

Case Study

Clinical assessment in ward duty -

The concerning teachers/registrars will teach the students how to take and write down the history of the patients. They will examine the case physically/clinically, note down the findings thereof in appropriate spaces/columns, give his probable clinical diagnosis and suggest further investigations deemed necessary for final diagnosis. Thus they each will write down complete history of at least 10 (ten) including follow-up management and must be submitted that along with the Progress Card during Examinations for evaluation by the examiners.

REPERTORY

A. Subject aims:

This course is aimed to build a significant professional group who will be efficient enough with knowledge about homoeopathic system of treatment and to treat the patient. The course is purely designed for producing professionals in the field of homoeopathy for improving community health.

1. To acquaint the students with taking history of the patient and to repertorise the huge number of homoeopathic drugs for the particular patient.
2. To apply various methodologies and principles employed in the teaching of homoeopathy as a whole.
3. To impart knowledge about the aim and goal of the homoeopathic system of treatment; and
4. Proceed to undergo higher studies.

B. Subject Objectives:

At the end of the courses of the various aspects of repertorisation and case taking the students be able to

1. Perform, understand & interpret the homoeopathic system of treatment to treat the patient.
2. Correlate with the other subjects taught in the pre-clinical, para-clinical and clinical subjects of this course.

C. Course composition and teaching hours:

1. Theoretical lectures..... 120 hours.
 2. Practical..... 50 hours
 - Tutorials Seminars and discussion sessions. 30 hours
- 200 hours**

D. Evaluation in the Final BHMS examination :

- Theory (MCQ-25% + SAQ- 75%)..... 100 marks.
Practical/Clinical 100 marks
(Two long case 2x15..... 30 marks.
One short case 1x10..... 10 marks
Cross checked case on Computer
Repertory 1x20.=25marks
Viva..... 25marks.
Note book..... 10 marks)
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- 200 marks.**

REPERTORY

Hom - 404

Detailed course contents:

Group-A (Repertory)

1. Introduction:
 - a) Origin & meaning of the term 'Repertory'
 - b) Definition. of Repertory.
2. Classification of Repertory.
3. Importances of Repertory.
4. Limitations or demerits of the use of Repertory.
5. Relationship : Repertory, Materia medica & Organon of medicine,
6. Differences between Repertory & Materia medica.
7. Contribution of Hahnemann in Repertory.
8. Contribution of Boenninghausen in Repertory
9. History of development of Repertory.
10. Modern Repertory and its development.
11. Rubric
 - a) Types of rubric
 - b) Difference between rubric and Symptom
 - c) Paraphrasing
 - d) Identifying characters of rubric at the level of sub rubrics.
 - e) Basic steps for hunting rubrics
 - f) Cross Reference
12. Repertorisation
 - a) Precondition of repertorisations
 - b) Method of repertorization
 - c) Processes of repertorization.
 - d) Calculation processes of repertorisation
 - e) Cross repertorisation
 - f) Concept of totality of Hahnemann, Boenninghausen, Kent, Bogar.

- g) Repertorial totality
- h) Repertorial analysis
- 13. Evaluation of the symptoms.
- 14. Evaluation of remedies with its importance
- 15. Study plan of Repertory
- 16. Theory of analogy, Theory of concomitant, Theory of Causation, Doctrine of complete symptom and concomitant, Doctrine of pathological generals.
- 17. Construction, merits, demerits, adaptability and working plan of the following Repertories:
 - a) Dr. Von Boeninghausen's –
 - i) Repertory of antipsorics
 - ii) Therapeutics pocket book.
 - b) Lippe's Repertory
 - c) Knerr's Repertory
 - d) Gentry's Repertory
 - e) Dr. James Tyler Kent's - Repertory of the Homoeopathic Materia medica.
 - f) Bogar's - Boeninghausen's Characteristics and repertory
 - g) Dr. W. Boericke's - A pocket manual of Homoeopathic materia medica with repertory.
 - h) S.R. Phatak's - A Concise Repertory of Homoeopathic Medicine
 - i) Dr. H. Barthel and W. Klunker's - Synthetic Repertory.
 - j) Dr. Fredrik Schroyens' - Synthesis (Repertorium Homoeopathicum Syntheticum).
 - k) Dr. Robin Murphy's - Homoeopathic medical repertory.
 - l) H.A. Robert's - Sansetiion as if.
 - m) Roger van Zandvoort's - Repertorium universale
- 18. Computer application in Haomeopathy
 - a) case taking & recording

- b) remedy selection
- c) patient management & follow up
- 19. Digital Repertory (Computer Repertory) operating system, construction, merits & demerits of followings -
 - a) RADAR
 - b) HOMPETH
 - c) CARA

Group-B (Case study)

- 20. Definition of case taking and case record.
- 21. Importance of Case taking and case record
- 22. Methodology of case study
- 23. Investigating points or factors of case taking and their importance.
 - a) Particulars of the patient.
 - b) Constitutional characters of the patient
 - c) Family history of the patient.
 - d) Past history of the patient
 - e) Occupational history of the patient
 - f) Mental symptoms of the patient.
 - g) Physical general symptoms of the patient.
 - h) Particular symptoms of the patient.
- 24. General and systemic examination of the patient.
- 25. General instruction of Hahnemann in case taking.
- 26. Difficulties in taking the chronic, acute, mental, indolent patient.
- 27. Questionnaire
- 28. How to know the patient
- 29. Anamnesis & totality of symptoms
- 30. In prescription- selected medicine, potency, dose, diet and regimen.

N.B. Students must be answer at least three questions from group-A and one question from group-B in (SAQ)written examination.

PRACTICAL

- 1) Repertorisation according to Boenninghausen's, Kent's, Bogar's and Synthesis Repertory, Robin Murphy & complete repertory.
 - a) Long case study - minimum 10 Cases
 - b) Acute case - minimum 10 Cases
- 2) Cross checked on Computer Repertory - minimum 10 Cases

Note Book

Student will write down at least 10 (ten) case study including repertorisation and must be submitted that along with the Progress Card during Examinations for evaluation by the examiners.

CLINICAL PSYCHOLOGY & PSYCHIATRY

A. Subject aims:

The prevalence of psychiatric disorder in the community is of such magnitude that every student must be able to -

1. carry out a psychiatric assessment.
2. impart and improve the community health; and
3. proceed to undergo higher education.

B. Subject objective:

The objective of the course is to render teaching of the subject with a view to producing young doctors who will be well acquainted with various methods and tools for:

1. approaching to diagnosis and treatment on adequate formulation of the psychiatric problem.