Curriculum Document M.D. (Homoeopathy) Psychiatry

I. Title of the Specialty Course, and its abbreviation.

MD (Homoeopathy) Psychiatry

II. Components of the Curriculum

II (1). Part I

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

II (2). Part II

- (i) Homoeopathic Psychiatry Paper 1
- (ii) Homoeopahic Psychiatry. Paper 2

III. Brief description of specialty and its relevance in homoeopathy postgraduatecourse.

Psychiatry is a branch of medicine focused on the study, diagnosis, treatment and prevention of mental, emotional and behavioural disorders in the individual and in the community. A person's mental health is influenced by a combination of factors that are both specific to an individual as well as related to interactions with the society, community, and family.

The purpose of Psychiatry in homoeopathic postgraduate education is to create specialists who are competent to provide high-quality mental health care using Homoeopathic intervention with Counselling (if required, as an adjuvant). During the course, they should be competent to enrich the system through research. A postgraduate specialist is required to utilize the training in Psychiatry under the domain of the Homoeopathic system of medicine to observe and recognize the mental health needs of the community and to manage mental health illnesses and crises effectively. Along with preventive, promotive, curative and rehabilitative approaches towards mental health, the postgraduate student should be equipped with basic skills in medical and paramedical teaching, especially from Homoeopathic discipline and develop a research aptitude in mental health.

The major components of the postgraduate curriculum need to include the relevant theoretical knowledge to master most of the competencies. It is also necessary to integrate the speciality required for the needs at the secondary and tertiary levels with the principles of Homoeopathic discipline and be aware of the contemporary advances in the discipline as well. The curriculum must be appropriate to develop practical and clinical skills and attitudes required for competent and ethical evidence-based practice along with communication skills, training in research methodology and thesis writing skills. There should be an emphasis on acquiring the spirit of scientific inquiry, research methodology, epidemiology and basic skills in teaching the medical and paramedical Homoeopathic professionals.

Primarily, postgraduate candidates of Psychiatry are therefore expected to understand the knowledge of mental health management adequately coupled with Homoeopathic discipline for systematic use at all levels i.e., pathological, clinical, psychosomatic, etc, and in all clinical

situations. They are expected to provide health services with empathy and a humane approach toward patients and their families.

IV. Course Objectives.(EntrustableProfessionalActivities-EPAs)

- 1. Demonstrates the components of Psychiatric screening/history taking by striking a compassionate Doctor-Patient relationship.
- 2. Traces the evolution of psychopathology in every case for establishing a comprehensive clinical and personal diagnosis
- 3. Documents all the relevant information comprehensively in the case record
- 4. Performs essential General, Systemic, and Neurological examinations and conducts Mental Status Examination (MSE).
- 5. Integrates data from history taking, case evolution, and patient assessment to differentiate and conclude the diagnosis as per ICD-11, DSM-V, and Hahnemannian classification systems.
- 6. Formulates a comprehensive strategy for general and homoeopathic management
- 7. Manage patients with psychiatric emergencies and guide relatives accordingly.
- 8. Formulates comprehensive Acute, Chronic or Miasmatic totalities based on homoeopathic principles.
- 9. Chooses appropriate repertories for identifying the similimum.
- 10. Applies knowledge of homoeopathic materiamedica as therapeutic agents for the management of various psychiatric conditions.
- 11. Identifies the stage and time for the need for second opinions or referrals for clinical consultation or management respectively
- 12. Writes a comprehensive psychiatric report for any referral patient.
- 13. Identifies the need for and acts on clinical psychologist's intervention for psychotherapeutic or diagnostic interventions.
- 14. Identifies, evaluates and manages co-morbidities resulting from psychiatric conditions or resulting in psychiatric conditions as per homoeopathic principles.
- 15. Prescribes various ancillary measures based on the comprehensive problem definition of patients with mental illness
- 16. Identifies the actions, doses and adverse effects of psychiatric or psychotropic drugs.
- 17. Develop a safe handover and comprehensive discharge plan.
- 18. Performs periodic clinical audits to improve patient care and outcomes
- 19. Applies knowledge of mental health and mental hygiene for performing mental health work in the community.
- 20. Trains and teachesundergraduates/interns related to psychology and psychiatry
- 21. Evaluates and takes germane decisions as per the guidelines of MentalHealthCare Act 2017 for the benefit of patients and the community.
- 22. Participates in National Mental Health Programmes while applying the knowledge of Homoeopathic Psychiatry as relevant
- 23. Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.
- 24. Enagage in research activities relevant to the field of Homoeopathic Psychiatry by employing releant competencies required for handling patients

- 25. Publish evidence-driven documentation of clinical outcomes based on homeopathic psychiatry practices in reputable and credible journals.
- 26. Collobarate effectively as a member of an an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Psychiatry.
- 27. Demonstrate effective leadership skills when leading a team engaged in community health care 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

Sl.	EPA	KS	PC	НО	CS	PBL	PRF
No							
1.	Demonstrates the components of	1	V	-	$\sqrt{}$	V	1
	Psychiatric screening / history taking by						
	striking a compassionate Doctor Patient						
	relationship.						
2.	Traces the evolution of psychopathology in	V	V	1	1	V	1
	every case for establishing a						
	comprehensive clinical and person						
	diagnosis.						
3.	Documents all the relevant information						
	comprehensively in case record						
4.	Performs essential General, Systemic,	√		-	-		
	Neurological examinations and conduct						
	MSE						
5.	Integrates data from history taking, case	√		√			
	evolution, and patient assessment to						
	differentiate and concludes the diagnosis as						
	per ICD-11, DSM-V, and Hahnemannian						
	classification systems.					,	
6.	Formulates a comprehensive strategy for	√	√	√	-	1	√
	general and homoeopathic management						
7.	Manages patients with psychiatric	V	V	V	V	V	V
	emergencies and guide relatives						
	accordingly.						
8.	Formulates comprehensive Acute, Chronic	√	V	1	-	V	
	or Miasmatic totalities based on						
	homoeopathic principles						
9.	Chooses appropriate repertories for			√	-		
	identifying similimum.						

10	Applies the knowledge of homoeopathic materiamedica as the apeutic agents for the management of various psychiatric conditions.	V	V	V	-	1	V
11	Identifies the stage and time for the need for second opinions or referrals for clinical consultation or management respectively	1	1	V	V	V	V
12	Writes a comprehensive psychiatric report for any referral patients	1	V	-	V	1	1
13	Identifies the need for and acts on clinical psychologist's intervention for psychotherapeutic or diagnostic interventions.	V	√	-	V	V	√
14	Identifies, evaluates and manages comorbidities resulting from psychiatric conditions or resulting in psychiatric conditions as per homoeopathic principles.	1	√	√	√	√	√
15	Prescribes various ancillary measures based on the comprehensive problem definition of patients with mental illness	1	1	V	V	V	V
16	Identifies the actions, doses and adverse effects of psychiatric or psychotropic drugs.	1	1	-	√	√	√
17	Develops a safe hand over and comprehensive discharge plan	1	V	-	1	V	1
18	Performs periodic clinical audit to improve patient care and outcomes	1	V	-	1		1
	Applies knowledge of mental health and mental hygiene for performing mental health work in the community.	1	V	V	V	-	V
20	Trains and teaches undergraduates / interns related to psychology and psychiatry.	√	√	√	√		$\sqrt{}$
21	Evaluates and takes germane decisions as per the guidelines of mental health care act 2017 for benefit the patients and the community.	1	1	√	1	V	√
22	Participates in National Mental Health Programmes while applying the knowledge of Homoeopathic Psychiatry as relevant	1	√	V	V	V	V
23	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.	√			√	$\sqrt{}$	$\sqrt{}$

24	Engage in research activities relevant to the field of Homoeopathic Psychiatry by employing relevant competencies required for handling patients.	V		V	V	$\sqrt{}$
25	Publish evidence-driven documentation of clinical outcomes based on homeopathic psychiatry practices in reputable and credible journals	V		√	V	V
26	Collaborate effectively as a member of an interprofessional team, fostering a multidisciplinary approach to patient care, research, and training in Psychiatry.		1	V	V	√
27	Demonstrate effective leadership skills when leading a team engaged in community health care research, and training activities.	V	V	V	V	√

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	Но	m-PG-PS P	art 1	Н	om-PG-PS P	Part 2
		Sem /	Sem /	Sem / Mod	Sem / Mod	Sem /	Sem / Mod 6
		Mod 1	Mod 2	3	4	Mod 5	
1	Demonstr	2	2	2	3	4	5
	ates the	Demonstr	Carries	Can perform	Is able to	Is able to	Is able to
	componen	ates	out	an	carry out	carry	guide the
	ts of	ability to	screening	independent	case	through	junior
	Psychiatri	identify	in the	interview	receiving in	case	Postgraduate
	c	the	OPD and	and, discuss	the OPD,	receiving	in
	screening	essence of	can	the	Community	of a	fundamentals
	/ history	informati	assess the	dynamics of	and IPD set	variety of	of screening
	taking by	on	immediat	case taking	upsand	clinical	and can be an
	striking a	produced	e needs of	with the	report	conditions	effective
	compassio	screening	the	observer. Is	objectively	and take	observer to
	nate	and learns	patient.	able to	about his	the help	the case
	Doctor	to record	Carries	successfully	experiences	of a junior	taking efforts
	Patient	observatio	out a	interact with		observer	by giving
	relationshi	ns of case	supervise	the relatives.		for	constructive
	p.	taking as	d	Is able to		assessing	feedback
		an	interview	conduct		his	
		observer.	and is	Casualty		performan	
			able to	case		ce	
			undertake	receiving			
			self-				
			analysis.				
			Demonstr				
			ates				
			respect				
			for				
			patient's				
			privacy				
			and				
			autonomy				
			Seeks				
			feedback				

_	T	T	Π		T	T	
			from the				
			superviso				
			r over				
			case				
			taking				
2	Traces the	2	2	3	4	4	5
	evolution	Evaluates	Develops	Is able to	Is able to	Is able to	Is able to
	of	and	ability to	arrive at a	arrive at a	guide the	guide the
	psychopat	document	classify	probable	firm	junior in	Postgraduate
	hology in	s the	the	clinical	diagnosis	evaluation	juniors in
	every case	whole	symptom	diagnosis	with	of	establishing
	for	chronolog	s as per	and	differential	complaint	the
	establishin	y of	psychiatri	diagnosis of	diagnosis.	s and of	psychopatholo
	g a	complaint	c	the person.	Is able to	the	gy and
	comprehe	s and the	symptom	Is able to	present a	person.	connecting
	nsive	essential	atology	establish a	comprehen		these to the
	clinical	characteri	and	correlation	sive		clinical
	and	stics of	evaluate	between the	statement		diagnosis and
	persondia	the person	psychopat	two to	of the		the type of
	gnosis.		hology	Develops	problem of		person.
			and	ability to	the patient		
			connect	withstand	incorporati		
			with the	and cope	ng		
			person.	with stress	significant		
			Documen	associated	aspects of		
			ts and	with	psychopath		
			communi	receiving	ology and		
			cates	and	the manner		
			assessme	managing	in which it		
			nt with	patients	is		
			superviso	İs	responsible		
			rs.	sensitizedto	for the		
			Becomes	different	symptomat		
			aware of	aspects of	ology		
			the use of	receiving			
			knowledg	cases with			
			e, skills	psychopatho			
			and	logy			
			emotional				
			limitation				
			s of self				
			in the				
			process				
			of				
			eliciting				
			Jiiding				

3	Document s all the relevant informatio n comprehe nsively in case record	2 Document s all complaint s accurately and legibly.	and interpreti ng psychopat hology 2 Documen ts all entries at the correct location in the case record	3 Is able to justify the location of entries and make corrections, if any	4 Is able to guide the postgraduat e junior is the need to document all information and explain the character of the case record	4 Is able to guide the junior in essential classificat ion assisting the correct entries in the case record	5 Develops ability to correct and give constructive feedback to Postgraduate juniors on their case record submissions
4	Performs essential General, Systemic, and Neurologi cal examinati ons and conduct MSE)	Performs and concludes general, systemic and neurologi cal examinati on Demonstr ates empatheti c approach required to examine non-compliant patients	Performs and concludes general and systemic examinati on along with MSE	Performs and documents all examination s and communicat es the findings in terms of clinical diagnosis	Is able to guide the juniors for general, systemic and neurologica l examination	Is able to guide the Postgradu ate juniors in conductin g the MSE	5 Ensures juniors follow steps defined accurately.

5	Integrates	2	2	3	4	4	5
	data from						
	history	Comprehe	Effectivel	Effectively	Guides the	Guides	Transfers the
	taking,	nsively	y assesses	differentiate	junior	the junior	knowledge by
	case	records	the	s the	resident in	resident in	teaching the
	evolution,	the data	phases of	probable	the correct	the	postgraduate
	and	of the	psychiatri	diagnosis	documentat	correct	juniors
	patient	evolution	c illness	and arrives	ion of the	differentia	
	assessmen	ary	in cases	at the final	complaints	l	
	t to	complaint	to	diagnosis.	and	diagnosis	
	differentia	s and life	understan		classificatio	and	
	te and	events in	d the	Effectively	n of the	Hahnema	
	conclude	the case	diagnosti	classifies as	symptoms	nnian	
	the	record	c travel	per		classificat	
	diagnosis	Classifies		Hahnemanni		ions	
	as per	the	Effectivel	an			
	ICD-11,	symptoms	у	classificatio			
	DSM-V,	to help to	classifies	n to arrive at			
	and	arrive at a	the	the			
	Hahneman	spectrum	condition	Homoeopath			
	nian	of clinical	as per	ic diagnosis			
	classificati	diagnosis	DSM-V				
	on		and ICD-				
	systems.		11 and as				
			per				
			Hahnema				
			nnian				
			classificat				
			ion		_		_
6	Formulate		2	2	3	4	5
	s a		Recogniz	Defines the	Formulates	Recognize	Orients
	comprehe		es the	therapeutic	the	s the need	juniors the
	nsive		deviated	problem and	comprehen	of	various steps
	strategy		physical	opines about	sive	developin	required for
	for		and	the general	strategy for	g ability	accurate
	general		psycholo	management	general and	of self-	processing of
	and		gical	related to	homoeopat	assessmen	case
	homoeopa		processes	the same	hic	t to	
	thic		in a wide		manageme	improve	
	manageme		variety of		nt of the	the skills	
	nt		cases		case	of	
					Dame ()	processin	
					Demonstrat	g of the	
					es willingness	case/clinic	
					willingness	al	

						I 40 -	
					to receive	conditions	
					feedback		
					and		
					improve		
					the skills of		
					formulating		
					manageme		
					nt strategy		
_					of the case	_	_
7	Manages	2	3	4	4	5	5
	patients	Observe	Assists	Is able to	Is able to	Is able to	Guides and
	with	patients	the	formulate	formulate	guide the	Orients
	psychiatri	with	CMO/Sen	accurate	and	junior	juniors the
	c	emergenci	ior	diagnostic	implement	resident to	various steps
	emergenci	es and	resident	evaluations	manageme	the basic	required for
	es and	document	in the	of patients	nt plans for	emergenc	accurate
	guides	the	casualty	with	patients	y	assessment
	relatives	observatio	to	psychiatric	with	•	and
			conclude	emergencies	psychiatric	managem ent	
	accordingl	ns		_			management
	у.	ъ 1	the	and discuss	emergencie	procedure	of such
		Develope	assessme	the plan of	s and	s in the	emergencies
		mpathy	nt	action with	effectively	casualty	
		towards		the senior	communica		
		patients	Receives	resident/sup	tes the		
		and	and	ervisor	same with		
		relatives	communi		the		
		who are	cates with		relatives/pa		
		facing	patients/		tients		
		emergenci	relatives				
		es.	in the				
		CS.					
			emergenc				
			y room				
			and				
			document				
			s all the				
			observati				
			ons for				
			clinical				
			and				
			homoeop				
			athic				
			managem				
			ent				
8	Formulate		2	3	4	4	5
0			_	_	•	4	•
	comprehe		Classifies	Documentsa	Documents		Train the

_	1	Г	1	T	T	1	T
	nsive		and	ccurately to	and	Works	junior
	Acute,		evaluates	derive the	formulate	effectivel	residents
	Chronic or		acute	miasm and	acute,	y in any	about the
	Miasmatic		psychiatri	formulates	chronic and	situation	same
	totalities		c	acute and	come to	of acute	
	based on		symptom	chronic	miasmatic	or chronic	
	homoeopa		atology	totality	totality of	cases	
	thic		and	based on	the case		
	principles		evolves	Hahnemanni	based on		
			acute	an	guidelines		
			totality	guidelines			
9	Chooses	2	3	3	4	4	5
	appropriat		Can	Demonstrate			Is able to
	e		convert	s proper			guide the
	repertories		symptom	conversion			juniors in the
	for		s into	of rubrics in			choice and use
	identifyin		rubrics in	chronic			of repertories
	g		acute	cases.			for acute and
	similimum		cases	Demonstrate			chronic
			Demonstr	s the			management
			ates	knowledge			of cases
			knowledg	of choice of			
			e of	an			
			choice of	appropriate			
			an	repertory			
			appropria	and software			
			te	for chronic			
			repertory	cases			
			for the				
			case				
			(Basic,				
			regional,				
			clinical,				
			modern,				
			with use				
			of				
			software				
			etc),				
			remedy				
			relationsh				
			ip section				
			of				
			repertory				
			for acute				
			cases				
<u> </u>	1		1	<u> </u>	1	1	

1 0	Applies knowledg e of homoeopa thic materiame dica as therapeuti c agents for the manageme nt of various psychiatri c conditions .	Demonstr atesthe knowledg e of arriving at the group of remedies after formulating appropriate totalities for the managem ent of acute condition s.	Demonstrate sthe knowledge of arriving at a group of remedies after formulating appropriate totalities for chronic conditions.	3 Differentiat es remedies based on the clinical characterist ics related to various conditions and comes to the final remedy	4	5 Ensures juniors follow steps defined accurately. Transfer the knowledge to Undergraduat e students through teaching.
1 1	Identifies stage and time for the need for second opinions or referrals for clinical consultati on or manageme nt respectivel y		Recognizes when the therapeutic plan as planned and implemente d is not producing plans as expected. Is able to spot the lacunae	3 Is able to share and discuss with the patient/relat ives on the assessment and the need for a second opinion or advise on manageme nt strategy	4	Trains the juniors to create appropriate questions and retrieve evidence to supportive care
1 2	Writes a comprehe nsive psychiatri c report for any		2 Communicat es effectively with supervisors	3 Documents the rough psychiatric report of case/s and	4 Write comprehe nsive psychiatri c reports	Train the juniors for psychiatric report writing by ensuring

	referral		about the	subject to	with	the all defined
	patients		findings and	discussion	specific	guidelines
	patients		probable	for inputs	comprehe	gardennes
			plan for	Tor inputs	nsible	
			action		inclusion	
			uetion		of	
					homeopat	
					hic	
					managem	
					ent	
1	Identifies	2	3	3	4	5
3	need for	Identifies	Effectively	Studies and		Ensures to
	and acts	the cases	assesses the	analyses		keep juniors
	on clinical	needing	diagnostic	the findings		alongside for
	psycholog	psycholo	state and	from the		training/guidi
	ist's	gical	understands	analysts		ng them
	interventio	interventi	the need of	and utilize		
	n for	on	psychologist	them in		
	psychothe	Is able to	's opinion	manageme		
	rapeutic or	communi	and its	nt		
	diagnostic	cate to	indications			
	interventio	the	Effectively			
	ns.	patient/rel	communicat			
		ative the	es the			
		need and	psychiatric			
		the	report to the			
		benefit	psychologist			
		from the				
		consultati				
		on				
1	Identifies,	3	3	4	4	5
4	evaluates	Identifies	Assesses	Comprehen		Demonstrate
	and	the	and analyses	sively		the knowledge
	manages	occurrenc	the	formulates		and skill for
	co-	e of co-	connection	the		guiding the
	morbiditie	morbiditi	between two	Hahneman		juniors
	s resulting	es as a	or more	nian		
	from	result of	clinical	classificatio		
	psychiatri	the	conditions	n of the of		
	C	clinical	present in	mental		
	conditions	condition	any given	illnesses		
	or manulting	being	case	and		
	resulting	treated or	Discusses	indicates		
	in povohiotri	those which	with the	the		
	psychiatri	willen	patient/relati	manageme		

	c conditions as per homoeopa thic principles.	have preceded the condition being treated	ve of the need for care of the condition identified	nt plan		
1 5	Prescribes various ancillary measures based on the comprehe nsive problem definition of patients with mental illness	Assesses and defines the therapeuti c problem of the patients	Constructs a comprehensi ve diagnostic formulation	3 Assesses and formulates a comprehen sive diagnostic strategy for the case manageme nt helpful in indicating a suitable ancillary measure or referral to specialists (eg. Psychologi st)	4 Prescribe and assess the outcome of the ancillary measures and modify them if needed	Guide the junior Postgraduate residents for the same.
1 6	Identifies the actions, doses and adverse effects of psychiatri c or psychotro pic drugs.			Knows and assesses the effect of various modern psychiatric drugs including their side effects if any	4 Knows and assessesth e modifying effects in homoeopa thic totality	5 Guide the same to junior students

1	Develops			3	4	4	5
7	a safe			Formulates	Orients the	Effectivel	Trains the
′	hand over			a plan for	family/pati	y	juniors to
	and			hand	ent with the	replicates	create
	comprehe			over/dischar	discharge	the	appropriate
	nsive			ge and gets	plan.	applicatio	documentatio
	discharge			it evaluated	Formulates	n of	n, legal and
	•			from a	the final	document	ethical issues
	plan					ation, safe	while
				supervisor	discharge	l ′	
					plan	hand over	admission,
						and	safe hand over
						discharge	and discharge
	7 0					plan	plan
1	Performs			3	4	4	5
8	periodic			Learns to	Learns to	Drafts	Implements
	clinical			assess	compile	recommen	the changes
	audit to			quality of	individual	dations	finalized to
	improve			therapeutic	case	for	improve
	patient			outcome	assessment	improving	clinical
	care and			compared to	s to a case	the	outcomes
	outcomes			the initially	series and	therapeuti	
				formulated	write up	c outcome	
				management	reports on	of clinical	
				plans in	case series.	conditions	
				individual	Prepares	and	
				cases.	reports for	discusses	
				Learns to	publication	with the	
				write case		supervisin	
				reports for		g staff	
				publication			
1	Applies	1	2	2	4	4	5
9	knowledg	Becomes	Explores	Sensitize to	Sensitizes	Sensitizes	Guide and
	e of	aware of	the	the different	to the	with	demonstrate
	mental	importanc	compone	aspects of	different	different	the same with
	health and	e of the	nts of	mental	aspects of	aspects of	junior students
	mental	principles	mental	health and	mental	mental	
	hygiene	ofmental	hygiene	hygiene and	health and	health and	
	for	health and	and	practice in	hygiene	hygiene	
	performin	hygiene	practice	patients seen	and	and	
	g mental		on the	in the OPD	practice it	practice it	
	health		self and	and IPD	at various	at various	
	work in		near		community	communit	
	the		surroundi		levels	y levels	
	communit		ngs		colleges,	colleges,	
	y.		-		villages,	villages,	
1	<u> </u>					<u> </u>	

		T	Т .		
			companies	companie	
			etc.	s etc. and	
				assess the	
				feedback	
				for further	
				improvem	
				ent	
2	Trains and		4	4	4
$\begin{vmatrix} 2 \\ 0 \end{vmatrix}$	teaches		Formulates	Seeks	Effectively
0					·
	undergrad		the lesson	feedback	guides and
	uates /		plan related	post	helps other
	interns		to assigned	lecture/	team members
	related to		topic and	presentati	and juniors for
	psycholog		prepares	on from	such teaching
	y and		and	an	activities
	psychiatry		presents	observer	
			case based		
			material to		
			interns by		
			keeping an		
			observer		
			for		
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			eedback		
2	Evaluates		3	3	4
1	and takes		Becomes	Practices	Implements
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	as per the		clauses of	confidenti	violation.
	guidelines		the mental	ality and	
	of mental		health care	rights to	Transfers the
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	2017 for		rights of	of	juniors on the
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	the		with mental	with	Same.
	patients		illness	human	
	and the			care	
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	у.				
2	Participate		Becomes	Visits the	Participates in
2	s in		aware of	sites	one such
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	Health		Mental	National	Institution/Dis
1	11001011		1/1011441	1 144101141	IIISHIGHOH/DIS

	Programm				Health	Programm	trict/Local
	es while applying the				Programme s of the Governmen	es are being run	authority
	knowledg				t		
	e of Homoeop athic Psychiatry as relevant						
2 3	Apply various teaching- learning techniques for imparting undergrad uate and postgradu ate education.	Justify the need for education al methodol ogy as a componen t of PG Course.	Identify the learning objectiv es for their domain in Bloom's taxonom y. Identify the contexts of learning.	Recognise the levels of Guilbert. Indicate the level in Miller's Pyramid. Select appropriate instructiona l activities.	Write objectives for all domains of Bloom and levels of Guilbert. Identify assessmen t tools appropriat e for the context.	Conduct evidence driven TL and Assessme nt of UG students.	Apply various teaching-learning techniques for imparting undergraduate and postgraduate education.
2 4	Engage in research activities relevant to the field of Homoeop athic Psychiatry by employing relevant competenc ies required for handling patients.	Orients self to research methodol ogy as a subject	Proactively seeks guidance in application of research methodo logy	Identifies the avenues and processes that can be taken	Concludes the topic to work and applies the learnt processes	Conducts the research on the topic selected and consolidat es the findings	Reviews the conclusions and identifies future areas for research

2	Publich	1	2	2	3	3	Δ
5	Publish evidence- driven document ation of clinical outcomes based on homeopat hic psychiatry practices in reputable and credible journals	Becomes aware of importanc e	Explores the docume ntation already publishe d	Consolidat es the process to adopted	3 Attempts to document	3 Effectivel y document s	Ensures publication of research conducted
2 6	Collaborat e effectively as a member of an interprofes sional team, fostering a multidisci plinary approach to patient care, research, and training in Psychiatry .	1 Becomes aware of need	Identifie s situation s by observat ion	2 Proactively participates	3 Proactivel y seeks others participati on	3 Attempts to seek feedback on self's lacunae in the process	4 Effectively contributes as a team member
2 7	Demonstr ate effective leadership skills when leading a	Becomes aware of essential leadership qualities	Proactively seeks leadership role	2 Attempts to deliver leadership role	3 Seeks feedback on self's leadership traits	3 Explores opportunit ies to demonstra te leadership	4 Demonstrates effective leadership

team			
engaged			
in			
communit			
y health			
care			
research,			
and			
training			
activities.			

PART I Paper 1:

V.Topic and Topic Objectives.

Part 1: Paper 1:

- <u>HOM- PG -- PS -- 01</u>: Neuro-biological foundations of Psychiatry and the homoeopathic implications
- <u>HOM- PG -- PS 02</u>: Psychosocial foundations of Psychiatry and the homoeopathic implications
- <u>HOM- PG -- PS -- 03</u>: Concept of Personality and various approaches with homoeopathic implications
- <u>HOM- PG -- PS -- 04</u>: History of Psychiatry in the West and in India and contribution of Homoeopathy
- <u>HOM- PG -- PS -- 05</u>: Case receiving and Examination of Psychiatric patient(adult and children)
- <u>HOM- PG -- PS -- 06</u>: Clinical manifestations of Psychiatric disorders and understanding of psychopathology
- <u>HOM- PG --PS -- 07</u>: Classification of Psychiatric disorders and correlation with the Hahnemannian approach
- HOM- PG -- PS -- 08: Diagnostic process in Psychiatry and correlation with Hahnemannian diagnosis

VI. Course description

$\underline{\textbf{Topic Name}}; \ \textbf{HOM-PG-PS -- 01}; \ \textbf{Neuro-biological foundations of Psychiatry and the homoeopathic implications}$

Course Overview:	This course will provide the students of MD Homoeopathic Psychiatry with the knowledge of Neuro-biological foundations of Psychiatry and the implication in Homoeopathic fundamentals
Learning	Competency: HOM- PG – PS – 01- 1
Outcomes	
	Neuroanatomical and neurophysiological and neurogenetics basis of the mental
	processes
	Cognitive/Knowledge:
	Neuro-biological foundations of Psychiatry
	a) Types c) Functioning d) Clinical significance
	 Recall the basic neuroanatomical and neurophysiological basis of the mental processes- neuron, nerve transmission, parts of brain and the functioning, limbic system, neurotransmitters, neurotransmission, general adaptation syndrome, HPA axis, etc.
	Skill/ Application:
	Correlate the symptoms with the relevant neurobiological function
	Reflection:
	Recollecting the neuroanatomical and neurophysiological basis of the mental processes
Learning	Competency: HOM- PG – PS – 01- 2
Outcomes	
	Study the homoeopathic implications of neurobiological foundations of
	Psychiatry
	Cognitive/Knowledge:
	Discuss the implication of in Homoeopathy with respect to
	a) Susceptibility b) Sensitivity c) Reactivity d) Vitality e) Relevant rubrics f) Materiamedica indications
	Psychomotor/ Skill:
	Assess the onset, duration, progression, susceptibility, fundamental and dominant miasm, hunting the rubrics in repertory, differentiating the remedies based on the presentation
	Reflection:
	Able to apply the knowledge of neurobiology to Organon, HMM and

	Repertory
	Peer based learning methods: Problem based
	Individual based learning methods: self-regulated learning, Library
Learning	based, e- learning, formative self-assessment
methods	
Assessment:	Continuous / Programmatic assessment : Assignments, MCQ
	• Practical exam – short case, long case, objective structured oral
	examination, OSCE
	Written Examinations: Problem Based Learning assessment: LAQ
	SAQ
	Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of	Knowledge & Scholarship/ Homoeopathic Orientation
Competencies	

 $\underline{\textbf{Topic Name:}} \ \textbf{HOM -} \ PG - PS - 02 \ Psychosocial \ foundations \ of \ Psychiatry \ and \ the \ homoeopathic implications$

Learning	Competency HOM - PG - PS - 02 - 1
Outcomes	Studying the Psychosocial foundations of Psychiatry
	 Cognitive/knowledge Discuss the psychological determinants- psychodynamics, stress and conflict, defence mechanisms, psychological pre-disposing factors, precipitating and maintaining factors Discuss the Social determinants- social predisposing, precipitating and maintaining factors
	 Recall the developmental traits responsible for the evolution of individual and species. Recall the aphorism 6 of Organon of Medicine
	Skill: • Display the skill of case taking and case receiving with the help of this knowledge
	Reflection: • Relate the concept of Organon with the understanding the psychosocial foundations of Psychiatry.
Learning Methods	 Peer based learning methods: Problem based, Case based, ward rounds Individual based learning methods: Self-regulated learning, deliberate practice
Assessment:	Continuous / Programmatic assessment : Assignments, MCQ

	 Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, Rubric
Prescribed Texts:	Refer to list attached
Domains of	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation /
Competencies	Communication skills/ Professionalism

<u>**Topic Name:**</u> **HOM -** <u>PG -- PS - 03</u>- Concept of Personality and various approaches with homoeopathic implications

Learning Outcomes	Competency: HOM - <u>PG PS - 03-</u> 1
	Understanding the basic concept of Personality
	Cognitive/knowledge
	a) Personality b) Trait c) Temperament
	d) Definition e) Types f) Temperaments in Homoeopathy
	Skill/ Psychomotor: Identifying the trait, temperament and personality in
	cases
	Reflection: Recognizing the concept of trait, temperament and personality
I comine Outcomes	and their application in cases. Competency: HOM - PG PS - 03-2
Learning Outcomes	Competency: HOM - PG PS - 03-2
	Understanding Sigmund Freud's pychosexual approach and its case application
	Cognitive/knowledge Define and discuss- a) Structure of the mind b) Levels of consciousness c) Psychosexual theory d) Defense mechanisms
	 Skill: Demonstrate Freud's structure of mind in cases Identify the Id-Ego-Superego balance in cases Define the problem of the patient with the help of the theoretical concept.
	Reflection: Recognizing the Freudian concepts to cases and their Homoeopathic applications.
Learning Outcomes	Competency: HOM - PG PS - 03-3
	Learn the concepts of the Neo-Freudian Theories

	Cognitive/knowledge
	Discuss the theoretical concepts of Neo-Freudian theories by
	Alfred Adler- Recall Adler's personality theory in detail
	Carl Jung- Recall Jungian concept of Complexes, Archetypes,
	Unconscious (personal and collective), Symbols and Personality
	structure
	2. Eric Fromm- Recall Fromm's personality theory in detail
	Kohlberg- Recall the stages of moral development
	3. Harry Stack Sullivan- Discuss Sullivan's Interpersonal theory in
	detail
	Erik Erikson- Recall the stages of psychosocial theory
	Karen Horney- Recall
	4. John Bowlby- Recall the attachment styles and stages of attachment
	<u>Skill</u> :
	Apply the concept Neo-Freudian theories in cases
	• Define the problem of the patient with the help of the
	theoretical concept.
	D. G. Aliana
	Reflection:
	Recognizing the Neo-Freudian theories in cases and their Homogopothic applications
Learning Outcomes	Homoeopathic applications. Competency: HOM - PG PS - 03-4
Learning Outcomes	Competency. 11011-10 13 - 03-4
	Studying the various personality theories and assessment
	Cognitive/knowledge
	Discuss the Personality theories in detail
	a) Behavioural b) Humanistic c) Social learning theories
	Discuss techniques and methods used for the assessment of Personality
	Skill:
	Demonstrate the application of the theories in understanding
	psychopathology and utility in Homoeopathy.
	Apply the knowledge of personality to arrive at the similimum
	Apply the knowledge to assess Personality using various
	methods
	Reflection:
	Recognizing the Personality theories in relation to fundamentals
	of Homoeopathy and their application in cases.
Learning Methods	Peer based learning methods: Problem based; Case based
	Individual based learning methods: self-regulated, deliberate practice
Assessment:	Continuous / Programmatic assessment :Assignments, MCQ
	Practical exam – short case, long case, objective structured oral
1 100 00 00 111 011 01	

	examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation /
Competencies	Communication skills/ Practice based learning / Professionalism

<u>**Topic Name: HOM -** PG -- PS -- 04</u>: History and Evolution of Psychiatry in the West and India and the contribution of Homoeopathy

Learning	Competency : HOM - PG PS - 04-1					
Outcomes						
	History and Evolution of Psychiatry in the West and India and the					
	contribution of Homoeopathy					
	 Cognitive/knowledge Discuss the history of Psychiatry dating back to Greek and Roman including in India up to recent advancements of DSM and ICD. Know the contribution of pioneers who contributed to the movement of psychiatric thought Recall Hahnemannian concept of mental illnesses Compare general concept of Psychiatry with Hahnemannian concept 					
	 Skill: Applying the knowledge of classification as per DSM V and ICD 11 to arrive at a probable diagnosis Apply the knowledge to assess Personality of various methods Reflection: Reflect the Historical evolution of Psychiatry and its correlation with Homoeopathy 					
Learning	Peer based learning methods: Problem- based					
Methods	 Peer based learning methods: Problem- based Individual based learning methods: self-regulated learning, 					
	Portfolio- based, formative self-assessment					
Assessment:	Continuous / Programmatic assessment :Assignments, MCQ					
	• Practical exam – short case, long case, objective structured oral					
	examination, OSCE					
	Written Examinations: Problem Based Learning assessment: LAQ					
	SAQ					
D 11 1 7	Checklist, Rating scales, DOPS, Viva voce					
Prescribed Texts:	Refer to list attached					

Domains of	Knowledge & Scholarship/Homoeopathic Orientation
Competencies	

<u>Topic Name</u>: HOM- <u>PG -- PS -- 05</u>: Case receiving and Examination of Psychiatric patient(adult and children)

Learning	Competency : HOM - <u>PG PS - 05-1</u>			
Outcomes				
	Receiving a psychiatric case- case taking, case receiving, psychiatric			
	interview and examination in adult and children			
	Cognitive/knowledge			
	Discuss the structure and sequence of a child interview			
	 Enumerate and discuss Child Interview techniques and examination- play techniques, projective techniques and direct questioning and mental status examination 			
	 Discuss the steps of interviewing and examination of adult psychiatric patient- emphasize on interview techniques and mental status examination. 			
	Skill:			
	Display the skill of case receiving in a psychiatric interview			
	Demonstrate the techniques of interview			
	Conduct a mental status examination			
	Deflections			
	Reflection:			
	Reflect the concept of case receiving and examination in a			
	psychiatric interview with unprejudiced.			
	Peer based learning methods: Bedside wards, ward rounds, out-			
Learning	patient based, lab-based			
Methods	Individual based learning methods: Self-regulated learning, Asilia and a properties formation as If a property and the contract of the			
	deliberate practice, formative self- assessment			
Assessment:	Continuous / Programmatic assessment :Assignments, MCQ			
	Practical exam – short case, long case, objective structured oral			
	examination, OSCE			
	Written Examinations: Problem Based Learning assessment: LAGGAG			
	LAQ SAQ			
D '1 1	Checklist, Rating scales, OSCE D. C.			
Prescribed	Refer to list attached			
Texts:	W 11 0011 1'/D' / /W 4' O' / /			
Domains of	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation /			
Competencies	Communication skills/ Practice based learning / Professionalism			

<u>**Topic Name: HOM - PG -- PS -- 06: Clinical manifestations of Psychiatric disorders and understanding of psychopathology</u></u>**

Learning Outcomes	Competency : HOM - PG PS - 06-1			
	Understanding the clinical manifestations of Psychiatric disorders Studying psychiatric symptomatology			
	 Cognitive/knowledge Discuss the significance and inter-relation between the basic psychological processes Classify the psychiatric symptomatology 			
	 Skill: Demonstrate case taking of psychiatric patients Elicit the mental status examination with the knowledge of symptomatology Arrive at a probable diagnosis or spectrum 			
	Reflection: • Reflect the symptomatology of psychiatric cases and arrive at the probable diagnosis			
Learning Methods	 Peer based learning methods: Problem-based learning, case-based, Brainstorming, bedside, ward rounds, out-patient based. Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment 			
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, DOPS, Viva voce 			
Prescribed Texts:	Refer to list attached			
Domains of Competencies	Knowledge & Scholarship/ Patient care / Practice based learning			

<u>**Topic Name: HOM -** PG -- PS -- 07</u>: Classification of Psychiatric disorders and correlation with the Hahnemannian approach

Learning	Competency : HOM - <u>PG PS - 07-1</u>		
Outcomes			
	Studying the evolution of the classification of Psychiatric disorders		
	Studying Hahnemannian classification of Psychiatric disorders		
	Cognitive/knowledge		
	Discuss the evolution of the classification of Psychiatric		
	disorders		
	 Discuss the evolution of DSM and ICD 		
	Compare and contrast DSM versus ICD		
	Recall the salient features of DSM-5 and ICD-11		
	Discuss the Hahnemannian classification of Psychiatric		
	disorders (Aphorism 210-230)		
	disorders (Aphonsin 210-230)		
	Skill:		
	Apply the knowledge of classification as per DSM V and		
	ICD 11 to arrive at a probable diagnosis		
	Apply the knowledge of Hahnemannian classification of		
	mental disorders and management strategies to cases		
	mental disorders and management strategies to cases		
	Reflection:		
	Reflect the classification of Psychiatric disorder and		
	Hahnemannian classification to arrive at a clinical and		
	Hahnemannian diagnosis.		
	Peer based learning methods: Problem-based, case based, ward		
	rounds, out-patient based		
Learning	Individual based learning methods: self-regulated learning,		
methods	spaced repetition, deliberate practice, formative self-		
incensus .	assessment.		
Assessment:			
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured 		
	oral examination, OSCE		
	Written Examinations: Problem Based Learning assessment:		
	LAQ SAQ Check list Rating scales		
Prescribed Texts:	Check list, Rating scales Refer to list attached		
Domains of	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation		
	Knowledge & Scholarship/ Fadent care / Homocopathic Orientation		
Competencies			

<u>**Topic Name: HOM - PG -- PS -- 08: Diagnostic process in Psychiatry and correlation with Hahnemannian diagnosis</u></u>**

Learning	Competency : HOM - <u>PG PS - 08-1</u>
Outcomes	
Outcomes	Diagnostic process in psychiatry and correlation with Hahnemannian diagnosis Cognitive/knowledge Discuss the basic psychological processes in arriving at a diagnosis. Recall the parameters to derive the Hahnemannian diagnosis-onset, duration, progression, susceptibility, sensitivity, reactivity, causation, etc. Discuss in detail the indications, structure, evolution and interpretation of different psychometric tests- Personality tests (objective and projective), IQ assessment, scales for autism, etc. Recall the indications for lab investigations- radiological tests, CT scan, MRI, haematological investigation, etc. Define diagnostic formulation and explain the general
	 Define diagnostic formulation and explain the general principles and structure of diagnostic formulation Skill: Construct the Conation-Cognition-Affect model to diagnose a psychiatric clinical condition Arrive at the diagnostic formulations of cases of psychiatric disorders. Apply the concept of susceptibility and sensitivity to cases Apply the knowledge of classification of Psychiatric disorder as mentioned in Organon of Medicine to arrive at the Hahnemannian diagnosis
	Reflection: • Reflect the process of arriving at a clinical and Hahnemannian diagnosis • Peer based learning methods: Problem-based, case based
Learning Methods	 Feer based learning methods: Problem-based, case based Individual based learning methods: Self regulated learning, formative self assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ

	Check list, Rating scales, OSCE, Viva voce
Prescribed Texts:	Refer to list attached
Domains of	Knowledge & Scholarship/ Patient care / Homoeopathic Orientation /
Competencies	Communication skills/ Practice based learning / Professionalism

VII. Assessment

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

- <u>HOM- PG -- PS -- 01</u>: Neuro-biological foundations of Psychiatry and the homoeopathic implications
- <u>HOM- PG -- PS 02</u>: Psychosocial foundations of Psychiatry and the homoeopathic implications
- <u>HOM -PG -- PS -- 03</u>: Concept of Personality and various approaches with homoeopathic implications
- <u>HOM- PG -- PS --04</u>: History of Psychiatry in the West and India and correlation with Homoeopathy
- <u>HOM- PG -- PS -- 05</u>: Case receiving and Examination of Psychiatric patient(adult and children)
- <u>HOM- PG -- PS -- 06</u>: Clinical manifestations of Psychiatric disorders and understanding of psychopathology
- <u>HOM- PG --PS -- 07:</u> Classification of Psychiatric disorders and correlation with the Hahnemannian approach
- <u>HOM PG -- PS -- 08</u>: Diagnostic process in Psychiatry and correlation with Hahnemannian diagnosis

VII (2b). Question Paper Layout

Q. No.	Type of Question	Content	Marks
1	Problem	Problem Based Question	20
1	Based	HOM-PG-PS- 02 OR 03 OR 06 OR 08	20
2	LAQ	HOM-PG-PS – 04 OR 01	10
3	LAQ	HOM-PG-PS – 05 OR 07	10
4	LAQ	HOM-PG-PS - 03 OR 02	10
5	LAQ	HOM-PG-PS - 06 OR 08	10

6	SAQ	HOM-PG-PS - 01	5
7	SAQ	HOM-PG-PS - 08	5
8	SAQ	HOM-PG-PS – 02	5
9	SAQ	HOM-PG-PS - 07	5
10	SAQ	HOM-PG-PS - 06	5
11	SAQ	HOM-PG-PS - 03	5
12	SAQ	HOM-PG-PS – 04	5
13	SAQ	HOM-PG-PS - 05	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	Discussion of Synopsis	20 Marks					
2	Viva (Applied Homoeopathy, Clinical understanding, Laboratory / Imaging investigations – 20 + 20 + 20)	60 Marks					
	100 Marks						

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

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

Part II Paper 1,2

V. Topics and Topic Objectives.

Part II – Paper I:

All clinical states will include the homoeopathic application and hence will include

- i) Homoeopathic case taking
- ii) Hahnemannian classification
- iii) Causation including correlation with biological and psychosocial correlates
- iv) Psychological correlation with miasmatic states
- v) Assessment of susceptibility
- vi) Approach to totality and processing
- vii) Homoeopathic and ancillary management including differential Materia Medica
 - $\underline{HOM} \underline{PG} \underline{PS} \underline{09}$: Homoeopathy in Common Mental Disorders
 - $\underline{HOM} \underline{PG} \underline{PS} \underline{10}$: Homoeopathy in Major Psychiatric disorders
 - HOM PG -PS -11: Scope and limitation of Homoeopathy in Substance related disorders
 - <u>HOM -PG -PS- 12:</u> Scope and limitation of Homoeopathy in Emergency Psychiatry and Acute Organic syndromes
 - <u>HOM -PG PS -13:</u> Scope and limitation of Homoeopathy in Personality disorders including disorders of Impulse control
 - <u>HOM PG PS -14:</u> Scope and limitation of Homoeopathy in Sexuality, Sexual dysfunction and Gender identity disorders
 - HOM -PG PS -15: Homoeopathy in Eating and Sleeping disorders

Part II – Paper 2:

- HOM PG-PS- 16 Psychosomatic disorders
- <u>HOM PG PS 17:</u> Homoeopathy in Geriatric Psychiatry including illnesses involving Cognitive decline
- <u>HOM -PG --PS --18:</u> Homoeopathy in Special situations: PTSD, Culture bound syndromes, Adjustment disorder and Factitious disorder and Liaison Psychiatry
- HOM -PG -- PS -- 19: Child Psychiatry
- <u>HOM PG--PS--20</u>: Preventive aspects of Mental Disorders, Psychotherapies, Psychopharmacological treatments, Rehabilitative Psychiatry. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness
- <u>HOM -PG PS 21</u>: Homoeopathy in Community Psychiatry and National Mental Health Programmes
- <u>HOM- PG PS 22:</u> Forensic Psychiatry, Mental Health Act 2017 and Ethics of Psychiatric treatments

VI. Topic description

Part- II/ PAPER-I

Topic name: HOM-PG – PS – 09 Common Mental Disorders

Top	ic Overview:	This to	opic	will	provide	students	of MD	Homoeopathic	Psychiatry
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with a general conceptual and evidence-based approach for the application of Homoeopathy In common mental disorders

- Anxiety disorders including Panic disorders and phobias
- Somatoform disorders
- Dissociative disorders
- Obsessive compulsive disorders

Competency-: HOM-PG-PS-09-1:

Students should demonstrate a basic ability to elicit a psychiatric history, showing awareness of key areas of importance for diagnosing in cases of Anxiety disorders and other neurotic disorder

Cognitive/Knowledge:

- Recognize alteration of normal anxiety to an abnormal state
- Recognize and explain the neurological/Biological aspects of Anxiety disorders
- Describe Anxiety disorders its types, clinical presentation, diagnostic criteria as per ICD11/ DSM V, scale to evaluate and management
- Illustrate the clinic-psycho-pathological correlation of Anxiety disorders and its types, integrate these with mental diseases understanding from Organon of medicine

Procedure/skill:

• Trace the relevant information from patient, and from bystanders

- Identify and assemble the relevant observations on records
- Trace the pre-morbid and morbid state.
- Collect developmental history effectively along with psychodynamics of the case
- Perform General medical examination,
- Perform Mental status examination
- Use ICD 11, DSM V for diagnosis
- Perform and interpret necessary investigations
- Assess report of basic investigations to identify and rule out if any biological conditions responsible
- Construct the homoeopathic diagnosis as per Hahnemann or various stalwarts of Homoeopathy
- Construct the totality of symptoms with as per Organon of medicine
- Choose the suitable repertory appropriate to the Case for repertorization
- Select the appropriate similimum with reference to Materiamedica
- Explain the patient or patient caretaker plan of treatment

Learning Outcomes:

Reflection:

- Review scope and limitation of management of current or the chronic state of the patient with anxiety disorder
- Generate and publish case reports or case series from various clinical experiences

Competency: HOM-PG-PS-09-2

Students should demonstrate a basic ability to elicit a psychiatric history, showing awareness of key areas of importance for diagnosing in cases of Somatoform disorders

Cognitive/Knowledge:

- Describe the clinical features of somatoform disorders
- Recall and describe somatoform disorders and its types, clinical presentation, diagnostic criteria as per ICD 11, DSM V , scale to evaluate and management
- Evolve clinic-psycho-pathological correlation of somatoform disorders and its types, integrate these with mental diseases understanding from Organon of medicine
- Justify the application of homoeopathic philosophies in psychiatric cases of somatoform disorders

Procedure/skill:

- Organize by gathering the relevant clinical and personal information from patient, and from bystanders by demonstrating the compassion
- Identify and record relevant observations
- Detect pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Conduct General medical examination,
- Conduct Mental status examination
- Use ICD 11, DSM V for diagnosis
- Perform and interpret appropriate investigation
- Classify the diseases as per Hahnemann and various stalwarts' guidelines.
- Demonstrate General management/Supportive therapy care
- Select appropriate repertory and perform repertorial analysis
- Select appropriate similimum with due reference to Materiamedica.
- Explain the patient/care takers regarding plan of treatment.

Reflection:

- Review scope and limitation of management of current or the chronic state of the patient with somatoform disorders
- Generate and publish case reports or case series from various clinical experiences

Competency: HOM-PG-PS-09-3

Identify and Diagnose, Dissociative disorders

Cognitive/Knowledge:

- Recall and Describe Dissociative Disorders its types, classification, diagnostic criteria and general management
- Illustrate the use of various scales to evaluate and manage cases of dissociative disorders
- Compare the Classification of the diseases per Hahnemann ad various stalwarts

Procedure/skill:

- Demonstrate the psychiatric interview techniques for gathering relevant clinical and psychological information from patient, or bystanders.
- Assemble all the relevant observations on record
- Trace the pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Conduct General medical examination.
- Conduct Mental status examination
- Select ICD11, DSM V for diagnosis
- Construct the disease classification as per Hahnemann or various stalwarts of Homoeopathy
- Construct the totality of symptoms with as per Organon of medicine
- Select appropriate repertory for repertorization
- Select the appropriate similimum with reference to Materiamedica
- Explain the patient or patient caretaker plan of treatment
- Plan for ancillary measurements in various conditions

Reflection:

- Orient and guide the patient and relatives about the disease, its prognosis and further management plan over the course of time in acute or chronic cases
- Review the Scope and limitation of homoeopathy for these conditions and plan out therapeutic plan based on clinical

experiences

• Generate and publish case reports or case series from various clinical experiences

Competency : HOM-PG-PS-09-4

Identify and diagnose Obsessive compulsive disorders

Cognitive/Knowledge:

- Describe Obsessive compulsive Disorders and its related disorders. Their classification, aetiology, clinical features, diagnostic criteria as per ICD 11/DSM V, scales to evaluate and its management
- Compare the Classification of the disorder as per Hahnemann and various stalwarts

Procedure/skill:

- Perform psychiatric interview to gather relevant information from patient, and from bystanders
- Identify and Record relevant observations
- Detect pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Conduct General medical examination,
- Conduct Mental status examination
- Select ICD11, DSM V for diagnosis
- Perform and interpret appropriate investigation
- Construct disease classification as per Hahnemann and various stalwarts' guidelines.
- Organize general management/Supportive therapy care
- Construct the totality of symptoms as per Principles of Organon of medicine.
- Select appropriate repertory and perform repertorial analysis
- Select appropriate similimum with due reference to Materiamedica.
- Explain the patient/care takers regarding plan of treatment.

Reflection:

- Scope and limitation of homoeopathy for Obsessive compulsive disorders
- Prepare and publish case report or case series from vast clinical experiences

Learning Methods

 Peer based learning methods: Problem-based, ward rounds, out-patient based

	 Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self- assessment 			
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Check list, Rating scales, DOPS 			
Prescribed Texts:	Refer to list attached			
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning			

 $\underline{\textbf{Topic name:}} \quad HOM\text{-}PG-PS-10 \ Homoeopathy in Major psychiatric disorders$

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry with knowledge about Major psychiatric cases and role of homeopathy in understanding and management of major psychiatric conditions viz. • Mood disorders • Schizophrenia spectrum disorders				
Learning Outcomes:	 Competency: HOM-PG – PS – 10 - 1 Recognize the concept of general philosophy as applied in homoeopathy in co-relation to Mood disorders and puerperal disorders Cognitive/Knowledge: List and state Mood and its qualities in normal expression along with travel to abnormality Explain Mood disorder/s, its prevalence and symptoms Recognize and explain the neurological/biological/psychological aspects of mood disorder/s Recall and describe mood disorders and its types, clinical presentation, diagnostic criteria as per ICD 11, DSM V, scale to evaluate and management Illustrate clinic-psycho-pathological correlation of mood disorders and its types, integrate these with mental diseases understanding from Organon of medicine Justify the application of individualization in the cases of 				

Mood disorders

Procedure/skill:

- Perform the psychiatric interview and gather relevant information from patient, and from bystanders
- Identify and record relevant observations
- Detect pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case/s
- Conduct General medical examination,
- Conduct Mental status examination
- Use ICD11, DSM V for diagnosis
- Construct disease classification as per Hahnemann and various stalwarts' guidelines.
- Sketch General management/Supportive therapy care
- Construct the totality of symptoms as per Principles of Organon of medicine using appropriate repertory
- Select appropriate similimum with due reference to Materiamedica.
- Explain the patient/care takers regarding plan of treatment.

Reflection:

- To understand the scope and limitation of holistic, individualization concepts of homoeopathy for Mood Disorder cases
- Write an original article on the concept/s and its application in mental health, illness and cure.

Competency: HOM-PG-PS-10-2

Know, remember and apply the role of homoeopathy in cases of Schizophrenia spectrum disorders

Cognitive/Knowledge:

- Recall and describe perception, its qualities and its alteration to abnormality
- Recall and describe Schizophrenia spectrum disorders its types, clinical presentation, diagnostic criteria, scale to evaluate and management
- Comparing the different ways in which ICD 11 and DSM V approach the classification of schizophrenia spectrum disorders
- Describe the neurodevelopmental and neurodegenerative aspects of Schizophrenia spectrum disorders
- Explain clinic-psycho-pathological correlation of schizophrenia spectrum disorders and its types, integrate

	these with mental diseases understanding from Organon of medicine • Explain various therapeutic measures to manage cases of
	Explain various therapeutic measures to manage cases of schizophrenia
	Procedure/skills:
	Organize relevant information from patient, and from bystanders on record
	Identify and Record relevant observations
	Detect the pre-morbid and morbid state.
	Trace the developmental history effectively along with psychodynamics of the case/s
	Conduct General medical examination,
	Conduct Mental status examination
	• Use ICD 11, DSM V for diagnosis
	Perform and interpret appropriate investigation
	• Construct the classification of the diseases as per Hahnemann and various stalwarts' guidelines.
	Sketch General management/Supportive therapy care
	Construct the totality of symptoms as per Principles of Organon of medicine.
	Select appropriate repertory and perform repertorial analysis
	Select appropriate similimum with due reference to
	Materiamedica.
	Explain the patient/care takers regarding plan of treatment.
	Reflection:
	Scope of homoeopathic in Schizophrenia spectrum disorders
	Prepare and publish case report/s or case series on these
	conditions
	Peer based learning methods : Bedside, ward rounds, outpatient based
Learning Methods	 Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self- assessment
	Continuous / Programmatic assessment : Assignments,
	MCQ
A saasamant.	Practical exam – short case, long case, objective structured oral examination, OSCE
Assessment:	structured oral examination, OSCEWritten Examinations: Problem Based Learning
	assessment: LAQ SAQ
	Checklist, Rating scales, DOPS, OSCE
	, , , , , , , , , , , , , , , , , , , ,
Prescribed Texts:	Refer to list attached

Domains	of Knowledge	&	Scholarship	/	Patient	Care	/	Homoeopathic
Competencies	Orientation /	Prac	ctice Based L	eai	ning			

<u>Topic name</u>: HOM-PG – PS – 11Scope and limitation of homoeopathy in Substance related disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy for Substance related and addictive disorders
	Competency: HOM-PG – PS – 11 -1
	Review Scope and limitation of homoeopathy for Substance related and addictive disorders viz. (Alcohol, Tobacco, Cannabis, Cocaine, Caffeine Hallucinogens, Inhalant, Methadone, Amphetamines etc.)
	Cognitive/Knowledge:
	 Recall and describe the type and uses of various substances along with their psycho-neurological actions
	 Recall and describe the Bio-psycho-social factors which underlie the substance related and addictive disorders
Learning Outcomes:	 Illustrate clinic-psycho-pathological correlation of substance related and addictive disorders, its types, integrate these with mental diseases understanding from Organon of medicine explain the integration of the fundamental and dominant miasma in the causation of Substance related and addictive disorders Illustrate the concept of susceptible constitutions and relate to the determinants of Substance related and addictive disorders
	Procedure/Skills: • Conduct psychiatric interview to gather relevant information
	from patient, and from bystanders
	Identify and Record relevant observations Trace the are modeled and modeled state.
	 Trace the pre-morbid and morbid state. Trace the developmental history effectively along with psychodynamics of the case
	 Conduct General medical examination,
	 Conduct Mental status examination
	• Select ICD 11, DSM V for diagnosis
	Perform and interpret appropriate investigation
	 Construct the classification as per Hahnemann and variou stalwarts' guidelines.
	Sketch the General management/Supportive therapy care
	• Construct the totality of symptoms as per Principles of Organo

	of medicine. • Select appropriate repertory and perform repertorial analysis • Select appropriate similimum with due reference to Materiamedica. • Explain the patient/care takers regarding plan of treatment. Reflection:
	 Scope and limitation of homoeopathy for Substance related and addictive disorders Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning methods	 Peer based learning methods: Problem-based, Case-based, Bedside,ward rounds, out-patient based, role play Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

<u>Topic name</u>: HOM - PG – PS – 12Scope and limitation of homoeopathy in Emergency Psychiatry and Acute organic Syndromes

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy in cases of Psychiatric				
	emergencies and acute organic syndromes				
	Competency: HOM-PG – PS – 12 -1				
Learning Outcomes:	Review Scope and limitation of homoeopathy in cases of emergency Suicide, Acute Psychotic episodes, Violent patients, Neglect or abuse in children, Rape etc. in psychiatry and acute organic disorders				
	 Cognitive/Knowledge: State the type of psychiatric emergencies are and their clinical presentations Describe various challenges and steps required to manage 				

	psychiatric emergencies from psychiatric texts and Hahnemannian guidelines
	Discuss and explain the Bio-psycho-social factors which underlied various psychiatric emergencies
	 Explain the concept of susceptible constitutions and relate to the determinants of Substance related and addictive disorders
	Procedure/Skills:
	Isolate the patient or vacant the casualty room for patient/s
	nursing staffs and themselves
	• Assemble all the relevant information gathered from patient, an
	from bystanders
	 Display the relevant observations
	 Conduct the medical and psychiatric triage
	 Trace the pre-morbid and morbid state.
	 Conduct General medical examination,
	 Conduct Mental status examination
	• Use ICD11, DSM V for diagnosis
	 Classify the diseases as per Hahnemann and various stalwarts guidelines.
	• Sketch the General management/Supportive therapy care
	 Perform the restrain processes effectively
	 Construct the totality of symptoms as per Principles of Organo of medicine.
	Select appropriate repertory and perform repertorial analysis
	 Select appropriate similimum with due reference t Materiamedica.
	• Explain the patient/care takers regarding plan of treatment.
	Reflection:
	• Scope and limitation of homoeopathy for Psychiatric emergencies
	 Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
	Peer based learning methods : Problem-based, ward rounds, out
Learning Methods	patient based
	 Individual based learning methods: self-regulated learning spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE
	• Written Examinations: Problem Based Learning assessment:

	LAQ SAQ		
	Check list, Rating scales, OSCE		
Prescribed Texts:	Refer to list attached		
Domains o Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning		
	Competency: HOM-PG – PS – 12 -2		
	Review Scope and limitation of homoeopathy in cases of acute organic disorders (Delirium, Acute confusion state, Intoxications, Organic psychosis, Transient amnesia etc) and organic brain syndrome(dementia)		
	Cognitive/Knowledge:		
	State the type of acute organic syndromes and their clinical presentations		
	 Describe various challenges and steps required to manage acute organic syndromes from psychiatric texts and Hahnemannian guidelines 		
	 Describe various challenges and steps required to manage organic brain syndrome from psychiatric texts and Hahnemannian guidelines Discuss and explain the Bio-psycho-social factors which underlie 		
	various psychiatric emergencies		
Learning Outcomes:	• Explain the concept of susceptible constitutions and relate to the determinants of Substance related and addictive disorders		
	Procedure/Skills:		
	Isolate the patient or vacant the casualty room for patient/s, nursing staffs and themselves		
	 Assemble all the relevant information gathered from patient, and from bystanders 		
	Display the relevant observations		
	 Conduct General medical examination, 		
	Conduct Mental status examination		
	Conduct the neuropsychiatric mental status examination		
	Use ICD11, DSM V for diagnosis		
	 Classify the diseases as per Hahnemann and various stalwarts' guidelines. 		
	Sketch the General management/Supportive therapy care		
	Perform the restrain processes effectively		
	 Construct the totality of symptoms as per Principles of Organon of medicine. 		
	 Select appropriate repertory and perform repertorial analysis 		

	 Select appropriate similimum with due reference to Materiamedica. Explain the patient/care takers regarding plan of treatment.
	 Reflection: Scope and limitation of homoeopathy for Acute organic syndromes Scope and limitation of homoeopathy for organic brain syndrome Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders
Learning Methods	 Peer based learning methods: Problem-based, brain storming, ward rounds, out-patient based Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

<u>Topic name</u>: HOM-PG – PS – 13Scope and limitation of homoeopathy in Personality disorders including disorders of impulse control

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy for cases of Personality and Impulse control disorders
Learning Outcomes:	Competency: HOM-PG – PS – 13 -1 Review Scope and limitation of homoeopathy in cases of personality disorders as per ICD 11 Trait qualifier and specifiers (Mild, Moderate or severe personality disorder), and disorders of impulse control (Intermittent explosive disorders, kleptomania, pyromania, Gambling, Internet/porn addictions) Cognitive/Knowledge: Recall and describe the type and their features of various

personality disorders and impulse control disorders • Describe various Bio-Psycho-Social causes of personality and impulse control disorders • Illustrate the integration of the fundamental and dominant miasms in the causation of Personality and Impulse control disorders Estimate the nature of susceptible constitutions and relate to that with personality and impulse control disorders Procedure/Skills: Perform psychiatric interview to Gather relevant information from patient, and from bystanders Identify and Record relevant observations Trace the pre-morbid and morbid state. Trace the developmental history effectively along with psychodynamics of the case Conduct General medical examination, Conduct Mental status examination Perform and interpret appropriate investigation Use ICD11, DSM V for diagnosis Construct the disease classification as per Hahnemann and various stalwarts' guidelines. Sketch the General management/Supportive therapy care Construct the totality of symptoms as per Principles of Organon of medicine. Select appropriate repertory and perform repertorial analysis Select appropriate similimum with due reference Materiamedica. Explain the patient/care takers regarding plan of treatment. Reflection: Scope and limitation of homoeopathy for Personality and Impulse control disorders • Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders Peer based learning methods: Problem-based, ward rounds, outpatient based, case based Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment

Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured

oral examination, OSCE

Learning Methods

Assessment:

	 Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, DOPS 			
Prescribed Texts:	Refer to list attached			

<u>Topic name</u>: HOM-PG-PS-14Scope and limitation of homoeopathy in Sexuality, Sexual dysfunction and Gender identity disorders

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review Scope and limitation of homoeopathy in Sexuality, Sexual dysfunction (Hypoactive sexual desire, Sexual arousal disorders, Erectile dysfunction, Orgasm disorders, Sexual pain disorders, Premature ejaculation etc) and gender identity disorders (Gender dysphoria)
Learning Outcomes:	Competency: HOM-PG – PS – 14 - 1 Review Scope and limitation of homoeopathy in Sexuality, Sexual dysfunctions and Gender identity disorders Cognitive/Knowledge: Recall and describe the normal sexuality and its development over the course of time Describe various psychosexual factors like sexual identity, gender identity and sexual orientation Describe the types of sexual dysfunctions of each genders Describe Gender dysphoria with its clinical features Describe the Bio-psycho-social factors which underlie the sexual dysfunctions and gender identity disorders Illustrate the integration of the fundamental and dominant
	 Illustrate the integration of the fundamental and dominant miasms in the causation of Sexual dysfunction and gender identity disorders Apply the concept of susceptible constitutions and relate to the determinants of Sexual dysfunction and gender identity disorder cases Procedure/Skills: Conduct psychiatric interview to gather relevant information from patient, and from bystanders Demonstrate the elaborative and effective sex history evaluation Identify and record relevant observations

	Trace pre-morbid and morbid state.
	 Trace pre-morbid and morbid state. Trace the developmental history effectively along with psychodynamics of the case Conduct General medical examination, Conduct Mental status examination Select ICD11, DSM V for diagnosing Perform and interpret appropriate investigation Classify the diseases as per Hahnemann and various stalwarts' guidelines. Sketch the General management/Supportive therapy care Construct the totality of symptoms as per Principles of Organon of medicine. Select appropriate repertory and perform repertorial analysis Select appropriate similimum with due reference to Materiamedica. Explain the patient/care takers regarding plan of treatment. Reflection:
	 Scope and limitation of homoeopathy for Sexual dysfunction and Gender identity disorders Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these
	disorders
Learning Methods	 Peer based learning methods: Problem-based, ward rounds, outpatient based Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Check list, Rating scales, Viva voce
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

<u>Topic name</u>: HOM - PG – PS – 15 Homoeopathy in Eating and Sleeping disorders

	This topic will provide students of MD Homoeopathic Psychiatry to
Topic Overview:	review Scope and limitation of homoeopathy in Eating and Sleeping
	disorders

Competency: HOM-PG-PS-15-1

Review Scope and limitation of homoeopathy for Eating and Sleeping disorders

Cognitive/Knowledge:

- Describe Eating and Sleeping disorders with their types and clinical features
- Describe various etiological factors from Bio-Psycho-Social perspective responsible for genesis of these disorders
- State the use of various scales for assessment and management of these disorders
- Illustrate the integration of the fundamental and dominant miasms with the causation of these disorders
- Apply the concept of susceptible constitutions and relate to the determinants of these disorders

Procedure/Skills:

- Conduct the psychiatric interview and gather relevant information from patient, and from bystanders
- Identify and record relevant observations
- Trace pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Conduct General medical examination,
- Conduct Mental status examination
- Use ICD11, DSMV for diagnosis
- Classify the diseases as per Hahnemann and various stalwarts' guidelines.
- Sketch General management/Supportive therapy care
- Construct the totality of symptoms as per Principles of Organon of medicine.
- Select appropriate repertory and perform repertorial analysis
- Select appropriate similimum with due reference to Materiamedica.
- Explain the patient/care takers regarding plan of treatment.

Reflection:

- Scope and limitation of homoeopathy for Eating and Sleeping disorders
- Publish and case report or case series demonstrating the effectiveness of homoeopathy in management of these disorders

Learning Methods

• Peer based learning methods: Problem-based, ward rounds, out-

Learning Outcomes:

	 patient based Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

Part II (Paper 2):

 $\underline{\textbf{Topic name:}} \quad HOM - PG - PS - 16 \ Homoeopathy \ in \ Psychosomatic \ Disorders$

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry to review and explore scope of homoeopathic in Psychosomatic Disorders • Somatic symptom disorder affecting different systems (Functional GIT, palliative condition like Cancer) • Illness anxiety disorder Functional neurological symptom disorders
	Competency: HOM-PG – PS – 16 -1 Review and explore scope of homoeopathic psychiatry in Psychosomatic disorders
Learning Outcomes:	 Cognitive/Knowledge: Recall and discuss the concept of Psychosomatic medicine and psychosomatic disorders Recall and describe various types of psychosomatic disorders and differentiate their clinical features Discuss various trends in understand and evaluating the cases of psychosomatic disorders Describe the Bio-Psycho-Social concept of etiopathogenesis of Psychosomatic disorders and integrate it with the concept of causation as per Homoeopathic philosophy Describe the general guidelines of managing these conditions and co-relate with the Hahnemannian guidelines of management
	Procedure/Skills: Conduct psychiatric interview to gather relevant information from patient, and from bystanders

- Identify and Record relevant observations
- Trace the pre-morbid and morbid state.
- Trace the developmental history effectively along with psychodynamics of the case
- Perform and interpret appropriate investigation for differentiating between medical condition and the psychosomatic disorders
- Perform General medical examination
- Conduct Mental status examination
- Select ICD11, DSMV for diagnosis
- Classify the diseases as per Hahnemann and various stalwarts' guidelines.
- Give General management/Supportive therapy care, like palliative care in conditions like cancer
- Arrive at the totality of symptoms as per Principles of Organon of medicine.
- Select appropriate repertory and perform repertorial analysis
- Select appropriate similimum with due reference to Materiamedica.

Explain the patient/care takers regarding plan of treatment.

Reflection:

Explore scope of homoeopathic psychiatry in cases of Psychosomatic Disorders

<u>Topic name</u>: HOM-PG – PS – 17 Homoeopathy in Geriatric psychiatry including illness involving cognitive decline

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry understanding and application of Homoeopathy in Geriatric psychiatry (Delirium, Depressive disorders, Late life depression, psychosis) and illness involving cognitive decline (Neurocognitive disorders- Major or Minor, illness related)
Learning Outcomes:	 Competency: HOM-PG – PS – 17 -1 Review and explore scope and limit of homoeopathic psychiatry in Geriatric psychiatry and cognitive decline. Cognitive/Knowledge: Describe the age and aging along with bio-psycho-social changes Describe and explain the old age development according to various psychologists viz. Freud, Erickson etc. Illustrate and explain the neuropsychological evaluation in cases of geriatric cases Compare and illustrate a sound understanding of the Bio-Psycho-Social concept of etiopathogenesis in Geriatric psychiatric cases

	and integrate it with the concept of causation as per Homoeopathic philosophy Procedure/skills:
	 Select to secure the causality for themselves, for patients, for nursing staff etc. Trace the relevant information from patient, and from bystanders Identify and record relevant observations Trace the pre-morbid and morbid state. Trace the developmental history effectively along with psychodynamics of the cases Perform General medical examination, Conduct Mental status examination Conduct neuropsychiatric mental status examination or MMSE Select ICD11, DSM V for diagnosis Assess the need for any of the active investigations like EEG, CT, MRI etc. Construct the disease classification as per Hahnemann and various stalwarts' guidelines. Sketch the general management/Supportive therapy care Construct the totality of symptoms as per Principles of Organon of medicine. Select appropriate repertory and perform repertorial analysis Select appropriate similimum with due reference to Materiamedica. Explain the patient/care takers regarding plan of treatment.
	Reflection: Explore scope and limit of homoeopathy in Geriatric Psychiatry and cases with cognitive disorders Formulate a paper on the role of homoeopathy in emergency psychiatry conditions
Learning Methods	 Peer based learning methods: Problem-based, ward rounds, outpatient based Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, OSCE
	• Checklist, Rating scales, OSCE
Prescribed Texts:	Refer to list attached

Practice Based Learning competencies

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry an exposure to understand and experience the role and scope of Homeopathy in various special situations-PTSD Culture bound syndromes Adjustment disorders Factitious disorders Liaison psychiatry
Learning Outcomes:	Competency: HOM-PG – PS – 18 -1 Identify and diagnose cases of PTSD, Culture bound syndrome Adjustment disorders and apply the understanding of Liaison psychiatry Cognitive/Knowledge: Define above mentioned psychiatric conditions with their clinical features Describe various Bio-Psycho-Social factors responsible for the development of these psychiatric conditions Diagnose these conditions with use of various psychiatric classification systems Describe and justify the relationship between medical and psychiatric disorders Procedure/skill: Demonstrate the collection of relevant information from patient and from bystanders Identify and record relevant observations Identify and record pre-morbid and morbid state. Trace the developmental history effectively along with psychodynamics Perform General medical examination, Perform Mental status examination Diagnose as per ICD11, DSMV Perform and interpret appropriate investigation Classify the diseases as per Hahnemann and various stalwarts guidelines. Demonstrate the relation between medical condition with that of psychiatric aspects and guide the general

• Construct the totality of symptoms as per Principles of Organon

	of modicine
	of medicine.
	Select appropriate repertory and perform repertorial analysis
	 Select appropriate similimum with due reference to Materiamedica.
	• Explain the patient/care takers regarding plan of treatment.
	Reflection:
	Scope and limitation of homoeopathy for special situations and
	as an liaison psychiatry
	 Prepare and publish case report or case series from vast clinical experiences
	 Peer based learning methods: Problem-based, ward rounds, outpatient based
Learning Methods	• Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
	Continuous / Programmatic assessment (including Problem
	Based Learning assessment: 20% (weightage)
Assessment:	• Practical exam - 100%
	• Written Examinations: 2 x 3 hour written papers. 80%
	Checklist, Rating scales
Prescribed Texts:	Refer to list attached
	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation
Competencies	/ Practice Based Learning
	Competency : HOM-PG – PS – 18 -2
	Describe role and scope of homoeopathy in Liaison psychiatry
	Comitive/Vnoviledos
	Cognitive/Knowledge:
	 Define consultation liaison psychiatry Describe various clinical conditions which call for the need of
	consultation liaison psychiatry
	Describe role of consultation liaison psychiatry in special
	situations
Learning	Describe the role of homoeopathic psychiatrist as an active in
Outcomes:	field of consultation psychiatry
	Procedure/skill:
	patients/relatives across the wide spectrum of clinical conditions
	needing the intervention of homoeopathic psychiatrist
	 needing the intervention of homoeopathic psychiatrist Demonstrate the method of assessing the mental health needs of
_	Frocedure/skill: • Demonstrate the method of consulting across multiple specialties needing the assistance of a homoeopathic psychiatrist • Demonstrate the method of evolving a relationship with

	 homoeopathic psychiatrist Demonstrate the method of advising effective and meaningful intervention in referred patients and the follow up Demonstrate the method of advising the consultants of other specialties who have sought assistance for their patients.
	 Reflection: Scope and limitation of homoeopathy for special situations and as an liaison psychiatry Prepare and publish case report or case series from vast clinical experiences
Learning Methods	 Peer based learning methods: Problem-based, ward rounds, outpatient based, case based Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales
Prescribed Texts:	Refer to list attached
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

<u>**Topic name:**</u> HOM-PG – PS – 19 Homoeopathy in Child Psychiatry

T O	This topic will provide students of MD Homoeopathic Psychiatry an
	exposure to understand and experience the role and scope of
	Homeopathy in child psychiatry –
Topic Overview:	Intellectual Disability, Learning Disability, Communication disorders,
	PDD, ADD, Conduct, Elimination disorder, School mental health,
	Anxiety, Motor disorder, Mood and Psychotic disorders
	Competency: HOM-PG – PS – 19 -1
	Cognitive/Knowledge:
Learning	Describe the developmental disorders of speech and language
Outcomes:	Describe specific developmental disorders of scholastic skills
	Describe Pervasive developmental disorders and its clinical
	features
	Describe and discuss anxiety, mood and psychotic disorders in

	 children Describe the conduct disorders and its clinical features Plan and organize school mental health activities to identify and address child psychiatric conditions
	Procedure/Skills:
	Demonstrate the collection of relevant information from children, care takers or teachers
	Identify and record relevant observations
	Identify and record pre-morbid and morbid state.
	Trace thedevelopmental history effectively
	Perform General medical examination,
	Perform Mental status examination
	Diagnose as per ICD11, DSM V
	Perform and interpret appropriate investigation, Tests etc.
	• Classify the diseases as per Hahnemann and various stalwarts' guidelines.
	• Construct the totality of symptoms as per Principles of Organon of medicine.
	Select appropriate repertory and perform repertorial analysis
	Select appropriate similimum with due reference to Materiamedica.
	Explain the patient/care takers regarding plan of treatment
	Reflection:
	Scope of Homoeopathy in childhood disorder.
	Write and publish articles on various case experiences
Laguring Mathada	• Peer based learning methods: Problem-based, ward rounds, outpatient based, case based
Learning Methods	• Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured
Assessment:	oral examination, OSCEWritten Examinations: Problem Based Learning assessment:
	LAQ SAQ Checklist, Rating scales, DOPS
Prescribed Texts:	Refer to list attached
Domains of	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation
Competencies	/ Practice Based Learning

<u>Topic name</u>: HOM-PG - PS - 20Preventive aspects of Mental Disorders, Psychotherapies, Psychopharmacological treatment, Rehabilitative Psychiatry. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness

Topic Overview:	This topic will provide students of MD Homoeopathic Psychiatry understanding and application of Homoeopathy for Preventing mental illnesses, Rehabilitation of psychiatric conditions and role of Psychotherapies in their management			
Learning Outcomes:	Competency: HOM-PG – PS – 20 -1 Review Scope & limitations knowledge related to Psychotherapies and Psychopharmacologicaltretament. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness Cognitive/Knowledge: Plan and organize mental health promotion activities in various fields Describe and justify the use of various psychotherapies in various psychiatric conditions Describe and explain the role of various modern psychiatric drugs and their effects/side effects Define and state the importance of aphorism 210 to 230 Procedure/skills: Demonstrate the application of preventive aspect of psychiatry by conducting various awareness camps Measure the effect of various psychotherapies on various psychiatric conditions Measure the effect of various psychopharmacological drugs for planning the homoeopathic posology Demonstrate the comparative effects of Homoeopathy with other system for management of mental illness			
	Scope & limitations of Homoeopathy in comparison to other systems of medicine in Preventive and rehabilitative aspects of mental illnesses			
Learning Methods	 Peer based learning methods: Problem-based, Community postings Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment, Port-folio based 			
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured 			

	oral examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Check list, Rating scales
Prescribed Texts:	Refer to list attached
	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning

 $\underline{\textbf{Topic name}}$: HOM-PG - PS - 21 Homoeopathy in Community psychiatry and National mental health programmes

	This topic will provide students of MD Homoeopathic Psychiatry			
Topic Overview:	understanding and application of Homoeopathy in community care and			
	their role in various National mental health programmes			
	Competency: HOM-PG – PS – 21 -1			
	Cognitive/Knowledge:			
	Describe various mental health promotional activities in community care			
	 Describe national mental health and its various policies 			
	 Plan and organize community activities as per need under guidelines of National mental health programmes 			
Learning				
Outcomes:	Procedure/Skills:			
	Demonstrate the active role in planning and conducting mental			
	health related activities in community			
	Measure various clinical conditions prevalence in community			
	and use of various scales			
	D. Cartiere			
	Reflection:			
	Scope of Homoeopathy in community psychiatry and role in National mental health programmes			
	Peer based learning methods : Problem-based, Community			
Laguning Mathada	postings			
Learning Methods	• Individual based learning methods : self-regulated learning,			
	spaced repetition, deliberate practice, formative self-assessment			
	Continuous / Programmatic assessment : Assignments, MCQ			
	Practical exam – short case, long case, objective structured			
Assessment:	oral examination, OSCE			
A SOCOSIIICIIL.	• Written Examinations: Problem Based Learning assessment:			
	LAQ SAQ			
	Checklist,Rating scales,OSCE			

Prescribed Texts:	Refer to list attached
Domains of	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation
Competencies	/ Practice Based Learning

Topic Overview:	This topic will provide MD Homoeopathy Psychiatry students the knowledge related to forensic psychiatry and various ethics required in practice of psychiatry practices		
Learning Outcomes:	 Competency: HOM-PG – PS – 22 -1 Cognitive/Knowledge: Describe forensic psychiatry and its role for homoeopaths Describe mental health care act 2017 and various striking features Describe various ethics in psychiatric practices Procedure/Skills: Demonstrate the application of above knowledge in handling and management of psychiatric cases in various health care set ups 		
	Reflection: Scope of forensic psychiatry and ethics in psychiatry for Homoeopathic psychiatrists		
Learning Methods	 Peer based learning methods: Problem-based, Library bases, elearning Individual based learning methods: self-regulated learning, spaced repetition, deliberate practice, formative self-assessment 		
Assessment:	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales 		
Prescribed Texts:	Refer to list attached		
Domains of Competencies	Knowledge & Scholarship / Patient Care / Homoeopathic Orientation / Practice Based Learning		

VII. Assessment

	Formative Assessment	Summative Assessment
	(Internal Assessment)	(University Examination)
	1st Term Test: During sixth month of	
M.D.(Hom.)	training	During eighteenth month of
Part-I	2 nd Term Test: During twelfth month	training
	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 Examination, including Viva	
	Subjects	Maximum Marks	Pass Marks	Maximum Marks	Pass Marks
i.	Fundamentals of Psychiatry	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 Psychiatry	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 2 – Paper 1. Topic Numbers

- HOM-PG-PS-09: Homoeopathy in Common Mental Disorders
- $\underline{HOM-PG-PS-10}$: Homoeopathy in Major Psychiatric disorders
- HOM-PG –PS –11: Scope and limitation of Homoeopathy in Substance related disorders
- <u>HOM- PG-PS- 12:</u> Scope and limitation of Homoeopathy in Emergency Psychiatry and Acute Organic syndromes
- <u>HOM-PG PS -13:</u> Scope and limitation of Homoeopathy in Personality disorders including disorders of Impulse control
- <u>HOM-PG PS -14:</u> Scope and limitation of Homoeopathy in Sexuality, Sexual dysfunction and Gender identity disorders
- HOM-PG PS -15: Homoeopathy in Eating and Sleeping disorders

Part 2 - Paper 2: Topic Numbers

- HOM- PG-PS- 16 Psychosomatic disorders
- <u>HOM- PG PS- 17:</u> Homoeopathy in Geriatric Psychiatry including illnesses involving Cognitive decline
- HOM-PG --PS --18: Homoeopathy in Special situations: PTSD, Culture bound syndromes,
 Adjustment disorder and Factitious disorder and Liaison Psychiatry
- HOM-PG -- PS -- 19: Child Psychiatry
- HOM-PG--PS--20: Preventive aspects of Mental Disorders, Psychotherapies,
 Psychopharmacological treatments, Rehabilitative Psychiatry. Homoeopathy in comparison to other systems of medicine in the treatment of mental illness
- <u>HOM-PG PS 21</u>: Homoeopathy in Community Psychiatry and National Mental Health Programmes
- <u>HOM-PG PS 22:</u> Forensic Psychiatry, Mental Health Act 2017 and Ethics of Psychiatric treatments

VII (2b). Question Paper Layout

Paper 1

Q.	Type of	Content	Marks
No.	Question	Content	IVIAIKS
		Problem Based Question	
1	Problem	HOM-PG-PS-9 OR 10 OR 11(Substance related disorder)	20
1	Based	OR 12 (Acute Organic Syndromes) OR (Personality	20
		disorder) OR 15 (Sleeping disorder)	
2	1.40	HOM-PG-PS – 12 (Emergency Psychiatry) OR 11	10
2	LAQ	(Substance related disorder)	10
3	LAQ	HOM-PG-PS – 13 (Disorder of Impulse control) OR 10	10
4	LAQ	HOM-PG-PS - 14	10
5	LAO	HOM-PG-PS – 15 (Eating disorder) OR 13 (Personality	10
3	LAQ	disorder) OR 9 (Common mental disorder)	10
6	SAQ	HOM-PG-PS - 09	5
7	SAQ	HOM-PG-PS - 10	5
8	SAQ	HOM-PG-PS - 11	5
9	SAQ	HOM-PG-PS – 12 (Acute Organic Syndrome)	5
10	SAQ	HOM-PG-PS – 13 (Personality disorder)	5
11	SAQ	HOM-PG-PS – 15 (Sleeping disorder)	5
12	SAQ	HOM-PG-PS – 14 (Sexuality and sexual dysfunction)	5
13	SAQ	HOM-PG-PS – 12 (Emergency Psychiatry)	5

Paper 2

Q. No.	Type of Question	Content	Marks
	Application	Case Based Question	20
1	Based	HOM-PG-PS- 16 OR 19 OR 20 OR 21 OR 22	20
2	LAQ	HOM-PG-PS – 18 OR 22 (Ethics of Psychiatric treatments)	10
3	LAQ	HOM-PG-PS – 16 OR 22 (Forensic Psychiatry)	10
4	LAQ	HOM-PG-PS – 19 OR 17	10
5	LAQ	HOM-PG-PS – 20 OR 21	10
6	SAQ	HOM-PG-PS – 22	5
7	SAQ	HOM-PG-PS – 18 (Culture based Syndromes, Adjustment	5
_ ′	SAQ	disorder)	3
8	SAQ	HOM-PG-PS – 16	5
9	SAQ	HOM-PG-PS – 17	5
10	SAQ	HOM-PG-PS – 18	5
11	SAQ	HOM-PG-PS – 19	5
12	SAQ	HOM-PG-PS – 20	5
13	SAQ	HOM-PG-PS – 21	5

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

VII (3a). Clinical examination.

Clini	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	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).

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Part I Paper 2

I. Title of the Speciality Course, and its abbreviation

MD (Homoeopathy) Fundamentals of Homoeopathy in Homoeopathic Psychiatry

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

Homeopath as termed by Dr. Samuel Hahnemann in Aphorism 4 is a "Preserver of Health" who works for the mission of restoring the sick to health, to cure as in Aphorism 1. For a Homeopathic psychiatrist to achieve this shall require the knowledge of Psychology integrated with the fundamentals of Homeopathy. The mental level of being is the most crucial for the individual's existence and maintains within itself a hierarchy very useful for understanding the normal functioning of the mind and its deviation. Therefore, understanding and applying the key concepts of Health, Man, Disposition, Predisposition, Diathesis, Homoeopathic causation, Disease, guidelines of management needs to be applied in psychiatry. Hahnemann in the Organon and other masters have laid down the foundation of these concepts and guidelines for practice along with exploring repertorial references and laying down the approach to the study of HMM. Training for prevention, promotion and rehabilitation needs to be mastered from a homoeopathic practice perspective.

Study of the Fundamentals of Homeopathy should thus allow the Homoeopathic psychiatry postgraduate students to utilize the above-mentioned knowledge in preventive, promotive, curative, and rehabilitative care in psychiatry and apply the operational understanding of Repertory and MateriaMedica in clinical practice. That would allow him to render a mild and gentle cure with the complete removal of obstacles to cure.

III. Courses and Course Objectives.

Course outcome

At the end of studying this course the postgraduate student of MD (Homoeopathic Psychiatry) should possess the following competencies and thus should be able to—

- 1. Display howAphorisms 1-6 of the 'Organon of Medicine' provide a comprehensive base for a Homoeopathic psychiatrist to understand the evolution of mind.
- 2. Apply knowledge of Organon& Homoeopathic Philosophy, repertory and HMM in case taking and Psychiatric Evaluation
- 3. Identify the conceptual basis of the travel of the patient from Health to Disease in the light of Bio-psycho-socio-spiritual factors and its application to the practice of Homoeopathic Psychiatry
- 4. Apply knowledge of homoeopathic principles in the preservation of mental health and to prepare for the management of mental illness
- 5. Illustrate evidence-based case approach in Homoeopathic psychiatry

- 6. Display case-taking skills for knowing illness and person through the inter-relationship between Man and environment determining the fundamental, exciting and maintaining causes and their application in preventive, promotive and curative measures.
- 7. Demonstrate the documentation of the case in standardized format as per guidelines stated in Organon of Medicine
- 8. Classify psychiatric symptomatology and identify common and characteristics symptoms and its significance in management.
- 9. Explain the role of qualitative and quantitative susceptibility in mental diseases
- 10. Illustrate the assessment of susceptibility in acute and chronic psychiatric cases.
- 11. Derive the influence of miasmatic forces in affecting disease expressions, disease course and outcome in psychiatric cases.
- 12. Demonstrate the method of processing of the case utilizing appropriate homoeopathic principles to arrive at Hahnemannian totality.
- 13. Identify the acute, phase, chronic and Intercurrent totalities in a given case
- 14. Perform Repertorial Analysis, Remedy Selection and deciding the guidelines of case management in homoeopathic psychiatry
- 15. Validate the correspondence using source books and commentaries of MateriaMedica drug pictures.
- 16. Comply with the principles of Homoeopathic management and use of medicinal forces appropriately with respect to time of administration, potency and repetition.
- 17. Plan the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.

Course contents:

Part 1 Paper 2: Fundamentals of Homoeopathy in Psychiatry (HOM-PG-FHPS)

(I) Hom-PG-FHPS-01

1. Hahnemannian concept of Man, Vital Force, Health and Disease applied to the study of Mind and mental disorders

- A. Health, disease, causation, vital force and their role in mental health and disease
- B. Evolution of disease: predisposition-disposition-diathesis-disease as reflected in development of mental illnesses
- C. Mission and knowledges of the physician especially at the level of function & structure of Mind state of balance & imbalance
- D. Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger relative importance given by them to mind, mental expressions and mental state in totalities.
- E. Philosophical basis, construction. arrangement of the original repertories (Kent, TPB, BBCR) representation of above concepts in Chapter Mind of the repertories
- F. Science and philosophy of HMM, its utility in study of Mind
- G. Psychological MM
- (II) Hom-PG-FHPS-02

2. Concept of Dynamism, Recovery and Cure and Obstacles to Cure in Mental illnesses

- A. Concept of vital force in maintaining health and in genesis of mental disease
- B. Concepts of homoeopathic causation (Fundamental, Exciting and Maintaining causes) in genesis of mental disease.
- C. Concepts of recovery and cure and the essential difference between the two with respect to mental illness.
- D. Concept of idiosyncratic and pseudo chronic diseases as applicable to mental illnesses.
- E. Knowledge of various factors mental and physical which derange health and act as obstacles to cure and how to remove them to ensure cure.
- F. Role of miasm in causing and maintaining mental disease and addressing the same to ensure cure. (Further elaborated in theme 7)
- G. Understanding the above concepts, its representation and utility in study of Mind in evolutionary manner from HMM and its representation in different standard Repertories

(III) Hom-PG-FHPS -03

3. Concept of Artificial Disease and Portrait of Disease

- A. Knowledges of physician
- B. Drug proving
- C. Process of recording and system of recording mental diseases (sudden explosion of latent psora, Psycho somatic, somato-psychic, mental illness due to prolonged emotional causes)
- D. Creating portraits of mental disease and learning the art of matching
- E. Art of creating portrait of polychrest remedies through analysis, evaluation and construction at Mental and Physical level
- F. Creating portrait of the disease through repertorial study of specific remedy

(IV) Hom-PG-FHPS-04

4. Concept of Unprejudiced observation and Case taking in psychiatric illnesses

- A. Studying the guidelines given by Hahnemann for psychiatric case taking and evolve a standardised case record for homoeopathic practice related to psychiatry.
- B. Demonstrating the concept of unprejudiced observer in case taking, bed side examination, Mental status examination, demonstration analysis of Doctor-patient therapeutic interview based on homoeopathic principles
- C. Utilising the concept of unprejudiced observer in perceiving the psychiatric 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

(V) Hom-PG-FHPS-05

5. Concept of Symptomatology as applied to mental illnesses

- A. Symptomatology and value of a symptom from the standpoint of Homoeopathic Practice in psychiatry
- B. Concept of individualisation and Generalisation given by Kent and Boenninghausen and essential difference between the two.
- C. Concept of individualization and generalisation in the construction of Repertory (Kent, Boenninghausen and Boger especially chapter Mind and psycho-somatic representation in Repertory.
- D. Understanding the concept of classification and its utility in study of HMM
- E. Understanding the concept of generalisation vs individualization, and its utility in generalising the individual drugs symptoms in to group symptoms and deriving group characteristics)
- F. Studying Mind from MateriaMedica with the help of concept of generalisation.
 - a. A list of group of remedies is demonstrative to understand the process rather than to learn all the groups in detail.

(VI) Hom-PG-FHPS-06

6. Concept of Susceptibility and Acute and Chronic Disease in Mental illnesses

- A. Various parameters in determining susceptibility in different types of mental diseases s and its application in practicing clinical psychiatry.
- B. Application of the knowledge of Hahnemannian classification of mental disease and modern psychiatry in defining the scope and limitations by demonstrating its application in different types of cases.
- C. Understanding Repertories related to Mind and chapter of Mind from Other Repertories- (Kent, Boericke, Phatak, Boger, Boennighausen)

(VII) Hom-PG-FHPS-07

7. Concept of Suppression and Miasms as applied to mental illnesses

- A. Concept of suppression in homoeopathy and its types (surgical/nonsurgical) in progression of psychiatric disease and its management through clinical cases.
- B. Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and M L Dhawale and application to mental illnesses
- 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 in mental illnesess
- E. Role of miasm as a fundamental cause and 'its influence in the expressions in psychiatric disease and remedies through the Miasms of Psora, Sycosis, Tubercular

- and Syphilis.
- F. Rubrics of suppression from different repertories
- G. Rubrics of Mental Expressions of Miasm from different repertories and study of different related Miasmatic rubrics

(VIII) Hom-PG-FHPS-08

8. Concept of Totality with respect to mental illnesses

- A. Process of constructing acute, chronic and intercurrent totalities in mental illnesses.
- B. Mastering the concept of classification and evaluation of symptoms including mental symptoms
- C. Understanding the process of repertorial and non-repertorial approach and how to select one in patients with mental illness
- D. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger with emphasis on psychiatric patients.
- E. Solving the case with the help of softwares like HOMPATH and RADAR.
- F. Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note in psychiatric disorders.
- G. Differentiation of similar remedies in acute and chronic cases by reference to source books, commentators and clinical materiamedica.
- H. Building up totalities of different remedies through source books and other commentators from the list.(HMM)
- (IX) Hom-PG-FHPS-09

9. Concept of Similar and Similimum

- A. Understanding single, simple, minimum substance as similimum following from the Law of Similars.
- B. Learning the concept of concordances as evolved by Boennninghausen and its utility in Psychiatric practice.
- C. Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materiamedica.
- D. Understanding remedy relationships and its implications in psychiatric practice complementary, inimical, antidotal, follows well, similar with examples.
- (X) Hom-PG-FHPS-10

10. Concept of Therapeutic Management as applicable in psychiatric illnesses

- A. Practical application of Kent's 12observations in the assessment of remedy response and in the second prescription in psychiatric disorders.
- B. Utility of knowledge of disease, knowledge of investigations, psychological tests and recent advances in the field of Psychiatry to assess comprehensive response to

homoeopathic remedies.

- C. Remedy relationship in determining these prescription.
- D. Patient & Family Psycho-education and orientation.
- 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 mental illnesses.

V. Topic description

Table 01 Topic: Hom-PG-FHPS-01

Topic	1. Hahnemannian Concept of man, vital force, Health and Disease as applied
Overview	to the study of Mind and mental disorders
Learning	Knowledge
Outcomes	 Define Vital force, Health, Disease, Cure and Recovery with respect to mental illnesses as per homoeopathic philosophy Explain evolution of Mental disease in terms of predisposition-disposition-diathesis – stress diathesis model and Basic psychological processes. Apply the concept of evolution of mental disease in psychiatry Discuss Hahnemannian concept of man and importance to mind given by Boenninghausen, Kent and Boger in their concept of Man Define Mental health as per by WHO Discuss mission of the physician Summarize the Knowledge of Physician relevant in maintaining mental health in individual and community Summarize the science and philosophy of HMM and its utility in study of Mind Discuss relevance of psychological HMM
	Skills 1. Demonstrate the relevance of psychological HMM in understanding harmony and disharmony of vital force with respect health and disease respectively 2. Perform psychiatric case taking to elicit disease evolution following disease chronology Reflection 1. Relate the mission of the physician in homeopathic psychiatry
	2. Reason out the utility of psychological HMM to understand mental health and its deviations
Learning	 Peer based learning methods: Problem-based, ward rounds, out-patient based

Methods	 Individual based learning methods: Self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessments	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, Rubric
Prescribed texts	Refer to list attached
Domains of competencies	KS, PC, HO, CS, PBL

Table 02 Topic : Hom-PG-FHPS-02

Topic	Concept of Dynamism, Recovery, cure and obstacle to cure in Mental
Overview	Illnesses
Learning	Knowledge
Outcomes	1. Discuss the role of vital force in maintaining mental health
	2. Discuss the role of vital force in genesis of mental disease
	3. Differentiate cure and recovery in Mental diseases
	4. Explain evolution of Mental illness from phases of diathesis to
	functional and structural, reversible to irreversible phases of disease as per neurophysiological & neuroanatomical basis
	5. Summarize Classification of Mental disease given by Dr.Hahnemann.
	 Explain idiosyncratic & pseudo chronic disease as applicable in mental illnesses
	7. List various Bio-Psycho- Social factors which derange Mental health
	and also act as obstacle to cure and explain how to remove these
	factors to achieve cure
	8. Infer role of miasms as a causative and maintaining factor in mental disease
	9. Apply the knowledge of Miasm as causation to attain cure
	10. Discuss role of causation in study of Homoeopathic MM and repertory
	with respect to Mental diseases
	Skills
	1. Demonstrate the utility of Bio- Psycho-social & Homoeopathic
	causation in management of the psychiatric cases
	2. Demonstrate the application of repertory and HMM from causative
	perspective in community for mental illnesses
	Reflection
	1. Relating the vital force concept with mental health and disease
	2. Reason out the web of causation (BPS- Homoepathic Causation) in mental illnesses

	3. Relate with chronic mental disease and miasm
	4. Report the utility of causations in practice of homoeopathic psychiatry
	Peer based learning methods : Problem-based, ward rounds, out-
Learning	patient based
Methods	• Individual based learning methods : Self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessments	Continuous / Programmatic assessment : Assignments, MCQ
	Practical exam – short case, objective, structured oral examination,
	OSCE
	Written Examinations: Problem Based Learning assessment: LAQ
	SAQ
	Checklist, Rating scales, Rubric
Prescribed	Refer to list attached
texts	
Domains of	KS, PC, HO, CS, PBL
competencies	

Table 03 Topic: Hom-PG-FHPS-03

Topic	Concept of artificial and natural diseases
Overview	
Learning	Knowledge
Outcomes	1. Discuss the knowledge of physician related to psychiatric symptomatology for formulating the portrait of disease
	2. Display the system and process of recording artificial and natural disease in mental diseases
	Skills
	1. Participate in drug proving
	2. Construct & match the portrait of artificial and natural disease
	3. Classify the data from artificial and natural disease through analysis and evaluation
	4. Construct the portrait of disease through study of relevant rubrics in repertory
	Reflection
	1. Relate the knowledge of physician to the psychiatric symptomatology in clinical cases
	2. Respond to the need of portrait of disease in psychiatry cases
	3. Reconstruct rubrics in to portrait of mental illnesses
	Peer based learning methods : Problem-based
Learning Methods	Individual based learning methods : self-regulated learning, spaced repetition, deliberate practice, formative self-assessment
Assessments	Continuous / Programmatic assessment : Assignments, MCQ

	Practical exam – short case, long case, structured oral examination,
	OSCE
	Written Examinations: Problem Based Learning assessment: LAQ
	SAQ
	Checklist, Rating scales, Rubric
Prescribed	Refer to list attached
texts	
Domains of	KS, PC, HO, CS, PBL
competencies	

Table 04 Topic : Hom-PG-FHPS-04

Topic	Concept of unprejudiced observation and case taking in psychiatric illnesses
_	consept of supreguences construined and construined in projections of the construints and construints are construints and construints are construints and construints are construints and construints are construints and construints and cons
Overview Learning Outcomes	 Knowledge Discuss the guidelines given by Hahnemann for psychiatric case taking Describe techniques of psychiatric case taking Discuss the concept of unprejudiced observation in psychiatric cases Describe the process of evolution of unprejudiced observation through physician patient interaction based on transference – countertransference in therapeutic setting. Summarize the concept of man and relative importance of mind as per Kent, Boger and Boenninghausen and its influence on their repertory and HMM Skills Display the skill of perceiving the patient and identify the ones blocks /prejudices Construct g totality through unprejudiced observation in psychiatric
Learning Methods	Reflection 3. Relate the role of prejudices in perceiving and constructing totality 4. Contextualizing the knowledge of case taking and unprejudiced observation to construction of totality • Peer based learning methods : Problem-based, ward rounds, out-patient based, case received
MELHOUS	 Individual based learning methods: self-regulated learning, deliberate practice, formative self-assessment
Assessments	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ

	Checklist, Rating scales
Prescribed	Refer to list attached
texts	
Domains of	KS, PC, HO, CS, PBL
competencies	

Table 05 Topic : Hom-PG-FHPS-05

Topic	Concept of Symptomatology as applied to mental illnesses
Overview	
Learning	Knowledge
Outcomes	 Explain Homoeopathic symptomatology and psychiatric symptomatology Illustrate the value of symptom through classification and evaluation with its application in HMM and psychiatric cases Differentiate the Kent and Boenninghausen concept of individualization and generalization in psychiatric cases Discuss the concept of individualization and generalization in construction of Kent, TPB, BBCR and BSK repertory with respect to mind and psycho-somatic illnesses Sketch the HMM portrait through symptomatology, individualization and generalization (demonstrative list) Skills Construct the totality by using concept of generalization and individualization in psychiatric cases Construct the totality of the group symptoms through generalization (some reflective group study)
Learning Mathada	 Reflection Relate the application of group study to psychiatric clinical practice Reason out the process of generalization and individualization in totality formation in psychiatric cases Contextualize the value of symptom in matching HMM and referring repertory in psychiatric cases Peer based learning methods: Problem-based, ward rounds, out-patient based
Methods	Individual based learning methods : Self-regulated learning,deliberate practice, formative self-assessment
Assessments	Refer to list attached
Prescribed	Continuous / Programmatic assessment :Assignments, MCQ

texts	Practical exam – short case, long case, objective structured oral
	examination, OSCE
	Written Examinations: Problem Based Learning assessment: LAQ
	SAQ
	Checklist, Rating scales
Domains of	KS, PC, HO, CS, PBL
competencies	

Table 06 Topic : Hom-PG-FHPS-06

Coverview Chearning Coutcomes Chronic, intermittent, periodic / episodic illnesses in psychiatry.	Topic	Concept susceptibility, acute and chronic disease in mental illnesses
Continues Continues	*	Concept susceptionity, acute and enforme disease in mental innesses
Outcomes 1. Explain the various parameter in determining the susceptibility in acute chronic, intermittent, periodic / episodic illnesses in psychiatry. 2. Describe the scope and limitation of homoeopathy through knowledge of susceptibility considering psycho-biological and social determinants for acute & chronic mental illness, 3. Summaries the construction of different repertories related to mind, chapter mind and psycho-somatic representations in various repertories based on psycho-bio-social determinants. 4. Application of the concept of susceptibility to homoeopathic psychiatry Skills 1. Apply concept of susceptibility t in clinical management of psychiatry skills 1. Apply concept of susceptibility t in clinical management of psychiatry cases and study of HMM 2. Perform differential materiamedica in psychiatric cases Reflection 1. Report the utility of repertories for acute & chronic illness in psychiatry. 2. Relate the susceptibility to homoeopathic practice 4. Peer based learning methods: Problem-based 4. Individual based learning methods: Self-regulated learning, deliberar practice, formative self-assessment: Assignments, MCQ 4. Practical exam — short case, long case, objective structured oral examination, OSCE 4. Written Examinations: Problem Based Learning assessment: LAQ SAQ 5. Checklist, Rating scales 7. Refer to list attached		Vnovdodao
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Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales Prescribed texts Checklist Refer to list attached R		practice, formative self-assessment
examination, OSCE • Written Examinations: Problem Based Learning assessment: LAQ SAQ • Checklist, Rating scales Prescribed texts Refer to list attached	Assessments	• Continuous / Programmatic assessment : Assignments, MCQ
Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales Prescribed texts Refer to list attached		• Practical exam – short case, long case, objective structured oral
SAQ		examination, OSCE
• Checklist, Rating scales Prescribed texts Refer to list attached		Written Examinations: Problem Based Learning assessment: LAQ
Prescribed Refer to list attached texts		SAQ
texts		Checklist, Rating scales
**************************************	Prescribed	Refer to list attached
Domains of KS,PC,HO,CS,PBL	texts	
	Domains of	KS,PC,HO,CS,PBL
competencies		

Table 07 Topic : Hom-PG-FHPS-07

Topic Overview	Concept of suppression and miasm as applied to mental illnesses
_	 Knowledge Explain the suppression in homoeopathic psychiatric practice Identify rubrics of suppression from standard repertories Discuss the evolution of Mental disease resulting from suppression Discuss on one sided mental illnesses Describe evolution of miasm through chronic Mental disease Explain Miasmatic theory from Hahnemannian writing and its further expansion by Kent, Allen and Dhawale Apply knowledge of miasm in study of HMM and application to mental illnesses Discuss indication of anti-miasmatic remedies in psychiatric cases, Deriving the different rubrics from standard repertories representing different Miasm Skills
	 Derive fundamental & dominant miasm in acute and chronic mental disease Choose anti-miasmatic in clinical cases Reflection Relate the evolution of mental disease with miasm Reconstruct the miasmatic evolution from clinical cases Contextualize the concept suppression
Learning Methods	 Peer based learning methods : Problem-based, ward rounds, out-patient based Individual based learning methods : Self-regulated learning, formative self-assessment
Assessments	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, OSCE
Prescribed texts Domains of	Refer to list attached KS, PC, HO, CS, PBL
competencies	

Table 08 Topic : Hom-PG-FHPS-08

Topic	Concept of Totality with respect to mental illnesses
Overview	
Learning	Knowledge
Outcomes	 Apply classification and evaluation of psychiatric symptoms Apoly the concept of causation web in formulating totality Discuss the repertorial and non-repertorial approach and there indication in psychiatric cases. Justify the selection of reportorial and non-reportorial approach in a psychiatric case Select suitable approach and construct totality based on need of clinical case. Construct acute, chronic and intercurrent totalities in mental illnesses Construct reportorial totality in patients with mental illnesses Solving the case with suitable software Perform differentiation of remedies using different HMM viz source
	book, commentators, clinical Materiamedica and key notes in psychiatric disorders Reflection 1. Relate to clinical cases in psychiatry for construction of the totality 2. Reason out the bases for different approaches and references to repertory in psychiatric cases 3. Report the bases of differential HMM in psychiatric cases
Learning Methods	 Peer based learning methods : Problem-based Individual based learning methods : Self-regulated learning, formative self-assessment
Assessments	 Continuous / Programmatic assessment : Assignments, MCQ Practical exam – short case, long case, objective structured oral examination, OSCE Written Examinations: Problem Based Learning assessment: LAQ SAQ Checklist, Rating scales, OSCE
Prescribed texts	Refer to list attached
Domains of competencies	KS,PC,HO,CS,PBL

Table 09 Topic : Hom-PG-FHPS-09

Topic	Concept of similar and similimum
Overview	
Learning	Knowledge
Outcomes	Describe fundamental laws of homoeopathy
	2. Conclude the potency and repetition in psychiatric cases
	3. Discuss concordance and remedy relationship in psychiatric cases
	Skills
	1. Apply fundamental laws in psychiatric cases
	2. Apply the remedy relationship in clinical practice
	Reflection
	1. Recollect the fundamental laws of homoeopathy observed in clinical
	cases
	2. Reason out the posology in psychiatric practice
	3. Relate the concordance and remedy relationship in psychiatric cases
Learning	 Peer based learning methods : Problem-based
Methods	• Individual based learning methods : Self-regulated learning, deliberate practice, formative self-assessment
Assessments	Continuous / Programmatic assessment : Assignments, MCQ
	Practical exam – short case, long case, objective structured oral
	examination, OSCE
	Written Examinations: Problem Based Learning assessment: LAQ
	SAQ
	Checklist, Rating scales
Prescribed	Refer to list attached
texts	
Domains of	KS, PC, HO, CS, PBL
competencies	

Table 10 Topic: Hom-PG-FHPS-10

Topic	Concept of Therapeutic management as applicable in psychiatric illnesses
Overview	
Learning	Knowledge
Outcomes	1. Diagnose the Kent's twelve observation in assessment of remedy
	response in psychiatric disorders
	2. Describe Hahnemannian guidelines on management of mental diseases from Organon of medicine
	3. Apply the knowledge of investigation and recent advances in the field
	of medicine and psychiatry to asses remedy response in psychiatric cases
	4. Select second prescription based on remedy relationship in psychiatric
	cases
	Skills
	1. Choose the correct line of management as per Hahnemannian
	guidelines in mental illnesses.
	2. Choose second prescription based on remedy response of Kent's
	observation in psychiatric cases
	3. Perform patient & family psycho- education and orientation
	4. Organize the ancillary management in acute and chronic mental
	diseases
	5. Perform the ancillary management in mental diseases
	Reflection
	1. Recollect the remedy response in psychiatric cases.
	2. Reflect role of investigation and current advances in judging remedy response in psychiatric cases
	3. Contextualize the ancillary management in psychiatric cases
Learning	Peer based learning methods : Problem-based
Methods	• Individual based learning methods : Self-regulated learning, deliberate
	practice, formative self-assessment
Assessments	Continuous / Programmatic assessment : Assignments, MCQ
	Practical exam – short case, long case, objective structured oral
	examination, OSCE
	Written Examinations: Problem Based Learning assessment: LAQ
	SAQ
	Checklist, Rating scales, OSCE

List of repertory (examples) beside Kent, TPB, BBCR following repertory are suggested

- Phatak's repertory,
- Murphy's repertory
- Boericke's repertory
- Repertories related to mind (Farokh Master)

List of remedies for different aspects of the study of applied materiamedica (examples)

Clinical HMM	Drug picture	Group study	Anti-miasmatic
1. Aconite	1. Alumina	1. sodium	1.Bacillinum
2. Aesculus	2. Antimony crud	2. Magnesium	2. Tuberculinum
3. Aethusa	3. Apismel	3. Calcarea	3. Thuja
4. Agaricus	4. Arg met	4. Kali	4. Medorrhinum
5. Aloes	5. Arg nit	8. Loginneacea	5. Psorinum
6. Ammonium carb	6. Arsalb	9. Solanacea	6. Sulphur
7. Anacardium	7. Aurum met	10. Compositae	7. Syphilinum
8 Arnmont	8. Baryta carb.	11. Ophidia	
9. Arsiod	9. Barytamur.	12. Spider	
10. Baptisia	10. Calc. carb.	13. Metals	
11. Bell.	11. Calc. f.	15. Acids	
12. Bellis p.	12. Calc. iod.	16. Lac	
13. Berberis v.	13. Calc. phos.		
14. Borax	14. Calc. sulph.		
15. Bry. alb.	15. Calc. sil		
17. Cactus g.	16. Causticum		
18. Calc. ars.	17. China		
19. Carbo. an	18. Conium		
20. Canth.	19. Ferrum met.		
21. Carb. veg.	20. Ferrumphos.		
22. Caulophyllum	21. Fluoric acid		
23. Cham.	22. Graph.		
24. Chelid. m.	23. Ignatia		
25. Chin. ars.	24. Iodine		
26. Cicuta v.	25. Kali bichrom.		
27. Cimicifuga	26. Kali brom.		
28. Cina	27. Kali carb.		
29. Coca	28. Kali iod.		
30. Cocculus	29. Kali mur.		
31. Coccus cacti	30. Kali sulph.		
32. Collinsonia	31. Lac. can.		
33. Coloc.	32. Lachesis		
34 Coralliumrubrum	33. Lycopodium		
35.Crategus	34. Lyssin		
36. Crotalus h.	35. Mag. carb.		
37. Croton tig	36. Mag. mur		
38. Cup. met.	37. Mag. phos.		
39. Digitalis	38. Mag. sulph		
40. Dioscorea	39. Medorrhinum		
41. Drosera	40. Mercurius sol.		
42. Dulcamara	41. Naja		

40 5 1		
43. Echinacia	42. Natrum carb.	
44. Euphrasia	43. Natrummur.	
45. Gelsemium	44. Natrumphos.	
46. Glonoine	45. Natrumsulph.	
47. Hammamelis	46. Nitric acid	
48. Helleborus	47. Nuxvom.	
49. Hep. sulph	48. Opium	
50. Hyosc.	49. Petroleum	
51. Hyper.	50. Phos.	
52. Ipecac	51. Phos. ac	
53. Kali ars.	52. Platina	
54. Ledum	53. Psorinum	
55. Liliumtig.	54. Puls.	
56. Manganum	55. Rhustox.	
57. Merc. dul.	56 Sepia	
58. Merc. iod. fl.	57. Silica	
59. Merc. ior. r.	58. Stannum met.	
60. Mercurius cor.	59. Staph	
61. Mezereum	60. Stram.	
62. Mur. ac.	61. Sulphur	
63. Murex	62. Tarent h.	
64. Nuxmoschata	63. Thuja	
65. Phytolacca	64. Tuberculinumbov	
66. Plumbum	65. Verat. alb.	
67. Podophyllum	66. Zincum	
68. Pyrogen		
69. Ranunculuc bulb		
70. Ratanhia		
71. Rheum		
72. Rhododendron		
73. Rumex		
74. Ruta g.		
75. Sabadilla		
76. Sabina		
77. Sambucus		
78. Sanguinaria		
79. Sarsaparilla		
80. Secale cor.		
81. Selenium		
82. Senega		
83. Spigelia		
84. Spongia		
85. Sticta		
86. Symph.		
87. Tarent. c.		

88. Tarentula H		
89. Thlaspi bursa		
90. Verat. vir.		

VII. Assessment

	Formative Assessment	Summative Assessment
	(Internal Assessment)	(University Examination)
M.D.(Hom.) Part-I	1st Term Test: During sixth month of	
	training	During eighteenth month of training
	2 nd Term Test: During twelfth month of	During eighteenth month of training
	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	
	Subjects		Pass Marks	Maximum Marks	Pass Marks
i.	Fundamentals of Psychiatry	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 Psychiatry;	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 2. Topic Numbers

Hom-PG-FHPS-01 - Hahnemannian Concept of man, vital force, Health and Disease as applied to the study of Mind and mental disorders

Hom-PG-FHPS-02 - Concept of Dynamism, Recovery, cure and obstacle to cure in Mental Illnesses

Hom-PG-FHPS -03 -Concept of artificial and natural diseases

Hom-PG-FHPS-04 - Concept of unprejudiced observation and case taking in psychiatric illnesses

Hom-PG-FHPS-05 - Concept of Symptomatology as applied to mental illnesses

Hom-PG-FHPS-06 - Concept of Concept susceptibility, acute and chronic disease in mental illnesses

Hom-PG-FHPS-07 - Concept of Suppression and miasm as applied to mental illnesses

Hom-PG-FHPS-08 - Concept of Totality with respect to mental illness

Hom-PG-FHPS-09 - Concept of Similar and Simillimum

Hom-PG-FHPS-10 - Concept of Therapeutic management as applicable in Psychiatric illness

VII (2b). Question Paper Layout

Q. No.	Type of Question	Content	Marks
1	Problem	Problem Based Question	20
1	Based	Hom-PG-FHPS06 or 08 or 09	20
2	LAQ	Hom-PG-FHPS-07	10
3	LAQ	Hom-PG-FHPS-04	10
4	LAQ	Hom-PG-FHPS-03	10
5	LAQ	Hom-PG-FHPS-05	10
6	SAQ	Hom-PG-FHPS-03	5
7	SAQ	Hom-PG-FHPS-02	5
8	SAQ	Hom-PG-FHPS-06	5
		Hom-PG-FHPS-10 (For example -Repertory related to	
9	SAQ	Mind, Mind chapter in various Repertories, Psycho-somatic	5
		representation in various repertories or clinical HMM)	
10	SAQ	Hom-PG-FHPS-08	5
11	SAQ	Hom-PG-FHPS-01	5

12	SAQ	Hom-PG-FHPS-09	5
13	SAQ	Hom-PG-FHPS-04 (Group study in Psychiatric Cases)	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).

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