

Template for Curriculum Document

MD Hom

I. TITLE OF THE SPECIALITY COURSE, AND ITS ABBREVIATION.

M.D. (Homoeopathy) Pediatrics

II. COMPONENTS OF THE CURRICULUM

II (1). Part I

- (i) Fundamentals of Pediatrics;
- (ii) Fundamentals of Homoeopathy in Pediatrics; and
- (iii) Research Methodology and Biostatistics.

II (2). Part II

- (i) Pediatrics. Paper 1
- (ii) Pediatrics. Paper 2.

III. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE TOPIC.

The Purpose of the M.D Homoeopathy Paediatrics is to train a graduate of Homoeopathy to achieve the competencies required to create a professional specialist in the field of Homoeopathic Paediatrics. For this, the Paediatrician will have to understand the concept of growth and development as dynamic and evolving phenomena that influence the history-taking, assessment, diagnostic, and therapeutic decisions and actions. Paediatrics, thus being a speciality, requires unique competencies to cater to the healthcare needs of children and adolescents.

The competency-based curriculum should consider society's needs, both local and global. Accordingly, the competencies need to meet the societal needs detailing the cognitive, psychomotor, and affective domain development for attaining these competencies.

Homoeopathy being a science of individualised holistic care demands the paediatrician to be keen in skills of observations, and non-verbal communication to understand the portrait of disease and medicine. Integration of knowledge of basic sciences with Homoeopathic principles is required to devise a comprehensive holistic management plan. It becomes challenging as no evolved materia medica are available to explain these portraits or specific philosophical literature to understand the susceptibility and its implications on posology. Thus, this curriculum will equip them with required competencies.

The present curriculum clearly describes the program, educational objectives and expected outcomes at the end of three years of training. There is a list of Entrustable Professional Activities (EPAs) that a student should be able to perform by the end of this course.

The curriculum will also outline the guidelines for Homoeopathic postgraduates in the field of Paediatrics, for the application of general principles of Homoeopathy as a science, basic concepts about Man in health, Man in disease, Concepts of Causation, Concomitant, Susceptibility & Individualization, the concept of miasmatic evolution of pathogenesis of various diseases affecting the paediatric age group, totality of symptoms and effective management strategies.

IV. TOPIC OBJECTIVES. (ENTRUSTABLE PROFESSIONAL ACTIVITIES – EPAS)

At the end of three years program, a postgraduate in MD (Hom) Paediatrics should be able to

- Collect a comprehensive history and perform a thorough physical examination (including neonatal examination, anthropometric examination, general and systemic examination, plotting of growth charts, and using various diagnostic scales (for acute emergency situations, diagnostic and prognostic value in all conditions) and evaluate the health care needs of children in different settings of OPD, IPD, emergency department for acute and chronic conditions.
- Prioritize and develop a differential diagnosis based on the clinical findings and data obtained during the patient consultation.
- Recommend and interpret common diagnostic and screening tests, utilizing case analysis to gather relevant information for the diagnostic process. Conclude final diagnosis with precise understanding of stage and state of current disease pathology in a given patient at a given point of time.
- Determine the appropriate homeopathic management plan, taking into account the diagnostic information and devising comprehensive treatment strategies.
- Apply appropriate homeopathic tools for prescription and regularly assess the progress of the patient's condition.
- Recognize the need for referral to a higher centre, second opinions, or expert advice to enhance the quality of patient care and optimize treatment outcomes.
- Maintain accurate and professional documentation of clinical consultations, ensuring precision and adherence to ethical standards.
- Deliver effective oral presentations of clinical case records, efficiently communicating information to colleagues and peers.

- Adhere to legal and ethical principles in professional practice, respecting patient confidentiality and promoting patient-centred care.
- Demonstrate self-directed learning by identifying ongoing educational needs and utilizing appropriate resources for continuous professional development.
- Provide education and guidance to junior colleagues and patients on various aspects of health and homeopathic care within the field of Paediatrics.
- Engage in research activities relevant to the field of Homoeopathic Paediatrics by employing relevant competencies required for handling Paediatric patients.
- Publish evidence-driven documentation of clinical outcomes based on homeopathic paediatric practices in reputable and credible journals.
- Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Paediatrics.
- Demonstrate effective leadership skills when leading a team engaged in healthcare, research, and training activities.

IV(1). MAPPING OF EPAS AND DOMAIN COMPETENCIES

KS : Knowledge & Scholarship

PC : Patient care

HO : Homoeopathic Orientation

CS : Communication skills

PBL : Practice based learning

Prf: Professionalism

Sr No	EPA	KS	PC	HO	CS	PBL	Prf
1	Collect a comprehensive history and perform a thorough physical examination (including neonatal examination, anthropometric examination, general and systemic examination, plotting of growth charts, and using various diagnostic scales (for acute emergency situations, diagnostic and prognostic value in all conditions) and evaluate the health care needs of children in different settings of OPD, IPD, emergency department for acute and chronic conditions	√	√	√	√	√	√

2	Prioritize and develop a differential diagnosis based on the clinical findings and data obtained during the patient consultation.	√	√			√	√
3	Recommend and interpret common diagnostic and screening tests, utilizing case analysis to gather relevant information for the diagnostic process. Conclude final diagnosis with precise understanding of stage and state of current disease pathology in a given patient at a given point of time.	√	√	+		√	√
4	Determine the appropriate homeopathic management plan, taking into account the diagnostic information and devising comprehensive treatment strategies.	√	√	√			√
5	Apply appropriate homeopathic tools for prescription and regularly assess the progress of the patient's condition.	√	√	√		√	
6	Recognize the need for referral to higher centre, second opinions or expert advice to enhance the quality of patient care and optimize treatment outcomes.		√		√	√	√
7	Maintain accurate and professional documentation of clinical encounters, ensuring precision and adherence to ethical standards.		√		√	√	√
8	Deliver effective oral presentations of clinical encounters, efficiently communicating information to colleagues and peers.	√	√		√		√
9	Adhere to legal and ethical principles in professional practice, respecting patient confidentiality and promoting patient-centered care.	√	√		√		√
10	Demonstrate self-directed learning by identifying ongoing educational needs and utilizing appropriate resources for continuous professional development.	√	√	√	√	√	√
11	Provide education and guidance to junior colleagues and patients on various aspects of health and homeopathic care within the field of Paediatrics.	√			√		√

12	Engage in research activities relevant to promoting the quality of homeopathic Paediatrics by employing competencies relevant required for handling paediatric patients	√		√	√		√
13	Publish evidence-driven documentation of clinical outcomes based on homeopathic paediatric practices in reputable and credible journals.	√			√	√	√
14	Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Paediatrics.		√		√	√	√
15	Demonstrate effective leadership skills when leading a team engaged in healthcare, research, and training activities.	√	√		√	√	√

IV(2). SEMESTER WISE TABLE EPA LEVELS AND COMPETENCIES APPLICABLE TO EACH EPA.

EPA Level:

1 = No permission to act

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

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

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

5 = Permission to provide supervision to junior trainees

EPAs	Hom-PG-PED - Part 1			Hom – PG- PED - Part 2		
	Sem / Mod 1	Sem / Mod 2	Sem / Mod 3	Sem / Mod 4	Sem / Mod 5	Sem / Mod 6
Collect a comprehensive history and perform a thorough physical examination (including neonatal examination, anthropometric examination, general and systemic examination, plotting of growth charts, and using various diagnostic scales (for	2 Documents accurately and legibly.	2 Demonstrates respect for patient privacy and autonomy	3 Communicates effectively with patient and or attendants, care givers etc.	4 Becomes aware of use of knowledge, skill and emotional limitation of self	4 Develops ability to withstand and cope up with stress	5 Works effectively in various health care settings and demonstrates application of appropriate knowledge,

acute emergency situations, diagnostic and prognostic value in all conditions) and evaluate the health care needs of children in different settings of OPD, IPD, emergency department for acute and chronic conditions							skill and attitude
Prioritize and develop a differential diagnosis based on the clinical findings and data obtained during the patient consultation	2 Organizes the data obtained and suggest a differential diagnosis	3 Concludes the differential diagnosis based on case, examination	3 Concludes the differential diagnosis based on case, examination.	4 Conveys the process adopted in arriving at differential diagnosis	4 Concludes the differential diagnosis based on case, examination	5 Orients the juniors the process to be adopted to arriving at differential diagnosis	
Recommend and interpret common diagnostic and screening tests, utilizing case analysis to gather relevant information for the diagnostic process. Conclude final diagnosis with precise understanding of stage and state of current disease pathology in a given patient at a given point of time.	2 Demonstrates the ability to identify common and characteristic symptoms	3 Identifies and suggests suitable investigation reports relevant to differential diagnosis.	4 Advises suitable investigations to arrive at the provisional diagnosis	4 Correlates the investigation reports with the clinical condition.	4 Correlates the investigation reports with the clinical condition.	5 Orients the juniors on the process of identifying common and characteristic homoeopathic symptoms and advise of relevant investigations and help them correlate clinically.	

Determine the appropriate homeopathic management plan, taking into account the diagnostic information and devising comprehensive treatment strategies.	2 Identifies area involved in planning comprehensive homoeopathic management	2 Documents appropriately and accurately the planning of comprehensive homoeopathic management	3 Demonstrates accurate documentation of diagnostic position for planning comprehensive homoeopathic management	3 Seeks proactively feedback on process of diagnostic position for comprehensive homoeopathic management documented	3 Seeks proactively feedback on assessment of process adopted in periodic follow ups of patients in determining continuation or revision for diagnostic position planning comprehensive homoeopathic management	4 Demonstrates effective implementation of diagnostic position for planning comprehensive homoeopathic management
Apply appropriate homeopathic tools for prescription and regularly assess the progress of the patient's condition.	3 Demonstrates knowledge of choice of appropriate tools for prescription & ability to assess the changes in patients	3 Demonstrates knowledge of evaluation and signs and symptoms to assess of patient and correlate with	4 Can apply the evaluation and signs and symptoms to assess of patient and correlate with Kent's 12 observations	4 Can choose appropriate homoeopathic tool for prescription applicable for progress assessed	5 Applies appropriate homoeopathic tool for prescription applicable for progress assessed of the	5 Demonstrates application of appropriate homoeopathic tool for prescription applicable for progress

	condition in follow up analysis	Kent's 12 observations and use of remedy relationships	ns and use of remedy relationships of repertory	of the patient in primary setting	patient in secondary & tertiary setting	assessed of the patient in various specialty subjects
Recognize the need for referral to a higher centre, second opinions, or expert advice to enhance the quality of patient care and optimize treatment outcomes.	2 Learns when to seek second opinion / expert advice	3 Attempts to define reasons for second opinion / expert advice	3 Communicates with patient and colleagues the need for second opinion / expert advice	4 Communicate with expert reasons for second opinion	4 Learn to accept feedback on gaps in self's evidence-based medicine	5 Demonstrates the process of how and when to seek second opinion / expert advice
Maintain accurate and professional documentation of clinical consultations, ensuring precision and adherence to ethical standards	2 Demonstrate the ability to record details expressed by patient	3 Explores the deficiencies in clinical record by engaging with the patient	3 Systematically records the events of interaction with patient	4 Accepts feedback proactively on lacunae within self in documenting the expression of patient in the record	4 Demonstrate the effective utilization of patient record to generate evidence based medicine	5 Orients the importance of accurate documentation of clinical record
Deliver effective oral presentations of clinical case records, efficiently communicating information to colleagues and peers.	2 Accurately narrates the information	3 Accurately expresses the nuances of communication of patient	3 Accepts proactively feedback on gaps in oral presentation	4 Attempts to judge self's performance on the presentation	4 Identifies why of personal prejudices in the oral presentation	5 Demonstrates the importance and advantages of accurate oral presentation of clinical encounter

Adhere to legal and ethical principles in professional practice.	2 Demonstrates awareness of responsibilities	2 Adheres to responsibilities	3 Ensures adherence to responsibilities	3 Proactively open to feedback in gaps in adherence.	4 Ensure awareness of adherence in various clinical settings and clinical conditions	4 Demonstrates the adherence in various clinical settings and clinical conditions
Demonstrate self-directed learning by identifying ongoing educational needs and utilizing appropriate resources for continuous professional development	1 Proactively seeks the process	2 Attempts to demonstrate the importance through actions	2 Demonstrate the value experienced through consistent self-driven effort	3 Submits to feedback on the process adopted and tools utilized	3 Attempts to proactively adapt and change based on feedback	4 Demonstrates through action the use of tools to become a self-directed learner.
Provide education and guidance to junior colleagues and patients on various aspects of health and homeopathic care within the field of Paediatrics	2 Identifies the skill essential	3 Attempts to implement the skill acquired	3 Masters the various skills of communication	4 Attempts the application in various settings	4 Consistently applies the process across all settings and personalities	5 Observes the students and patients in action
Engage in research activities relevant to the field of Homoeopathic Paediatrics by employing relevant competencies required for handling Paediatric patients.	1 Orients self to research methodology as a subject	2 Proactively seeks guidance in application of research methodology	3 Identifies the avenues and processes that can be taken	3 Concludes the topic to work and applies the learnt processes	4 Conducts the research on the topic selected and consolidates the	5 Reviews the conclusions and identifies future areas for research

					findings	
Publish evidence-driven documentation of clinical outcomes based on homeopathic paediatric practices in reputable and credible journals.	1 Becomes aware of importance	2 Explores the documentation already published	2 Consolidates the process to adopted	3 Attempts to document	3 Effectively documents	4 Ensures publication of research conducted
Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Paediatrics.	1 Becomes aware of need	2 Identifies situations by observation	2 Proactively participates	3 Proactively seeks others participation	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
Demonstrate effective leadership skills when leading a team engaged in healthcare, research, and training activities.	1 Becomes aware of essential leadership qualities	2 Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportunities to demonstrate leadership	4 Demonstrates effective leadership

PART I PAPER 1:

V. TOPICS AND TOPIC OBJECTIVES.

Part I Paper 1:

HOM-PG-PED Part I –

FUNDAMENTALS OF PEDIATRICS

- HOM-PG-PED 01:
APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS

- HOM-PG-PED 02:
FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PAEDIATRICS

- HOM-PG-PED 03:
FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS

- HOM-PG-PED 04:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 05:
CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 06:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 07:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 08:

CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 10:

CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 12:

CLINICAL APPROACH TO ALTERATIONS IN HEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

VI. TOPIC DESCRIPTION

TOPIC NAME: HOM-PG-PED 01:

APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS

Topic overview:	This topic will provide the students of MD Hom (Paediatrics) an in depth understanding of the application of basic medical sciences to Homoeopathic paediatrics and foundations of Paediatrics
Learning outcomes	<p>COMPETENCY HOM-PG-PED01 - 1 –</p> <p>DISCUSS PRINCIPLES OF HUMAN GENETICS, ANATOMY, PHYSIOLOGY, EMBRYOLOGY, NORMAL CHILD PSYCHOLOGY, PATHOLOGY AND DEVELOPMENTAL SCIENCES AND CONNECT IT WITH HOMOEOPATHIC PAEDIATRICS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss anatomical and physiological understanding of various organ systems in embryological, neonatal, paediatric and adolescent age groups with its transitions from a homoeopathic viewpoint.▪ Discuss the knowledge of relevant biochemical processes and their impact on health and diseased conditions.▪ Relate the concepts of innate and adaptive immunity and its evolution from birth through infancy to adolescence. the immunological processes and correlation with susceptibility.▪ Discuss and evaluate causes of microbial infections and parasitic infestations, their pathogenesis, and host immune response in paediatric infectious diseases▪ Discuss the concepts of human embryology and foetal medicine and its correlation with Homoeopathic concept of mother-neonate unit <p>SKILL</p> <ul style="list-style-type: none">▪ Perform examination of neonates, children, and adolescents and identify normal and abnormal clinical findings. <p>REFLECTION</p> <ul style="list-style-type: none">▪ Reflect on the utility of application of basic medical sciences in homoeopathic paediatrics for holistic management of patients

COMPETENCY HOM-PG-PED 01 - 2 –

EXPLAIN THE ALTERATION IN FUNCTIONS AND STRUCTURE IN PROCESS OF DISEASE WITH CONCEPTS OF PATHOLOGY IN HOMOEOPATHY

KNOWLEDGE

- Describe the pathological changes in various tissues and organ systems and their interpretation within homoeopathic framework

SKILL

- Demonstrate correlations between functional and structural changes responsible behind the clinical findings.
- Identify basic management strategies by assessment of flow of susceptibility and based on reportorial representation and differential HMM

REFLECTION

- Reflect on the scope of reversibility with Homoeopathic treatment along with role of Homoeopathy as an adjuvant therapy

Learning methods	Case based learning, Brainstorming, Bedside Learning, Ward rounds, Deliberate practice, Self-regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, Check lists, Rating scales, Mini-CEX
Prescribed texts	Refer to list attached
Domains of competencies	Knowledge & Scholarship/ Patient Care /Homoeopathic Orientation /Practice Based Learning

TOPIC NAME: HOM-PG-PED 02:

FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PEDIATRICS

Topic overview:	This topic will provide students of MD Hom (Paediatrics) an in depth understanding of normal growth and development and deviations to abnormal and its Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 02 - 1 –</p> <p>Discuss the dynamic and evolving phenomenon of growth with age-wise progression from neonate to infant to toddler to school-going child to adolescent till it reaches the level of a mature adult and its correlation with Homoeopathic principles</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Define growth▪ Discuss the factors affecting normal growth▪ Discuss the patterns of growth in infants, children and adolescents▪ Describe the methods of assessment of growth including use of WHO and Indian national standards.▪ Enumerate the parameters used for assessment of physical growth in infants, children, adolescents▪ Discuss common problems related to growth <p>SKILL</p> <ul style="list-style-type: none">▪ Perform anthropometric measurements, document in growth charts and interpret▪ Construct the basic management strategy for common problems related to growth <p>REFLECTION</p> <ul style="list-style-type: none">▪ Reflect on the role of Homoeopathy in growth in health and disease in children <p>COMPETENCY HOM-PG-PED 02 - 2 –</p> <p>Discuss the dynamic and evolving phenomenon of development with age-wise progression from neonate to infant to toddler to school-going child to adolescent till it reaches the level of a mature adult and its correlation with Homoeopathic principles</p>

	<p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Define development ▪ Discuss the normal developmental milestones with respect to motor, behaviour, social, adaptive and language ▪ Discuss methods of assessment of development ▪ Discuss common problems related to development <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform developmental assessment and interpret ▪ Construct the basic management strategy for common problems related to development <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on the role of Homoeopathy in development in health and disease in children
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, Mini-CEX, DOPS, Rubrics
Prescribed texts	Refer to list attached
Domains of competencies	Knowledge & Scholarship/ Patient Care /Homoeopathic Orientation /Practice Based Learning

TOPIC NAME: HOM-PG-PED 03:

FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of nutrition and nutritional disorders and its Homoeopathic management
Learning outcomes	COMPETENCYHOM-PG-PED 03- 1 – DISCUSS THE FUNDAMENTALS OF NUTRITION AND ITS IMPORTANCE IN HOMOEOPATHIC PAEDIATRIC PRACTICE KNOWLEDGE <ul style="list-style-type: none">▪ Describe age related nutritional requirements of infants, children and adolescents including macronutrients, micronutrients, vitamins▪ Discuss the tools and methods for assessment and classification of nutritional status of infants, children and adolescents▪ Describe various nutritional disorders and its basic management SKILL <ul style="list-style-type: none">▪ Perform a dietary recall and appropriate nutritional history▪ Assess and classify the nutrition status of infants, children and adolescents and recognise deviations▪ Construct an appropriate diet in health and disease▪ Construct the basic management strategy for nutritional disorders REFLECTION <ul style="list-style-type: none">▪ Reflect on the role of Homoeopathy in Nutrition in health and disease in children
Learning Methods	Case Based, Flipped Learning, Community Postings, Out-patient based learning, library-based learning, spaced repetition,
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ Check list, Rating scales, Rubrics
Prescribed texts	Refer to list attached
Domains of competencies	Knowledge & Scholarship/ Patient Care /Homoeopathic Orientation /Practice Based Learning

TOPIC NAME: HOM-PG-PED 04:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in functions of neonates and its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 04 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO DISEASE SYMPTOMS IN NEONATES WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>(With an Example given – Alterations in colour – Jaundice)</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the clinical approach to a neonate with alterations in functioning with special emphasis on mother-neonate as a unit <i>for e.g., alterations in color - jaundice in neonate</i>▪ Enumerate the causes that lead to development of that symptom – <i>e.g. – jaundice -physiological and pathological causes</i>▪ List the Possible complications – <i>e.g. – jaundice – kernicterus, seizures</i>▪ Discuss the homoeopathic management strategy – <i>e.g., jaundice -case definition of neonate and mother - formulation of acute and chronic totality, ancillary measures- fluid maintenance, phototherapy, breastfeeding or gavage feeding</i> <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking of the neonate including birth history, mother’s obstetric history and arrive at differential diagnosis▪ Perform relevant history taking of mother and any possible clinical problems in mother▪ Perform the clinical examination of the neonate and reach to a probable diagnosis – <i>e.g. – jaundice - Kramer’s scale</i>▪ Choose appropriate investigations and arrive at range of diagnosis – <i>e.g., jaundice - CBC, CRP, blood grouping, S. bilirubin, Comb’s test, G6PD deficiency, USG abdomen etc.</i>▪ Identify common and the characteristic symptoms▪ Organize repertorial representations, differential materia

	<p>medica and flow of susceptibility and miasm</p> <ul style="list-style-type: none"> ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on the role of Homoeopathy in management of mother-neonate unit in health and disease
Learning Methods	Problem- based Learning, Bedside learning, Ward rounds, Reflective Learning, Deliberate Practice
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 05:

CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of fever and its Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 05- 1 –</p> <p>DISCUSS THE CLINICAL APPROACH TO FEVER AND ITS MANAGEMENT STRATEGIES BASED ON HOMOEOPATHIC PRINCIPLES (With an example given – Intermittent fever)</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Describe the physiology of thermoregulation in paediatric age group▪ Discuss the pathophysiology of fever and fever pathways▪ Define fever, chills and sweats▪ Discuss the clinical approach to a child with fever, fever with rash – e.g., <i>fever with rash – maculopapular – measles, chicken pox, rubella, dengue fever</i>▪ Discuss classification and types of fever and their homoeopathic management- acute and chronic, low grade, moderate grade, high grade, hyperpyrexia▪ Types of fever patterns and their homoeopathic management – intermittent, remittent, continuous/sustained, hectic, relapsing for e.g. – <i>intermittent fever – malaria – approach as per Allen’s fevers – intermittent disease classified as chronic disease – chronic constitutional prescribing</i>▪ Discuss the common causes of fever in paediatric age group – infectious and non-infectious, under infectious – viral/bacterial/ parasitic/ fungal and others etc.▪ Describe the common complications of fever in paediatric age group like <i>febrile convulsions</i>▪ Discuss the homoeopathic management strategy – based on Hahnemannian classification of diseases – acute disease – approach acute prescription /chronic disease – approach – chronic constitutional prescription. <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking specific to inquiry for fever and its associated complaints during the state of pyrexia and apyrexia and arrive at differential diagnosis- for e.g., <i>in intermittent fever like malaria – onset, type, Topic, history of each stage –</i>

	<p><i>fever/chill/sweat – character, time, A/F, modalities and concomitants of each, and interval apyrexia</i></p> <ul style="list-style-type: none"> ▪ Perform the clinical examination and reach to a probable diagnosis – general and systemic examination – for <i>e.g., malaria - look for pallor, petechiae, lymphadenopathy, hepatomegaly, splenomegaly etc.</i> ▪ Choose appropriate investigations and arrive at range of diagnosis – <i>CBC, CRP, PS for MP, Malaria antigen, LFT etc.</i> ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management
Learning Methods	Problem- based learning, Flipped Learning, Brainstorming, Bedside Learning, e-learning, Formative self – assessment
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 06:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in functions of Growth and development with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 06 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the clinical approach to a child with alterations in functions of growth and development▪ Enumerate the causes that lead to development of that symptom▪ List the Possible complications.▪ Discuss the homoeopathic management strategy <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of growth and developmental milestones and arrive at differential diagnosis▪ Perform the clinical examination, Anthropometric examinations and specific examinations for developmental assessment and reach to a probable diagnosis▪ Choose appropriate investigations and testing (hearing/vision/psychometric etc.) and arrive at range of diagnosis▪ Identify common and the characteristic symptoms▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none">▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered growth and development
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming

Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 07:**CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in functions of Nutrition with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCYHOM-PG-PED 07 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the clinical approach to a child with alterations in functions of nutrition ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of diet and nutrition and arrive at differential diagnosis ▪ Perform the clinical examination, Anthropometric examinations and specific examinations for nutritional assessment and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered nutrition
Learning Methods	Case Based, Flipped Learning, Community Postings, Out-patient based learning, library-based learning, spaced repetition,
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 08:**CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in respiratory functions with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 08 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the clinical approach to a child with alterations in respiratory functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of respiratory functions and arrive at differential diagnosis ▪ Perform the clinical examination of the respiratory system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered respiratory functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 08:

FOR EXAMPLE: CLINICAL APPROACH TO COUGH AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to cough with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 08- 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the clinical approach to a child with cough – based on the 3 main components – history, examination and investigations – narrowing down from LSMC to probable diagnosis▪ Enumerate the causes that lead to development of that symptom – <p><i>Acute causes – infection, reactive airways, allergic, irritative, sinusitis, foreign body</i></p> <p><i>Chronic causes – infection, asthma/bronchitis, sinusitis, irritative, allergic, foreign body, gastroesophageal reflux, psychogenic, anatomic congenital(cleft/fistula/cyst/polyp), cystic fibrosis, immunodeficiency states,</i></p> <ul style="list-style-type: none">▪ List the Possible complications – <i>acute respiratory distress</i>▪ Discuss the homoeopathic management strategy <p><i>Classification in acute/chronic disease and management based on postulates</i></p> <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of respiratory functions and arrive at differential diagnosis <p><i>Location, sensation, modalities and concomitants of cough</i></p> <p><i>Is the cough acute or chronic? Onset, duration, progress of it</i></p> <p><i>Based on age -what could be the locations/sphere of action</i></p> <p><i>Any recent history of upper respiratory infection</i></p> <p><i>What are the associated symptoms – fever with chills, night sweats, nasal discharge, type of expectoration – color, odor, headache, respiratory distress</i></p> <p><i>Any change in mood, appetite, thirst, sleep, taste, voice, general activity,</i></p> <p><i>Quality of cough – productive/dry/barking/brassy with its modalities of time, position, season, environment, food,</i></p>

	<p><i>Pattern of cough – daytime/nighttime/seasonal with specific time of the day or periodicity</i></p> <p><i>Known triggers if any – cold air, dust, smoke, food</i></p> <p><i>Any personal or family history of atopy?</i></p> <p><i>Any history of recurrent infections?</i></p> <p><i>Any history of relation with feeding</i></p> <p><i>Any history of failure to thrive/weight loss</i></p> <ul style="list-style-type: none"> ▪ Perform the clinical examination of the respiratory system and other general and specific examinations and reach to a probable diagnosis <p><i>General appearance, cyanosis, pallor, clubbing, signs of atopy on skin</i></p> <p><i>Vitals – temp, HR, RR, SPO2</i></p> <p><i>ENT – for nasal polyp, ear discharge, congestion, DNS, enlarged tonsils, transverse nasal crease,</i></p> <p><i>Eyes – conjunctiva congestion, lachrymation</i></p> <p><i>Sinuses -tenderness, halitosis,</i></p> <p><i>Chest - shape and size of chest, respiratory movements, breath sounds, tracheal position, signs of distress, use of accessory muscles</i></p> <ul style="list-style-type: none"> ▪ Choose appropriate investigations and arrive at range of diagnosis – CBC, CRP, AEC, IgE, MT, CXR, Sputum for AFB, PFT, Barium swallow, bronchoscopy, immune workup, sweat chloride test, ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p><i>Homoeopathic acute/chronic/intercurrent rx with posology, Diet – stop junk food and that triggers, soft fresh home cooked nutritious food, vitamin C rich food</i></p> <p><i>Ancillary measures – saline gargles, home remedies, Vitamin C supplements</i></p> <p><i>Education – Avoid allergens, build immunity, nutritious food</i></p> <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered respiratory functioning
Learning methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in gastrointestinal functions with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 09 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the clinical approach to a child with alterations in gastrointestinal functions▪ Enumerate the causes that lead to development of that symptom▪ List the Possible complications.▪ Discuss the homoeopathic management strategy <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of gastrointestinal functions and arrive at differential diagnosis▪ Perform the clinical examination of the gastrointestinal system and other general and specific examinations and reach to a probable diagnosis▪ Choose appropriate investigations and arrive at range of diagnosis▪ Identify common and the characteristic symptoms▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none">▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered gastrointestinal functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 10:**CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in cardiac and circulatory functions with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCYHOM-PG-PED 10 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the clinical approach to a child with alterations in cardiac and circulatory functions ▪ Enumerate the causes that lead to development of that symptom ▪ List the Possible complications. ▪ Discuss the homoeopathic management strategy <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of cardiac and circulatory functions and arrive at differential diagnosis ▪ Perform the clinical examination of the cardiac and circulatory system and other general and specific examinations and reach to a probable diagnosis ▪ Choose appropriate investigations and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered cardiac and circulatory functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in excretory functions with its integration with Homoeopathic management
Learning outcomes	<p>COMPETENCY HOM-PG-PED 11 - 1 –</p> <p>ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the clinical approach to a child with alterations in excretory functions▪ Enumerate the causes that lead to development of that symptom▪ List the Possible complications.▪ Discuss the homoeopathic management strategy <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of excretory functions and arrive at differential diagnosis▪ Perform the clinical examination of the excretory system and other general and specific examinations and reach to a probable diagnosis▪ Choose appropriate investigations and arrive at range of diagnosis▪ Identify common and the characteristic symptoms▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none">▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered excretory functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, Mini-CEX
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 12:**CLINICAL APPROACH TO ALTERATIONS IN HEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in hematological functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCYHOM-PG-PED 12 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN HAEMATOLOGICAL FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE <ul style="list-style-type: none">▪ Discuss the clinical approach to a child with alterations in hematological functions.▪ Enumerate the causes that lead to development of that symptom▪ List the Possible complications.▪ Discuss the homoeopathic management strategy SKILL <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of hematological functions and arrive at differential diagnosis▪ Perform the clinical examination of the hematological system and other general and specific examinations and reach to a probable diagnosis▪ Choose appropriate investigations and arrive at range of diagnosis▪ Identify common and the characteristic symptoms▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm▪ Construct the basic management strategy. REFLECTION <ul style="list-style-type: none">▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered hematological functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in depth understanding of clinical approach to alterations in neurological functions with its integration with Homoeopathic management
Learning outcomes	COMPETENCY HOM-PG-PED 13 - 1 – ORGANIZE THE SYMPTOMATOLOGY AND CARDINAL MANIFESTATIONS TO STUDY THE CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT KNOWLEDGE <ul style="list-style-type: none">▪ Discuss the clinical approach to a child with alterations in neurological functions▪ Enumerate the causes that lead to development of that symptom▪ List the Possible complications.▪ Discuss the homoeopathic management strategy SKILL <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking for assessment of neurological functions and arrive at differential diagnosis▪ Perform the clinical examination of the neurological system and other general and specific examinations and reach to a probable diagnosis▪ Choose appropriate investigations and arrive at range of diagnosis▪ Identify common and the characteristic symptoms▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm▪ Construct the basic management strategy. REFLECTION <ul style="list-style-type: none">▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered neurological functioning
Learning Methods	Case based learning, Bedside learning, Ward rounds, Out-patient based, spaced repetition, deliberate practice, reflective learning, Self – directed Learning, Simulations
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC CONTENTS

HOM-PG-PED 01:

APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS

- Correlative study of Normal structure and function in an evolutionary way to reveal Structural and functional integrity of the child in health. This includes physical (structural & functional) & psychological (personality) growth & development of the Infant, Child & Adolescent.
- Normal embryological and development and growth of a child, the range of abnormality and its utility in understanding the child. Learning the fundamentals of intensive care of neonates.
- Embryological Development includes influence of Maternal Health-mental and physical on the Foetus. Considering mother—foetus---neonate as a unit is the key to the treatment of neonates. So, approach to the neonate is actually an approach to this unit.
- Role of Control Systems (Psycho-Neuro-Endocrine axis and the Reticulo-endothelial System) in the maintenance of Health and initiating the process of breakdown and onset of illness
- Understanding the different components which influence health at individual, family and community level leading to insight into preventive and community Paediatrics through Hahnemannian philosophy of holistic care.
- Understanding the bio-psycho-social and environmental model of Etiology and correlating with the Hahnemannian concept of causation and evolution of disease in the growing child.

HOM-PG-PED 02:

FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PAEDIATRICS

- Definition and overview of Paediatrics with special reference to age-related disorders
- Normal growth from conception to maturity.
- Anthropometry — measurement and interpretation of weight, length/height, head circumference, and mid-arm circumference.
- Interpretation of Growth Charts

- Health card and percentile growth curves
- Abnormal growth patterns-failure to thrive, short stature.
- Normal development from conception to maturity
- Principles of development
- Developmental milestones – Gross motor, fine motor, social, language and its delayed achievement
- Preventable causes and assessment of developmental retardation.

HOM-PG-PED 03:

FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS

- Normal requirements of protein, carbohydrates, fats, minerals and vitamins for newborn, children and pregnant and lactating mother. Common food sources.
- Breast feeding-Definition and benefits. Characteristics and advantages of breast milk, Hazards and demerits of prelacteal feed, top milk and bottle-feeding. Feeding of LBW babies.
- Infant feeding/weaning foods, method of weaning, ICYN (Infant and young child Nutrition) Guidelines
- Assessment of a child's nutritional status based on history and physical examination.
- Protein energy malnutrition.
- Vitamins-Recognition of vitamin deficiencies (A, D, K, C, B-Complex). Definition, causes and management of obesity.

HOM-PG-PED 04:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Alterations in cry – excessive/weak/poor
- Alterations in activity – hyperactivity/drowsiness
- Alterations in tone – hypertonia/hypotonia

- Alterations in colour – cyanosis/pallor/jaundice
- Alterations in suck – poor sucking
- Alterations in feeding habits – refusal to feeds
- Alterations in temperature – hyperthermia/hypothermia
- Other systemic alterations

HOM-PG-PED 05:

CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Physiology of thermoregulation
- Pathophysiology of fever and fever pathways
- Definition of Fever, Chills and Sweats
- Classification and Types of fever and their homoeopathic management –acute and chronic, low grade, moderate grade, high grade, hyperpyrexia
- Types of fever patterns and their homoeopathic management – intermittent, remittent, continuous/sustained, hectic, relapsing

HOM-PG-PED 06:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Short stature I
- Obesity
- Developmental delay
- Impaired learning

HOM-PG-PED 07:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Underweight
- Stunting

- Wasting
- Failure to thrive
- Micronutrient deficiencies

HOM-PG-PED 08:

CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Cough
- Dyspnoea
- Cyanosis
- Respiratory distress
- Haemoptysis

HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Refusal to feeds
- Vomiting
- Diarrhoea and Constipation
- Weight loss
- Gastrointestinal bleeding
- Jaundice
- Abdominal pain
- Abdominal swelling and ascites

HOM-PG-PED 10:

CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Murmur
- Cyanosis
- Congestive cardiac failure
- Shock

HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Haematuria
- Dysuria
- Enuresis and incontinence
- Voiding dysfunction
- Renal failure – acute and chronic

HOM-PG-PED 12:

CLINICAL APPROACH TO ALTERATIONS IN HAEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Anaemia
- Bleeding
- Enlargement of Lymph nodes and spleen

HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- Convulsions
- Intracranial space occupying lesions
- Large head
- Small head
- Floppy infant
- Coma
- Headache
- Paralysis and palsies

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

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

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

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2A). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

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

PART 1 – PAPER 1. TOPIC NUMBERS

- HOM-PG-PED 01:
APPLICATION OF BASIC MEDICAL SCIENCES TO HOMOEOPATHIC PAEDIATRICS AND FOUNDATIONS OF HOMOEOPATHIC PAEDIATRICS
- HOM-PG-PED 02:
FUNDAMENTALS OF GROWTH AND DEVELOPMENT IN HOMOEOPATHIC PAEDIATRICS
- HOM-PG-PED 03:
FUNDAMENTALS OF NUTRITION IN HOMOEOPATHIC PAEDIATRICS
- HOM-PG-PED 04:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NEONATES AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT
- HOM-PG-PED 05:
CLINICAL APPROACH TO FEVER AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT
- HOM-PG-PED 06:
CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF GROWTH AND DEVELOPMENT WITH ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 07:

CLINICAL APPROACH TO ALTERATIONS IN FUNCTIONS OF NUTRITION AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 08:

CLINICAL APPROACH TO ALTERATIONS IN RESPIRATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 09:

CLINICAL APPROACH TO ALTERATIONS IN GASTROINTESTINAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 10:

CLINICAL APPROACH TO ALTERATIONS IN CARDIAC AND CIRCULATORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 11:

CLINICAL APPROACH TO ALTERATIONS IN EXCRETORY FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 12:

CLINICAL APPROACH TO ALTERATIONS IN HEMATOLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

- HOM-PG-PED 13:

CLINICAL APPROACH TO ALTERATIONS IN NEUROLOGICAL FUNCTIONS AND ITS INTEGRATION WITH HOMOEOPATHIC MANAGEMENT

VII (2B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-PED 02 OR 03 OR 06 OR 07	20
2	LAQ	HOM-PG-PED 01	10
3	LAQ	HOM-PG-PED 04	10
4	LAQ	HOM-PG-PED 05	10
5	LAQ	HOM-PG-PED 08 or 09 or 11 or 13	10
6	SAQ	HOM-PG-PED 10	5
7	SAQ	HOM-PG-PED 12	5
8	SAQ	HOM-PG-PED 02	5
9	SAQ	HOM-PG-PED 03	5
10	SAQ	HOM-PG-PED 06	5
11	SAQ	HOM-PG-PED 01	5
12	SAQ	HOM-PG-PED 01 or 02 or 03 or 04	5
13	SAQ	HOM-PG-PED 05 or 06 or 07	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3b). VIVA VOCE.

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

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

REFERENCES

GENERAL PAEDIATRICS AND NEONATOLOGY

1. Beattie, T. F. (2002). Handbook of pediatric emergencies, 3rd edn: Edited by G A Baldwin. (\$39.95). Lippincott Williams and Wilkins, 2001. ISBN 0-7817-2236-5. *Emergency Medicine Journal: EMJ*, 19(2), 187-c–188. doi:10.1136/emj.19.2.187-c
2. Bergman, A. B. (2000). *20 Common Problems in Pediatrics*. McGraw-Hill Education/Medical.
3. Chheda, M. K. (2017). *Practical Aspects of Pediatrics*. India: CBS Publishers & Distributors Pvt Limited.
4. Elizabeth, K. E. (2015). *Nutrition & child development*. Paras Medical Publisher.
5. Ghai, O. P., Gupta, P., & Paul, V. K. (2005). *Ghai's Essential Pediatrics*. India: CBS Publishers & Distributors Pvt Limited.
6. Gupte, S. (2019). *Differential diagnosis in pediatrics* (6th ed.). New Delhi, India: Jaypee Brothers Medical.
7. Hansen, A. R., Stark, A. R., Eichenwald, E. C., & Martin, C. R. (2022). *Cloherty and stark's manual of neonatal care* (9th ed.). Baltimore, MD: Wolters Kluwer Health.
8. Kilpatrick, S. J., Macones, G. A., & Watterberg, K. L. (2017). Guidelines for perinatal care. *American Academy Of Pediatrics, & American College Of Obstetricians And Gynecologists*.
9. Kliegman, R. M., & Geme, J. W., III. (2019). *Nelson textbook of pediatrics, 2-volume set* (21st ed.). Philadelphia, PA: Elsevier - Health Sciences Division.
10. Parthasarathy, A., Menon, P. S. N., & Nair, M. K. C. (2019). *IAP textbook of pediatrics* (7th ed.). New Delhi, India: Jaypee Brothers Medical.
11. Singh, I. (2018). Inderbir Singh's Human embryology. *Jaypee*.
12. Singh, M. (2020). *Paediatric clinical methods*. CBS Publishers & Distributors Pvt Ltd.

ALLIED SUBJECTS

1. Hall, J. E., & Hall, M. E. (2020). *Pocket companion to Guyton & hall textbook of medical physiology E-book* (14th ed.). Elsevier.
2. Kumar, V., Abbas, A. K., Aster, J. C., & Deyrup, A. T. (2023). *Robbins and Kumar basic pathology, 11th edition-south Asia edition - E-book* (11th ed.). New Delhi, India: Elsevier.
3. Snell, R. (2012). *Clinical anatomy by regions* (9th ed.). Lippincott Williams & Wilkins.

HOMOEOPATHIC LITERATURE

HOMOEOPATHIC PAEDIATRICS

1. Borland, D. M. (2004). *Children's Types*, B. Jain Publishers.
2. Herscu, P. (1991). *The homeopathic treatment of children :pediatric constitutional types*. North Atlantic Books.
3. Jain, P. (2019). *Essence of Pediatric Materia Medica* (1st ed.). Nitya publications.
4. Jain, P. (2004). *Essentials of Pediatrics* (2nd ed.). Nitya publications.
5. Kapse, A. (2003). *Paediatrics In Homoeopathy, An Approach*. Dr. M. L. Dhawale Memorial Trust.
6. Lilienthal, S. (1998). *Homoeopathic therapeutic*. B. Jain Publishers.
7. Tiwari, S.K. (2009). *Homoeopathy & child care:principles, therapeutics, children's type, repertory*. B. Jain Pub.
8. Homoeopathic Philosophy
9. Close S. (2008). *The Genius of Homoeopathy*. Indian books and periodical publishers.
10. Dhawale, M.L. (2011). *Principles and Practice of Homoeopathy*, Indian Books and Periodicals Publishers.
11. Hahnemann, S. (2013). *Organon of Medicine*, 6th Edition. B. Jain Publishers.
12. Kent, J.T. (2009). *Lectures on Homoeopathy Philosophy*, B. Jain Publishers.
13. Roberts H. A. (2008). *Principles and art of cure Homoeopathy*. Indian books and periodical publishers.
14. Homoeopathic Materia Medica
15. Hering, C (2016) *Guiding symptoms of Our Materia medica*, B. Jain Publishers
16. Kent, J.T, (2007) *Lectures on Materia Medica*, B. Jain Publishers
17. Phatak, S. R. (1999). *Concise materia medica of homoeopathic medicine*. B. Jain Publishers

Note: Part I Paper 2 separately after Part II Paper 1 & 2.

PART II PAPER 1,2

V. TOPICS AND TOPIC OBJECTIVES.

Part II:

HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY & NEONATOLOGY

HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

HOM-PG-PED 18:

HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS

HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES

HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

HOM-PG-PED 22:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC
CARDIOVASCULAR SYSTEM**

HOM-PG-PED 23:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC
GASTROINTESTINAL AND HEPATOBILIARY SYSTEM**

HOM-PG-PED 24:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC NERVOUS
SYSTEM**

HOM-PG-PED 25:

**HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND
ONCOLOGY**

HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RENAL SYSTEM

HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO PAEDIATRIC IMMUNOLOGY AND ALLERGY

HOM-PG-PED 29:

**HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC
MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY**

HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

HOM-PG-PED 32:

**ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS
AND CRITICAL CARE**

VI. TOPIC DESCRIPTION

TOPIC NAME: HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY & NEONATOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Mother-neonate unit and Embryology & Neonatology
Learning outcomes	<p>COMPETENCYHOM-PG-PED 14 - 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO NEONATAL CONDITIONS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and

	<p>steps of remedy reaction evaluation</p> <ul style="list-style-type: none"> ▪ Discuss the scope and limitations (Prognosis) <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Problem-based learning, Case-based Learning, Brainstorming, Bedside Learning, Deliberate practice, formative self-assessment
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

For example,

Topic overview:	<p>This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of</p> <p>Homoeopathic approach to Low-Birth-weight neonate due to intrauterine growth retardation</p>
Learning outcomes	<p>COMPETENCY HOM-PG-PED 14 - 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO LOW-BIRTH-WEIGHT NEONATE (IUGR)</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification – IUGR is when a fetal weight is estimated to be below the 10th percentile for its gestational age -----Classification - chronic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <i>e.g., Genetic/predisposition – consanguineous marriage/family history of parents, past history of major illnesses in parents or siblings and family, past history of hypertension, epilepsy, bronchial asthma, endocrine illnesses in mother and drug history, addiction history</i> <i>Environmental – mothers emotional and physical state before during and after conception and in antenatal, perinatal and post-natal period -</i> <ul style="list-style-type: none"> ▪ Enumerate the etiological factors – infectious/non-infectious <i>Infectious diseases in mother – Syphilis, cytomegalovirus, toxoplasmosis, rubella, hepatitis-B, HSV 1 or 2, HIV</i> <i>Non-infectious in mother – malnutrition, multiple pregnancies, drugs, alcohol, smoking, HTN, preeclampsia, DM, SLE, CKD, IBD,</i> <i>Congenital/ Genetic - Trisomy 21,18,13, Turner’s syndrome</i> <ul style="list-style-type: none"> ▪ Explain the causation – exciting/maintaining/ fundamental causes <i>Exciting causes – acute stress, trauma</i> <i>Maintaining causes – malnutrition, drug abuse</i> <i>Fundamental – genetic, chronic lifestyle disease (miasmatic load)</i> <ul style="list-style-type: none"> ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <i>An imbalance or lack of co-ordination in the complex system of dynamic interaction between maternal, placental and foetal environment → uteroplacental insufficiency → inadequate maternal-foetal circulation-→ compromised nutritional supply→ reduction of total body mass, bone and mineral content, and muscle mass+ blood flow redirected away from vital organs to brain, placenta, heart and adrenal glands → reduction in overall</i>

foetal size to increase survival → growth retardation-----can be reversible or irreversible based on severity, cause and post-natal care --- → miasmatic cleavage- → Sycoitic-Syphilitic

- Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic/Acute exacerbation of chronic, periodic or chronic disease)

Types – symmetric and asymmetric – typically onset before or after 32 weeks respectively

Symmetric – usually due to genetic causes/TORCH - placental insufficiency - total cell number – less, cell size normal, uniformly small, undernourished and directing most of its energy to maintain growth of vital organs, such as brain and heart, at the expense of liver, muscle, fat, normal ponderal index, complicated Topic with poor prognosis – morbidity and mortality – syco-syphilitic

Asymmetric – usually due to chronic hypoxia, malnutrition, small AC (due to decreased liver size), scrawny limbs (decreased muscle mass), thinned skin (decreased fat), total cell number- Normal, cell size – smaller, head larger than abdomen, low ponderal index, usually uncomplicated Topic having good prognosis – sycoitic
Complications and sequelae - sepsis, adverse neurodevelopmental outcomes – poor academic performance decreased cognitive performance, behavioural problems and hyperactivity

- Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations

Ponderal index, anthropometry – weight, height, HC, CC, AC, HC: AC ratio, complete neonatal head to toe examination

Hepatomegaly, sensory-neural hearing loss, dysmorphic facies – specific signs should be looked for

- Enlist the differential diagnosis and reach to the probable clinical diagnosis

LBW due to prematurity, oligohydramnios

- Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)

CBC, CRP, S. Bil, RBS, S. Ca, Metabolic work up, CXR, USG abdomen, skull

- Discuss the susceptibility of the case/specific to disease – *Based on individual case*
- Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke

Generalities – growth retarded, arrested, development arrested,

- Discuss the common indicated remedies with differential HMM (clinical)

Abrotanum, Baryta group, Calcarea group, Natrum group, Silicea, Animal group- Sepia, Based on mother's constitutional remedy

	<ul style="list-style-type: none"> ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <p><i>Chronic constitutional prescribing- mother’s CR to neonate (aphorism 284 footnote) in 50 millesimal potencies</i></p> <p><i>Acute and intercurrent rx as per requirement</i></p> <p><i>Diet – BF with supplements,</i></p> <p><i>Ancillary measures – based on the specific functional insufficiencies</i></p> <p><i>Education – parents and family orientation about care of the newborn</i></p> <ul style="list-style-type: none"> ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <p><i>Symmetric – guarded prognosis</i></p> <p><i>Asymmetric – good prognosis</i></p> <p><i>Skill</i></p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis <p><i>Mother’s case definition with neonatal observations</i></p> <ul style="list-style-type: none"> ▪ Perform the clinical examination and reach to a probable diagnosis <p><i>Complete neonatal examination</i></p> <ul style="list-style-type: none"> ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis <p><i>Complete work up, Fenton’s growth charts</i></p> <ul style="list-style-type: none"> ▪ Identify common and the characteristic symptoms <p><i>Case- based</i></p> <ul style="list-style-type: none"> ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm <p><i>Case- based</i></p> <ul style="list-style-type: none"> ▪ Construct the basic management strategy <p><i>Individualized case based</i></p> <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Problem-based learning, Case-based Learning, Brainstorming, Bedside Learning, Deliberate practice, formative self-assessment
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Disorders of Growth and Development
Learning outcomes	<p>COMPETENCY -HOM-PG-PED 15 - 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Disorders of Nutrition
Learning outcomes	<p>Competency HOM-PG-PED 15 - 1 – Clinical assessment and Homoeopathic approach to Disorders of Nutrition</p> <p><i>Knowledge</i></p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis) <p><i>Skill</i></p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis▪ Perform the clinical examination and reach to a probable

	<p>diagnosis</p> <ul style="list-style-type: none"> ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p><i>Reflection</i></p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Disorders of Fluid and Electrolyte imbalance
Learning outcomes	<p>COMPETENCY - HOM-PG-PED 17- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Community postings, Out-patient based, spaced repetition, self – regulated learning, Brainstorming
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 18:**HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach community Paediatrics
Learning outcomes	COMPETENCY -HOM-PG-PED 18 - 1 – HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS KNOWLEDGE <ul style="list-style-type: none">▪ Discuss the basic concepts and principles of community Medicine in Paediatrics and its utility for Homoeopathic paediatrician in community▪ Discuss the components of Perinatal care in the community, nation and the world with role of Homoeopathic paediatrician▪ Discuss the Tenets of Breastfeeding in today’s context and how can a homoeopathic paediatrician contribute to improvement of it▪ Illustrate the Baby-friendly Hospital initiative▪ Summarise the gender issues in Reproductive and child health▪ Correlate the epidemiology of respiratory diseases in community – acute respiratory tract infections, allergy and childhood asthma and Homoeopathic management principles to levels of prevention in community▪ Discuss Tuberculosis in children with its Homoeopathic approach in community▪ Explain the water and food borne diseases- acute diarrhoeal diseases, vector borne diseases with its Homoeopathic approach in community▪ Discuss the nutritional problems in children and adolescents and role of Homoeopathic Paediatrician in community▪ Describe the causes, epidemiology, clinical presentation, detection and Homoeopathic management of Nutritional Anaemia in children and adolescents.▪ Evaluate the Nutritional Programs and policies in India▪ Discuss the National Nutritional programme – POSHAN Abhiyan▪ Discuss the Integrated child development services (ICDS) Scheme in India – objectives, beneficiaries, Services, complementary Nutrition, Immunisation, health check-ups and referrals, Growth monitoring Promotion (GMP) Non

	<p>formal and preschool education and how can a Homoeopathic Paediatrician contribute in it</p> <ul style="list-style-type: none"> ▪ Discuss the School Health program under “Ayushman Bharat” – Objectives, Target population, Package of services and Operationalization ▪ Discuss the burden of Thalassemia and Hemoglobinopathies in India and role of Homoeopathic paediatrician ▪ Discuss the burden of blindness and visual impairment in childhood in India and role of Homoeopathic paediatrician in prevention and management of it ▪ Discuss the role of Homoeopathic Paediatrician in society and for prevention and management of child abuse, neglect and poisoning ▪ Explain the BPS model to understand conduct disorder and juvenile delinquency with its Homoeopathic management ▪ Discuss the Homoeopathic approach to physical and mental disability in individual and community settings ▪ Analyse the role of Homoeopathic Paediatrician in child labour, street children, substance abuse, adoption ▪ Enumerate the major environment health risks in children ▪ Discuss the impact of environmental health risks for children ▪ Discuss the principles of immunisation in India ▪ Explain the concept of Vaccinosis ▪ Evaluate the role of Homoeopathic Paediatrician in various National Health Programs <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform screening camps for various nutritional and health care needs of Children and adolescents in the community ▪ Perform requisite screening examinations, tests and evaluation for diagnosing various paediatric disease in the community ▪ Construct management plan for homoeopathic management of various health care needs of children in the community <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on role of homoeopathic Paediatrician at various levels of Prevention of disease in community and scope and limitations
Learning Methods	Problem based, Community postings, Roleplay, Outpatient based learning, Self-regulated learning, Portfolio-based
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ Check list, rating scales, DOPS, Simulation- based assessment
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Infectious Diseases
Learning outcomes	<p>COMPETENCY -HOM-PG-PED 19-1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Learning Methods	Community postings, flipped classroom, Case-Based learning, Self-regulated Learning
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Child Psychiatry
Learning outcomes	<p>COMPETENCY -HOM-PG-PED 20- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis) <p>SKILL</p> <ul style="list-style-type: none">▪ Perform simultaneous clinical and Homoeopathic history

	<p>taking and arrive at differential diagnosis</p> <ul style="list-style-type: none"> ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Problem-Based learning, Case-based Learning, Roleplay, Simulations, Reflective Learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Diseases of Paediatric Respiratory System
Learning outcomes	<p>Competency HOM-PG-PED 21 - 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation

	<ul style="list-style-type: none"> ▪ Discuss the scope and limitations (Prognosis) <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Examples

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Pneumonia
Learning outcomes	<p>COMPETENCY 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PNEUMONIA</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification <i>Dynamic, acute, individual disease</i> ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <i>Leading cause of mortality and morbidity in India in children under 5 years of age</i> <i>Environmental risk factors - lack of exclusive breastfeeding, LBW, Under-nutrition, indoor air pollution, overcrowding, lack of measles immunization,</i> ▪ Enumerate the etiological factors – infectious/non-infectious <i>Infectious – Bacterial, viral, fungal</i> <i>Non-infectious – aspiration of chemicals</i> ▪ Explain the causation – exciting/maintaining/ fundamental causes <i>Exciting – exposure to cold weather, cloudy weather, cold food and drinks</i> <i>Maintaining – poor hygiene, sanitation, nutrition</i> <i>Fundamental – disposition to taking cold easily, weak end organ susceptibility</i> ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <i>Once the immune barrier function is compromised – invasion of mucous membrane – inflammation - injury to epithelium and alveoli – impaired oxygenation</i> <i>4 stages of lobar pneumonia – congestion, red hepatization, grey hepatization, resolution</i> <i>Bronchopneumonia commonly seen in young children</i> <i>Structural reversible pathology mostly of sycotic and tubercular activity</i> ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease <i>Symptoms - Usually, acute onset with rapid progress of Cough, fever, tachypnoea, difficulty in breathing, feeding</i>

Complications – respiratory failure, pleural effusion, empyema, lung abscess, pneumothorax, pneumatoceles, bacteraemia, sepsis

- Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations

Signs – check for - G.C – good/moderate/toxic, cyanosis, signs of respiratory distress, tachypnoea, nasal flaring, lower chest indrawing, hypoxia on room air, grunting and apnoea in infants, auscultation – rales and rhonchi in all lung fields or specific zones as per consolidation, focal crackles, decreased breath sounds, signs of dehydration,

- Enlist the differential diagnosis and reach to the probable clinical diagnosis

Pneumonia, bronchitis, bronchiolitis, asthma exacerbation, tuberculosis

- Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)

CBC, CRP, ESR, CXR in general, ABGA, S. electrolytes, LFT and blood culture if toxic look

- Discuss the susceptibility of the case/specific to disease

Evaluate the pace, characteristics, sensitivity, reactivity, immunity to in the given case

- Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke

Borland's pneumonia – regional repertory – 4 types of Pneumonia and rubrics

Kent – chest lungs inflammation – lobes, sides with various sub rubrics given

- Discuss the common indicated remedies with differential HMM (clinical)

Antim tart, Bryonia, phosphorus, Pulsatilla, Chelidonium, Lycopodium, merc sol

- Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology

Acute management – formation of acute totality based on Characteristics

Diet – Nutritious food, plenty of oral fluids

Ancillary – Oxygen inhalation, Intravenous fluids, Tepid sponging for fever

Education – parents for hygiene, nutrition, family planning

Posology – guidelines for crisis and lysis mentioned by Borland

- Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation

Generals to particulars – general well-being, change in activity/mood, appetite, fever, cough, breathlessness, vital signs, chest examination, x ray findings, blood ix,

	<ul style="list-style-type: none"> ▪ Discuss the scope and limitations (Prognosis) <i>Scope – good scope in children with complete resolution with Homoeopathy</i> <i>Prognosis -good</i> <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis <i>ODP, LSMC, enquiry for onset with upper respiratory tract symptoms, fever, cough, dyspnea, associated complaints- headache, malaise, lethargy, chills, anorexia, chest pain, nausea, vomiting, abdominal pain,</i> <i>Ask for characteristics time, position, meteorological, food causative modalities, mental and physical concomitant of change in mood, activity, thirst, company, irritability, desires etc.</i> ▪ Perform the clinical examination and reach to a probable diagnosis <i>General and systemic examination</i> ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis <i>Hematological, radiological and blood culture</i> ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <i>Management of acute disease – formation of acute totality, HMM differentiation, assessment of posology</i> <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Chronic Tonsillitis
Learning outcomes	<p>COMPETENCYHOM-PG-PED 21- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO CHRONIC TONSILITIS</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification Dynamic, Chronic Miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <p>Age-commonest between 5 to 15 years Environmental – exposure to triggers</p> <ul style="list-style-type: none"> ▪ Enumerate the etiological factors – infectious/non-infectious <p>Infectious -viral and Bacterial</p> <ul style="list-style-type: none"> ▪ Explain the causation – exciting/maintaining/ fundamental causes <p>Exciting – Exposure to cold. Change of weather, cold food, drinks Maintaining – repeated exposure to triggers Fundamental – strong miasmatic load – usually syco-tubercular</p> <ul style="list-style-type: none"> ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <p>Inflammatory response – swelling, cellular injury and haemolysis, accumulation and deposition of cellular debris, Lymph node enlargement – Structural reversible- syco-tubercular</p> <ul style="list-style-type: none"> ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease <p>Acute – fever, tonsillar exudates, sore throat, tender anterior cervical lymphadenopathy, odynophagia and dysphagia due to tonsillar hypertrophy Chronic – tonsillar hypertrophy, lymphadenopathy, halitosis, Complications – Group A streptococcal infections can have serious complications- peritonsillar abscess, otitis media, pneumonia, sinusitis, bacteraemia, osteomyelitis, meningitis, arthritis, erythema nodosum, acute post streptococcal glomerulonephritis, acute rheumatic fever, toxic shock syndrome</p> <ul style="list-style-type: none"> ▪ Enumerate clinical examination- general and systemic to establish clinicopathological and miasmatic correlations <p>Visualisation of tonsils – swelling, erythema, exudates, tonsillar enlargement, Examination of ear and nose and Neck for lymphadenopathy Miasm – sycotic-tubercular</p> <ul style="list-style-type: none"> ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis <p>Pharyngitis, retropharyngeal abscess, epiglottitis</p>

	<ul style="list-style-type: none"> ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) <p>Usually not done</p> <ul style="list-style-type: none"> ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke <p>Throat-inflammation-tonsils – sides,</p> <ul style="list-style-type: none"> ▪ Discuss the common indicated remedies with differential HMM (clinical) <p>Belladonna, HeparSulph, Phytolacca, Merc sol, Baryta carb, calc carb</p> <ul style="list-style-type: none"> ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <p>Acute – Acute rx when in acute pain and infection Chronic – chronic constitutional rx with need for intercurrent remedy doses</p> <ul style="list-style-type: none"> ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <p>Good scope and prognosis. Can prevent tonsillectomy in many cases</p> <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Bronchial Asthma
Learning outcomes	<p>COMPETENCYHOM-PG-PED 21- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO BRONCHIAL ASTHMA</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification Dynamic, chronic, episodic, miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition Predisposition – family history of Atopy, Past history of Atopy Disposition – Atopic diathesis and constitution Environment – exposure to allergens Personality – hypersensitive mind and body ▪ Enumerate the etiological factors – infectious/non-infectious Non-infectious trigger factors and allergens- dust, smoke, pollens, mites, food, weather ▪ Explain the causation – exciting/maintaining/ fundamental causes Exciting causes – exposure to allergens – acute exacerbation Maintaining – damp, cold weather, mental emotional Fundamental – Sycoticmiasm ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Atopic constitution – hypersensitive mind and body – allergic response triggered – bronchoconstriction, collection of mucous and debris, bronchial oedema – structural reversible – sycoticmiasm ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease Dry cough, breathlessness, may be preceded by nasal and eye symptoms of itching, redness, sneezing, Complications -status asthmaticus, respiratory failure Acute exacerbation of chronic episodic disease Structural reversible – sycoticmiasm ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations Vitals - tachypnoea, hypoxia (SPO2 low) RS – chest – rhonchi, chest indrawing, use of accessory muscle of respiration, Enlist the differential diagnosis and reach to the probable clinical diagnosis ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) CBC, AEC, S. IgE, CXR, PFT ▪ Discuss the susceptibility of the case/specific to disease

	<ul style="list-style-type: none"> ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke <p>Kent – Respiration, difficult, asthmatic</p> <ul style="list-style-type: none"> ▪ Discuss the common indicated remedies with differential HMM (clinical) <p>Ars alb, Kali carb, natsulph, Spongia, Ipecac, Antim tart, Medo, Bromium</p> <ul style="list-style-type: none"> ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <p>Acute exacerbation – acute remedy</p> <p>Chronic constitutional and intercurrent treatment for chronic condition</p> <ul style="list-style-type: none"> ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <p>Scope and Prognosis – good</p> <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions –ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 22:**HOMOEOPATHIC APPROACH TO PAEDIATRIC CARDIOVASCULAR SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to paediatric Cardiovascular system
Learning outcomes	COMPETENCYHOM-PG-PED 22- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC CARDIOVASCULAR SYSTEM KNOWLEDGE <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequalae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Patent Ductus Arteriosus
Learning outcomes	<p>COMPETENCYHOM-PG-PED 22- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PATENT DUCTUS ARTERIOSUS KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification Congenital birth defect – dynamic chronic miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <p>Genetic – Trisomy 13,18,21, Predisposition – maternal DM, Magnesium exposure, cocaine, Disposition – extreme prematurity,</p> <ul style="list-style-type: none"> ▪ Enumerate the etiological factors – infectious/non-infectious <p>Non-infectious – Neonatal sepsis, drugs, respiratory distress syndrome,</p> <ul style="list-style-type: none"> ▪ Explain the causation – exciting/maintaining/ fundamental causes <p>Fundamental causes – syco-syphilitic</p> <ul style="list-style-type: none"> ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <p>Failure of functional and anatomical closure of Ductus arteriosus at end of 8 weeks of life- syco-syphilitic</p> <ul style="list-style-type: none"> ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease <p>Machinery murmur, tachycardia, bounding peripheral pulses, wide pulse pressure, respiratory distress, hypoxia,</p> <ul style="list-style-type: none"> ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations <p>General and systemic examination – CVS for murmur</p> <ul style="list-style-type: none"> ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis <p>Coronary artery fistula, sinus of Valsalva,</p> <ul style="list-style-type: none"> ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) <p>ECG, 2D ECHO, CXR,</p> <ul style="list-style-type: none"> ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke

	<p>Phatak repertory – Foramen ovale, non-closure of – calc phos</p> <ul style="list-style-type: none"> ▪ Discuss the common indicated remedies with differential HMM (clinical) ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <p>Chronic constitutional and antimiasmatic of mother/neonate – LM potency frequent repetitions</p> <ul style="list-style-type: none"> ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <p>Based on size of the opening – good when small, surgery can be avoided.</p> <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ, OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 23:**HOMOEOPATHIC APPROACH TO PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Gastrointestinal and Hepatobiliary system
Learning outcomes	COMPETENCYHOM-PG-PED 23- 1 – CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM KNOWLEDGE <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 24:**HOMOEOPATHIC APPROACH TO PAEDIATRIC NERVOUS SYSTEM**

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Nervous system
Learning outcomes	<p>COMPETENCY: HOM-PG-PED 24- 1-</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC NERVOUS SYSTEM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 25:

HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND ONCOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Hematology and Oncology
Learning outcomes	<p>COMPETENCYHOM-PG-PED 25- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC HAEMATOLOGY AND ONCOLOGY</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation

	<ul style="list-style-type: none"> ▪ Discuss the scope and limitations (Prognosis) <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

Example: Homoeopathic Approach to Nephroblastoma (Wilm’s Tumor)

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Nephroblastoma (Wilm's Tumor)
Learning outcomes	<p>COMPETENCYHOM-PG-PED 25- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO NEPHROBLASTOMA (WILM'S TUMOR)</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification Dynamic Chronic Miasmatic Disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition <p>Most common Paediatric abdominal cancer, most common renal cancer, fourth most common paediatric cancer overall and 5th common in India</p> <p>Age – usually common in less than 5 years of age (#-5 years)</p> <p>Sex – girls are slightly more likely to have than boys</p> <p>Genetic – genetic alterations during the normal development of of the Genito-urinary tract and associated with many syndromes</p> <ul style="list-style-type: none"> ▪ Enumerate the etiological factors – infectious/non-infectious <p>Genetic alterations found in 1/3rd cases.</p> <ul style="list-style-type: none"> ▪ Explain the causation – exciting/maintaining/ fundamental causes <p>Fundamental cause – syco-syphiliticmiasm</p> <ul style="list-style-type: none"> ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage <p>Structural irreversible –</p> <p>Histologically – 90% favourable outcome, 10% unfavourable outcome</p> <ul style="list-style-type: none"> ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequaleae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease <p>Asymptomatic abdominal mass. Usually discovered by mother while bathing the infqnt. . Abdominal pain, gross haematuria, urinary tract infections, varicocele, hypertension or hypotension, fever, anemia, and respiratory symptoms if they have lung metastasis.</p> <p>Abdominal pain is the most common initial presenting symptom followed by hypertension and haematuria</p> <ul style="list-style-type: none"> ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations <p>General examination for pallor, lymphadenopathy</p> <p>Systemic examination – Per abdomen – abdominal lump</p> <ul style="list-style-type: none"> ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis <p>Clear cell renal sarcoma</p> <p>Congenital mesoblastic nephroma</p> <ul style="list-style-type: none"> ▪ Enumerate investigations – general and symptom-specific to

	<p>establish miasmatic correlations (multimiasmatic evolution) CBC, RFT, urine analysis, Coagulation studies, USG, abdomen and chest CT, CXR for lung metastasis, abdominal MRI</p> <ul style="list-style-type: none"> ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke <p>Synthesis repertory – Kidneys, cancer – calc, chim, formica, sars, solidago Kidney’s tumours, ureters – Anil.</p> <ul style="list-style-type: none"> ▪ Discuss the common indicated remedies with differential HMM (clinical) <p>calc, chim, formica, sars, solidago</p> <ul style="list-style-type: none"> ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <p>Palliative Management – as an add on therapy to improve adaptation, quality of life, and slow down the process Ancillary – Nephrectomy, chemotherapy, radiotherapy</p> <ul style="list-style-type: none"> ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <p>Stage I and II – favourable outcomes</p> <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO PAEDIATRIC RENAL SYSTEM

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Renal system
Learning outcomes	<p>COMPETENCYHOM-PG-PED 26- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC RENAL SYSTEM</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequalae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Endocrinology
Learning outcomes	<p>COMPETENCYHOM-PG-PED 27- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO ALLERGY AND IMMUNOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Allergy and Immunology
Learning outcomes	<p>COMPETENCY HOM-PG-PED 28- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO ALLERGY AND IMMUNOLOGY</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequela along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 29:

HOMOEOPATHIC APPROACH TO PAEDIATRIC MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Musculoskeletal system and Rheumatology
Learning outcomes	<p>COMPETENCYHOM-PG-PED 29- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Dermatology
Learning outcomes	<p>COMPETENCYHOM-PG-PED 30- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Paediatric Surgical Diseases
Learning outcomes	<p>COMPETENCY HOM-PG-PED 31 - 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation▪ Discuss the scope and limitations (Prognosis)

	<p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

For example: Homoeopathic Approach to Tunica vaginalis Hydrocele

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Homoeopathic approach to Tunica Vaginalis Hydrocele
Learning outcomes	<p>COMPETENCY HOM-PG-PED 31 - 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO TUNICA VAGINALIS HYDROCELE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none"> ▪ Discuss the type of disease – Hahnemannian classification Dynamic, chronic, miasmatic disease ▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition LBW infants, Breech presentation, can predispose to it ▪ Enumerate the etiological factors – infectious/non-infectious Non-infectious – primary hydrocele– Failure of closure of patent tunica vaginalis Infectious – secondary hydrocele ▪ Explain the causation – exciting/maintaining/ fundamental causes Fundamental – congenital – miasmatic - sycosis ▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage Patency of processus vaginalis – allows peritoneal fluid to flow into the scrotum – structural reversible – may be irreversible in some cases – sycoticmiasm ▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequaleae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease Painless scrotal swelling rendering testes impalpable with positive transillumination test, ▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic corelations Local examination of inguinal-scrotal region ▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis Inguinal hernia, epidydimal cyst, spermatocele, testicular tumour, varicocele ▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution) USG, Serum-Alpha-fetoprotein, Human chorionic gonadotropins,

	<p>urine analysis</p> <ul style="list-style-type: none"> ▪ Discuss the susceptibility of the case/specific to disease ▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke <p>Male genitalia - hydrocele</p> <ul style="list-style-type: none"> ▪ Discuss the common indicated remedies with differential HMM (clinical) <p>Rhododendron, clematis, Arnica, Apis, Abrotanum,</p> <ul style="list-style-type: none"> ▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology <p>Chronic constitutional prescription</p> <ul style="list-style-type: none"> ▪ Discuss the follow up criteria – general and specific and steps of remedy reaction evaluation ▪ Discuss the scope and limitations (Prognosis) <p>Scope and prognosis – favourable</p> <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, DOPS, Mini-CEX, Rubrics
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

TOPIC NAME: HOM-PG-PED 32:

ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE

Topic overview:	This Topic will provide students of MD Hom (Paediatrics) an in-depth understanding of Advanced Homoeopathic Paediatrics, emergency Paediatrics and Critical care
Learning outcomes	<p>CompetencyHOM-PG-PED 32- 1 –</p> <p>CLINICAL ASSESSMENT AND HOMOEOPATHIC APPROACH TO ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE</p> <p>KNOWLEDGE</p> <ul style="list-style-type: none">▪ Discuss the type of disease – Hahnemannian classification▪ Discuss the epidemiology – genetic, environmental, personality, predisposition and disposition▪ Enumerate the etiological factors – infectious/non-infectious▪ Explain the causation – exciting/maintaining/ fundamental causes▪ Describe the pathogenesis – evolution of pathology (functional to structural/reversible to irreversible) with possible miasmatic cleavage▪ Discuss the signs and symptoms- evolution, clinicopathogenesis, end result in complications or sequelae along with miasmatic evolution (acute disease/acute to chronic. Acute exacerbation of chronic, periodic or chronic disease▪ Enumerate clinical examination- general and systemic to establish clinico-pathological and miasmatic correlations▪ Enlist the differential diagnosis and reach to the probable clinical diagnosis▪ Enumerate investigations – general and symptom-specific to establish miasmatic correlations (multimiasmatic evolution)▪ Discuss the susceptibility of the case/specific to disease▪ Enlist representation in repertory- specific to disease rubrics – Kent, TPB, Boericke▪ Discuss the common indicated remedies with differential HMM (clinical)▪ Discuss management strategy – therapeutic (homoeopathic – acute/chronic/intercurrent) and non-therapeutic (Diet, ancillary measures, education) with assessment of posology▪ Discuss the follow up criteria – general and specific and

	<p>steps of remedy reaction evaluation</p> <ul style="list-style-type: none"> ▪ Discuss the scope and limitations (Prognosis) <p>SKILL</p> <ul style="list-style-type: none"> ▪ Perform simultaneous clinical and Homoeopathic history taking and arrive at differential diagnosis ▪ Perform the clinical examination and reach to a probable diagnosis ▪ Choose appropriate investigations and growth charts and arrive at range of diagnosis ▪ Identify common and the characteristic symptoms ▪ Organize repertorial representations, differential materia medica and flow of susceptibility and miasm ▪ Construct the basic management strategy. <p>REFLECTION</p> <ul style="list-style-type: none"> ▪ Reflect on importance of history taking, clinical examination and investigation in homoeopathic management and decide the scope in disordered functioning
Learning Methods	Case based learning, Bedside Learning, Flipped Learning, Reflective learning, Self – regulated learning
Assessment	Formative and summative assessments Case based/scenario based/problem-based questions – ABQ, LAQ, SAQ OSCE, Mini-CEX
Prescribed texts	As per the list
Domains of competencies	KS/PC/HO/PBL

HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY& NEONATOLOGY

Neonatology: newborn care – examination & diseases.

- Definition —live birth, neonatal period, classification according to weight and gestation, mortality rates, APGAR score
- Care of the normal newborn at birth and in the first week of life - Neonatal examination, anthropometry, reflexes,
- Normal variations and clinical signs in the neonate
- High risk neonates – preterm, LBW, IUGR
- Neonatal feeding – gavage, paladay, EBM, Breastfeeding, colostrum, foremilk, hindmilk,
- Birth asphyxia: causes, diagnosis and principles of management
- Neonatal Jaundice: causes, diagnosis and principles of management.
- Neonatal respiratory diseases – meconium aspiration pneumonia, aspiration pneumonia, RDS etc.
- Other diseases – congenital heart disease, hypoglycemia, hydrocephalus,
- Neonatal infection — aetiology, diagnosis, principles of management. Superficial infections, sepsis.
- Identification of sick newborn (i.e., detection of abnormal signs —cyanosis, jaundice, respiratory distress, bleeding, seizures, refusal to feed, abdominal distension, failure to pass meconium and urine)
- Congenital problems with correlation with embryology – patent ductus arteriosus, undescended testis, cleft palate, etc.

HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

- Disorders of growth
 - Short stature
 - GH deficiency/insufficiency
 - Turner syndrome
 - Prader-Willi Syndrome
 - Noonan Syndrome
- Disorders of development
 - Global developmental delay
 - Intellectual disability
 - Learning disorders
 - Autism spectrum disorders
 - Attention deficit Hyperactivity disorder
 - Rett syndrome
 - Language disorders

- Cerebral palsy

HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

- Malnutrition –
 - macronutrients – undernutrition (Underweight, stunting, wasting) and overnutrition (Obesity),
 - micronutrients – vitamins and minerals

HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

- Principles and buffer systems
- Mechanism of dehydration and its management
- Metabolic and respiratory acidosis and alkalosis

HOM-PG-PED 18:

HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS

- Concepts & Principles of Community Paediatrics
- Perinatal care in the community, nation and the world
- Breastfeeding Today's Infants – exclusive breast feeding for 6 months
- Baby- friendly Hospital initiative
- Gender issues in Reproductive and child health
- Epidemiology of acute respiratory tract infections, allergy and Childhood asthma in Community
- Tuberculosis in children
- Water and food borne diseases – acute diarrhoeal diseases, Vector Borne diseases
- Nutritional problems in children and adolescents – Nutritional Anaemia,
- Nutritional Programs and policies in India, National Nutrition Programme, Child Nutrition in current health policies – POSHAN Abhiyan
- Integrated child development Services (ICDS) Scheme in India – management of neonatal and childhood illnesses
- School Health Programs under “Ayushman Bharat”
- Thalassemia and hemoglobinopathies in India
- Blindness and visual impairment in childhood
- Child abuse, neglect, poisoning in children
- Conduct disorder and Juvenile Delinquency
- The child with cognitive impairment/physical disability in community settings
- Child labour, street children, substance abuse
- Adoption
- Environmental health risks for children
- Impact of Immunization programme in India

- Principles of Immunization.
- Vaccine preservation and cold-chain.
- National Immunization Programme
- Concept of Vaccinosis
- National health programmes
 - Universal immunisation programme
 - ICDS
 - Mid-day meal programme (POSHAN Abhiyan)
 - Balwadi nutritional programme
 - National iodine deficiency prevention programme
 - National blindness control programme

HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES COMMON BACTERIAL, VIRAL AND PARASITIC INFECTIONS IN THE REGION, WITH SPECIAL REFERENCE TO VACCINE PREVENTABLE DISEASES:

- Tuberculosis,
- Poliomyelitis,
- Diphtheria,
- Whooping cough,
- Tetanus including neonatal tetanus,
- Measles,
- Mumps,
- Rubella,
- Typhoid,
- Viral Hepatitis,
- Cholera,
- Chickenpox,
- Giardiasis,
- Amoebiasis,
- Intestinal helminthiasis,
- Malaria
- Dengue

HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

- Breath-holding spells
- Nocturnal enuresis
- Temper tantrums
- Pica
- Autism
- Learning Problems
- ADHD

- Anxiety disorders

HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

- Acute upper respiratory infections
- Pneumonia with emphasis on bronchopneumonia, bronchiolitis, bronchitis.
- Acute and chronic otitis media.
- Bronchial asthma. Treatment of acute severe asthma
- Pulmonary tuberculosis-tuberculous infection versus tuberculous disease, difference between primary and post-primary tuberculosis. Multidrug resistant tuberculosis
- Bronchiectasis
- Neoplasia

HOM-PG-PED 22:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC CARDIOVASCULAR SYSTEM

- Congenital acyanotic and cyanotic heart disease. VSD, PDA, ASD and Fallot's tetralogy (Cyanotic spells).
- Acute rheumatic fever. Common forms of rheumatic heart disease in childhood.
- Hypertension in children-recognition and referral.
- Bacterial endocarditis,
- Pericardial effusion,
- Myocarditis.

HOM-PG-PED 23:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM

- Acute diarrhoeal disease-diarrhoea, complications of diarrhoeal illness.
- Acute viral hepatitis, causes & diagnosis of Chronic Liver Disease.
- Common causes of constipation

HOM-PG-PED 24:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC NERVOUS SYSTEM

- Acute pyogenic meningitis,
- Encephalitis
- Tubercular Meningitis.
- Seizure Disorder

- Febrile convulsions
- Cerebral palsy

HOM-PG-PED 25:

HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND ONCOLOGY

- Anaemia in childhood
- Anaemia with lymphadenopathy and/or hepatosplenomegaly
- Thalassemia
- Approach to a bleeding child
- Acute lymphoblastic leukaemia
- Haemophilia
- ITP

HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RENAL SYSTEM

- Acute post-streptococcal glomerulonephritis
- Nephrotic syndrome.
- Urinary tract infection-acute and recurrent.
- Acute renal failure.
- Obstructive uropathy in children.
- Renal and bladder stones

HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

- Diabetes and hypothyroidism,
- Hyperthyroidism and Goitre in children.
- Delayed and precocious puberty

HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO PAEDIATRIC IMMUNOLOGY AND ALLERGY

- Allergic rhinitis
- Childhood asthma
- Atopic dermatitis
- Eczema
- Urticaria, angioedema, Anaphylaxis
- Food allergies

HOM-PG-PED 29:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY

- Juvenile rheumatoid arthritis
- Lupus
- Muscular dystrophy
- Skeletal dysplasia
- Trauma
- Infection

HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

- Infectious diseases – scabies, impetigo, tinea cruris,
- Non-infectious diseases – eczema, seborrheic dermatitis, diaper rash, warts, acne, psoriasis, pityriasis

HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

- Cleft lip and palate
- Hypospadias
- Undescended testis
- Tracheoesophageal fistula
- Hydrocephalus
- CTEV (Club foot)
- Umbilical and inguinal hernia, congenital diaphragmatic hernia
- Anorectal malformations
- Hypertrophic pyloric stenosis
- Neonatal intestinal obstruction (including atresia)
- Anorectal malformation
- Tumours
- Spina bifida
- Obstructive jaundice
- Hirschsprung's disease
- Abdominal lump
- Paediatric trauma
- Procedures – wound debridement and suturing, incision and drainage of abscess

HOM-PG-PED 32:

ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE

Paediatric emergencies:

Critical judgement & referral

- Status epilepticus
- Status asthmaticus
- Acute severe asthma
- Shock and anaphylaxis
- Hypertensive emergencies
- Gastrointestinal bleed
- Comatose child
- Congestive cardiac failure
- Acute renal failure

Genetics

- Principles of inheritance and diagnosis of genetic disorders
- Genetic disorders needing study:
 - Down's syndrome
 - Chromosomal disorders
 - Down's syndrome
 - Edward's syndrome
 - Turner syndrome
 - Klinefelter's syndrome
 - Cystic fibrosis
 - Marfan's syndrome
 - Haemophilia
 - Sickle cell anaemia
 - DMD
 - Osteogenesis imperfecta

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-II EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

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

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

VII (2). ASSESSMENT BLUEPRINT – THEORY *(Benchmarked by the module-wise distribution.)*

VII (2a). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

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

PART 2 – PAPER 1. TOPIC NUMBERS

- HOM-PG-PED 14:

HOMOEOPATHIC APPROACH TO MOTHER-NEONATE UNIT AND EMBRYOLOGY & NEONATOLOGY

- HOM-PG-PED 15:

HOMOEOPATHIC APPROACH TO DISORDERS OF GROWTH AND DEVELOPMENT

- HOM-PG-PED 16:

HOMOEOPATHIC APPROACH TO DISORDERS OF NUTRITION

- HOM-PG-PED 17:

HOMOEOPATHIC APPROACH TO DISORDERS OF FLUID AND ELECTROLYTE IMBALANCE

- HOM-PG-PED 18:

HOMOEOPATHIC APPROACH TO COMMUNITY PAEDIATRICS

- HOM-PG-PED 19:

HOMOEOPATHIC APPROACH TO INFECTIOUS DISEASES

- HOM-PG-PED 20:

HOMOEOPATHIC APPROACH TO CHILD PSYCHIATRY

PART 2 – PAPER 2. TOPIC NUMBERS

- HOM-PG-PED 21:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RESPIRATORY SYSTEM

- HOM-PG-PED 22:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC CARDIOVASCULAR SYSTEM

- HOM-PG-PED 23:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC GASTROINTESTINAL AND HEPATOBILIARY SYSTEM

- HOM-PG-PED 24:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC NERVOUS SYSTEM

- HOM-PG-PED 25:

HOMOEOPATHIC APPROACH TO PAEDIATRIC HEMATOLOGY AND ONCOLOGY

- HOM-PG-PED 26:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC RENAL SYSTEM

- HOM-PG-PED 27:

HOMOEOPATHIC APPROACH TO PAEDIATRIC ENDOCRINOLOGY

- HOM-PG-PED 28:

HOMOEOPATHIC APPROACH TO PAEDIATRIC IMMUNOLOGY AND ALLERGY

- HOM-PG-PED 29:

HOMOEOPATHIC APPROACH TO DISEASES OF PAEDIATRIC MUSCULOSKELETAL SYSTEM AND RHEUMATOLOGY

- HOM-PG-PED 30:

HOMOEOPATHIC APPROACH TO PAEDIATRIC DERMATOLOGY

- HOM-PG-PED 31:

HOMOEOPATHIC APPROACH TO PAEDIATRIC SURGICAL DISEASES

- HOM-PG-PED 32:

ADVANCED HOMOEOPATHIC PAEDIATRICS, EMERGENCY PAEDIATRICS AND CRITICAL CARE

**VII (2B). QUESTION PAPER LAYOUT
PAPER 1**

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-PED 18 OR 19	20
2	LAQ	HOM-PG-PED 14	10
3	LAQ	HOM-PG-PED 15	10
4	LAQ	HOM-PG-PED 16	10
5	LAQ	HOM-PG-PED 17 OR 20	10
6	SAQ	HOM-PG-PED 15	5
7	SAQ	HOM-PG-PED 16	5
8	SAQ	HOM-PG-PED 18	5
9	SAQ	HOM-PG-PED 19	5
10	SAQ	HOM-PG-PED 18	5
11	SAQ	HOM-PG-PED 19	5
12	SAQ	HOM-PG-PED 14 or 15 or 16	5
13	SAQ	HOM-PG-PED 17 or 18 or 19 or 20	5

PAPER 2

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question HOM-PG-PED 21 OR 23 OR 24 OR 22	20
2	LAQ	HOM-PG-PED 28 OR 26	10
3	LAQ	HOM-PG-PED 30	10
4	LAQ	HOM-PG-PED 31	10
5	LAQ	HOM-PG-PED 29	10
6	SAQ	HOM-PG-PED 27	5
7	SAQ	HOM-PG-PED 32	5
8	SAQ	HOM-PG-PED 21 or 22	5
9	SAQ	HOM-PG-PED 23	5
10	SAQ	HOM-PG-PED 25	5
11	SAQ	HOM-PG-PED 29	5
12	SAQ	HOM-PG-PED 28 or 29 or 22	5
13	SAQ	HOM-PG-PED 23 or 26 or 24 or 32	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.**VII (3A). CLINICAL EXAMINATION.**

CLINICAL		
1	Internal Assessment	20 Marks
2	One Long Case	50 Marks
3	One Short case	20 Marks
4	Logbook	05 Marks
5	Micro Teaching	05 Marks
Total		100 Marks

VII (3B). VIVA VOCE.

VIVA		
1	Internal Assessment	20 Marks
1	Dissertation defence	20 Marks
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks
Total		100 Marks

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

REFERENCES

GENERAL PAEDIATRICS AND NEONATOLOGY

- 1) Beattie, T. F. (2002). Handbook of pediatric emergencies, 3rd edn: Edited by G A Baldwin. (\$39.95). Lippincott Williams and Wilkins, 2001. ISBN 0-7817-2236-5. *Emergency Medicine Journal: EMJ*, 19(2), 187-c–188. doi:10.1136/emj.19.2.187-c
- 2) Bergman, A. B. (2000). *20 Common Problems in Pediatrics*. McGraw-Hill Education/Medical.
- 3) Chheda, M. K. (2017). *Practical Aspects of Pediatrics*. India: CBS Publishers & Distributors Pvt Limited.
- 4) Elizabeth, K. E. (2015). *Nutrition & child development*. Paras Medical Publisher.
- 5) Ghai, O. P., Gupta, P., & Paul, V. K. (2005). *Ghai's Essential Pediatrics*. India: CBS Publishers & Distributors Pvt Limited.
- 6) Gupte, S. (2019). *Differential diagnosis in pediatrics* (6th ed.). New Delhi, India: Jaypee Brothers Medical.
- 7) Hansen, A. R., Stark, A. R., Eichenwald, E. C., & Martin, C. R. (2022). *Cloherty and stark's manual of neonatal care* (9th ed.). Baltimore, MD: Wolters Kluwer Health.
- 8) Kilpatrick, S. J., Macones, G. A., & Watterberg, K. L. (2017). Guidelines for perinatal care. *American Academy Of Pediatrics, & American College Of Obstetricians And Gynecologists*.
- 9) Kliegman, R. M., & Geme, J. W., III. (2019). *Nelson textbook of pediatrics, 2-volume set* (21st ed.). Philadelphia, PA: Elsevier - Health Sciences Division.
- 10) Parthasarathy, A., Menon, P. S. N., & Nair, M. K. C. (2019). *IAP textbook of pediatrics* (7th ed.). New Delhi, India: Jaypee Brothers Medical.
- 11) Singh, I. (2018). Inderbir Singh's Human embryology. *Jaypee*.
- 12) Singh, M. (2020). *Paediatric clinical methods*. CBS Publishers & Distributors Pvt Ltd.

ALLIED SUBJECTS

- 1) Hall, J. E., & Hall, M. E. (2020). *Pocket companion to Guyton & hall textbook of medical physiology E-book* (14th ed.). Elsevier.
- 2) Kumar, V., Abbas, A. K., Aster, J. C., & Deyrup, A. T. (2023). *Robbins and Kumar basic pathology, 11th edition-south Asia edition - E-book* (11th ed.). New Delhi, India: Elsevier.
- 3) Snell, R. (2012). *Clinical anatomy by regions* (9th ed.). Lippincott Williams & Wilkins.

HOMOEOPATHIC LITERATURE

HOMOEOPATHIC PAEDIATRICS

- 1) Borland, D. M. (2004). *Children's Types*, B. Jain Publishers.
- 2) Herscu, P. (1991). *The homeopathic treatment of children :pediatric constitutional types*. North Atlantic Books.
- 3) Jain, P. (2019). *Essence of Pediatric Materia Medica* (1st ed.). Nitya publications.
- 4) Jain, P. (2004). *Essentials of Pediatrics* (2nd ed.). Nitya publications.
- 5) Kapse, A. (2003). *Paediatrics In Homoeopathy, An Approach*. Dr. M. L. Dhawale Memorial Trust.
- 6) Lilienthal, S. (1998). *Homoeopathic therapeutic*. B. Jain Publishers.
- 7) Tiwari, S.K. (2009). *Homoeopathy & child care:principles, therapeutics, children's type, repertory*. B. Jain Pub.

HOMOEOPATHIC PHILOSOPHY

- 1) Close S. (2008). *The Genius of Homoeopathy*. Indian books and periodical publishers.
- 2) Dhawale, M.L. (2011). *Principles and Practice of Homoeopathy*, Indian Books and Periodicals Publishers.
- 3) Hahnemann, S. (2013). *Organon of Medicine*, 6th Edition. B. Jain Publishers.
- 4) Kent, J.T. (2009). *Lectures on Homoeopathy Philosophy*, B. Jain Publishers.
- 5) Roberts H. A. (2008). *Principles and art of cure Homoeopathy*. Indian books and periodical publishers.

HOMOEOPATHIC MATERIA MEDICA

- 1) Hering, C (2016) *Guiding symptoms of Our Materia medica*, B. Jain Publishers
- 2) Kent, J.T, (2007) *Lectures on Materia Medica*, B. Jain Publishers
- 3) Phatak, S. R. (1999). *Concise materia medica of homoeopathic medicine*. B. Jain Publishers

PART I PAPER 2

I. TITLE OF THE SPECIALITY TOPIC, AND ITS ABBREVIATION.

M.D. (Homoeopathy) Pediatrics

II. BRIEF DESCRIPTION OF SPECIALITY AND ITS RELEVANCE IN HOMOEOPATHY POST-GRADUATE TOPIC.

The practice of Homoeopathy is based on the tenets of Homoeopathic Philosophy. The homoeopathic practitioner has to undertake the task of not only acquiring the clinical base but applying insights borne out of a study of principles of Homoeopathic philosophy and their application through Repertory and Materia Medica and evolving the therapeutic approach. Thus, the trilogy of Organon, Repertory and Materia Medica with Clinical paediatrics facilitates the germane practice of homoeopathic science.

Study of the Fundamentals of Homoeopathy is intended to enable the postgraduate student to utilize the basic understanding of Health, Disease, Recovery, Cure and Palliation as seen from the perspective of Homoeopathic Philosophy and apply the operational understanding of Materia Medica and Repertory in his / her clinical work to produce evidence-based results. Simultaneously, he / she works in the area of preventive and community health where he utilizes the principles of Organon to extend the reach of the physician in preserving health and preventing disease.

III. TOPICS AND TOPIC OBJECTIVES.

PART 1 PAPER 2:

FUNDAMENTALS OF HOMOEOPATHY IN PEDIATRICS (HOM-PG-FHPED)

(I) Hom-PG-FHPED-01

HAHNEMANNIAN CONCEPT OF VITAL FORCE, HEALTH, DISEASE, AND MAN AND ENVIRONMENT

- a. Health, disease, causation, vital force, man and environment
- b. Evolution of disease-predisposition-disposition-diathesis-disease,
- c. Principles of growth and development and its application and utility in study of Paediatric HMM, repertory and Organon.
- d. Mission, and knowledge of the physician,
- e. Hahnemannian concept of man and its further extension by Kent, Boenninghausen, and Boger.

- f. Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BBCR) representation of the above concepts in the repertories.
- g. Science and philosophy of HMM
- h. Physiological and anatomical MM

(II) Hom-PG-FHPED-02

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

- a. Concept of vital force in maintaining health and in Genesis of disease. (ORG)
- b. Concepts of recovery and cure and the essential difference between the two. (ORG)
- c. Concept of pseudo chronic diseases. (ORG)
- d. Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG)
- e. Role of miasm in causing and maintaining disease and addressing the same to ensure cure. (Further elaborated in theme 7) (ORG)
- f. Understanding the above concepts and its representation and utility in study of

HMM (HMM) AND ITS REPRESENTATION IN DIFFERENT STANDARD REPERTORIES (REP)

(III) Hom-PG-FHPED -03

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

- a. Knowledges of physician (ORG)
- b. Drug proving (ORG, HMM)
- c. Process of recording and system of recording artificial and natural diseases (ORG)
- d. Creating portraits of artificial and natural disease and learning the art of matching. (ORG, HMM)
- e. Art of creating portrait of polychrest remedies through analysis, evaluation and construction at level of mind, physical general and particulars (HMM) will be taken in Theme 8.
- f. Creating portrait of the disease through reportorial study of specific remedy

(IV) Hom-PG-FHPED-04

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

- a. Studying the guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG)

- b. Demonstrating the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in detail. (ORG)
- c. Utilising the concept of unprejudiced observer in perceiving the patient and constructing totality for correct prescribing. (ORG)
- d. Understanding the concept of man as per Kent, Boger and Boenninghausen and its influence on their writing of repertory and HMM (REP AND HMM)

(V) Hom-PG-FHPED-05

CONCEPT OF SYMPTOMATOLOGY

- a. Symptomatology and value of a symptom from the standpoint of homoeopathic practice. (ORG)
- b. Concept of individualisation and generalisation as given by Kent and Boenninghausen and their essential difference between the two. (ORG, Repertory)
- c. Concept of individualisation and generalisation in the construction of different repertories viz Kent, Boenninghausen, Boger and TPB. (Rep)
- d. Understanding the concept of classification and its utility in study of HMM
- e. Understanding the concept of generalisation vs individualisation, and its utility in generalising the individual drug symptom into Group symptom and deriving group characteristics. (HMM)
- f. Study of Materia Medica with the help of concept of generalisation. (HMM).
 - (a) A list of group of remedies is demonstrative to understand the process rather than to learn all the groups in detail. (HMM)

(VI) Hom-PG-FHPED-06

CONCEPT OF SUSCEPTIBILITY AND ACUTE AND CHRONIC DISEASE

- a. Various parameters in determining susceptibility in different types of cases - acute, chronic, intermittent, congenital, mental, and periodic illnesses in neonatal and pediatric age group and its application in practice. (ORG)
- b. Application of the knowledge of classification of disease as given by Hahnemann and modern medicine in defining the scope and limitations by demonstrating its application in different types of cases. (ORG)
- c. Construction of different regional repertories as an aid to case taking and managing a variety of clinical conditions. E.g., Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory with examples. (REP)
 - (i) Clinical Materia Medica and remedial differentiation in different types of diseases with the help of clinical materia medica as per list.

(VII) Hom-PG-FHPED-07

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN PAEDIATRICS

- a. Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management through clinical cases. (ORG)
- b. Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and M L Dhawale (ORG)
- c. Use of Miasm in classifying and understanding the evolution of different remedies (HMM)
- d. Utilising the knowledge of indications of anti-miasmatic remedies as per list.
- e. Role of miasm as a fundamental cause and its influence in the expressions in disease and remedies through the Miasms of Psora, Sycosis, Tubercular and Syphilis. (HMM)
- f. Rubrics of suppression from different repertories (REP)
- g. Rubrics of different expressions of Miasm from different repertories and study of different rubrics related to miasms
- h. Concept of vaccination and Vaccinosis (Burnett)

(VIII) Hom-PG-FHPED-08

CONCEPT OF TOTALITY

- a. Process of constructing acute, chronic and intercurrent totalities. (ORG)
- b. Mastering the concept of classification and evaluation of symptoms. (REP)
- c. Understanding the process of repertorial and non repertorial approach and how to select one (REP)
- d. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger. (REP)
- e. Solving the case with the help of softwares like HOMPAT and RADAR. (REP)
- f. Understanding the non-repertorial approach namely structuralization, synthetic approach and keynote. (REP)
- g. Differentiation of similar remedies in acute and chronic cases by reference to source books, commentators and clinical materia medica. (HMM)

(IX) Hom-PG-FHPED-09

CONCEPT OF SIMILAR AND SIMILIMUM

- a. Understanding single, simple, minimum substance as similimum following from the Law of Similars.(ORG)
- b. Learning the concept of concordances as evolved by Boenninghausen and its utility in practice. REP)
- c.

- d. Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica. (HMM)
- e. Understanding remedy relationships - complementary, inimical, antidotal, follows well, similar with examples. (HMM)

(X) Hom-PG-FHPED-10

CONCEPT OF THERAPEUTIC MANAGEMENT

- a. Practical application of Kent’s 12 observations in the assessment of remedy response and in the second prescription. (ORG)
- b. Utility of knowledge of disease, knowledge of investigations and recent advances in the field of medicine to assess comprehensive response to homoeopathic remedies. (ORG)
- c. Remedy relationship in determining the second prescription. (HMM)
- d. Patient education and orientation about disease. (ORG)
- e. Use of ancillary measures in acute and chronic diseases, namely diet, exercise, yoga, relaxation techniques, supplements for aiding recovery and preventing the progress of disease. (ORG)

IV. TOPIC DESCRIPTION

HOM-PG-FHPED-01

Table 01 :

Topic Overview	<p>COMPETENCY HOM-PG-FHPED-01 – 1 –</p> <p>HAHNEMANNIAN CONCEPT OF MAN, VITAL FORCE, HEALTH, DISEASE</p>
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Define Vital force, Health, Disease, cure, and Recovery as per homoeopathic philosophy 2. Explain the evolution of disease in terms of predisposition-disposition-diathesis and disease function to structure 3. Apply the principles of growth and development in study of Paediatric HMM, repertory and Organon 4. Apply the concept of evolution of disease in Paediatrics with emphasis on understanding congenital and neonatal disease 5. Apply the concept of the mother-neonate unit to understand the function of vital force in neonates and infants 6. Discuss the Hahnemannian concept of man and environment (nature vs nurture) further extension by Boenninghausen, Kent, and Boger

	<ol style="list-style-type: none"> 7. Define health as per WHO 8. Discuss the mission of the physician 9. Summarize the Knowledge of Physician relevant to maintaining health in individuals and communities and prevention of disease in children to ensure healthy transition to adulthood 10. Summarize the philosophical basis of Kent, BBCR, and TPB repertories 11. Summarize the science and philosophy of HMM 12. Apply physiological HMM <p>SKILLS</p> <ol style="list-style-type: none"> 1. Perform the repertorisation as per the need of the case 2. Display the application of physiological HMM 3. Perform paediatric case-taking to elicit disease evolution <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Relate the mission of the physician to the paediatric population and community 2. Reason out the clinical utility of physiological HMM
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

HOM-PG-FHPED-02

TABLE 02 :

Topic Overview	<p>COMPETENCY HOM-PG-FHPED-02 – 1 –</p> <p>CONCEPT DYNAMISM, RECOVERY, CURE, AND OBSTACLE TO CURE</p>
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Discuss the role of vital force in maintaining health 2. Discuss the role of vital force in genesis of disease 3. Differentiate cure and recovery 4. Explain the evolution of illness from phases of diathesis to functional and structural, reversible to irreversible phases of disease with emphasis on understanding congenital and neonatal diseases 5. Summarize the Classification of Disease Given by Dr. Hahnemann. 6. Explain pseudo chronic disease 7. List various factors that derange health and also act as obstacles

to cure and explain how to remove these factors to remove them for cure

8. Infer the role of miasms as a causative and maintaining factor in disease
9. Apply the knowledge of Miasm as causation to attain a cure
10. Discuss the role of causation in study of Homoeopathic MM and repertory

SKILLS

1. Demonstrate the utility of causation in management of the paediatric cases
2. Demonstrate the application of repertory and HMM from the causative perspective in paediatrics

REFLECTION

1. Relating the vital force concept to health and disease
2. Reason out the web of causation
3. Relate with chronic disease and miasm
4. Report the utility of causation in paediatric homoeopathic practice
5. Respond to the outcome of the cases

Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

Hom-PG-FHPED-03

Table 03 :

Topic Overview	COMPETENCY HOM-PG-FHPED-03 -1 – CONCEPT OF ARTIFICIAL AND NATURAL DISEASES
Learning Outcomes	KNOWLEDGE <ol style="list-style-type: none">1. Discuss the knowledge of physician related to Paediatrics for formulating the portrait of disease2. Display the system and process of recording artificial and natural disease SKILLS <ol style="list-style-type: none">1. Organize drug proving2. Construct the portrait of artificial and natural disease and match3. Classify the data from artificial and natural disease through analysis and evaluation4. Construct the portrait through study of repertory REFLECTION <ol style="list-style-type: none">1. Relate the knowledge of physician to the paediatric clinical cases2. Respond to the need of portrait to paediatric clinical cases3. Reconstruct rubrics in to portrait
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

Hom-PG-FHPED-04

Table 04 :

Topic Overview	Competency HOM-PG-FHPED-04 -1 – CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Discuss the guidelines given by Hahnemann for the case taking and focus on difference between adult and paediatric case taking 2. Design the standardized case record for paediatric age group incorporating the essential history taking and examinations specific to the age group 3. Discuss the concept of unprejudiced observation 4. Describe the process of evolution of unprejudiced observation through physician-patient interaction 5. Summarize the concept of man and environment (nature vs nurture) as per Kent, Boger and Boenninghausen and its influence on their repertory and HMM <p>SKILLS</p> <ol style="list-style-type: none"> 1. Display the skill of perceiving the patient and constructing totality through unprejudiced observation in paediatric age group <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Relate the role of prejudices in perceiving and constructing totality 2. Contextualizing the knowledge of case taking and unprejudiced observation to construction of totality
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

HOM-PG-FHPED-05

TABLE 05 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-05 -1 – CONCEPT OF SYMPTOMATOLOGY
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Explain symptomatology 2. Illustrate the value of symptoms through classification and evaluation with its application in HMM and cases 3. Differentiate the Kent and Boenninghausen concept of individualization and generalization 4. Discuss the concept of individualization and generalization in construction of Kent, TPB, BBCR and BSK repertory 5. Sketch the HMM portrait through symptomatology, individualization and generalization (demonstrative list) <p>SKILLS</p> <ol style="list-style-type: none"> 1. Construct the totality by using concepts of generalization and individualization 2. Construct the totality of the group symptoms through generalization (some reflective group study) <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Relate the application of group study to clinical practice 2. Reason out the process of generalization and individualization in totality formation 3. Contextualize the value of symptom in matching HMM and referring repertory
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS,PC,HO,CS,PBL

TABLE 06:

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-06 – 1 - CONCEPT OF SUSCEPTIBILITY, ACUTE AND CHRONIC DISEASE
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Explain the various parameters in determining the susceptibility in acute, chronic, intermittent, congenital, mental, and periodic illnesses in paediatric age group 2. Describe the scope and limitation of Homoeopathy through knowledge of susceptibility and modern medicine 3. Summaries the construction of different common regional repertories in application to Paediatrics 4. Apply clinical Materia Medica in paediatrics <p>SKILLS</p> <ol style="list-style-type: none"> 1. Apply susceptibility concept in clinical management and study of HMM 2. Perform differential materia medica in clinical cases <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Report the utility of regional repertory in clinical practice 2. Relate the susceptibility to homoeopathic practice
Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

HOM-PG-FHPED-07

TABLE 07 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-07 -1 – CONCEPT OF SUPPRESSION, MIASM AND VACCINATION IN PAEDIATRICS
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Explain the suppression in homoeopathic practice 2. Identify rubrics of suppression from standard repertories 3. Discuss the evolution of disease 4. Describe evolution of miasm through chronic disease 5. Explain Miasmatic theory from Hahnemannian writing and its further expansion by Kent, Allen and Dhawale 6. Apply knowledge of miasm in study of HMM 7. Discuss indication of anti-miasmatic remedies in clinical cases 8. Deriving the different rubrics from standard repertories representing different Miasm 9. Describe the concept of vaccination and Vaccinosis (as given by Burnett) <p>SKILLS</p> <ol style="list-style-type: none"> 1. Conclude the suppression in clinical cases 2. Derive miasm in acute and chronic disease 3. Choose anti-miasmatic in clinical cases 4. Identify predisposition in Paediatric population <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Relate the evolution of disease with miasm 2. Reconstruct the miasmatic evolution from clinical cases 3. Contextualize the concept of suppression
Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

TABLE 08 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-08 -1 – CONCEPT OF TOTALITY
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Apply classification and evaluation of symptoms 2. Discuss the reportorial and non-reportorial approach and their indication 3. Justify the selection of reportorial and non-reportorial approach in a clinical case 4. Select suitable approach and construct totality based on need of clinical case <p>SKILLS</p> <ol style="list-style-type: none"> 1. Construct acute, chronic and intercurrent totality 2. Construct reportorial totality 3. Solving the case with suitable software 4. Perform differentiation of remedies using different HMM viz source book, commentators, clinical Materia medica and key notes <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Relate to clinical cases for construction of the totality 2. Reason out the bases for different approaches and references to repertory 3. Report the bases of differential HMM
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

TABLE 09 :

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-09- 1- CONCEPT OF SIMILAR AND SIMILLIMUM
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Describe fundamental laws of homoeopathy 2. Conclude the potency and repetition in clinical cases in paediatric age group esp. the infants and young children 3. Discuss concordance and remedy relationship in clinical practice in paediatric age group esp. the mother-child relationship <p>SKILLS</p> <ol style="list-style-type: none"> 1. Apply fundamental laws in practice 2. Apply the remedy relationship in clinical practice <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Recollect the fundamental laws of homoeopathy observed in clinical cases 2. Reason out the posology in clinical practice 3. Relate the concordance and remedy relationship
Learning methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

Hom-PG-FHPED-10**TABLE 10 :**

TOPIC OVERVIEW	COMPETENCY HOM-PG-FHPED-10- 1 - CONCEPT OF THERAPEUTIC MANAGEMENT
Learning Outcomes	<p>KNOWLEDGE</p> <ol style="list-style-type: none"> 1. Diagnose the Kent's twelve observation in assessment of remedy response 2. Apply the knowledge of investigation and recent advances in the field of medicine to asses remedy response 3. Select second prescription based on remedy relationship <p>SKILLS</p> <ol style="list-style-type: none"> 1. Choose second prescription based on remedy response of Kent's observation 2. Perform patient education and orientation 3. Organize the ancillary management in acute and chronic diseases 4. Perform the ancillary management <p>REFLECTION</p> <ol style="list-style-type: none"> 1. Recollect the remedy response in clinical cases 2. Reflect role of investigation and current advances in judging remedy response 3. Contextualize the ancillary management
Learning Methods	Problem-based learning, flipped classroom, self – regulated learning, library-based learning, formative self – assessment
Assessments	Checklist, rating scales, Mini-CEX, DOPS, Rubrics, Viva-voce
Prescribed texts	As per list
Domains of competencies	KS, PC, HO, CS, PBL

VII. ASSESSMENT

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

VII (1). M.D. (HOMOEOPATHY) PART-I EXAMINATION –

MAXIMUM MARKS FOR EACH SUBJECT AND MINIMUM MARKS REQUIRED TO PASS SHALL BE AS FOLLOWS:

Subjects	Theory		Practical or Clinical Examination, including Viva	
	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
1) Fundamentals of Pediatrics	100	50	200* (160 + 40) (Summative Assessment 160 Marks) (Internal Assessment 40 Marks)	100* (80 + 20) (Summative Assessment 80 Marks) (Internal Assessment 20 Marks)
2) Fundamentals of Homoeopathy in Pediatrics	100	50		
3) Research Methodology and Biostatistics	100	50	-	-

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

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

VII (2A). DISTRIBUTION OF TOPICS FOR THEORY-BASED ASSESSMENT.

TYPES OF QUESTIONS WITH MARKS

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

Part 1 – Paper 2. Topic Numbers

Hom-PG-FHPED-01 –

HAHNEMANNIAN CONCEPT OF VITAL FORCE, HEALTH, DISEASE, AND MAN AND ENVIRONMENT

Hom-PG-FHPED-02 –

CONCEPT OF DYNAMISM, RECOVERY AND CURE AND OBSTACLES TO CURE

Hom-PG-FHPED -03 –

CONCEPT OF ARTIFICIAL DISEASE AND PORTRAIT OF DISEASE

Hom-PG-FHPED-04 –

CONCEPT OF UNPREJUDICED OBSERVATION AND CASE TAKING

Hom-PG-FHPED-05 –

CONCEPT OF SYMPTOMATOLOGY

Hom-PG-FHPED-06 –

CONCEPT OF SUSCEPTIBILITY AND ACUTE AND CHRONIC DISEASE

Hom-PG-FHPED-07 –

CONCEPT OF SUPPRESSION, MIASMS AND VACCINATIONS IN PEDIATRICS

Hom-PG-FHPED-08 –

CONCEPT OF TOTALITY

Hom-PG-FHPED-09 –

CONCEPT OF SIMILAR AND SIMILLIMUM

Hom-PG-FHPED-10 –

CONCEPT OF THERAPEUTIC MANAGEMENT

VII (2B). QUESTION PAPER LAYOUT

Q. No.	Type of Question	Content	Marks
1	Problem Based	Case Based Question Hom-PG-FHPED--06 or 08 or 09	20
2	LAQ	Hom-PG-FHPED-07	10
3	LAQ	Hom-PG-FHPED-04	10
4	LAQ	Hom-PG-FHPED-03	10
5	LAQ	Hom-PG-FHPED-05	10
6	SAQ	Hom-PG-FHPED-01	5
7	SAQ	Hom-PG-FHPED-02	5
8	SAQ	Hom-PG-FHPED-10	5
9	SAQ	Hom-PG-FHPED-06	5
10	SAQ	Hom-PG-FHPED-08	5
11	SAQ	Hom-PG-FHPED-09	5
12	SAQ	Hom-PG-FHPED-08	5
13	SAQ	Hom-PG-FHPED-03	5

VII (3). ASSESSMENT BLUEPRINT –PRACTICAL / VIVA.

VII (3A). CLINICAL EXAMINATION: A COMMON PRACTICAL/VIVA FOR PART I PAPER 1 AND 2.

VIII. LIST OF REFERENCE BOOKS (AS PER APA FORMAT).

REFERENCES

GENERAL PAEDIATRICS AND NEONATOLOGY

1. Beattie, T. F. (2002). Handbook of pediatric emergencies, 3rd edn: Edited by G A Baldwin. (\$39.95). Lippincott Williams and Wilkins, 2001. ISBN 0-7817-2236-5. *Emergency Medicine Journal: EMJ*, 19(2), 187-c–188. doi:10.1136/emj.19.2.187-c
2. Bergman, A. B. (2000). *20 Common Problems in Pediatrics*. McGraw-Hill Education/Medical.
3. Chheda, M. K. (2017). *Practical Aspects of Pediatrics*. India: CBS Publishers & Distributors Pvt Limited.
4. Elizabeth, K. E. (2015). *Nutrition & child development*. Paras Medical Publisher.
5. Ghai, O. P., Gupta, P., & Paul, V. K. (2005). *Ghai's Essential Pediatrics*. India: CBS Publishers & Distributors Pvt Limited.
6. Gupte, S. (2019). *Differential diagnosis in pediatrics* (6th ed.). New Delhi, India: Jaypee Brothers Medical.

7. Hansen, A. R., Stark, A. R., Eichenwald, E. C., & Martin, C. R. (2022). *Cloherty and stark's manual of neonatal care* (9th ed.). Baltimore, MD: Wolters Kluwer Health.
8. Kilpatrick, S. J., Macones, G. A., & Watterberg, K. L. (2017). Guidelines for perinatal care. *American Academy Of Pediatrics, & American College Of Obstetricians And Gynecologists*.
9. Kliegman, R. M., & Geme, J. W., III. (2019). *Nelson textbook of pediatrics, 2-volume set* (21st ed.). Philadelphia, PA: Elsevier - Health Sciences Division.
10. Parthasarathy, A., Menon, P. S. N., & Nair, M. K. C. (2019). *IAP textbook of pediatrics* (7th ed.). New Delhi, India: Jaypee Brothers Medical.
11. Singh, I. (2018). Inderbir Singh's Human embryology. *Jaypee*.
12. Singh, M. (2020). *Paediatric clinical methods*. CBS Publishers & Distributors Pvt Ltd.

ALLIED SUBJECTS

1. Hall, J. E., & Hall, M. E. (2020). *Pocket companion to Guyton & hall textbook of medical physiology E-book* (14th ed.). Elsevier.
2. Kumar, V., Abbas, A. K., Aster, J. C., & Deyrup, A. T. (2023). *Robbins and Kumar basic pathology, 11th edition-south Asia edition - E-book* (11th ed.). New Delhi, India: Elsevier.
3. Snell, R. (2012). *Clinical anatomy by regions* (9th ed.). Lippincott Williams & Wilkins.

HOMOEOPATHIC LITERATURE

HOMOEOPATHIC PAEDIATRICS

1. Borland, D. M. (2004). *Children's Types*, B. Jain Publishers.
2. Herscu, P. (1991). *The homeopathic treatment of children: pediatric constitutional types*. North Atlantic Books.
3. Jain, P. (2019). *Essence of Pediatric Materia Medica* (1st ed.). Nitya publications.
4. Jain, P. (2004). *Essentials of Pediatrics* (2nd ed.). Nitya publications.
5. Kapse, A. (2003). *Paediatrics In Homoeopathy, An Approach*. Dr. M. L. Dhawale Memorial Trust.
6. Lilienthal, S. (1998). *Homoeopathic therapeutic*. B. Jain Publishers.
7. Tiwari, S.K. (2009). *Homoeopathy & child care: principles, therapeutics, children's type, repertory*. B. Jain Pub.
8. Homoeopathic Philosophy
9. Close S. (2008). *The Genius of Homoeopathy*. Indian books and periodical publishers.
10. Dhawale, M.L. (2011). *Principles and Practice of Homoeopathy*, Indian Books and Periodicals Publishers.
11. Hahnemann, S. (2013). *Organon of Medicine*, 6th Edition. B. Jain Publishers.
12. Kent, J.T. (2009). *Lectures on Homoeopathy Philosophy*, B. Jain Publishers.
13. Roberts H. A. (2008). *Principles and art of cure Homoeopathy*. Indian books and periodical publishers.
14. Homoeopathic Materia Medica
15. Hering, C (2016) *Guiding symptoms of Our Materia medica*, B. Jain Publishers
16. Kent, J.T, (2007) *Lectures on Materia Medica*, B. Jain Publishers
17. Phatak, S. R. (1999). *Concise materia medica of homoeopathic medicine*. B. Jain Publishers

IX. List of contributors:

I. Dr. Goda C. R. M.D.(Hom.)

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

II. Dr. Praveen Jain,MD (Paed.)

Practitioner, Mumbai

III. Dr. Neeraj Tuteja, MD (Paed.)

Associate Professor , SMS Govt. Medical College , Jaipur

IV. Dr. Nikita Mehta Oza, M.D.(Hom.)

Assistant Prof., Dr. M.L. Memorial Homoeopathic Institute, Palghar