 10. Homoeopathy and Electrohomeopathy
- 11. Concept of disease
- 12. Circulation of Energy and Law of polarity
- 13. Principle of cure
- 14 Diagnosis in Electrohomeopathy
- 15. Concept of constitution
- 16. Lymphatic constitution
- 17. Sanguine constitution
- 18. Mixed constitution
- 19. Bilious constitution
- 20. Nervous constitution
- 21. Characteristic of Electrohomeopathic remedies

#### Part-II

- 1. Mattei led to the discovery of his specific
- 2. Mattei's remedies
- 3. List of original medicines

#### Institute of Electro Homoeopathy of India

- 4. List of complex medicines
- 5. The principal remedies
- 6. The special remedies
- 7. The general remedies
- 8. The liquid remedies
- 9. Remarks upon Mattei 's specifics
- 10. The remedies balance the nerves impulses
- 11. General indication for Electrohomeopathic remedies
- 12. Method of treatment
- 13. Selection of the remedies
- 14. Law of dosology
- 15. Inference Law of dosology
- 16. Some observations and experiments
- 17. Doses and method of application of globules remedies
- 18. Alteration of the remedies
- 19. Aggravation and antidot
- 20. Epitome of Electrohomeopathy
- 21. The liquid remedies
- 22. The characteristics of liquid remedies
- 23. Application of liquid electricity
- 24. Practical view with inference
- 25. Preparation of medicines
- 26. How to prepare dilutions in distilled water
- 27. Dilutions in rectified spirit
- 28. The external uses of the globules remedies

<b>PAPER</b>		TOPICS		MARKS
01	THEORY			100
		Chapters from Part - 1	50	
		Chapters from Part - 11	50	
	PRACTICAL	DISTRIBUTION OF MARKS		50
	+ ORAL			
		Oral/Viva	10	
		One long case	10	
		One short case	10	
		Practical records, case records,	10	
		journal		
		Identification of specimens (X-ray,	10	
		E.C.G., etc.)		
		Total	50	

# D.E.M.S I<sup>st</sup> YEAR PHARMACY

#### **THEORY**

Instruction in Electro - Homoeopathic Pharmacy should be so planned as to present general working knowledge of an industry and dispensing various preparation. Major emphasis should be laid on evolution and relationship of Electrohomoeopathic Pharmacy to Philosophy/Organon of medicine and Materia medica, the concept of therapeutic drug proving and dynamisation.

The curriculum of Electrohomoeopathic Pharmacy should be divided under following headings:-

#### PART-I

Orientation to subject - elementary history of Botany, Zoology and Chemistry with rules of their nomenclature and their respective terminologies.

- (1) (A) Explanation of terms like a common names, synonyms, Hyponyms, typonyms, invalid names.
  - (B) Advantages and disadvantage s of Commercial names and Botanical names.

- (C) Anomalies in the nomenclature of Electrohomoeopathic Drugs.
- (2) Schools of Medicine: their discovery, principles pharmacology and Materia Medica, scope and limitations.
- (3) History of the art and science of Pharmaceutics .
- (4) Literature on Electrohomoeopathic Pharmaceutics.
- (5) Sources of Electrohomoeopathic Pharmacy.
- (6) Electrohomoeopathic Pharmacy: its speciality and originality
- (7) Importance of the knowledge of Pharmacy.
- (8) Sources of knowledge about curative powers of the technique of Drug proving in Electrohomoeopathy.
- (9) Aspects of Pharmacy.
- (10) Relation of Pharmaceutics with other sciences.
- (11) Inter-relationship of different schools of Pharmacy with emphasis on relationship
- (12) Properties of Drugs.
- (13) (a) Routes of Administration of drugs in general.
  - (b) Routes of Administration of Electrohomeopathic remedies.
    - a. Action of Drugs.
    - b. Uses of Drugs.

#### **PART-II**

Explanation and definitions of:-

- (a) Foods, Poisons, cosmetics.
- (b) Drug substance, Drug, Medicine, Remedy,
- (c) Pharmacy .Pharmacology and Pharmacopoeia, Pharmaco-dynamics and other related terms used in relation to the subject. Electrohomeopathic Pharmacopoeia,

Electrohomeopathic Pharmacy in relation to:-

- (a) Organon of Medicine I Philosophy
- (b) Materia Medica.

#### (c) National Economy.

#### Pharmacy and Pharmacopoeia;

- 1. Pharmaceutical Instruments and Appliances
- 2. Cleansing of utensils
- 3. Vehicles
- 4. Collection of drug substances
- 5. Preservation of drugs
- 6. Preparation of Spagyric essence
- 7. Preparation of specific remedies
- 8. General Method of the preparation of dilutions

#### IDENTIFICATION AND PHARMACOLOGICAL ACTION OF 115 DRUGS AS MENTIONED BELOW (IN APPENDIX - I)

Detail study of 115 drug substances (herbs), its Sources and relation with other sciences. Classification of Electrohomeopathic drug substances according to their source, habitat, action and temperament. (Under the head of Botanical name, English name of each medicinal plant, common names, natural order, habitat, parts used, class of preparation method.)

Posology: (Electrohomeopathic Posology - its logic, advantages and disadvantages), Percolation, Zimple process, Cohobation, Krauss Method, Potentisation and dilution (Its logic, scientificity and evolution and scales.), Vehicles, Scales for preparation of drugs dilution, Pharmacological Action of Electrohomeopathic medicines, Abbreviations used in prescription writing.

Legal part: legislation in respect of Electrohomeopathic Pharmacy, Drugs and Cosmetic Act, Poison Act, Pharmacy Act.

#### **PRACTICAL:**

- (1) Identification, and uses of Electrohomeopath1c Pharmaceutical instruments and appliances and their cleaning.
- (2) Identification of important Electrohomeopathic drugs vide list attached.
  (All 115 plants)
  - (i) Macroscopic study of any 30 drugs substances as listed in Appendix I,
  - (ii) Collection of any 30 drugs substances for herbarium as listed in Appendix I,
- (3) Estimation of moisture content of one drug substance with water bath.
- (4) Purity test of ethyl, alcohol, distilled water, sugar of milk, including determination of specific Gravity of distilled water and alcohol.
- (5) Estimation of size of globule, its medication of milk sugar and distilled water-making of doses.
- (6) Preparation and dispensing and dilute alcohol solutions and dilutions.
- (7) Preparation of Spagyric essence of 3 medicinal plants.
- (8) Preparation of 3 drugs up to 04
- (9) Preparation of spagyric essence and percent Drug strength.
- (10) Preparation of any 10 specific original Remedies like Sl, Fl, Cl, Ll, Pl, R.E., W.E., Ver-1, Ver-1, Al, Potentisation of 3 spagyric essence up to 4 decimal scale (D4).
- (11) Dilution of three medicines up to 3rd dilution in distilled water and rectified spirit with their medication with globules.
- (12) Preparation of external applications-one of each (Ointment, liniment, lotion, fomentation, eye drop, bath etc.)
- (13) Writing of prescriptions and dispensing of the same.
- (14) Laboratory methods:-
  - (a) Sublimation
  - (b) Distillation
  - (c) Decantation

- (d) Filtration
- (e) Crystallisation
- (f) Percolation, Zimple process, Cohobation, Krauss Method.
- (15) Visit to an Electrohomeopathic laboratory to study the manufacture of drugs on a large scale.

#### APPENDIX-I LIST OF DRUGS FOR IDENTIFICATION WITH THEIR PHAMACOLOGICL ACTION

		IIA.	MACOLOGICL ACTIO	/1 <b>N</b>	
4	A 1 '11 '11 C 1'	0.1	Part - A	4.1	E 1 1'
1	Achillea millofolium	21	Carduus benedicts	41	Euphorbium officinale
2	Aconitum napellus	22	Caulophyllum thalictroid es	42	Euphrasia officinatis
3	Adiantum capillus	23	Cetraria islandica	43	Fucus vesiculosus
4	Aescul us hippocastanum	24	Chelidonium majus	44	Genista scopars
5	Agaricus muscaris	25	Chenopodium anthelminthic	45	Gentian lutea
6	Ailanthus glandulosa	26	Cimicifuga racemosa	46	Glechoma hederacea
7	Allium cepa	27	Cinchona calisaya	47	Galeopsis ochroleuca
8	Allium sativa	28	Cinchona succiruba	48	Guaiacum officinale
9	Aloe capensis	29	Clemetis erecta	49	Hamamelis virginiana
10	Althaea officinalis	30	Cochleria officinalis	50	Humulus lupulus
11	Anthemus nobilis	31	Conium maculatum	51	Hydrastis Canadensis
12	Amica Montana	32	Daphne mezerium	52	Hyoscyamus niger
13	A1temisia abrotanum	33	Dictarnnus albus	53	Imperatoria ostruthium
14	Artimisia cina	34	Drosera rotundifolia	54	Ledum palustre
15	Atropa belladonna	35	Echinecea angusttifolia	55	Lobelia inflate
16	Avena sativa	36	Equisetum arvense	56	Lycopodium clavatum
17	Berberis vulgaris	37	Ervum lens	57	Malva sylvestris
18	Betula alba	38	Erythrea centaurium	58	Marsdenia condurango
19	Cannabis sativa	39	Eucalyptus globules	59	Matricaria chamomilla
20	Capsella bursa- pastoris	40	Euonymus europacus	60	Mellisa officinalis
61	Menyanthes trifoliate	80	Rhus toxicodendron	99	Strychnos nux vomica
62	Myrtus communis	81	Rosa canina	100	Symphytum officinalis
63	Nasturtium officinale	82	Rosmarinus officinalis	101	Tanacetum vulgare
64	Oxalis acetosella	83	Ruta graveolens	102	Taraxacum officinale
65	Petroselinum sativum	84	Salix alba	103	Taxus baccata
66	Phelandrium aquaticum	85	Salvia officinalis	104	Teucrium chamaedrys
67	Phytolacca decandra	86	Salvia sclarea	105	Thuja occidentalis
68	Pimpinella saxifrage	87	Sambucus nigra	106	Thymus serpyllum
69	Pinus maritime	88	Sanguinaria Canadensis	107	Tilia platyphyllos
70	Pinus nigra	89	Sanguisorba officinalis	108	Tussilago farfara

71	Podophyllum	90	Scolopendrium yulgare	109	Uragoga
	peltatum				ipecaccuanha
72	Polygala amara	91	Scrophularia nodosa	110	Veronica officinalis
73	Populus albus	92	Sempervivum teetorum	111	Viburnum opulus
74	Populus tremuloides	93	Simruba amara	112	Vinca minor
75	Pulmonaria	94	Smilax medica	113	Vincetoxicum
	officinalis				officinale
76	Pulsatilla vulgaris	95	Solanum dulcamara	114	Viscum album
77	Rheum palmatum	96	Solidago vulgaurea	115	Vitis vinifera
78	Rhododendron	97	Spigelia anthelima		
	ferrugineum				
79	Rhus aromatic	98	Steffencia elongate		

#### E. Examination

PAPER		TOPICS		MARKS
01	THEORY	PAPER ONE		100
	PRACTICAL + ORAL	DISTRIBUTION OF MARKS		50
		Oral/Viva	10	
		Experiment	10	
		Spotting	10	
		Maintenance of practical record or journal	10	
		Maintenance of herberiurn	10	
		Total	50	

#### D.E.M.S l<sup>st</sup> Year MATERIA MEDICA

#### 1. Instructions:

- (a) Electro-homoeopathic Materia Medica is differently constructed as compared to other Materia Medica;
- (b) Electro-homoeopathy considers that study of the action of drugs on individual parts or systems of the body or on animal or their isolated organs is only a partial study of life processes under such action and that it does not lead us to a full appreciation of the action of the medicinal substance, the drug substance as a whole is lost sight of.
- 2. Essential and complete knowledge of the drug action as a whole can be ascertained only by qualitative drng proving on diseased persons and this alone can make it possible to elicit all the symptoms of a drug with reference to the psychosomatic whole of a person and it is just such a person as a whole to whom the knowledge of drug action is to be applied.
  - (a) The Electro-homoeopathic Materia Medica consists of a schematic management of diseases by each drug, incorporating no theories for explanations about their interpretation or inter-relationship;
  - (b) Each drug should be studied synthetically, analytically and comparatively, and this alone would enable a Electrohomoeopathic student to study each drug individually and as a whole and help him to be a good prescriber.
- 3. (a) The most commonly indicated drugs for day to day ailments should be taken up first so that in the clinical classes or outdoor duties the students become familiar with their applications and they should be thoroughly dealt with explaining all comparisons and relationship;

- (b) Student should be conversant with their sphere of action and family relationships and the rarely used drugs should be taught in outline, emphasizing only their most salient features and symptoms.
- 4. Tutorials must be introduced so that students in small numbers can be in close touch with teachers and can be helped to study and understand Materia Medica in relation to its application in the treatment of the sick.
- 5. (a) While teaching therapeutics an attempt should be made to recall the Materia Medica so that indications for drugs in a clinical condition can directly flow out from the proving of the drugs concerned;
  - (b) The student should be encouraged to apply the resources of the vast Materia Medica in any sickness and not limit himself to memorise a few drugs for a particular disease and this Count Cesare Mattei approach will not only help him in understanding the proper perspective of symptoms as applied and their curative value in sickness but will even lighten his burden as far as formal examinations are concerned;
  - (c) Application of Materia Medica should be demonstrated from caserecords in the outdoor and the indoor;
  - (d) Lectures on comparative Materia Medica and therapeutics as well as tutorials should be integrated with lectures on clinical medicine;
- 6. For the teaching of drugs, the department should keep herbarium sheets and other specimens for demonstrations to the students and audio-visual material shall be used for teaching and training purposes.
- 7. (a) There is a large number of Homoeopathic medicines used today and much more medicines being experimented and proved at present and more will be added in future and some veiy commonly used Homoeopathic medicines are included in this curriculum for detail study;
  - (b) It is essential that at' the end of this course each student should gain

- basic and sufficient knowledge of "How to study Electrohomoeopathic Materia Medica" and to achieve this basic and general topic of Materia Medica should be taught in details during this curriculum, general topics should be taught in all the classes;
- (c) The medicines are to be taught under the following headings, namely:- (1) Common name, family, habitat, parts used, preparation, constituents (of source material). (2) Proving data. (3) Sphere of action. (4) Symptomatology of the medicine emphasizing the characteristic symptoms (mental, physical generals and particulars including sensations, modalities and concomitants) and constitution . (5) Comparative study of medicines. (6) Therapeutic applications (applied Materia Medica) .

#### D.E.M.S. Ist Year

- A. Theory: General topics of Materia Medica:- (including introductory lectures)
  - Basic Materia Medica 1. Basic concept of Materia Medica 2.
     Basic construction of various Materia Medicas 3. Definition of Materia Medica
  - (b) Electro-Homoeopathic Materia Medica
    - 1. Definition
    - 2. Basic concept and construction of Electro-Homoeopathic Materia Medica .
    - 3. Classification of Electro-Homoeopathic Materia Medica.
    - 4. Sources of Electro-Homoeopathic Materia Medica.
    - 5. Scope and Limitations of Electrohomoeopathic Materia Medica.
    - 6. Different Groups of Medicines and their sphere of action.
    - 7. Different constitutional remedies and their therapeutic actions.

Note: There shall be no examination in First.

#### D.E.M.S. 2<sup>nd</sup> Year

A. Theory: (a) In addition to syllabus of First Course, following shall be taught, namely: (i) Science and philosophy of Electrohomoeopathic materia media. (ii) Different ways of studying Electro-homoeopathic materia medica (e.g. psychoclinical, pathological, physiological, synthetic, comparative, analytical, remedy relationships, group study, po1trait study etc.) (iii) Scope and limitations of Electro-homoeopathic materia medica. (iv) Concordance

# B.E.M.S 2ND YEAR MATERIA MEDICA

# ALL COMPLEX MEDICINES WITH THEIR THERAPEUTICS (as per APPENDIX -IV, CASE TAK.ING OF PATIENTS, PREPARATION OF CASE RECORD

APPENDIX - IV				
1. Canceros-7	9. Scrofolos-8	17. Pettorale -7		
2. Canceros-8	10. Scrofolos - 9	18. Pettorale -8		
3. Canceros-9	11. Scrofolos-11	19. Venerio-2		
4. Canceros-11	12. Scrofolos-14	20. Venerio-3		
5. Canceros-14	13. Scrofolos-16	21. Vencrio-4		
6. Canceros-16	14. Scrofolos-12	22. Synthesis		
7. Scrofolos-4	15. Pettorale -5			
8. Scrofolos-7	16. Pettorale -6			

C. Examination: The syllabus covered in First B.E.M.S. ,Second B.E.M.S. & Third B.E.M.S. course are as the following, namely:-

<b>PAPER</b>		TOPICS		MARKS
01	THEORY	PAPER ONE as given above		100
	PRACTICAL	DISTRIBUTION OF MARKS		50
		Oral/Viva	10	
		Case taking and case	20	
		processing of one long case		
		Case taking of one short case	10	
		Maintenance of practical record	10	
		Total	50	

or remedy relationships. (v) Comparative Electro-homoeopathic materia medica, namely:- Comparative study of drug drug relationships. (b) Electro-homoeopathic Medicines to be taught

**B.E.M .S·2ND YEAR Appendix-II** 

	APPENDIX - II					
1.	Canceros-1	14. Scrofolos-5	27. Vermifugo-1			
2.	Canceros-2	15. Scrofolos-6	28. Vermifugo-2			
3.	Canceros-3	16. Scrofolos-10	29. Venerio-1			
4.	Canceros-4	17. Scrofolos-11	30. Febrifugo-1			
5.	Canceros-5	18. Scrofolos-12	31. Febrifugo-2			
6.	Canceros-6	19. S. Lassativa	32. Linfatico-1			
7.	Canceros-10	20. Pettorale -1	33. Blue Electricity			
8.	Canceros-13	21. Pettorale -2	34. Green electricity			
9.	Canceros-15	22. Pettorale -3	35. Red Electricity			
10.	Canceros-17	23. Pettoralc -4	36. Yellow electricity			
11.	Scrofolos-1	24. Angioitico-1	37. White electricity			
12.	Scrofolos-2	25. Angioitico2	38. Aqua per La Pelle			
13.	Scrofolos-3	26. Angioitico-3				

- B. **Practical or clinical:** This will cover,-
  - (i) case taking of acute and chronic patients
  - (ii) case processing including selection of temperament, selection of medicine, dilutions and repetition schedule. Each student shall maintain practical record or journal with record of fie cases.
- C. Examination: The syllabus covered in 2nd Year course are as the following, namely:-

PAPER		TOPICS		MARKS
01	THEORY	PAPER ONE as given above		100
	ORAL &	DISTRIBUTION OF MARKS		50
	PRACTICAL			
		Oral/Viva	10	
		Case taking and case	20	
		processing of one long case		
		Case taking of one short case	10	
		Maintenance of practical record	10	
		or journal		
		Total	50	

#### **B. EXAMINATION**

<b>PAPER</b>		TOPICS		MARKS
01	THEORY	Section -I- General Surgery	50	100
		Section - 2 Electro-homoeopathic Therapeutics relating to General Surgery	50	
02	THEORY	Section- I- Systemic Surgery (i) ENT -20 marks (ii) Ophthalmology -20 marks (iii) Dentistry -10 marks	50	100
		Section -2: Systemic Surgery Electro- homoeopathic Therapeutics (i) ENT Electro-homoeopathic Therapeutics -20 marks (ii) Ophthalmology E.H. Therapeutics -20 marks (iii) Dentistry E.H. Therapeutics -10 marks	50	
03	PRACTICAL	DISTRIBUTION OF MARKS		50
		One long case	20	
		Identification of instruments	15	
		Practical records, case records or journal	15	
		Total	50	

## B.E.M.S. 3RD YEAR GYNAECOLOGY

#### **Instructions:**

- I. (a) Electro-homoeopathy adopt the same attitude towards this subject as it does towards the Medicine and Surgery, but while dealing with Gynaecology and Obstetrical cases, an Electro homoeopathic physician must be trained in special clinical methods of investigation for the diagnosis local conditions and individualizing cases, the surgical intervention either as a life saving measure or for removing mechanical obstacles, if necessary, as well as their management by using Electro-homoeopathic medicines and other auxiliary methods treatment;
  - (b) Pregnancy is the best time to eradicate genetic dyscrasias in women

- and this should be specially stressed. And students shall also be instructed in the care of new born;
- (c) The fact that the mother and child form a single biological unit and that this peculiar ciose physiological relationship persists for at least the first two years of the child's life should be particularly emphasized.
- II. A course of instructions in the principles and practice of gynaecology and obstetrics and infant hygiene and care including the applied anatomy and physiology of pregnancy and labour, will be given.
- III. Examinations and investigations in gynaecological and obstetrical cases shall be stressed and scope of blectro-homoeopathy in this subject shall be taught in details.
- IV. The study shall start in B.E.M.S. II<sup>nd</sup> and shall be completed in B.E.M.S. III<sup>rd</sup> and examinations will be held in B.E.M.S. III<sup>rd</sup> and following topics shall be taught, namely:-

#### D.E.M.S II<sup>nd</sup> Year

#### A. Theory:

#### 1. Gynaecology

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

#### 2. Obstetrics

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

#### **B.E.M.S 3rd Year**

#### 1. Gynaecology

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

#### **B.E.M.S IV**<sup>th</sup> Year

#### 1. Obstetrics

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

listed clinical conditions in Obstetrics.

#### B. Practical or clinical:

Practical or clinical classes shall be taken on the following topics both in Second and Third

#### B.E.M.S IVth Year

- (a) Gynaecological case taking:-
- (b) Obstetrical case taking
- (c) Gynaecological examination of the patient
- (d) Obstetrical examination of the patient including antenatal, intranatal and post- natal care
- (e) Bed side training
- (f) Adequate grasp over Homoeopathic principles and management
- (g) Identification of Instruments and modelsRecord of ten cases each in gynaecology and obstetrics.

#### C. Examination:

PAPER		TOPICS		MARKS
01	THEORY	Paper-I: Gynaecology and Electrohomoeopathic therapeutics		100
02	THEORY	Paper-II: Obstetrics, infant care and Elecro-homoeopathic therapeutics		100
03	PRACTICAL	DISTRIBUTION OF MARKS		50
		Oral/Viva	10	
		One long case	10	
		Practical records, case records, journal	10	
		Identification of instruments, models and specimens	10	
	Viva voca (oral)	Syllabus both from Gynaecology and Obstrectic	10	

- 4. Differential diagnos1s and provisional diagnosis and interpretation of Investigation reports;
- 5. selection of medicines based on modus operandi "COMPLEXA COMPLEXIS CURANTUR" and general management.

B. Examination: At the End of Final Third Year the Examination will be held including the syllabus belonging to Second and Third Year syllabus.

PAPER		TOPICS		MARKS
01	THEORY	Paper-I: Topics of Part I with Electro-homoeopathic Therapeutics		100
02	THEORY	Topics of Part II with Electro- Homoeopathic Therapeutics		100
03	PRACTICAL	DISTRIBUTION OF MARKS		50
		Oral/Viva	10	
		One long case 20	10	
		One short case 20	10	
		Practical records, case records, journal 30	10	
		Identification of specimens 30 (X-ray, ECG etc)	10	
		Total	50	

#### D.E.M.S 2ND YEAR SURGERY

#### **Instructions:**

- I. (a) Electro-homoeopathy as a science needs clear application on part of the physician to decide about the best course of action(s) required to restore the sick by di-vitiation of lymph and blood, to health by maintaining Homeostasis.
  - (b) Knowledge about surgical disorders is required to be grasped so that the Electro-homoeopathic Physician may be able to:-
    - (1) Diagnose common surgical conditions.
    - (2) Institute Electro-homeopathic medical treatment wherever possible.
    - (3) Organise Pre and Post-operative Electro-homeopathic medical care besides surgical intervention with the consent

of the surgeon.

- II. For the above conceptual clarity and to achieve the aforesaid objectives, an effective co-ordination between the treating surgeons and Electrohomoeopathh; physicians is required keeping in view the holistic care of the patients and it will also facilitate the physician in individualizing the patient, necessary for Electro-homoeopathic treatment and management.
- III. The study shall start in D.E.M.S. II<sup>nd</sup> and complete in B.E.M.S III<sup>rd</sup> an examination shall be conducted in B.E.M.S. III<sup>rd</sup>.
  - (a) Following is a plan to achieve the above and it takes into account about the Second and B.E.M.S. III<sup>rd</sup> syllabus and respective stage of development;
  - (b) Throughout the whole period of study, the attention of the students should be directed by the teachers of this subject to the importance of its preventive aspects.

and efficiency of the students and the study shall include training on, -

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

The role of Eletro-homoeopathic treatment in pseudo-surgical and true surgical diseases.

#### DEMS 2<sup>nd</sup> YEAR

#### A. Theory:

#### (a) General Surgery:-

- 1. Introduction to surgery and basic surgical principles
- 2. Fluid, electrolytes and acid-base balance.
- 3. Haemorrhage, haemostasis and blood transfusion.
- 4. Boil, abscess, carbuncle, cellulitis and erysipelas.
- 5. Acute and chronic infections, tumors, cysts, ulcers, sinus and fistula.
- 6. Injuries of various types; preliminary management of head injury
- 7. Wounds, tissue repair, scars and wound infections.
- 8. Special infections (Tuberculosis, Syphilis, Acquired Immuno Defeciency Syndrome, Actinomycosis, Leprosy).
- 9. Bum
- 10. Shock
- 11. Nutrition
- 12. Pre-operative and post-operative care.
- 13. General management, surgical management and Electrohomoeopathic therapeutics of the above topics will be covered.

Examination: There will be no examination in' the subject in Second DMSEH

#### (b) Systemic Surgery:-

- 1. Diseases of blood vessels, lymphatics and peripheral nerves
- 2. Diseases of glands
- 3. Diseases of extremities
- 4. Diseases of thorax and abdomen

- 5. Diseases of alimentary tract
- 6. Diseases of liver, spleen, gall bladder and bile duct.
- 7. Diseases of abdominal wall, umbilicus, hernias.
- 8. Diseases of heart and pericardium
- 9. Diseases of urogenital system.
- 10. Diseases of the bones, cranium, vertebral column, fractures and dislocations.
- 11. Diseases of the joints.
- 12. Diseases of the muscles, tendons and fascia.

#### B. Ear

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

#### C. Nose

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

#### D. Throat

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

# E. Ophthalmology

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

# F. Dentistry

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

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

#### Practical or clinical: (To be taught in Second & Third BEMS III)

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

#### **Examination:**

It will be conducted in B.E.M.S. III<sup>rd</sup>

# MEDICAL JURISPRUDENCE B.E.M.S 3RD YEAR

#### FORENSIC MEDICINE AND TOXIOCOLOGY / F.S.M.

#### **Instructions:**

- I. (a) Medico-legal examination is the statutory duty of every registered medical practitioner, whether he is in private practice or engaged in Government sector and in the present scenario of growing consumerism in medical practice, the teaching of Forensic Medicine and Toxicology to the students is highly essential;
  - (b) This learning shall enable the student to be well-informed about medico-legal responsibility in medical practice and he shall also be able to make observations and infer conclusions by logical deductions to set enquire on the right track in criminal matters and connected medico-legal problem s;
  - (c) The students shall also acquire knowledge of laws in relation to medical practice, medical negligence and codes of medical ethics and they shall also be capable of identification, diagnosis and treatment of the common poisonings in their acute and chronic state and also dealing with their medico-legal aspects;
  - (d) For such purposes, students shall be taken to visit district courts and hospitals to observe court proceedings and post-mortem as per Annexure 'B'.

#### I. Forensic Medicine

#### A. Theory:

- 1. Introduction
  - a) Definition of forensic medicine.
  - (b) History of forensic medicine in India.
  - (c) Medical ethics and etiquette.

(d) Duties of registered medical practitioner in medico-legal cases.

#### 2. Legal procedure

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

#### 3. Personal identification

- (a) Determination of age and sex in living and deadi race, religion.
- (b) Dactylography, DNA finger printing, foot print.
- (c) Medico-legal importance of bones, scars and teeth, tattoo marks, handwriting, anthropometry.
- (d) Examination of biological stains and hair.
- 4. Death and its medico-legal importance
  - (a) Death and its types, their medico-legal importance
  - (b) Signs of death
    - (1) immediate,
    - (2) early,
    - (3) late and their medico-legal importance
  - (c) Asphyxia! death (mechanical asphyxia and drowning).
  - (d) Deaths from starvation, cold and heat etc.
- 5. Injury and its medico-legal importance Mechanical, thermal, firearm, regional, transportation and traffic injuries; injuries from radiation, electrocution and lightening.
- 6. Forensic psychiatry (a) Definition; delusion, delirium, illusion, hallucinations; impulse and mania; classification of Insanity.
  - (b) Development of insanity, diagnosis, admission to mental asylum.

- 7. Post-mortem examination (autopsy)
  - (a) Purpose, procedure, legal bindings; difference between pathological and medicolegal autopsies.
  - (b) External examination, internal examination of adult, foetus and skeletal remains.
- 8. Impotence and sterility Impotence; Sterility; Sterilization; Artificial Insemination; Test Tube Baby; Surrogate mother.
- 9. Virginity, defloration; pregnancy and delivery.
- Abortion and infanticide (a) Abortion: different methods, complications, accidents following criminal abortion, MTP. (b)
   Infant death, legal definition, battered baby syndrome, cot death, legitimacy.
- 11. Sexual Offences Rape, incest, sodomy, sadism, masochism, tribadism, bestiality, buccal coitus and other sexual perversions.

# II. Toxicology

- 1. General Toxicology
  - (a) Forensic Toxicology and Poisons
  - (b) Diagnosis of poisoning in living and dead,
  - (c) General principles of management of poisoning,
  - (d) Medico -legal aspects of poisons,
  - (e) Antidotes and 4'Pes.
- 2. Clinical toxicology
  - (a) Types of Poisons:
    - (i) Corrosive poisons (Mineral acids, Caustic alkalis,Organic acids, Vegetable acids)
    - (ii) Irritant poisons (organic poisons -Vegetable and animal; Inorganic poisons metallic and non-metallic; Mechanical poisons)
    - (iii) Asphyxiant poisons (Carbon monoxide; Carbon

- dioxide; Hydrogen sulphide and some war gases)
- (iv) Neurotic poisons (Opium, Nux vomica, Alcohol,
   Fuels like kerosene and petroleum products, Cannabis
   Indica, Dhatura, Anaesthetics Sedatives and
   Hypnotics, Agrochemical compounds, Belladonna,
   Hyoscyamus, Curare, Conium)
- (v) Cardiac poisons (Digitalis purpurea, Oleander, Aconite, Nicotine)
- (vi) Miscellaneous poisons (Analgesics and Antipyretics,Anthihistaminics, Tranquillisers, antidepressants,Stimulants, Hallucinogens, Street drugs etc.)

# III. Legislations relating to medical profession

- (a) brief study of different Medical Act.
- (b) the Consumer Protection Act, 1986 (68 of 1986);
- (c) the Workmen's compensation Act, 1923 (8 of 1923);
- (d) the Employees State Insurance Act, 1948 (34 of 1948);
- (e) the Medical Termination of Pregnancy Act, 1971 (34 of 1971);
- (f) the Mental Health Act, 1987 (14 of 1987);
- (g) the Indian Evidence Act, 1872 (1 of 1872);
- (h) the Prohibition of Child Marriage Act, 2006 (6 of 2007);
- (i) the Personal Injuries Act, 1963 (37 of 1963)
- (j) the Drugs and Cosmetics Act, 1940 (23 of 1940)and the rules made therein;
- (k) the Drugs and Magic Remedies (Objectionable Advertisements)
  Act, 1954 (21 of 1954);
- (l) the Transplantation of Human Organs Act, 1994 (42 of 1994);
- (m) the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 (57 of 1994);
- (n) the Electro-homoeopathic Practitioners (Professional Conduct,

- Etiquette and Code of Ethics) Regulations, 1982;
- (o) the Drugs Control Act, 1950 (26 of 1950);
- (p) the Medicine and Toiletry Preparations (Excise Duties) Act, 1955 (16 of 1955);
- (q) the Indian Penal Code (45 of 1860) and the Criminal Procedure Code (2 of 1974) {relevant provisions)
- (r) the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act: 1995 (1 of 1996); (s) the Clinical Establishment (Registration and Regulation) Act, 2010 ((23 of 2010).

#### B. Practical:

- 1. Demonstration:
  - (a) Weapons
  - (b) Organic and inorganic poisons
  - (c) Poisonous plants
  - (d) Charts, diagrams, photographs, models, x-ray films of medico-legal importance
  - (e) Record of incidences reported in newspapers or magazines and their explanation of medico-legal importance.
  - (f) Attending demonstration of ten medico-legal autopsies.
- 2. Certificate Writing: Various certificates like sickness certificate, physical fitness certificate, birth certificate, death certificate, injury certificate, rape certificate, chemical analyzer (Regional Forensic Laboratory), certificate for alcohol consumption, writing post-mortem examination report.

#### B. Examination:

<b>PAPER</b>		TOPICS	-	MARKS
01	THEORY	PAPER ONE as given above	-	100
02	PRACTICAL	DISTRIBUTION OF MARKS		50
		Oral/Viva	10	
		Case taking and case processing of one long case	20	
		Case taking of one short case	10	
		Maintenance of practical record or journal	10	
		Total	50	

# B.E.M.S 2ND YEAR PREVENTIVE AND SOCIAL MEDICINE / P.S.M.

#### **Instructions:-**

- (a) Physician's function is not limited merely prescribing Electrohomoeopathic medicines for curative purpose, but he has wider role to play in the community.
  - (b) He has to be well conversant with the national health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.
- II. This subject is of utmost importance and throughout the period of study attention of the student should be directed towards the importance of preventive medicine and the measures for the promotion of positive health.
- III. (a) During teaching, focus should be laid on community medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and disease;

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

#### Theory: Part A

- 1. Man and Medicine
- 2. Concept of health and disease in conventional medicine and homoeopathy
- 3. Nutrition and health
  - (a) Food and nutrition
  - (b) Food in relation to health and disease
  - (c) Balanced diet
  - (d) Nutritional deficiencies, and Nutritional survey
  - (e) Food Processing
  - (f) Pasteurisation of mil k
  - (g) Adulteration of food
  - (h) Food Poisoning
- 4. Environment and health
  - (a) air, light and sunshine radiation.
  - (b) effect of climate
  - (c) comfort zone
  - (d) personal hygiene
  - (e) physical exercise
  - (f) sanitation of fair and festivals
  - (g) disinfection and sterilization
  - (h) atmospheric pollution and purification of air
  - (i) air borne diseases
- 5. Water
  - (a) distribution of water, uses; impurities and purification
  - (b) standards of drinking water
  - (c) water borne diseases

- (d) excreta disposal
- (e) disposal of deceased.
- (f) disposal of refuse.
- (g) medical entomology- insecticides, disinfection, Insects in relation to disease, Insect control.
- 6. Occupational health
- 7. Preventive medicine in pediatrics and geriatrics

#### Theory: Part B

# 1. Epidemiology

- (a) Principles and methods of epidemiology
- (b) Epidemiology of communicable diseases: General principles of prevention and control of communicable diseases;
- (c) Communicable diseases: their description, mode of spread and method of prevention .
- (d) Protozoan and helminthic infections- Life cycle of protozoa and helminthes, their prevention .
- (e) Epidemiology of non-communicable diseases: general principles of prevention and control of non-communicable diseases
- (f) Screening of diseases

#### 2. Bio-statistics

- (a) Need of biostatistics in medicine
- (b) Elementary statistical methods
- (c) Sample size calculation
- (d) Sampling methods
- (e) Test of significance
- (f) Presentation of data
- (g) Vital statistics
- 3. Demography and Family Planning; Population control; contraceptive practices; National Family Planning Programme.

- 4. Health education and health communication
- 5. Health care of community.
- 6. International Health
- 7. Mental Health
- 8. Maternal and Child Health
- 9. School Health Services
- National Health Programs of India including Rashtriya Bal Chikitsa Karyakram.
- 11. Hospital waste management
- 12. Disaster management
- 13. Sh1dy of aphorisms of organon of medicine and other homoeopathic literatures, relevant to above topics including prophylaxis.

#### **B.** Practicals:

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

#### **Field Visits**

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

# 6. Water purification plant

#### Note:

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

#### C. Examination:

PAPER		TOPICS		MARKS
01	THEORY			100
	PRACTICAL + ORAL	DISTRIBUTION OF MARKS		50
	TORAL	Oral/Viva	10	
		Spotting	20	
		Journal or practical records (including field visit records)	10	
		Maintenance of practical record	10	
		Total	50	

# B.E.M.S. III<sup>rd</sup> Year PATHOLOGY PATHOLOGY-II

**Duration -12 Month** 

#### Theory

# I. <u>Systemic Pathology</u> -

- 1. Disorders of RBCa)
  - (a) Definition, morphologic and etio-pathologic classification of anemias.
  - (b) Iron deficiency anemia, B12 and folate deficiency anemia,
  - (c) concept and classification of hemolytic anemias.
  - (d) Polycythemia.
  - (e) Laboratory investigation s in anemia.

- 2. Disorders of WBC:-
  - (a) Leukopcnia, Leukocytosis.
  - (b) Leukaemia, Agranulocytosis and Tropical eosinophilia.
- 3. Coagulation and Bleeding disorders.
  - (a) Structure, function and pathology of platelets.
  - (b) Definition and classification of blood dyscrasias.
  - (c) Laboratory investigation in bleeding disorders.
- 4. Diseases of Cardiovascular system
  - (a) Arteriosclerosis and Atherosclerosis.
  - (b) Aneurysm
  - (c) Vasculitis and thromboangitis obliterans
  - (d) Rheumatic heart disease, cndocard1tis, myocardial infarction.
  - (e) Congential heart diseases, pericarditis.
  - (f) Congestive cardiac failure.
- 5. Diseases of respiratory system: -
  - (a) Lobar pneumonia, bronchopneumonia, pulmonary tuberculosis,
  - (b) Atelectasis, bronchiectasis and pneumononiosis.
  - (c) Chronic-obstructive pulmonary disease (COPD)
  - (d) d
  - (e) C N S syphilis, C V S syphilis and gumma, congential syphilis.
  - (f) Aotinomycosis, maduramycosis and rhinosporidiosis.
- 8. Fluid and Memo Dynamics changes (circulatory disturbances)
  - (a) Hyperemia, congential and hemorrhage.
  - (b) Thrombosis, embolism, DIG
  - (c) Ischemia, Infarction and shock.
- 9. Immune pathology:-

- (a) Basic pathological mechanism in autoimmune disorders.
- (b) Concepts of immunodeficiency disorders.
- (c) Pathology of AIDS.
- 10. Growth and its disorders:-
  - (a) Definition of agenesis, aplaisa, atrophy, hyperplasia, hypertrophy, hy-poplasia, metaplasia.
  - (b) Concept of dysplasia, anaplasia and carcinoma-in-situ.
- 11. Neoplasia:-
  - (a) Dcfo1itio1i, classification and nomenclature.
  - (b) Characteristic features of benign and malignant tumors
  - (c) Route of spread of malignant tumors.
  - (d) Grading and staging of cancers and pre cancerous conditions.
  - (e) Carcinogenesis and carcinogens.
  - (f) Effect of tumor on host, and effect of host on tumors.
  - (g) Laboratory diagnosis of cancer Biopsy, exfoliative cytology, and prognostic prediction.
  - (h) Description of common tumors like Fibroma, Lymphoma, Lipoma, Angioma, Liomyoma and fibrosarooma, Lymphosarooma, Liposarooma, Angiosarcoma and Leiomyosarooma.
  - (i) Embryonal tumors like leratoma and retinobiastoma.
- 12. Mineral and pigment metabolism: -
  - (a) Pathology of melanin pigment.
  - (b) Pathology of hemoglobin and its derivatives.
  - (c) Hcmos1dcros1s and hemochromatosis.
- 13. Genetic disorders:-
  - (d) Carcinoma and other diseases of vulva.
- 11. Disease of Breast:-
  - (a) Fibrocystic disease and tumors of breast
  - (b) Gynaecomastia.

- 12. Endocrine pathology: -
  - (a) Pituitiary, aoromogaly, hyopothyroidism, & Grave's disease.
  - (b) Thyroiditis, tumors of thyroid and thyroid function test.
  - (c) Hypoparathyroidism and hyperparathyroidism
  - (d) Hyperplaisa and adenoma of parathyroid.
  - (e) Adrenal gland, addison's disease, cushing's syndrome.
  - (f) Pheochromocytoma, neuroblastoma.
- 13. Musculo-skeletal pathology: -
  - (a) Osteomyclitis and Osteoporosis, Poliomyelitis,
  - (b) Rickets and Osteomalacia.
  - (c) Osteitis fibrosa cystica and paget's disease, fibrous dyspiasia.
  - (d) Tumors of bone.
  - (e) Rheumatoid arthritis, Gout. OA. Classification of Arthritis all types.
  - (f) Myasthenia gravis and progressive muscular dystrophy.
- 14. Diseases of Nervous system: -
  - (a) Menengitis, Tumors of CNS.
  - (b) Tumors of peripheral nerves.
  - (c) Encephalitis.

Peripheral neuritis

Parkinsonism

Alzhemicrs disease Foot drop

- 15. Diseases of Lymph nodes and spleen -
  - (a) Lymphadenopathy.
  - (b) Malignant Lymphomas and spleenomegaly
- 16. Pathology of Skin. -
  - (a) Squamous cell carcinoma, basal cell carcinoma.
  - (b) Malignant melanoma.
  - (c) Warts, molluscum contagiosum.

- (d) Bronchial asthma, chronic bronchitis.
- (e) Acute respiratory distress syndrome (ARDS)
- (f) Tumors of lung and pleura.
- 6. Diseases of Gastro-intestinal system: -
  - (a) Pleomorphic adenoma of salivary gland
  - (b) Barret's esophagus.
  - (c) Gastritis and peptic ulcer and tumors of stomach.
  - (d) Inflamatory bowel diseases crohn's disease ulcerative colitis, typhoid ulcer, tumors of small intestine.
  - (e) Megacolon and tumors of colon.
  - (f) Malabsorption syndrome, tropical sprue and eocliac disease.
  - (g) Amobiasis, bacillary dysentry and intestinal tuberculosis.
- 7. Disease of liver, biliary tract and pancreas
  - (a) Liver function tests and hepatic failure, viral hepatitis.
  - (b) Cirrhosis of liver, tumors of liver.
  - (c) Choleeystitis, gall stones.
  - (d) Acute pancreatitis, diabetes mellitus.
  - (e) Cystic fibrosis (mucoviscidosis)
  - (f) Liver abcess and alchoholic liver.
  - (g) Indian childhood cirrhosis.
- 8. Diseases of kidney: -
  - (a) Renal function tests, renal failure, polycystic kidney.
  - (b) Acute glomerulonephritis, cresentric, glomerulonephritis membranous, glomerulonephritis, nephrotic syndrome.
  - (c) Chronic glomerulonephritis, acute tubular necrosis.
  - (d) Pyelonephritis, kidney in hypertension.
  - (e) Urolithiasis, tumors of kidney amt pelvis.
- 9. Diseases of Male Genital system: -
  - (a) Orchitis and testicular tumors,

- (b) Nodular hyperplasia of prostate, carcinoma of prostate.
- (c) Carcinoma of penis and lesions of penis
- 10. Disease of Male genital system -
  - (a) Endometrial hyperplasia, adenomyosis and endometriosis,
  - (b) Carcinoma of celtix, tumors of ovary.
  - (c) Superficial and deep fungal diseases.

Acne

**Psoriasis** 

Dermatilia-all types

Eczemas-all types

#### III. Clinical Pathology Including clinical Hematology -

- 1. Sample collections for various hematologic and clinical pathologic investigations and anti coagulants used .
- 2. Theoretical aspects of HB estimation, hematoorit, blood indices ESR and normal values in hematology.
- 3. Blood grouping, concept of blood groups.
  - (a) Selection of donor, major and mil101 cross-matching
  - (b) Blood transfusion, diseases transmitted by transfusions
  - (c) Coombs test.
- 4. CSP analysis.
- 5. Semen analys1s.
- 6. Urinalysis and microscopy.
- 7. Liver function tests.
- 8. Renal function tests.
- 9. Glucose tolerance test.
- 10. Exfoliative cytology.

# **PRACTICAL**

#### I. <u>Hematology: -</u>

- 1. Blood group (ABO system)
- 2. Estimation of hemoglobin
- 3. Enumeration of RBC's (R B C Court)
- 4. Total leucocyte count (Total count)
- 5. Differential leucocyte count (DC)
- 6. Peripheral sear staining and reporting.
- 7. Absolute cosinophil count
- 8. Demonstration of: -
  - (a) Hemograms in anemia -
    - (i) Iron deficiency anemia
    - (ii) Macrocytic anemia
    - (iii) Macrocytic anemia
    - (iv) Hemolylic anemia
  - (b) Hemograms in Leukaemias -
    - (i) Acute types
    - (ii) Chronic types
- 9. Slide Study of:
  - a. Acute myeloid leukaemia
  - b. Chronic myeoloid leukaemia
  - c. Chronic lymphatic leukaemia
- II. Clinical pathology: -
  - 1. Urine analysis.
  - 2. Semen analysis.
  - 3. Pregnancy tests.
  - 4. Liver function tests.
  - 5. Fractional test meal.
  - 6. Glucose tolerance test

#### 7. CSF analysis

#### **Recommended Text Books for Pathology: -**

- 1. Pathological basis of disease By Robbins, Cotran and Kumar
- 2. Text Book of Pathology By N.C. Dey

#### **Reference Books: -**

- 1. Text book of Pathology By Anderson
- 2. Systemic pathology By Symmers
- 3. Medical Laboratory Technology By Ramnik Sood

# MICROBIOLOGY Duration of Study 12-Months THEORY

#### (1) General Bacteriology

- (a) General characters and methods used for study and diagnosis of fungal infections.
- (b) Superficial mycosis, Systemic Mycoses, Candidiasis, Aspergillosis, Rhinosperidiosis.

# (7) Applied Microbiology

- (a) Normal bacterial flora of human body.
- (b) Diagnostic methods in common diseases -
  - (i) Meningitis, UTI, PUO, Gastroenteritis, Respiratory Infection
  - (ii) Urogenital Infections, Pyogenio Infections, Nosocomial Infections, Infections of Ear, Eye and Oral Cavity.
- (c) Bacteriology of Water, Milk and Air

#### **PRACTICALS: -**

Demonstration of culture media demonstration of sterilization Techniques Systemic- Identification of the pathogen from the give clinical material based on staining, propc1ty, cultural characters, biochemical and serological tests. Immunology - interpretation of the given immunological test. Agglutination - slide, tube and passing agglutination precipitation-VDLR

#### Elisa

Parasitology - stool examination fo1 ova and cyst saline and iodine preparation direct and concentration techniques. Blood smear for malarial parasite microfilaria and others parasites identification and interpretation of the parasites (Adult and Larva for Ms)

#### **Text Books: -**

- 1) Text Book of Microbiology By R. Anantha Narayana & C.K. Jayaram Paniker
- 2) Parasitology By Jayaram Paniker
- 3) Bacteriology By Dey
- 4) Text Book of Microbiology By Chakrava1thy

#### **Reference Books: -**

- 1) Parasitology
- 2) Practical Microbiology
- 3) Clinical Microbiology
- 4) Medical Laboratory- Manual for Tropical Countries for Tropical Countries
- (b) Morphology and Physiology of Bacteria.
- (c) Sterilization and Disinfections.
- (d) Cultivation of Bacteria.
- (e) Bacterial Growth and Multiplication.
- (f) Basic principles of Bacterial genetics.
- (2) Immunology:-
  - (a) Infection and Immunity
  - (b) Immunoglobulins and immune response.
  - (c) Immune system and antigen-antibody response.
  - (d) Compliment and other serological tests.

- (e) Hypersensitivity
- (f) Basic principles of auto-immunity
- (g) immuno Deficiency disease.
- (3) Systemic Bacteriology:-
  - (a) Streptococcus, Straphylococcus and pheumococcus, gonococcus, Meningococcus, corynaebacterium, clostridium, Hemophilus, Bordetclla, Mycobacterium, spirochaete, Yersinia, Chalamydia, Tetanus, salmonella type paratyph
  - (b) Neisseria, Bacillus, Enterobacteriacae I and II, Coliform proteas, shigella, salmonella, vibrio, Brucella, Tuberculosis, Mycoplasma, ricketsiaceae.
- (4) Parasitology: -
  - 1. Helminthology Enteroblcus, vermicularis
  - 2. Stool Examination for Parasites.
  - 3. Blood examination for parasites.
    - (a) Protozoalogy-Entamoeba and Plasmodium
    - (b) Helminthiology-Ankylostoma, Ascariasis, Taenia, Wucheria
- (5) Virology: -
  - (a) General properties of virus and their diagnosis.
  - (b) Herpes, Adenovirus, Picorna, Hepatitis Virus.
  - (c) Poxvirus, Rabies Virus, Poliovirus, HIV, Bacterophage.
  - (d) Measles, Small pox, Chicken pox, mumps

# B.E.M.S. IV<sup>th</sup> Year TOXICOLOGY

1.

2. Procedure of giving medical evidence with reference to Indian evidence

act.

- 3. Methods of Identification of living and dead body. Race, age, sex ck.
- 4. Death Medico legal aspects, certification of death, sudden death, causes, Medico legal importal1ct: signs of death, changes due to death and calculating time of death.
- 5. Medico legal autopsy.
- 6. Medico legal wound, their classification and study and medico legal aspects.
- 7. Examination of blood stains, hair and seminal stains.
- 8 Miscellaneous causes of death from heat, cold, electricity, starvation etc.
- 9. Violent asphyxia !deaths hanging, starangulation, suffocation and drowning.
- 10. Sexual offences: Impotency and sterility, Virginity, Legitimacy, Un-natural offences, Medico legal aspects.
- 11. Infanticide.
- 12. Medico legal aspects of insanity
- 13. Forensic Psychiatry
- 14. Definition, police inquest, difficulties in detection of crime, legal procedure in criminal courts and their powers oath, medical evidence, medical certificate, dying declaration.
- 15. Rules of giving evidence, professional secrecy. 16. Post mortem examinations.
- 17. Death-signs of death cadaveric rigidity and spasm, putre-faction, estimation of time since death.
- 18. Death from asphaxia, differences between hanging and strangulation, suffocation and drowning.
- 19. Death from burns and scalds and lighting.
- 20. Rape and unnatural offences.
- 21. Abortion, pregnancy and delivery, miscarriage.

22. Law in relation to a medical man, medical ethics, duties, professional privilege and responsibilities.

#### (B) TOXICOLOGY: -

- 1. General considerations of poisoning and classification.
  - (a) Actions of poison, factors, modifying their action.
  - (b) Diagnosis of poisoning.
  - (c) Treatment of poisoning in General.
- 2. Poisons: -
  - Drug induced psychatric syndromes.
  - Psychotogenic drugs LSD, Mesca'ine, cannabis
- 2. Local Anesthetics adverse reaction::,

Amphatamine etc.

- 3. Drugs action on ANS:
  - (a) Adrenergic drugs:Catecholamines, Isoprenalline. Noncatecholamines Ephedrine,
  - (b) Adrenergic Blocking Agents Alpha 1c1,;cpto1blocking agents,
    Beta blockers
  - (c) Cholinergic Blocking drugs Belladonna alkaloids (Atropine)
  - (d) Skeleton Muscle relaxants Diazepam, Baclofen, Dantrolene.
  - (e) Anti-Parkinsonian drugs Levodopa, Amantadine.
- 4. Biogenic Amines & Polypeptides:
  - Histamine & Antihistamine drugs
  - Angiotensin, Kinins, Leukotriences, Cytokines & Prostaglandins
- 5. Drugs used in Respiratory disorders:
  - (a) Expectorants, Central cough suppressants, Antitussives, mucolytic agents.
  - (b) Pharmacotherapy of Bronchial Asthma & Rhinitis:
    - Drug therapy during an acute attack
    - Prevention of acute attacks

- Treatment of Status Ashtmaticus
- Treatment of Acute Respiratory failure
- Treatment of Chronic Persistent Asthma
- Drug therapy of Rhinitis.
- 6. Cardiovascular drugs:
  - (a) Digitalis
  - (b) Pharmacotherapy of cardiac arrhythmias Sodium channel blockers, beta blockers, Potassium channel blockers, Potassium channel blockers, calcium channel blockers.
  - (c) Pharmacotherapy of Hypertension Clonidine, alpha methyldopa Gunanethidine, Reserpine, Phenolamine etc.
- 7. Drugs acting on Blood & blood forming organs:
  - (a) Drugs effective in iron deficiency anemia's.
  - (b) Treatment of Acute Iron Poisoning.
- 8. Water, Electrolytes & drugs affecting Renal functions:
  - (a) Nutritional supplementation therapy
- 9. Adverse reaction to drug.
- 10. Drug Toxicity in Man:
  - Drug Intolerance
  - Haemopoletic toxicit y
  - Hepatotoxicity
  - Nephrotoxicity
  - Abnormalities of taste & smell
  - Behavioral toxicity
  - Production of a disease.
  - Electrolyte disturbances
  - Endocrine disturbances
  - Skin toxicity
  - Carchinogenesis

- Teratogenicity
- Drug dependence
- 11. Treatment of acute drug poisoning.
- 12. Factors mod1fymg the effects of a drug.
- 13. Role of Placebo.
- 14. Drug Interact ions.

#### II. BRIEF DESCRIPTION OF THE FOLLOWING DRUGS:

(Their mode of action, dosage, adverse reaction, (Monoamine oxidase tapering their dosage;, including the adverse effects with the abrupt stoppage of their use)

- 1. Drugs adding on the C.N.S.:
  - General sedatives, Hypnotics.
  - Anaesthetics, Barbiturates, alcohols
  - Anticonvulsant drugs.
  - Opiod & Non-Opiod analgesics
  - Analgesics, Antipyretics & Non Steroidal Anti inflammatory drugs (NSAID)
  - CMS stimulants Xanthine alkaloids (caffeine)
  - Stimulants of the spinal cord Strychnine
     Psychopharmacology:
  - Anti-anxiety drugs Meprobamate, Benzodiazepincs,
     Chlormethiazole .
  - Anti-depressant drug- Classification, actions, adverse reaction (Monoamine oxidase inhibitors, Tricyclic compounds, Carbamazepine, Lithium)
    - (a) Carrosives
    - (b) Non-metallic poisons
    - (c) Inecticides and Weed Killers
    - (d) Metallic poisons

- (e) Orgallic Irritant poisons
- (f) Somniferous poisons
- (g) Inerbriatpoioui
- (h) Deliriant poisons
- (i) Drug Dependence
- (j) Food poisoning
- (k) Spinal poison s
- (l) Cardiac poisons
- (m) Asphyxiants
- (n) Miscellaneous
- 3. Legal responsibilities: Medical ethics.
- 4. Responsibilities and duties of the medical practitioners to the State, professional secrecy, and privileged communication.
- 5. Un-professional conduct. Male-practice.
- 7. The rights and privileges and duties of medical practitioners.
- 8. The functions of state-medical council and its relationship to Indian Medical Council.
- 9. Medical ethics approved by Indian Medical council.

#### **PRACTICALS: -**

- 1. Age estimation.
- 2. Autopsies-10
- 3. Skeleton remains.
- 4. Spotters.
- 5. Examination of injured.
- 6, Alcoholic.
- 7. Psychiatric
- 8. Toxicology

#### **TEXT BOOKS: -**

1. Medical jurisprudence - By Modi

3. A textbook of forensic medicine

#### **REFERENCE BOOKS: -**

1. The essentials of forensic medicine - Dr. C.J. Poison

- Dr. D. J. Gee and B. Knight

2. Forensic Medicine - By Corden and Shapiro

3. Principles and practice of

Medical Jurisprudence - By Talor's

# B.E.M.S. II<sup>nd</sup> Year SOCIAL PREVENTIVE MEDICINE COMMUNITY MEDICINE (Duration of study -12 Months)

#### **THEORY**

- I. Evolution of Medicine Ancient Medicine, Scientific Medicine,
   Modern medicine, Medical Evolution.
- Concepts in Community Health -Concepts of Health, Health &
  Development . Indicators of Health. Concepts of Diseases, concepts of
  prevention, disease control & Eradication, Public Health, Social
  Medicine, Community Medicine, Health services, Planning &
  Management, Risk approach, evaluation of health services.

#### 3. General Epidemiology

Introduction, Measurement of Mortality & Morb1dity, Epidemiologic Methods-Descriptive Studies, Analytical studies, Intervention Studies, Association & Causation, Uses of Epidemiology, Infection Diseases Epidemiology, Disease Transmission Immunity, Immunising Agents, Disease Prevention & Control, Disinfection, Investigation of an Epidemic.

- 4. Genetics.
- Screening of Diseases Concepts, Uses, Criteria for screening, Sensitivity & Specificity.
- 6. Epidemiology of communicable Diseases -
  - (a) Respiratory Infect ions Small Pox, Varicella, Measles, Rubella,Mumps, Influenza, Diphtheria, Pertusis, Tuberculosis.
  - (b) inltestina1 infections Polio, viral hepatitis, cholera, Acute

- Diarrhoeal Diseases, Typhoid, Food poisoning, Amobiasis, Ascariasis, Ancylostomiasis, Taeniasis.
- (c) Arthropod bone infections, Yellow fever, Japanese Encephalitis,Malaria, Filaria.
- (d) Surface Infections Rubies, Trachoma, Tetanus, Leprosy, STD, AIDS.
- 7. Epidemiology of non-communicable diseases Cancer, Cardio-vascular, diseases, diabetes, obesity, blindness, Accidents, Hypertension, Stoke, Rheumatic Heart Disease.
- 8. Demography & Family planning
  Demographic cycle, population trends, facility related statistics,
  health aspects of family planning, contraceptive, methods and delivery
  system, National family welfare programme.
- 9. Preventive Medicine in Obstetrics Paediatrics & Geriatric-Antenatal, Intranatal, Postnatal care, Low Birth weight, Infant Feeding, Growth & Developmen1, Growth Chart, Under Fives clinic, National Health Policy, Indicators of MCH care, School Health Services, Behavioral problems, Gariatrics.
- 10. Environmental Health-& Occupational Health Purification of Water & Water Quality Standard, Air, Ventilation, Lighting, Noise, Radiation Air Temperature & Humidity, Housing, Solid Wastes Disposal & Control, Excretory Disposal, Water Carriage System, Modern Sewage Treatment, Entomology-Mosquito, Housefly, Lice, Itchmite, Cyclopes, Rat Flea, Rodents, Insecticides-Hazards, Diseases, Pre-placement examination, Measures for general health, protection of workers, prevention of occupational diseases, legislation.
- Basic medical Statistics Conses, Vital Events, Legislation, SRS,
   Notification of Diseases, Measures of Dispersion & centring, Sampling,
   Tests of significance, correlation & regression.

- 12. Health Education and com1nunit:aliun -
  - Objectives, Principles, Aids, Practice of Health Education, Planning and Evaluation.
- 13. Health planning Management International Health Organizations. Planning cycle, Management Methods & Techniques, National Health policy, Health planning in India, Five Year plans, Health systems in India- at Center, State and District Level is, Panchayat Raj, Rural Development Schemes.
- 14. Health care or community Health System and National Health Programme Level of Health Care, Health for all, primary health care, health care delivery, health problems, health care services and systems. Voluntary Health Agencies, National Health Programmes.
- 15. Nutrition and Health.

Classification of food, vitamin, mineral, carbohydrate, protein, fat, energy balance, balanced diet, nutritional problems in public health low birth N+ Pem, xeropthalmia, Nutrition anaemia, IDP, Endemic fiurosis, Lathyrism, Nutritional factors in selected disease. Assessment of Nutritional status, Nutritional surveillance. Social aspects of Nutritional food hygine, food borne disease.

#### 16. Personal Hygiene:

(1) Sun Bathing, (2) Hygiene of eating and drinking, (3) Rest, sleep, recreation and work, (4) Personal Cleanliness, (5) Mental Hygiene, (6) Health Destroying Habits Pan, Suspan, Ganga, Drinks, Smoking, Coffee, Tea etc.

Mental Health, Health Programmes in India.

#### **PRACTICALS: -**

- 1. Insecticides
- 2. Universal Immunization Programme
- 3. Communicable Diseases

- 4. Insect Bone Diseases
- 5. Microscope Slides
- 6. Environment and Sanitation
- 7. Statistical Charts
- 8. Field Visits
  - (a) Rural health Centers.
  - (b) Sewage; Disposal Plant.
  - (c) Water Filtration Plant
  - (d) Nature cure Hospitals.
  - (e) Yoga Institutes etc.

#### **TEXT BOOKS:-**

- Text Book of preventive and By J. E. Park & K. Park Social Medicine.
- 2. Text book of Preventive and By B. K. Mahajan &

# **REFERENCE BOOKS**

- 1. Preventive Medicine By Dr. Gosh
- 2. Prevention Medicine By. Dr. Yeshpal, Bedi

#### **REFERENCE PAPERS: -**

World Health Organization Programmes Papers.

National Health Programmes Papers.

Voluntary health Programmes Papers.

Red Cross Programmes Paper

**Unicef Programmes Paper** 

# D.E.M.S II<sup>nd</sup> Year

# OBSTRETICS OBSTETRICS AND GYNAECOLOGY (Duration of study -12 Months)

#### **THEORY**

- 1. Basic Anatomy & Physiology:
  - (a) Anatomy and Physiology of female generative organs and pelvis.
  - (b) Maturation and fertilization of ovum.
  - (c) Development of placenta.
  - (d) Embryology of uterus.
  - (e) Development of placenta.
  - (f) Embryology of uterus.
- 2. Physiology of Pregnancy: -
  - (a) Maternal changes due to pregnancy.
  - (b) Diagnosis o[pregnancy
  - (c) Differential diagnosis of pregnancy
  - (d) Foetus in normal pregnancy
  - (e) Ante-natal care.
- 3. Physiology of Labour.
  - (a) Causation and stages of labour.
  - (b) Mechanism of labour
  - (c) Conduct of normal labour
- 4. Physiology of Puerperium
  - (a) Phenomena of normal puerperium
  - (b) Care of Puerperium
  - (c) Care of new-born child.
- 5. Pathology of Pregnancy: -
  - (a) Hyperemesis gravidarum
  - (b) Venerceal diseases

- (c) Anemia in pregnancy
- (d) Diseases of urinary system
- (e) Diabetes in pregnancy
- (f) Diseases and abnormalities of fetal membranes and placenta
- (g) Abortion
- (h) Ectopic Pregnancy
- (i) Ante-partum hemorrhage
- (j) Placenta Previa
- (k) Abruplio Placenta
- (l) Hydatidiform mole
- (m) Chlorio-carcinoma
- (n) Toxamia of pregnancy
- (o) Pre-eclampric toxemia
- (p) Hydramnios
- (q) Oligo Hydrarnnios
- 6. Pathology of Labour: -
  - (a) Occipito posterior posit ion
  - (b) Breech presentation
  - (c) Prolapse of the cord, compound presentation.
  - (d) Multiple pregnancy
  - (e) Contracted pelvis, cephalo, pelvis disproportion
  - (f) Management of labour in contracted pelvis
  - (g) Complications of 3rd stage of labour
  - (h) Face Presentation
  - (i) Brow Presentation
  - (i) Transverse Presentation
- 7. Affection of New-Born
  - (a) Asphyxia neonatorum
  - (b) Pre-term baby

- (c) Congential malformations.
- 8. Obstetrical Operations: -
  - (a) Forceps
  - (b) Cassarean section
  - (c) Induction of abortion and labour
- 9. Pathology of Puerperium: -

Pueroperal infections

- 10. Miscellaneous: -
  - (a) Perinatal mortality and maternal mortality
  - (b) Post-dated pregnancy
  - (c) Placenta insufficiency
  - (d) Control of contraception
  - (e) Medical Termination of Pregnancy
  - (f) Prc-tem1labour
  - (g) Ultra sonogram in Obstetrics

#### **Section-B**

- 1. Gynaecological diagnosis.
- 2. Malformation of female generative organs
- 3. Disease of vulva.
- 4. Diseases of vagina
- 5. Sexually transmitted diseases in female.
- 6. Diseases of urinary system
- 7. Trophoblastic diseases.
- 8. Disorders of menstruation
- 9. Prolapse of uterus
- 10. New Growths of Uterus, Tuber, Cervix, Ext. Genitalia
- 11. Endometritis-Acute & Chronic
- 12. Vesico Vagwinal Fistula
- 13. Endometriosis and adenomyosis

- 14. Diseases of ovary
- 15. Pelvic inflammatory diseases.

#### **PRACTICALS:**-

- 1. History taking of ante-natal and gynaecological cases
- 2. Demonstration of physical examination of ante-natal and Gynaecological cases.
- 3. Demonstration of Conductive labour, normal delivery and use of minor instruments during delivery.
- 4. Demonstration of various e4uipments used in obstetrics and Gynaecology.
- 5. Case-history writing of ante-natal and gynaecological cases

#### **RECOMMENDED TEXTBOOKS: -**

- 1. Clinical Obstetrics By Mudaliar and Menon
- 2. Text Book of Obstetrics By C.S. Dawn
- 3. Shaw's Text Book of Gynaecology
- 4. Text book of gynaec C.S. Dawn
- 5. Text book of OB dutta.

# B.E.M.S. IV<sup>th</sup> Year SURGERY

# MINOR SURGERY, FIRST AID & EMERGENCY MEDICINE (Duration of study: 12 Months)

#### **SECTION A:**

# **MINOR SURGERY:** A brief outline of the following

- 1. Introduction to Surgery.
- 2. Basic surgical principles.
  - (a) Surgical process
  - (b) Surgical History
  - (c) Clinical Examination
  - (d) Imaging

- (e) Diagnostic Process
- 3. Wounds, Tissue, Repairs Scars
  - (a) Wounds
  - (b) Tissue Repair
  - (c) Classification
    - Acute Wounds
    - Chronic Wounds
  - (d) Scars
  - (e) Magnematics
- 4. Accident and Emergency Surgery: Welfare Injuries
  - (a) Civil Injuries
  - (b) Triage
  - (c) Replantation and Revascularisation
- 5. Acute Resuscitation and Support
  - (a) Fluid, Electrolyte and Acid Base Balance
    - Water Depletion
    - Sodium Balance
    - Sodium Excretion shut-down Trauma
    - Sodium Depletion
    - Sodium Excess
    - Potassium Balance
    - Hypokalaemia
    - Alkalosis Metabolic, Respiratory Alkalosis
    - Acidosis Acidosis
  - (b) Parenteral Fluid Therapy

Hypovolaemia - Diagnosis & Treatment

Hypovolaemia & Cardiogenic Shock

- (c) Prevent ion of Organ Failure
  - Avoiding Tissue Hypoxia Simple resuscitation with

#### intravenous Fluids

- Treating Tissue Hypoxia
- Avoiding Nosocomial infection:-,
- Hemorrhage Types of Haemorrhage Treatment
- Blood Transfusion
- 6. Nutritional Support and Rehabilitation
  - (a) Nutrition Malnutrition its effects, Assessment & Management.
    - Methods of Feeding
    - Parental Nutrition, Monitoring Feeding Regimens
    - Rehabilitation
- 7. Anesthesia & Pain Relief
  - (a) Choice of Anesthesia Topical, Local Infiltration, Regional (without General sedation)
  - (b) Preparation for Anesthesia Investigation Starvation before surgery
  - (c) Pre-operative Drugs & Treatment
  - (d) Pain Relief in Surgery
- 8. Wound Infection
  - (a) Physiology & Manifestation
  - (b) Types of Infection
  - (c) Treatment
  - (d) Prophylaxis
  - (e) Classification of Wounds
  - (f) Principles of Antimicrobial Treatment
- 9. Burns and Management
- 10. fractures and dislocations -

General Principles of Management

**Soft Tissue Injuries** 

- 11. Disorders of the growing skeleton & their Management Spinal Deformity,
  Neuromuscular Orthopedics
  - (Poliomyelitis, Cerebral Palsy Spinabifida) Angular & Torsional Deformities of the Legs
- 12. Sports-related Injuries & their Management.

#### **SECTION B -FIRST AID**

- 1. General Principles of First Aid
- 2. Wounds, Control of hemorrhage, Epistaxis
- 3. Shock Classification and treatment.
- 4. Dog bite, Snake bite, Scorpion sting, honey bees
- 5. Burns and Scalds
- 6. Heat exhaustion, heat stroke and fainting, frost bite.
- 7. Fractures, dislocations, sprains and strains
- 8. Poisoning.
- 9. Epileptic fits, convulsions in children
- 10. Aspiration of foreign body.
- 11. Artificial respiration.
- 12. Bandages, splintages, support of different types.
- 13. Unconsciousness and general principles of treatment.

# SECTION- C RECOGNITION, EVALUATION OF CLINICAL EMERGENCIES

- I. Cardio Vascular System: -
  - 1. Acute myocardia1 mrarction.
  - 2. Cardiogenic Shock
  - 3. Cardiac arrhythmias
  - 4. Cardiac arrest
- II. Respiratory. System: -
  - 1. Hemoptysis

- 2. Status asthmaticus
- 3. Spontaneous pneumo thorax
- 4. Acute respiratory failure.

# III. Gastro Intestinal System:-

- 1. Acute Vomiting.
- 2. Perforation of Peptic Ulcer.
- 3. Hemetemesis.
- 4. Hepatic Precoma and coma.

# IV. General Nervous System: -

- 1. Unconscious patient.
- 2. Cerebro vascular catastrophes.
- 3. Convulsions
- 4. Status epilepticus

# V. Renal System: -

- 1. Acute renal failure
- 2. Renal colic
- 3. Hemeturia

#### VI. Endocrine and Metabolism: -

- 1. Thyroid crisis.
- 2. Adrenal crisis
- 3. Diabetic keto acidosis and coma
- 4. Hypoglycemia

# VII. Miscellaneous Emergencies:-

- 1. Syncope
- 2. Acute Peripheral circulatory failure
- 3. Acute reaction
- 4. Hypothermia

# **B.E.M.S IV**<sup>th</sup> Year

#### **IRIDOLOGY**

- 1. Introduction of Iridology
  - (a) Definition of Iridology
  - (b) Historical highlights
  - (c) Comparison of other systems (Allopathy) Homeopathy, Ayurveda, Unani (etc.,) diagnostic methods.
  - (d) Anatomy of the Iris.
  - (e) Theory of application
  - (f) The theory of healing crisis.
  - (g) A uniform divisions and classification of disease.
  - (h) Philosophical phase
  - (i) Theoretical phase
- 2. Instructions in methods of application: -
  - I. A. Technique in iris reading
    - B. The normal and abnormal ins, color of the Iris.
  - II. Study of density of the Iris
  - III. Key to Iridology
    - A. Iris charts brought up to date.
    - B. Zone areas
    - C. Sectional Division
- 3. Comparison of fermentation & inflammation
- 4. Interpretations of Iris manifestations
  - I. A. Types of inflammation
    - B. Inherent lesions and weaknesses.
    - C. Acidity and Catarrh
    - D. Toxic settlements
    - E. Nerve: Rings
    - F. The lymphatic rosary

- G. Injuries and operations
- H. Itch or psora sports in the iris the scurf rim
- I. The radii-Solaris
- J. Tumours
- K. The sodium ring
- L. Anemia in the extremities and in the brain
- M. Drugs and chemicals appearance in the Iris and their Poisonous effects in the body - Arsenic, Bismuth, Bromides, Coaltar products, Ergot, Glycerin, Iodine, Iron, Lead, Mercury, Opium, Phosphorous, Quinine, Salicylic acid, Sudium, Strychnine, Sulphur, Turpentine, Vaccines etc.
- II. The ms reveals the cause of disease.
  - Case histories according to Iridology
     Vabhi Chakra yoga and Swara Vigyan Nadi Vignanam
  - 6. Advance research in Iridology
    - a. Reflex areas and remote symptoms
    - Stomach and intestinal disorders, the principal causes,
       principle disorders remedial measures.

#### **PRACTICALS:**

Clinical classes and uen1onstrations in the nature cure Hospital. Case studies 25 with record. Demonstrating the Equipments.

#### **RECOMMENDED TEXT BOOKS:**

- 1. Science of Facial Expressions By Louis Kuhne
- 2. The new science of healing By Louis Kuhne
- 3. The science and practice of Iridology By Bernard Jensen
- 4. lridiagnos1s and Other Diagnostic By Henry Lindlahr Methods.

#### **REFERENCE BOOKS:**

- lridology: A guide to Iris analysis and preventive Health Care-By Adam J Jackson
- 2. lridology: How to discover your own pattern of health and well being the through the eye By Dorothy Hall
- 3. Iridology: A complete guide to diagnosing through the Iris and J\ii related forms of treatment by Davidson Farida.
- 4. Iridology: Alternative Health Series Adam J. Jackson
- 5. Vision of Health: Understanding Iridology By Jenson, Bernard and Booden, Donald
- 6. Eyes Talk: Through lridology Better Health-By Vriend John
- 7. Yogic Sukshma Vyayama : Swami Dhirendra Brahmchari.

# INSTITUTE OF ELECTROHOMOEOPATHY OF INDIA COMPULSORY ROTATORY RESIDENT INTERNSHIP TRAINING (C.R.R.I.)

#### 1. GENERAL OBJECTIVE:

Internship,. for DEMS 2nd, BEMS 4th, MDEH 2nd, Phase of training wherein graduate is expected to learn actual Practice of Health Care in terms of Electro HOMOEPATHIC system and acquire skills under supervision so that he/she may become capable of functioning independently.

#### 2. SPECIFICATION OBJECTIVES:

At the end of internship training, the students shall be able to:

- Diagnose clinically common disease conditions encountered in practice and make timely decision for referral to higher level;
- ii. Use directly the Electro Homoeopathic treatment modalities herbal preparations, emergency drugs and laboratory services.
- iii. Treat effectively the disease condition encountered in practice by suitable methods of Electro Homoeopathic under the direct supervision of Senior Medical Officers.
- iv. Develop leadership qualities to function effectively as a leader of the health team organized to deliver the health and family welfare service in existing socio-economics, political and cultural environment.
- v. Render serviced to the chronically sick and disabled (both physical and mental) and to communicative effectively with the patient and the community.

Dr. Kaiser Ahmad Sheikh

Director