

## COMPETENCY BASED DYNAMIC CURRICULUM FOR THIRD BHMS PROFESSIONAL COURSE

(Applicable from Batch 2022-2023 onwards for 5 years or until further notification by National Commission for Homoeopathy whichever is earlier)

**(Homoeopathic Repertory and Case-taking)**



**HOMOEOPATHY EDUCATION BOARD  
NATIONAL COMMISSION FOR HOMOEOPATHY  
MINISTRY OF AYUSH, GOVERNMENT OF INDIA**

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# AIM Homoeopathy

**Subject name- Homoeopathic Repertory and Case Taking**

**Subject code- HomUG-R-III**

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## 1. Course Outcomes (CO)-

At the end of BHMS course, the learner will be able to:

- i. Explain the need and utility of repertory as a tool to find the simillimum and in the study of Materia Medica.
- ii. Describe the philosophical backgrounds, construction, utility and limitation of Kent repertory, BTBP, BBCR, Boericke repertory, other clinical repertoires and modern repertoires.
- iii. Able to describe the various dimensions of case taking and able to demonstrate case taking in moderate and difficult cases.
- iv. Classify the symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms-based on different philosophies (Dr. Kent, Dr. Boenninghausen, Dr. Hahnemann, Garth Boericke).
- iv. Choose an appropriate approach for the case, construct the Repertorial Totality and select the appropriate rubrics and technique of repertorisation.
- v. Identify the medium, method, process and technique of Repertorisation.
- vi. Display empathy with the patient and family during case taking.
- vii. Communicate to the patient and attendants the need for sharing patient related information for a complete homoeopathic case taking.
- viii. Develop ability to apply different case taking skills.
- ix. Search for the appropriate rubrics in different repertory.
- x. Understanding and evolution of modern repertoires, computerized repertoires, operate and use software-based repertoires for repertorization.

## 2. Learning objectives(LO)-

At the end of III BHMS, the learner will be able to:

- i. Demonstrate case taking in Moderate acute and chronic cases.
- ii. Classify symptoms, evaluate the symptoms according to their importance and construct the totality of symptoms as per the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- iii. Describe the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR.
- iv. Choose appropriate repertory (BTPB, Kent's repertory, BBCR) and method of Repertorisation for construction of repertorial totality and selection of appropriate rubric

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- v. Identify the medium, method, process and technique of Repertorisation.

## **3. Course Content and its term-wise distribution**

### **3.1 Term I- Case taking and case processing:**

- 3.1.1 Demonstrate case taking in moderate acute and chronic cases
- 3.1.2 Classification of symptoms
- 3.1.3 Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 3.1.4 Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 3.1.5 Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.
- 3.1.6 Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.
- 3.1.7 Steps of Repertorisation
- 3.1.8 Identify the medium, method, process and technique of Repertorisation
- 3.1.9 Construction of Repertorial Syndrome (RS) and Potential Differential Field (PDF) of a Repertorial Totality (RT).

### **3.2 Term II-Study of general repertories and their application:**

- 3.2.1 Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent and BBCR Repertories.
- 3.2.2 Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.
- 3.2.3 Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.

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## 4. Teaching Hours-

### 4.1 Gross division of teaching hours- lectures and non-lectures

| <b>Homoeopathic Repertory and Case Taking</b> |                                |                                    |
|---|--------------------------------|------------------------------------|
| <b>Year</b>                                   | <b>Teaching hour - lecture</b> | <b>Teaching hour - Non-lecture</b> |
| <b>III BHMS</b>                               | <b>100</b>                     | <b>50</b>                          |

### 4.2 Teaching hour Lectures (Theory)

| <b>S. No.</b> | <b>List of topics</b>   | <b>Hours</b> |
|---------------|---|--------------|
| <b>Term 1</b> |   |              |
| <b>1.</b>     | Demonstration of homoeopathic case taking in moderate acute cases   | <b>02</b>    |
| <b>2.</b>     | Demonstration of homoeopathic case taking in moderate chronic cases | <b>03</b>    |
| <b>3.</b>     | Classification of symptoms  | <b>03</b>    |
| <b>4.</b>     | Analysis of case according to the philosophy of Dr. Boenninghausen. | <b>02</b>    |

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|               |   |           |
|---------------|---|-----------|
| <b>5.</b>     | Analysis of case according to the philosophy of Dr. Kent.   | <b>02</b> |
| <b>6.</b>     | Analysis of case according to the philosophy of Dr. Boger.  | <b>02</b> |
| <b>7.</b>     | Evaluation of symptoms according to the philosophy of Dr. Boenninghausen.   | <b>02</b> |
| <b>8.</b>     | Evaluation of symptoms according to the philosophy of Dr. Kent  | <b>02</b> |
| <b>9.</b>     | Evaluation of symptoms according to the philosophy of Dr. Boger.  | <b>02</b> |
| <b>10.</b>    | Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen.   | <b>03</b> |
| <b>11.</b>    | Construction of totality of symptoms according to the philosophy of Dr. Kent.   | <b>03</b> |
| <b>12.</b>    | Construction of totality of symptoms according to the philosophy of Dr. Boger.  | <b>03</b> |
| <b>13.</b>    | Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.                   | <b>03</b> |
| <b>14.</b>    | Steps of Repertorisation  | <b>03</b> |
| <b>15.</b>    | Identify the medium, method, process and technique of Repertorisation.  | <b>08</b> |
| <b>16.</b>    | Construction of Repertorial Syndrome and Potential Differential Field   | <b>05</b> |
| <b>Term 2</b> |   |           |
| <b>17.</b>    | Study of the philosophical background, construction, scope, limitation and utility of Boenninghausen's Therapeutic Pocket Book (BTPB) | <b>15</b> |

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|              |   |            |
|--------------|---|------------|
| <b>18.</b>   | Study of the philosophical background, construction, scope, limitation and utility of Repertory of Homoeopathic Materia Medica by J T Kent (Kent's Repertory) | <b>15</b>  |
| <b>19.</b>   | Study of the philosophical background, construction, scope, limitation and utility of Boger Boenninghausen's Characteristics and Repertory (BBCR).            | <b>15</b>  |
| <b>20.</b>   | Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.                           | <b>05</b>  |
| <b>21.</b>   | Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent and BBCR Repertories.  | <b>02</b>  |
| <b>TOTAL</b> |   | <b>100</b> |

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## 4.3 Teaching hours Non-lecture (Clinical/practical/demonstrative activities)

| S.No. | Non-lecture activity  | Term   | Time allotted per activity (hour) |
|-------|---|--------|-----------------------------------|
| 1     | Clinical  | I & II | 35                                |
| 2     | Demonstrative   | I & II | 15                                |
|       | 2.1 Seminar/ Tutorial   |        | 10                                |
|       | 2.2 Problem based/ Case based learning/Assignment/<br>Symposium/ Group Discussion/ Rubric hunting exercises |        | 05                                |
|       | <b>TOTAL</b>  |        | <b>50</b>                         |

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## 5. Content Mapping (Competencies Table)

### 5.1 Topic - Demonstration of homoeopathic case taking in moderate acute cases

| S. No.          | Domain of competency | Millers   | Content  | SLO  | Bloom/ Gilbert                                | Priority  | TL MM  | Assessment             |                    | Integration                                     |
|-----------------|----------------------|-----------|--|--|---|-----------|--|------------------------|--------------------|---|
|                 |                      |           |  |  |   |           |  | Formative              | Summative          |   |
| HomUG-R-III-1.1 | K/HO                 | Knows     | Knowledge, skill and attitude about patient and doctor communication | Recall definition of acute case and Aphorisms dealing with Acute Case Taking | Cognitive/ Level -1<br>Remember s/<br>Recalls | Must know | Lecture<br>Quiz<br>Small Group<br>Discussion | MCQ<br>Viva            | MCQ<br>LAQ<br>Viva | Horizontal integration with Organon of Medicine |
| HomUG-R-III-1.2 | K/HO/ PC             | Knows how | and examination in Moderate acute                                    | Explain the basic structure of case taking and list the steps of case taking | Cognitive/ Level -1<br>Remember s/            | Must know | Lecture<br>Clinical class<br>Small Group     | MCQ<br>Viva<br>Journal | MCQ<br>LAQ<br>Viva | Spiral Integration                              |

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|                 |         |           | case | in moderate acute cases   | Recalls   |           | Discussion   |                          |             | <b>in IV BHMS</b> |
|-----------------|---------|-----------|------|---|---|-----------|--|--------------------------|-------------|-------------------|
| HomUG-R-III-1.3 | K/HO/PC | Shows how |      | Demonstration of case taking in moderate chronic cases              | Psychomotor<br>Level -1<br>Interpret/<br>Decide/<br>Demonstrate | Desirable | Lecture/<br>Clinical Class<br>Small Group<br>Discussion<br>Integrated discussion | MCQ<br>Viva<br>Journal 1 | MCQ<br>Viva |                   |
| HomUG-R-III-1.4 | K/HO/PC | Shows how |      | Observe the skills of clinical examination of moderate chronic case | Psychomotor<br>Level -1<br>Interpret/<br>Decide/<br>Demonstrate | Desirable | Lecture/<br>Clinical Class<br>Small Group<br>Discussion<br>Integrated            | MCQ<br>Viva<br>Journal 1 | MCQ<br>Viva |                   |

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|--|--|--|--|--|--|--|------------|--|--|--|
|  |  |  |  |  |  |  | Discussion |  |  |  |
|--|--|--|--|--|--|--|------------|--|--|--|

## 5.2 Topic - Demonstration of homoeopathic case taking in moderate chronic cases

| S. No.                   | Domain of competency | Millers      | Content  | SLO  | Bloom/ Gilbert                          | Priority  | TL MM                               | Assessment |           | Integration                                     |
|--------------------------|----------------------|--------------|--|--|---|-----------|-------------------------------------|------------|-----------|---|
|                          |                      |              |  |  |   |           |                                     | Formative  | Summative |   |
| <b>HomUG -R-III- 2.1</b> | <b>K/HO</b>          | <b>Knows</b> | Knowledge, skill and attitude about patient and doctor communication | Recall the definition of chronic case and State the Aphorisms dealing with chronic Case Taking | Cognitive/ Level -1 Remembers / Recalls | Must know | Lecture Small Group Discussion Quiz | MCQ Viva   | LAQ       | Horizontal integration with Organon of Medicine |
| <b>HomUG -R-III-</b>     | <b>K/HO/PC</b>       | <b>Knows</b> | and examination  | Discuss chronic case taking. List  | Cognitive/ Level -1                     | Must know | Lecture Small                       | MCQ Viva   | LAQ       |   |

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|                   |         |           |                          |  |   |                   |  |                             |  |                    |
|-------------------|---------|-----------|--------------------------|--|---|-------------------|--|-----------------------------|--|--------------------|
| 2.2               |         | how       | in Moderate chronic case | the steps of chronic case taking.                      | Remembers / Recalls                                 |                   | Group Discussion   | Assignment Journal          |  | Spiral Integration |
| HomUG -R-III- 2.3 | K/HO/PC | Shows how |                          | Demonstration of case taking in moderate chronic cases | Psychomotor Level -1 Interpret/ Decide/ Demonstrate | Desirable to know | Lecture/ Clinical Class Small Group Discussion Integrated discussion | MCQ Viva Assignment Journal |  | in IV BHMS         |
| HomUG -R-III- 2.4 | K/HO/PC | Shows how |                          | Observe the skills of clinical examination of moderate | Psychomotor Level -1 Interpret/                     | Desirable to know | Lecture/ Clinical Class Small  | MCQ Viva Journal            |  |                    |

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|  |  |  |  |              |                        |  |   |  |  |  |
|--|--|--|--|--------------|------------------------|--|---|--|--|--|
|  |  |  |  | chronic case | Decide/<br>Demonstrate |  | Group<br>Discussion<br>Integrated<br>Discussion |  |  |  |
|--|--|--|--|--------------|------------------------|--|---|--|--|--|

## 5.3 Topic - Classification of symptoms

| S. No.                   | Domain of competency | Millers      | Content                          | SLO                          | Bloom/<br>Gilbert      | Priority  | TL MM            | Assessment                |           | Integration                       |
|--------------------------|----------------------|--------------|----------------------------------|------------------------------|------------------------|-----------|------------------|---------------------------|-----------|-----------------------------------|
|                          |                      |              |                                  |                              |                        |           |                  | Formative                 | Summative |                                   |
| <b>HomUG -R-III- 3.1</b> | <b>K</b>             | <b>Knows</b> | Acquiring knowledge and skill of | Define symptom & symptomato- | Cognitive/<br>Level -1 | Must know | Lecture<br>Small | <b>MCQ</b><br><b>Viva</b> |           | <b>Horizontal<br/>integration</b> |

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|                   |      |           | understanding symptoms and their importance in patient care | logy   | Remembers / Recalls                          |           | Group Discussion   | Assignment                |     | n with Organon of Medicine |
|-------------------|------|-----------|---|--|--|-----------|--|---------------------------|-----|----------------------------|
| HomUG -R-III- 3.2 | K/HO | Knows how |   | Enumerate various types of symptoms              | Cognitive/ Level -1<br>Remembers / Recalls   | Must know | Lecture<br>Small Group Discussion                          | MCQ<br>Viva<br>Assignment | SAQ |                            |
| HomUG -R-III- 3.3 | K/HO | Knows how |   | Explain types of symptoms according to Hahnemann | Cognitive/ Understand and interpret Level II | Must know | Lecture<br>Small Group Discussion<br>Integrated discussion | MCQ<br>Viva<br>Assignment | SAQ |                            |
| HomUG -R-III-     | K/HO | Knows     |   | Explain types of symptoms according to           | Cognitive/                                   | Must know | Lecture<br>Small   | MCQ                       | SAQ |                            |

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|                   |      |           |  |  |  |           |  |                     |     |
|-------------------|------|-----------|--|--|--|-----------|--|---------------------|-----|
| 3.4               |      | how       |  | Boenninghausen                               | Understand and interpret Level II            |           | Group Discussion Integrated discussion               | Viva Assignment     |     |
| HomUG -R-III- 3.5 | K/HO | Knows how |  | Explain types of symptoms according to Kent  | Cognitive/ Understand and interpret Level II | Must know | Lecture Small Group Discussion Integrated discussion | MCQ Viva Assignment | SAQ |
| HomUG -R-III- 3.6 | K/HO | Knows how |  | Explain types of symptoms according to Boger | Cognitive/ Understand and interpret          | Must know | Lecture Small Group Discussion                       | MCQ Viva Assignment | SAQ |

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|                                  |                |                           |  | Level II   |  | n<br>Integrated<br>discussio<br>n |   |   |
|----------------------------------|----------------|---------------------------|--|--|--|-----------------------------------|---|---|
| <b>HomUG<br/>-R-III-<br/>3.7</b> | <b>K/HO</b>    | <b>Know<br/>s<br/>how</b> |  | Explain types<br>of symptoms<br>according to<br>Boericke   | Cognitive/<br>Understand<br>and<br>interpret<br>Level II | Must<br>know                      | Lecture<br>Small<br>Group<br>Discussio<br>n<br>Integrated<br>discussio<br>n | <b>MCQ</b><br><b>Viva</b><br><b>Assignmen</b><br><b>t</b> |
| <b>HomUG<br/>-R-III-<br/>3.8</b> | <b>K/HO/PC</b> | <b>Shows<br/>how</b>      |  | Analyze and<br>demonstrate<br>importance of<br>various types<br>of symptoms<br>for totality<br>creation and<br>repertorisation | Psychomoto<br>r<br>/<br>Problem<br>Solving               | Must<br>know                      | Lecture/<br>Clinical<br>Class<br>Small<br>Group<br>Discussio                | <b>Viva</b><br><b>Assignmen</b><br><b>t</b>               |

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|--|--|--|--|--|---------|--|-----------------------------------|--|--|--|
|  |  |  |  |  | Level I |  | n<br>Integrated<br>Discussio<br>n |  |  |  |
|--|--|--|--|--|---------|--|-----------------------------------|--|--|--|

## 5.4 Topic - Analysis of case according to the philosophy of Dr. Boenninghausen.

| S. No.                   | Domain of competency | Miller's | Content  | SLO  | Bloom/ Gilbert                                 | Priority  | TL MM                            | Assessment          |               | Integration                            |
|--------------------------|----------------------|----------|--|--|--|-----------|----------------------------------|---------------------|---------------|--|
|                          |                      |          |  |  |  |           |                                  | Formati<br>ve       | Summativ<br>e |  |
| <b>HomUG -R-III- 4.1</b> | K/HO                 | Knows    | Acquiring knowledge and skill of understanding symptoms, analysis of symptoms according to the philosophy of | Identify group of symptoms as per the philosophy of Boenninghausen | Cognitive/ Level -II<br>Understand & interpret | Must know | Lecture / Small Group Discussion | <b>Viva Journal</b> | <b>SAQ</b>    | Horizontal integration with Organon of |
| <b>HomUG -R-III-</b>     | K/HO                 | Knows    |  | Discuss analysis of symptoms of                                    | Cognitive/                                     | Must know | Lecture / Small                  | <b>Viva</b>         | <b>SAQ</b>    |  |

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|                   |      |           |                |   |                                     |                   |  |              |     |                               |
|-------------------|------|-----------|----------------|---|-------------------------------------|-------------------|--|--------------|-----|-------------------------------|
| 4.2               |      | how       | Boenninghausen | case according to the philosophy of Boenninghausen  | Level -II<br>Understand & interpret |                   | Group Discussion   | Journal      |     | Medicine                      |
| HomUG -R-III- 4.3 | K/HO | Shows how |                | Demonstration of analysis of symptoms of case according to the philosophy of Boenninghausen | Psychomotor / observe Level I       | Must know         | Lecture / clinical class<br>Small Group Discussion             | Viva Journal | SAQ | Spiral Integration in IV BHMS |
| HomUG -R-III- 4.4 | K/HO | Does      |                | Justify analysis of symptoms of case according to the philosophy of Boenninghausen          | Affective/ Level I                  | Desirable to know | Lecture Clinical class<br>Small Group Discussion<br>Integrated | Viva Journal | SAQ |                               |

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|--|--|--|--|--|--|--|------------|--|--|--|
|  |  |  |  |  |  |  | Discussion |  |  |  |
|--|--|--|--|--|--|--|------------|--|--|--|

## 5.5 Topic - Analysis of case according to the philosophy of Dr. Kent

| S. No.                   | Domain of competency | Miller's         | Content   | SLO  | Bloom/ Gilbert                              | Priority  | TL MM                            | Assessment          |            | Integration                 |
|--------------------------|----------------------|------------------|---|--|---|-----------|----------------------------------|---------------------|------------|-----------------------------|
|                          |                      |                  |   |  |   |           |                                  | Format ive          | Summative  |                             |
| <b>HomUG -R-III- 5.1</b> | <b>K/HO</b>          | <b>Knows</b>     | Acquiring knowledge and skill of understanding symptoms, analysis of symptoms according to the philosophy of Kent | Identify group of symptoms as per philosophy of Kent         | Cognitive/ Level -II Understand & interpret | Must know | Lecture / Small Group Discussion | <b>Viva Journal</b> | <b>SAQ</b> | Horizontal integration with |
| <b>HomUG -R-III- 5.2</b> | <b>K/HO</b>          | <b>Knows how</b> |   | Discuss analysis of symptoms of case according to philosophy | Cognitive/ Level -II Understand & interpret | Must know | Lecture / Small Group Discussion | <b>Viva Journal</b> | <b>SAQ</b> | Organon of Medicine         |

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|                                  |             |                      | of Kent  |                                      |                      | n  |                         |            |  | <b>Spiral<br/>Integratio<br/>n<br/>in IV<br/>BHMS</b> |
|----------------------------------|-------------|----------------------|--|--------------------------------------|----------------------|--|-------------------------|------------|--|---|
| <b>HomUG<br/>-R-III-<br/>5.3</b> | <b>K/HO</b> | <b>Shows<br/>how</b> | Demonstration<br>of analysis of<br>symptoms of<br>case according<br>to philosophy<br>of Kent | Psychomot<br>or / observe<br>Level I | Must<br>know         | Lecture /<br>clinical<br>class<br><br>Small<br>Group<br><br>Discussio<br>n                                   | <b>Viva<br/>Journal</b> | <b>SAQ</b> |  |   |
| <b>HomUG<br/>-R-III-<br/>5.4</b> | <b>K/HO</b> | <b>Does</b>          | Justify<br>analysis of<br>symptoms of<br>case according<br>to philosophy<br>of Kent          | Affective/<br>Level I                | Desirable<br>to know | Lecture<br><br>Clinical<br>class<br><br>Small<br>Group<br><br>Discussio<br>n<br><br>Integrated<br>discussion | <b>Viva<br/>Journal</b> | <b>SAQ</b> |  |   |

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## 5.6 Topic - Analysis of case according to the philosophy of Dr. Boger

| S. No.            | Domain of competency | Miller's  | Content  | SLO   | Bloom/ Gilbert                                 | Priority  | TL MM                             | Assessment                     |           | Integration                                     |
|-------------------|----------------------|-----------|--|---|--|-----------|-----------------------------------|--------------------------------|-----------|---|
|                   |                      |           |  |   |  |           |                                   | Format ive                     | Summative |   |
| HomUG -R-III- 6.1 | K/HO                 | Knows     | Acquiring knowledge and skill of understanding symptoms, analysis of symptoms according to the philosophy of Boger | Identify group of symptoms as per philosophy of Boger                 | Cognitive/ Level -II<br>Understand & interpret | Must know | Lecture / Small Group Discussion  | MCQ<br><br>Viva<br><br>Journal | SAQ       | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 6.2 | K/HO                 | Knows how |  | Discuss analysis of symptoms of case according to philosophy of Boger | Cognitive/ Level -II<br>Understand & interpret | Must know | Lecture / Small Group Discussion  | MCQ<br><br>Viva<br><br>Journal | SAQ       |   |
| HomUG -R-III- 6.3 | K/HO                 | Shows how |  | Demonstration of analysis of symptoms of case according to philosophy | Psychomotor / observe Level I                  | Must know | Lecture / clinical class<br>Small | MCQ<br><br>Viva<br><br>Journal | SAQ       | Spiral Integration                              |

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|                          |             |             |  | of Boger  |                    |                   | Group Discussion  |   |            | <b>in IV BHMS</b> |
|--------------------------|-------------|-------------|--|---|--------------------|-------------------|---|---|------------|-------------------|
| <b>HomUG -R-III- 6.4</b> | <b>K/HO</b> | <b>Does</b> |  | Justify analysis of symptoms of case according to philosophy of Boger | Affective/ Level I | Desirable to know | Lecture<br>Clinical class<br>Small Group<br>Discussion<br>Integrated discussion | <b>MCQ</b><br><b>Viva</b><br><b>Journal</b> | <b>SAQ</b> |                   |

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## 5.7 Topic - Evaluation of symptoms according to the philosophy of Dr. Boenninghausen.

| S. No.            | Domain of competency | Miller's  | Content  | SLO  | Bloom/ Gilbert                                 | Priority  | TL MM                            | Assessment             |            | Integration                                     |
|-------------------|----------------------|-----------|--|--|--|-----------|----------------------------------|------------------------|------------|---|
|                   |                      |           |  |  |  |           |                                  | Format ive             | Summative  |   |
| HomUG -R-III- 7.1 | K/HO                 | Knows     | Acquiring knowledge and skill of understanding value of symptoms according to the philosophy of Boenninghausen | Define evaluation of symptom   | Cognitive/ Level -I<br>Remember & recall       | Must know | Lecture / Small Group Discussion | MCQ<br>Viva<br>Journal | MCQ<br>SAQ | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 7.2 | K/HO                 | Knows how |  | Discuss concept of value of symptoms according to the philosophy of Boenninghausen | Cognitive/ Level -II<br>Understand & interpret | Must know | Lecture / Small Group Discussion | MCQ<br>Viva<br>Journal | MCQ<br>SAQ |   |
| HomUG -R-III-     | K/HO                 | Shows     |  | Demonstration of evaluation  | Psychomotor / observe                          | Must know | Lecture / clinical               | MCQ                    | MCQ        | Spiral Integration                              |

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| 7.3                              |             | how         |  | of symptoms according to the philosophy of Boenninghausen                    | Level I               |                   | class<br>Small Group Discussion  | Viva<br><b>Journal</b>                      | SAQ                      | in IV<br><b>BHMS</b> |
|----------------------------------|-------------|-------------|--|--|-----------------------|-------------------|--|---|--------------------------|----------------------|
| <b>HomUG<br/>-R-III-<br/>7.4</b> | <b>K/HO</b> | <b>Does</b> |  | Justify evaluation of symptoms according to the philosophy of Boenninghausen | Affective/<br>Level I | Desirable to know | Lecture<br>Clinical class<br>Small Group Discussion<br>Integrated discussion | <b>MCQ</b><br><b>Viva</b><br><b>Journal</b> | <b>MCQ</b><br><b>SAQ</b> |                      |

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## 5.8 Topic - Evaluation of symptoms according to the philosophy of Dr. Kent

| S. No.            | Domain of competency | Miller's  | Content  | SLO   | Bloom/ Gilbert                           | Priority          | TL MM  | Assessment             |            | Integration                                     |
|-------------------|----------------------|-----------|--|---|--|-------------------|--|------------------------|------------|---|
|                   |                      |           |  |   |  |                   |  | Format ive             | Summative  |   |
| HomUG -R-III- 8.1 | K/HO                 | Knows     | Acquiring knowledge and skill of understanding value of symptoms according to the philosophy of Dr. Kent | Discuss concept of value of symptoms according to the philosophy of Kent    | Cognitive/ Level -I<br>Remember & recall | Must know         | Lecture / Small Group Discussion                   | MCQ<br>Viva<br>Journal | MCQ<br>SAQ | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 8.2 | K/HO                 | Shows how |  | Demonstration of evaluation of symptoms according to the philosophy of Kent | Psychomotor / observe Level I            | Must know         | Lecture / clinical class<br>Small Group Discussion | MCQ<br>Viva<br>Journal | MCQ<br>SAQ |   |
| HomUG -R-III-     | K/HO                 | Does      |  | Justify evaluation of   | Affective/                               | Desirable to know | Lecture Clinical                                   | MCQ                    | MCQ        | Spiral Integration                              |

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|     |  |  |  |  |         |  |  |                        |     |                      |
|-----|--|--|--|--|---------|--|--|------------------------|-----|----------------------|
| 8.3 |  |  |  | symptoms according to the philosophy of Boenninghausen | Level I |  | class<br>Small Group Discussion<br>Integrated Discussion | Viva<br><b>Journal</b> | SAQ | in IV<br><b>BHMS</b> |
|-----|--|--|--|--|---------|--|--|------------------------|-----|----------------------|

## 5.9 Topic - Evaluation of symptoms according to the philosophy of Dr. Boger

| S. No.               | Domain of competency | Millers      | Content                          | SLO                         | Bloom/ Gilbert | Priority  | TL MM           | Assessment |            | Integration                   |
|----------------------|----------------------|--------------|----------------------------------|-----------------------------|----------------|-----------|-----------------|------------|------------|-------------------------------|
|                      |                      |              |                                  |                             |                |           |                 | Formati ve | Summative  |                               |
| <b>HomUG -R-III-</b> | <b>K/HO</b>          | <b>Knows</b> | Acquiring knowledge and skill of | Discuss concept of value of | Cognitive/     | Must know | Lecture / Small | <b>MCQ</b> | <b>MCQ</b> | <b>Horizontal</b><br><b>I</b> |

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| 9.1               |      |           | understanding value of symptoms according to the philosophy of Dr. Boger | symptoms according to the philosophy of Boger                                | Level -I<br>Remember & recall    |                   | Group Discussion  | Viva Journal        | SAQ        | integration with Organon of Medicine |
|-------------------|------|-----------|--|--|----------------------------------|-------------------|---|---------------------|------------|--------------------------------------|
| HomUG -R-III- 9.2 | K/HO | Shows how |  | Demonstration of evaluation of symptoms according to the philosophy of Boger | Psychomotor / observe<br>Level I | Must know         | Lecture / clinical class<br>Small Group Discussion                | MCQ<br>Viva Journal | MCQ<br>SAQ | Spiral                               |
| HomUG -R-III- 9.3 | K/HO | Does      |  | Justify evaluation of symptoms according to the philosophy of Boger          | Affective/<br>Level I            | Desirable to know | Lecture<br>Clinical class<br>Small Group Discussion<br>Integrated | MCQ<br>Viva Journal | MCQ<br>SAQ | Integration in IV BHMS               |

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|--|--|--|--|--|--|--|------------|--|--|--|
|  |  |  |  |  |  |  | discussion |  |  |  |
|--|--|--|--|--|--|--|------------|--|--|--|

## 5.10 Topic - Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen.

| S. No.                    | Domain of competency | Millers | Content   | SLO  | Bloom/ Gilbert                        | Priority  | TL MM                            | Assessment             |            | Integration                                     |
|---------------------------|----------------------|---------|---|--|---------------------------------------|-----------|----------------------------------|------------------------|------------|---|
|                           |                      |         |   |  |                                       |           |                                  | Formative              | Summative  |   |
| <b>HomUG -R-III- 10.1</b> | K/HO                 | Knows   | Acquiring knowledge and skill of construction of totality of symptom according to Hahnemann | Define Totality of symptom according to Hahnemann      | Cognitive/ Level -I Remember & recall | Must know | Lecture / Small Group Discussion | MCQ<br>Viva<br>Journal | SAQ<br>LAQ | Horizontal integration with Organon of Medicine |
| <b>HomUG -R-III- 10.2</b> | K/HO                 | Knows   | Define Totality of symptom according to the philosophy of Boenninghausen                    | Define Totality of symptom according to Boenninghausen | Cognitive/ Level -I Remember & recall | Must know | Lecture / Small Group Discussion | MCQ<br>Viva<br>Journal | SAQ<br>LAQ |   |

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|                                   |                |                  |  |  |   |                   |  |   |                          |   |
|-----------------------------------|----------------|------------------|--|--|---|-------------------|--|---|--------------------------|---|
| <b>HomUG<br/>-R-III-<br/>10.3</b> | <b>K/HO</b>    | <b>Knows how</b> |  | Enumerate and discuss symptoms in totality according to Boenninghausen | Cognitive/<br>Level -II<br>Understand & interpret | Must know         | Lecture<br>Small Group<br>Discussion                   | <b>MCQ</b><br><b>Viva</b><br><b>Journal</b> | <b>SAQ</b><br><b>LAQ</b> | <b>Spiral<br/>Integration<br/>in IV</b> |
| <b>HomUG<br/>-R-III-<br/>10.4</b> | <b>K/HO/PC</b> | <b>Shows how</b> |  | Demonstration of totality according to Boenninghausen                  | Psychomotor / observe<br>Level I                  | Must know         | Lecture<br>Clinical class<br>Small Group<br>Discussion | <b>MCQ</b><br><b>Viva</b><br><b>Journal</b> | <b>SAQ</b><br><b>LAQ</b> | <b>BHMS</b>                             |
| <b>HomUG<br/>-R-III-<br/>10.5</b> | <b>K/HO/PC</b> | <b>Does</b>      |  | Justification of construction of totality according to Boenninghausen  | Affective/<br>Level I                             | Desirable to know | Lecture<br>Clinical class<br>Small Group<br>Discussion | <b>MCQ</b><br><b>Viva</b><br><b>Journal</b> | <b>SAQ</b>               |   |

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## 5.11 Topic - Construction of totality of symptoms according to the philosophy of Dr. Kent.

| S. No.             | Domain of competency | Millers   | Content  | SLO  | Bloom/ Gilbert                              | Priority  | TL MM                             | Assessment             |            | Integration                                     |
|--------------------|----------------------|-----------|--|--|---|-----------|-----------------------------------|------------------------|------------|---|
|                    |                      |           |  |  |   |           |                                   | Format ive             | Summative  |   |
| HomUG -R-III- 11.1 | K/HO                 | Knows     | Acquiring knowledge and skill of construction of totality of symptom according to the philosophy of Dr. Kent | Define Totality of symptom according to Kent                 | Cognitive/ Level -I Remember & recall       | Must know | Lecture / Small Group Discussion  | MCQ<br>Viva<br>Journal | SAQ<br>LAQ | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 11.2 | K/HO                 | Knows how |  | Enumerate and discuss symptoms in totality according to Kent | Cognitive/ Level -II Understand & interpret | Must know | Lecture<br>Small Group Discussion | MCQ<br>Viva<br>Journal | SAQ<br>LAQ |   |
| HomUG -R-III-      | K/HO/PC              | Shows     |  | Demonstration of construction                                | Psychomot                                   | Must      | Lecture                           | MCQ                    | SAQ        | Spiral Integration                              |

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|                          |         |      |  |   |                      |                   |  |                            |     |                    |
|--------------------------|---------|------|--|---|----------------------|-------------------|--|----------------------------|-----|--------------------|
| 11.3                     |         | how  |  | of totality according to Kent                               | or / observe Level I | know              | Clinical class<br>Small Group<br>Discussion            | Viva<br>Journal            | LAQ | n<br>in IV<br>BHMS |
| HomUG<br>-R-III-<br>11.4 | K/HO/PC | Does |  | Justification of construction of totality according to Kent | Affective/ Level I   | Desirable to know | Lecture<br>Clinical class<br>Small Group<br>Discussion | MCQ<br><br>Viva<br>Journal | SAQ |                    |

## 5.12 Topic - Construction of totality of symptoms according to the philosophy of Dr. Boger.

| S. No. | Domain of competency | Millers | Content | SLO | Bloom/ Gilbert | Priority | TL MM | Assessment    |           | Integration |
|--------|----------------------|---------|---------|-----|----------------|----------|-------|---------------|-----------|-------------|
|        |                      |         |         |     |                |          |       | Format<br>ive | Summative |             |

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|                                   |                |                       |   |  |  |           |   |                                 |                    |   |
|-----------------------------------|----------------|-----------------------|---|--|--|-----------|---|---------------------------------|--------------------|---|
| <b>HomUG<br/>-R-III-<br/>12.1</b> | <b>K/HO</b>    | <b>Know<br/>s</b>     | Acquiring knowledge and skill of construction of totality of symptom according to the philosophy of Dr. Boger | Define Totality of symptom according to Boger                | Cognitive/ Level -I<br>Remember & recall       | Must know | Lecture / Small Group Discussion                    | <b>MCQ<br/>Viva<br/>Journal</b> | <b>SAQ<br/>LAQ</b> | <b>Horizonta<br/>l integratio<br/>n</b>               |
| <b>HomUG<br/>-R-III-<br/>12.2</b> | <b>K/HO</b>    | <b>Know<br/>s how</b> |   | Enumerate and discuss factors of totality according to Boger | Cognitive/ Level -II<br>Understand & interpret | Must know | Lecture<br>Small Group Discussion                   | <b>MCQ<br/>Viva<br/>Journal</b> | <b>SAQ<br/>LAQ</b> | <b>with<br/>Organon<br/>of<br/>Medicine</b>           |
| <b>HomUG<br/>-R-III-<br/>12.3</b> | <b>K/HO/PC</b> | <b>Shows<br/>how</b>  |   | Demonstration of construction of totality according to Boger | Psychomotor / observe<br>Level I               | Must know | Lecture<br>Clinical class<br>Small Group Discussion | <b>MCQ<br/>Viva<br/>Journal</b> | <b>SAQ<br/>LAQ</b> | <b>Spiral<br/>Integratio<br/>n<br/>in IV<br/>BHMS</b> |

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|                                   |                |             |  |  |                    |                   |  |                                 |            |  |
|-----------------------------------|----------------|-------------|--|--|--------------------|-------------------|--|---------------------------------|------------|--|
| <b>HomUG<br/>-R-III-<br/>12.4</b> | <b>K/HO/PC</b> | <b>Does</b> |  | Justification of construction of totality according to Boger | Affective/ Level I | Desirable to know | Lecture<br>Clinical class<br>Small Group<br>Discussion | <b>MCQ<br/>Viva<br/>Journal</b> | <b>SAQ</b> |  |
|-----------------------------------|----------------|-------------|--|--|--------------------|-------------------|--|---------------------------------|------------|--|

**5.13 Topic - Classification of repertory - need, basis of classification, advantage, disadvantage and adaptability of each type.**

| <b>S. No.</b>                     | <b>Domain of competency</b> | <b>Miller's</b> | <b>Content</b>   | <b>SLO</b>       | <b>Bloom/ Gilbert</b>                    | <b>Priority</b> | <b>TL MM</b>                           | <b>Assessment</b>         |                    | <b>Integration</b>                      |
|-----------------------------------|-----------------------------|-----------------|--|------------------|--|-----------------|--|---------------------------|--------------------|---|
|                                   |                             |                 |  |                  |  |                 |  | <b>Formative</b>          | <b>Summative</b>   |   |
| <b>HomUG<br/>-R-III-<br/>13.1</b> | <b>K/HO</b>                 | <b>Knows</b>    | Classify repertories according to various groups to understand | Define repertory | Cognitive/ Level -I<br>Remember & recall | Must know       | Lecture /<br>Small Group<br>Discussion | <b>MCQ<br/>Assignment</b> | <b>MCQ<br/>SAQ</b> | <b>Horizontal<br/>1<br/>integration</b> |

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|                          |      |               | advantage,<br>disadvantage<br>and adaptability |  |  |                 | n  |     |            | with<br>Organon<br>of<br>Medicine |
|--------------------------|------|---------------|--|--|--|-----------------|--|-----|------------|-----------------------------------|
| HomUG<br>-R-III-<br>13.2 | K/HO | Know<br>s     |  | Discuss need<br>of<br>classification<br>of repertory   | Cognitive/<br>Level -I<br>Remember<br>& recall       | Nice to<br>know | Lecture /<br>Small<br>Group<br>Discussio<br>n          | MCQ | MCQ<br>SAQ |                                   |
| HomUG<br>-R-III-<br>13.3 | K/HO | Know<br>s how |  | Enumerate<br>various types<br>of repertories<br>and basis of<br>classification<br>of repertories | Cognitive/<br>Level -II<br>Understand<br>& interpret | Must<br>know    | Lecture<br>Small<br>Group<br>Discussio<br>n            | MCQ | MCQ<br>SAQ |                                   |
| HomUG<br>-R-III-<br>13.4 | K/HO | Know<br>s how |  | Discuss<br>advantages<br>and<br>disadvantages<br>of each type of<br>repertory                    | Cognitive/<br>Level -II<br>Understand<br>& interpret | Must<br>know    | Lecture<br>Small<br>Group<br>Discussio<br>n<br>Problem | MCQ | MCQ<br>SAQ |                                   |

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|                           |                |                  |  |  |                            |                   |  |                          |                          |  |
|---------------------------|----------------|------------------|--|--|----------------------------|-------------------|--|--------------------------|--------------------------|--|
|                           |                |                  |  |  |                            |                   | based learning   |                          |                          |  |
| <b>HomUG -R-III- 13.5</b> | <b>K/HO/PC</b> | <b>Shows how</b> |  | Demonstrate adaptability of each type of repertory with examples | Psychomotor/ skill Level I | Desirable to know | Lecture<br>Clinical class<br>Small Group<br>Discussion | <b>MCQ</b><br>Assignment | <b>MCQ</b><br><b>SAQ</b> |  |

## 5.14 Topic - Steps of Repertorisation

| S. No.                    | Domain of competency | Millers      | Content                                | SLO                    | Bloom/ Gilbert      | Priority  | TL MM           | Assessment               |            | Integration                   |
|---------------------------|----------------------|--------------|--|------------------------|---------------------|-----------|-----------------|--------------------------|------------|-------------------------------|
|                           |                      |              |  |                        |                     |           |                 | Formative                | Summative  |                               |
| <b>HomUG -R-III- 14.1</b> | <b>K/HO</b>          | <b>Knows</b> | Acquiring knowledge and skill to apply | Define repertorisation | Cognitive/ Level -I | Must know | Lecture / Small | <b>MCQ</b><br>Assignment | <b>LAQ</b> | <b>Horizontal integration</b> |

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|                           |             |                  | steps of repertorisation in patient care | Remember & recall   |  | Group Discussion | nt Viva                          |                     | <b>n with Organon of Medicine</b>    |
|---------------------------|-------------|------------------|--|---|--|------------------|----------------------------------|---------------------|--------------------------------------|
| <b>HomUG -R-III- 14.2</b> | <b>K/HO</b> | <b>Knows</b>     |  | List the steps of repertorisation   | Cognitive/ Level -I<br>Remember & recall       | Must know        | Lecture / Small Group Discussion | MCQ Assignment Viva |                                      |
| <b>HomUG -R-III- 14.3</b> | <b>K/HO</b> | <b>Knows how</b> |  | Discuss importance of each step of repertorisation to reach at simillimum | Cognitive/ Level -II<br>Understand & interpret | Must know        | Lecture Small Group Discussion   | MCQ Assignment Viva | <b>Spiral Integration in IV BHMS</b> |

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## 5.15 Topic - Identify the medium, method, process and technique of Repertorisation.

| S. No.             | Domain of competency | Miller's  | Content   | SLO   | Bloom/ Gilbert                           | Priority          | TL MM                             | Assessment                |            | Integration                                     |
|--------------------|----------------------|-----------|---|---|--|-------------------|-----------------------------------|---------------------------|------------|---|
|                    |                      |           |   |   |  |                   |                                   | Formative                 | Summative  |   |
| HomUG -R-III- 15.1 | K/HO                 | Knows     | Identify the medium, method, process and technique of | Define medium of repertorisation              | Cognitive/ Level -I<br>Remember & recall | Must know         | Lecture / Small Group Discussion  | Viva<br>MCQ               | MCQ<br>SAQ | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 15.2 | K/HO                 | Knows     |   | List the various mediums of repertorisation   | Cognitive/ Level -I<br>Remember & recall | Must know         | Lecture / Small Group Discussion  | Viva<br>MCQ<br>Assignment | MCQ<br>SAQ |   |
| HomUG -R-III- 15.3 | K/HO/PC              | Knows how |   | Discuss application of each type of medium of | Cognitive/ Level -II<br>Understand       | Desirable to know | Lecture / clinical class<br>Small | Viva<br>MCQ<br>Assignment | MCQ<br>SAQ |   |

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|                           |             |                  | Repertorisation | repertorisation  | & interpret                                    |                   | Group Discussion<br>Case based learning            |                            | Spiral Integration in IV BHMS |
|---------------------------|-------------|------------------|-----------------|--|--|-------------------|--|----------------------------|-------------------------------|
| <b>HomUG -R-III- 15.4</b> | <b>K/HO</b> | <b>Knows how</b> |                 | Discuss advantage & disadvantage of each type of medium of repertorisation | Cognitive/ Level -II<br>Understand & interpret | Desirable to know | Lecture / clinical class<br>Small Group Discussion | <b>Viva MCQ Assignment</b> | <b>MCQ SAQ</b>                |
| <b>HomUG -R-III- 15.5</b> | <b>K/HO</b> | <b>Knows</b>     |                 | Define method of repertorisation   | Cognitive/ Level -I<br>Remember & recall       | Must know         | Lecture / Small Group Discussion                   | <b>Viva MCQ Assignment</b> | <b>MCQ SAQ</b>                |

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|-----------------------------------|----------------|-----------------------|--|--|---|-------------------|--|------------------------------------|--------------------|--|
| <b>HomUG<br/>-R-III-<br/>15.6</b> | <b>K/HO</b>    | <b>Know<br/>s</b>     |  | List the various method of repertorisation                         | Cognitive/<br>Level -I<br>Remember & recall       | Must know         | Lecture /<br>Small Group<br>Discussion                   | <b>Viva<br/>MCQ<br/>Assignment</b> | <b>MCQ<br/>SAQ</b> |  |
| <b>HomUG<br/>-R-III-<br/>15.7</b> | <b>K/HO/PC</b> | <b>Know<br/>s how</b> |  | Discuss advantage & disadvantage of each method of repertorisation | Cognitive/<br>Level -II<br>Understand & interpret | Desirable to know | Lecture /<br>clinical class<br>Small Group<br>Discussion | <b>Viva<br/>MCQ<br/>Assignment</b> | <b>MCQ<br/>SAQ</b> |  |
| <b>HomUG<br/>-R-III-<br/>15.8</b> | <b>K/HO</b>    | <b>Know<br/>s</b>     |  | Define process of repertorisation                                  | Cognitive/<br>Level -I<br>Remember & recall       | Nice to know      | Lecture /<br>Small Group<br>Discussion                   | <b>Viva<br/>MCQ<br/>Assignment</b> | <b>MCQ<br/>SAQ</b> |  |
| <b>HomUG<br/>-R-III-</b>          |                |                       |  | Discuss types of processes of                                      | Cognitive/<br>Level -I                            | Nice to know      | Lecture /<br>Small                                       | <b>Viva<br/>MCQ</b>                | <b>MCQ<br/>SAQ</b> |  |

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|                            |             |              |   |                                       |              |                                  |  |                          |  |
|----------------------------|-------------|--------------|---|---------------------------------------|--------------|----------------------------------|--|--------------------------|--|
| <b>15.9</b>                |             |              | repertorisation   | Remember & recall                     |              | Group Discussion                 | <b>Assignment</b>                              |                          |  |
| <b>HomUG -R-III- 15.10</b> | <b>K/HO</b> | <b>Knows</b> | Discuss advantage & disadvantage of each type of process of repertorisation | Cognitive/ Level -I Remember & recall | Nice to know | Lecture / Small Group Discussion | <b>Viva</b><br><b>MCQ</b><br><b>Assignment</b> | <b>MCQ</b><br><b>SAQ</b> |  |
| <b>HomUG -R-III- 15.11</b> | <b>K/HO</b> | <b>Knows</b> | Define technique of repertorisation   | Cognitive/ Level -I Remember & recall | Must know    | Lecture / Small Group Discussion | <b>Viva</b><br><b>MCQ</b><br><b>Assignment</b> | <b>MCQ</b><br><b>SAQ</b> |  |
| <b>HomUG -R-III- 15.12</b> | <b>K/HO</b> | <b>Knows</b> | Discuss various techniques of repertorisation                               | Cognitive/ Level -I Remember & recall | Must know    | Lecture / Small Group Discussion | <b>Viva</b><br><b>MCQ</b><br><b>Assignment</b> | <b>MCQ</b><br><b>SAQ</b> |  |

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|                                    |             |                   |  |  |   |           |   |                                    |                    |  |
|------------------------------------|-------------|-------------------|--|--|---|-----------|---|------------------------------------|--------------------|--|
| <b>HomUG<br/>-R-III-<br/>15.13</b> | <b>K/HO</b> | <b>Know<br/>s</b> |  | Discuss advantages & disadvantages of each type of techniques of repertorisation | Cognitive/<br>Level -I<br>Remember & recall | Must know | Lecture /<br>Small Group<br>Discussion<br>Case based discussion | <b>Viva<br/>MCQ<br/>Assignment</b> | <b>MCQ<br/>SAQ</b> |  |
|------------------------------------|-------------|-------------------|--|--|---|-----------|---|------------------------------------|--------------------|--|

## 5.16 Topic - Construction of repertorial totality and Potential differential field

| <b>S. No.</b>                     | <b>Domain of competency</b> | <b>Miller</b>     | <b>Content</b>  | <b>SLO</b>                                      | <b>Bloom/<br/>Gilbert</b>                   | <b>Priorit<br/>y</b> | <b>TL MM</b>                           | <b>Assessment</b>                  |                       | <b>Integratio<br/>n</b>                     |
|-----------------------------------|-----------------------------|-------------------|---|---|---|----------------------|--|------------------------------------|-----------------------|---|
|                                   |                             |                   |   |   |   |                      |  | <b>Formative</b>                   | <b>Summ<br/>ative</b> |   |
| <b>HomUG<br/>-R-III-<br/>16.1</b> | <b>K/HO</b>                 | <b>Know<br/>s</b> | Acquiring knowledge and skill to construct repertorial totality and | Define conceptual images & repertorial Syndrome | Cognitive/<br>Level -I<br>Remember & recall | Must know            | Lecture /<br>Small Group<br>Discussion | <b>Viva<br/>MCQ<br/>Assignment</b> | <b>MCQ<br/>SAQ</b>    | <b>Horizonta<br/>l<br/>integratio<br/>n</b> |

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|-------------------------------|-------------|-------------------|-----------------|---|--|-------------------|----------------------------------|----------------------------|----------------|---|
| <b>HomUG -R-III- 16.2</b>     | <b>K/HO</b> | <b>Know s</b>     | potential field | Define potential differential field                                     | Cognitive/ Level -I<br>Remember & recall       | Nice to know      | Lecture / Small Group Discussion | <b>Viva MCQ Assignment</b> | <b>MCQ SAQ</b> | <b>with Organon of Medicine</b><br><br><b>Spiral Integration in III &amp; IV BHMS</b> |
| <b>HomUG -R-III- 16.3</b>     | <b>K/HO</b> | <b>Know s how</b> |                 | Correlation of Conceptual image with Repertorial totality               | Cognitive/ Level -I<br>Remember & recall       | Nice to know      | Lecture Small Group Discussion   | <b>Viva MCQ Assignment</b> | <b>MCQ SAQ</b> |   |
| <b>HomUG -R-III- 16.4</b>     | <b>K/HO</b> | <b>Know s how</b> |                 | Discuss application of PDF in repertorisation and selection of medicine | Cognitive/ Level -II<br>Understand & interpret | Desirable to know |                                  | <b>Viva MCQ Assignment</b> | <b>MCQ SAQ</b> |   |
| <b>And HomUG -R-III- 16.5</b> | <b>K/HO</b> | <b>Shows how</b>  |                 | Demonstrate construction of repertorial totality, RS and PDF            | Psychomotor/ Level -II Skill                   | Desirable to know |                                  | <b>Viva MCQ Assignment</b> | <b>MCQ SAQ</b> |   |

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## 5.17 Topic - Study of the philosophical background, construction, scope, limitation and utility of Boenninghausen's therapeutic Pocket Book (BTPB)

| S. No.             | Domain of competency | Miller's | Content | SLO  | Bloom/ Gilbert                        | Priority          | TL MM   | Assessment  |             | Integration                                     |
|--------------------|----------------------|----------|---------|--|---------------------------------------|-------------------|---------|-------------|-------------|---|
|                    |                      |          |         |  |                                       |                   |         | Formative   | Summative   |   |
| HomUG -R-III- 17.1 | K/HO                 | Knows    |         | Discuss the life history of Boenninghausen and its influence to his contributions to repertory | Cognitive/ Level -I Remember & recall | Nice to know know | Lecture | Viva        | Viva        | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 17.2 | K/HO                 | Knows    |         | Sources and history of publication of BTPB   | Cognitive/ Level -I Remember          | Nice to know      | Lecture | Viva<br>MCQ | Viva<br>MCQ |   |

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|                          |      |           |   | & recall   |  |              |   |  |                           | Spiral<br>Integration<br>in III &<br>IV<br>BHMS |
|--------------------------|------|-----------|---|--|--|--------------|---|--|---------------------------|---|
| HomUG<br>-R-III-<br>17.3 | K/HO | Know<br>s | Acquiring<br>knowledge about<br>Boenninghausen<br>'s therapeutic<br>Pocket Book | Discuss<br>contribution<br>of Allen and<br>Robert in<br>BTPB | Cognitive/<br>Level -I<br>Remember<br>& recall       | Must<br>know | Lecture<br>Small<br>Group<br>Discussio<br>n | Viva<br>MCQ<br>Assignmen<br>t            | MCQ<br>SAQ<br>LAQ<br>Viva |   |
| HomUG<br>-R-III-<br>17.4 | K/HO | Know<br>s |   | Discuss<br>philosophical<br>background of<br>BTPB            | Cognitive/<br>Level -II<br>Understand<br>& interpret | Must<br>know | Lecture<br>Small<br>Group<br>Discussio<br>n | Viva<br>MCQ<br>Assignmen<br>t            | MCQ<br>SAQ<br>LAQ<br>Viva |   |
| HomUG<br>-R-III-<br>17.5 | K/HO | Know<br>s |   | Discuss plan<br>&<br>construction<br>of BTPB                 | Cognitive/<br>Level -II<br>Understand<br>& interpret | Must<br>know | Lecture<br>Small<br>Group<br>Discussio<br>n | Viva<br>MCQ<br>Assignmen<br>t<br>Journal | MCQ<br>SAQ<br>LAQ<br>Viva |   |

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|                                   |             |                           |        |   |  |           |  |  |   |
|-----------------------------------|-------------|---------------------------|--------|---|--|-----------|--|--|---|
|                                   |             |                           | (BTPB) |   |  |           |  |  |   |
| <b>HomUG<br/>-R-III-<br/>17.6</b> | <b>K/HO</b> | <b>Know<br/>s<br/>how</b> |        | Correlate the construction of repertory and chapter arrangement with philosophical background of BTPB | Cognitive/ Level -II<br>Understand & interpret | Must know | Lecture<br>Small Group<br>Discussion             | <b>Viva</b><br><br><b>MCQ</b><br><br><b>Assignment</b><br><br><b>Journal</b> | <b>MCQ</b><br><br><b>SAQ</b><br><br><b>LAQ</b><br><br><b>Viva</b> |
| <b>HomUG<br/>-R-III-<br/>17.7</b> | <b>K/HO</b> | <b>Shows<br/>how</b>      |        | Identify rubrics from various chapters to explain concept complete symptom and analogy                | Psychomotor / level II                         | Must know | Lecture<br>Rubric hunting<br>Case based learning | <b>Viva</b><br><br><b>MCQ</b><br><br><b>Assignment</b>                       | <b>MCQ</b><br><br><b>SAQ</b><br><br><b>LAQ</b><br><br><b>Viva</b> |

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| HomUG<br>-R-III-<br>17.8 | K/HO | Know<br>s<br>how |  | Mention the<br>Scope,<br>Limitation &<br>utility of<br>BTPB | Cognitive/<br>Level -2<br>Understand<br>s | Desirable | Lecture<br>Rubric<br>hunting<br>Case<br>based<br>learning | Viva<br>Assignmen<br>t | MCQ<br>SAQ<br>Viva |  |
|--------------------------|------|------------------|--|---|---|-----------|---|------------------------|--------------------|--|
|--------------------------|------|------------------|--|---|---|-----------|---|------------------------|--------------------|--|

**5.18 Topic - Study of the philosophical background, construction, scope, limitation and utility of Repertory of Homoeopathic Materia Medica by JT Kent (Kent's repertory)**

| S. No.                   | Domain of competenc<br>y | Miller<br>s | Content | SLO  | Bloom/<br>Gilbert                              | Priority                | TL MM   | Assessment    |               | Integratio<br>n |
|--------------------------|--------------------------|-------------|---------|--|--|-------------------------|---------|---------------|---------------|-----------------|
|                          |                          |             |         |  |  |                         |         | Format<br>ive | Summativ<br>e |                 |
| HomUG<br>-R-III-<br>18.1 | K/HO                     | Know<br>s   |         | Discuss the<br>life history of<br>Kent and its<br>influence to<br>his<br>contributions<br>to | Cognitive/<br>Level -I<br>Remember<br>& recall | Nice to<br>know<br>know | Lecture | Viva          | Viva          |                 |

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|                           |             |                  |  |  |              |                                      |  |                           |  |  |   |
|---------------------------|-------------|------------------|--|--|--------------|--------------------------------------|--|---------------------------|--|--|---|
|                           |             |                  | repertory  |  |              |                                      |  |                           |  |  |   |
| <b>HomUG -R-III- 18.2</b> | <b>K/HO</b> | <b>Know s</b>    | Sources and history of publication of Kent's repertory | Cognitive/ Level -I<br>Remember & recall       | Nice to know | Lecture                              | <b>Viva</b><br><b>MCQ</b>                      | <b>Viva</b>               |  |  |   |
| <b>HomUG -R-III- 18.3</b> | <b>K/HO</b> | <b>Know s</b>    | Discuss philosophical background of Kent repertory     | Cognitive/ Level -II<br>Understand & interpret | Must know    | Lecture<br>Small Group<br>Discussion | <b>Viva</b><br><b>MCQ</b><br><b>Assignment</b> | <b>LAQ</b><br><b>Viva</b> |  |  | <b>Horizonta l integration with Organon of Medicine</b> |
| <b>HomUG -R-III- 18.4</b> | <b>K/HO</b> | <b>Know s</b>    | Discuss plan and construction of Kent repertory        | Cognitive/ Level -II<br>Understand & interpret | Must know    | Lecture<br>Small Group<br>Discussion | <b>Viva</b><br><b>MCQ</b><br><b>Assignment</b> | <b>LAQ</b><br><b>Viva</b> |  |  |   |
| <b>HomUG -R-III- 18.5</b> | <b>K/HO</b> | <b>Shows how</b> | Identify rubrics from various chapters to              | Psychomotor / level II                         | Must know    | Lecture<br>Rubric hunting            | <b>Viva</b><br><b>MCQ</b><br><b>Assignment</b> | <b>LAQ</b><br><b>Viva</b> |  |  | <b>Spiral Integratio</b>                                |

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|   |             |                           | knowledge about<br>Repertory of<br>Homoeopathic<br>Materia Medica<br>by JT Kent<br>(Kent's<br>repertory) | understand<br>rubric<br>arrangement  |   |           | Case<br>based<br>learning                                 | ment<br><b>Journal</b>  |             | <b>n</b><br><b>In IV</b><br><b>BHMS</b> |
|---|-------------|---------------------------|--|--|---|-----------|---|---|-------------|---|
| <b>HomUG</b><br><b>-R-III-</b><br><b>18.6</b> | <b>K/HO</b> | <b>Know<br/>s<br/>how</b> |  | Mention the<br>Scope,<br>Limitation &<br>utility of<br>Kent's<br>repertory | Cognitive/<br>Level -2<br>Understand<br>s | Desirable | Lecture<br>Rubric<br>hunting<br>Case<br>based<br>learning | <b>Viva</b><br><b>MCQ</b><br><b>Assign<br/>ment</b><br><b>Journal</b> | <b>Viva</b> |   |
|   |             |                           |  |  |   |           |   | <b>Viva</b><br><b>MCQ</b><br><b>Assign<br/>ment</b>                   |             |   |

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5.19 Topic - Study of the philosophical background, construction, scope, limitation and utility of Boger's Boenninghausen's Characteristics & Repertory (BBCR)

| S. No.             | Domain of competency | Miller's | Content | SLO  | Bloom/ Gilbert                           | Priority     | TL MM                  | Assessment                |             | Integration                                     |
|--------------------|----------------------|----------|---------|--|--|--------------|------------------------|---------------------------|-------------|---|
|                    |                      |          |         |  |  |              |                        | Formative                 | Summative   |   |
| HomUG -R-III- 19.1 | K/HO                 | Knows    |         | Discuss the life history of Boger and its influence & contributions to repertory | Cognitive/ Level -I<br>Remember & recall | Nice to know | Lecture                | Viva                      | Viva        | Horizontal integration with Organon of Medicine |
| HomUG -R-III- 19.2 | K/HO                 | Knows    |         | Sources and history of publication of BBCR                                       | Cognitive/ Level -I<br>Remember & recall | Nice to know | Lecture                | Viva<br>MCQ               | Viva        |   |
| HomUG -R-III- 19.3 | K/HO                 | Knows    |         | Discuss philosophical background of BBCR   | Cognitive/ Level -II<br>Understand       | Must know    | Lecture<br>Small Group | Viva<br>MCQ<br>Assignment | LAQ<br>Viva | Spiral Integration                              |

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|                           |             |                  |  | & interpret   |   | Discussion | t                                 |                                    | in III & IV BHMS |
|---------------------------|-------------|------------------|--|---|---|------------|-----------------------------------|------------------------------------|------------------|
| <b>HomUG -R-III- 19.4</b> | <b>K/HO</b> | <b>Knows</b>     | Acquiring knowledge about Boger Boenninghausen 's Characteristics & Repertory (BBCR) | Discuss plan and construction of BBCR   | Cognitive/ Level -II Understand & interpret | Must know  | Lecture Small Group Discussion    | <b>Viva MCQ Assignment</b>         | <b>LAQ Viva</b>  |
| <b>HomUG -R-III- 19.5</b> | <b>K/HO</b> | <b>Knows how</b> |  | Correlate the construction of repertory and chapter arrangement with philosophical background of BBCR | Cognitive/ Level -II Understand & interpret | Must know  | Lecture Small Group Discussion    | <b>Viva MCQ Assignment Journal</b> | <b>LAQ Viva</b>  |
| <b>HomUG -R-III- 19.6</b> | <b>K/HO</b> | <b>Shows how</b> |  | Identify rubrics from various chapters to understand rubric   | Psychomotor / level II                      | Must know  | Lecture Rubric hunting Case based | <b>Viva MCQ Assignment</b>         | <b>LAQ Viva</b>  |

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|                                   |             |                           |  | arrangement                                     |                                 |           | learning                                   | Journal                            |             |  |
|-----------------------------------|-------------|---------------------------|--|---|---------------------------------|-----------|--|------------------------------------|-------------|--|
| <b>HomUG<br/>-R-III-<br/>19.7</b> | <b>K/HO</b> | <b>Know<br/>s<br/>how</b> |  | Mention the Scope, Limitation & utility of BBCR | Cognitive/ Level -2 Understands | Desirable | Lecture Rubric hunting Case based learning | <b>Viva<br/>MCQ<br/>Assignment</b> | <b>Viva</b> |  |

**5.20 Topic - Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine.**

| S. No.                            | Domain of competency | Millers               | Content   | SLO   | Bloom/ Gilbert                              | Priority          | TL MM  | Assessment                                    |   | Integration   |
|-----------------------------------|----------------------|-----------------------|---|---|---|-------------------|--|---|---|---|
|                                   |                      |                       |   |   |   |                   |  | Formative                                     | Summative   |   |
| <b>HomUG<br/>-R-III-<br/>20.1</b> | <b>K/HO</b>          | <b>Know<br/>s how</b> | Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology & Obstetrics | Identify chapters and locate rubrics for symptoms/ conditions related to Gynaecology & Obstetrics | Cognitive/ Level -II Understand & interpret | Desirable to know | Lecture / clinical class Rubric hunting exercise | <b>MCQ<br/>Viva<br/>Assignment<br/>Rubric</b> | <b>MCQ<br/>Rubric hunting<br/>Assignment<br/>Rubric</b> | <b>Horizontal<br/>integration<br/>with<br/>Gynaecol</b> |

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|                           |             |                   | conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine from BTPB, BBCR, Kent's Repertory | from BTPB, Kent & BBCR  |  |                   |   | hunting   |                                     | ogy, Obstetrics , Surgery and Practice of Medicine. |
|---------------------------|-------------|-------------------|---|---|--|-------------------|---|---|-------------------------------------|---|
| <b>HomUG -R-III- 20.2</b> | <b>K/HO</b> | <b>Know s how</b> |   | Identify chapters and locate rubrics for symptoms/ conditions related to Surgery from BTPB, Kent & BBCR                         | Cognitive/ Level -II<br>Understand & interpret | Desirable to know | Lecture / clinical class<br>Rubric hunting exercise | <b>MCQ</b><br><b>Viva</b><br><b>Assignment</b><br><b>Rubric hunting</b> | <b>MCQ</b><br><b>Rubric hunting</b> | Spiral Integration                                  |
| <b>HomUG -R-III- 20.3</b> | <b>K/HO</b> | <b>Know s how</b> |   | Identify chapters and locate rubrics for symptoms/ conditions related to Practice of Medicine from BTPB, Kent's repertory, BBCR | Cognitive/ Level -II<br>Understand & interpret | Desirable to know | Lecture / clinical class<br>Rubric hunting exercise | <b>MCQ</b><br><b>Viva</b><br><b>Assignment</b><br><b>Rubric hunting</b> | <b>MCQ</b><br><b>Rubric hunting</b> | in III & IV BHMS                                    |

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5.21 Topic - Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR.

| S. No.             | Domain of competency | Miller's   | Content  | SLO  | Bloom/ Gilbert                                 | Priority          | TL MM                             | Assessment  |           | Integration  |
|--------------------|----------------------|------------|--|--|--|-------------------|-----------------------------------|-------------|-----------|--|
|                    |                      |            |  |  |  |                   |                                   | Format ive  | Summative |  |
| HomUG -R-III- 21.1 | K/HO                 | Knows      | Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR. | Recall definition of fundamental cause               | Cognitive/ Level -I<br>Remember & recall       | Must know         | Lecture                           | Viva<br>MCQ | Viva      | Horizontal 1 integration with Organon of Medicine. |
| HomUG -R-III- 21.2 | K/HO                 | Knows      |  | Recall Hahnemann's concept of miasm                  | Cognitive/ Level -I<br>Remember & recall       | Must know         | Lecture                           | Viva<br>MCQ | Viva      |  |
| HomUG -R-III- 21.3 | K/HO                 | Knows hows |  | Explain characteristics of Psora, Sycosis & Syphilis | Cognitive/ Level -II<br>Understand & interpret | Desirable to know | Lecture<br>Small group discussion | Viva<br>MCQ | Viva      | Spiral Integration                                 |

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|                                   |             |                            |  |   |  |                      |  |  |   | <b>n</b><br><b>in III &amp; IV<br/>BHMS</b> |
|-----------------------------------|-------------|----------------------------|--|---|--|----------------------|--|--|---|---|
| <b>HomUG<br/>-R-III-<br/>21.4</b> | <b>K/HO</b> | <b>Know<br/>s<br/>hows</b> |  | Identify the<br>rubrics<br>representing<br>different<br>Miasm and<br>their<br>symptoms<br>from BTPB,<br>Ken and<br>BBCR<br>Repertories. | Cognitive/<br>Level -II<br>Understand<br>& interpret | Desirable<br>to know | Lecture<br>Clinical<br>class<br><b>Rubric<br/>hunting<br/>exercise</b> | <b>Viva</b><br><br><b>MCQ</b><br><br><b>Assign<br/>ment</b><br><br><b>Rubric<br/>hunting</b> | <b>MCQ</b><br><br><b>Rubric<br/>hunting</b> |   |

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## 6. Teaching-Learning methods-

| <b>Lectures (Theory)</b>   | <b>Non-lectures (Practical/Demonstrative)</b> |
|--|---|
| Lecture  | Clinical Class                                |
| Small Group Discussion   | Rubric hunting exercises                      |
| Integrated discussion with subjects of Organon of Medicine, Gynaecology, Obstetrics, Surgery and Practice of Medicine. | Case based learning                           |
| Assignments  | Seminar                                       |
|  | Tutorial                                      |
|  | Group Discussion                              |

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## 7. Details of Assessment-

### 7.1 Overall Scheme of Assessment (Summative)

| Sr. No | Professional Course            | Term I (1-6 Months)           |  | Term II (7-12 Months) |                                |  |
|--------|--------------------------------|-------------------------------|--|-----------------------|--------------------------------|--|
| 1      | <b>Third professional BHMS</b> | <b>PA I (end of 3 months)</b> | <b>TT I (end of 6 months)</b>  |                       | <b>PA II (end of 9 months)</b> | <b>FUE (end of 12 months)</b>                                |
|        |                                | 10 Marks Viva                 | 50 Marks Clinical/Practical and Viva<br>i) Viva voce -25 marks<br><br>ii) Clinical/practical- 25<br>a. Recording of moderate acute case and analysis of case = 10 marks<br>b. Recording of moderate chronic case and analysis of case = 15 marks |                       | 10 Marks Viva                  | 100 marks theory<br>100 marks (Clinical/practical+ Viva+ IA) |

**PA:** Periodical Assessment; **TT:** Term Test; **FUE:** Final University Examinations; **IA:** Internal Assessment

### 7.2 Number of papers and Mark Distribution for Final University Examination (FUE)

| Sr. No. | Course Code | Papers | Theory | Practical/ Clinical  | Viva Voce | Internal Assessment*  | Grand Total |
|---------|-------------|--------|--------|--|-----------|-----------------------|-------------|
| 1       | HomUG-R-III | 1      | 100    | 50 (30+10+10)<br><br>a) Case taking and processing of moderate | 40        | 10<br>(Marks of PA I) | 200         |

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|  |  |  |  |  |  |                 |  |
|--|--|--|--|--|--|-----------------|--|
|  |  |  |  | acute & chronic case =<br>30<br><br>b) Rubric hunting = 10<br><br>c) Journal ** = 10 |  | + TT I + PA II) |  |
|--|--|--|--|--|--|-----------------|--|

**\*Method of Calculation of Internal Assessment Marks for Final University Examination:**

$$\text{Marks of IA (M)} = S + T / 2$$

$$S = \text{Marks of IA in II BHMS}$$

$$T = \text{Marks of IA in III BHMS} = (\text{Marks of PA-1} + \text{Marks of TT} + \text{Marks of PA-2}) / 70 \times 10$$

*\*\*Journal with 10 cases needs to be maintained by the students which should include Case Taking, Case Processing -Analysis & Evaluation, Investigations, Probable Diagnosis, Totality, Repertorial Totality, repertorisation and repertorial result analysis*

**Note-** for the Internal assessment, only viva marks obtained in two PAs and practical/clinical + viva marks in one TT will be considered as and to be calculated as above. Theory marks shall not be considered for this purpose.

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## 7.3 Paper Layout for Summative assessment-

### Theory- 100 marks

|            |                 |
|------------|-----------------|
| <b>MCQ</b> | <b>10 marks</b> |
| <b>SAQ</b> | <b>40 marks</b> |
| <b>LAQ</b> | <b>50 marks</b> |

## 7.4. Theme-wise distribution of questions for theory exam-

Theme table showing the distribution of topics distributed to different themes (named as theme A, B, C....), marks allotted to each type of questions (/to MCQ, SAQ and LAQ) and total marks allotted to each theme:

| <b>Theme</b> | <b>Paper</b><br><br><b>A</b><br><br><b>List of Topics</b><br><br><b>(As per Course content &amp; topics)</b> | <b>B</b><br><br><b>Term</b> | <b>C*</b><br><br><b>Marks</b> | <b>D</b><br><br><b>Type of Questions</b> |  |   |
|--------------|--|-----------------------------|-------------------------------|--|--|---|
|              |  |                             |                               | <b>MCQ</b><br><br><b>(1<br/>Mark)</b>    | <b>SAQ</b><br><br><b>(5<br/>Marks)</b> | <b>LAQ</b><br><br><b>(10<br/>Marks)</b> |
| A            | Study of the philosophical background, construction, scope, limitation and utility of Boericke repertory     | II BHMS<br>CBDC<br>TERM II  | 6                             | 1  | 1                                      | 0                                       |

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|   |   | Syllabus |    |   |   |   |
|---|---|----------|----|---|---|---|
| B | Demonstrate Case-taking in moderate acute and chronic cases   | I        | 10 | 0 | 0 | 1 |
| C | Classification of symptoms  | I        | 6  | 1 | 1 | 0 |
| D | Analysis of case according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.                           | I        | 10 | 0 | 0 | 1 |
| E | Evaluation of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.                     | I        | 6  | 1 | 1 | 0 |
| F | Construction of totality of symptoms according to the philosophy of Dr. Boenninghausen, Dr. Kent and Dr. Boger.       | I        | 10 | 0 | 0 | 1 |
| G | Classification of repertory - need, basis of classification, advantages, disadvantages and adaptability of each type. | I        | 6  | 1 | 1 | 0 |
| H | Steps of Repertorisation  | I        | 11 | 1 | 0 | 1 |
| I | Identify the medium, method, process and technique of Repertorisation   | I        | 6  | 1 | 1 | 0 |
| J | Construction of Repertorial Syndrome (RS) totality and Potential Differential Field (PDF) of a                        | I        | 6  | 1 | 1 | 0 |

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|   |  |    |    |   |   |   |
|---|--|----|----|---|---|---|
|   | Repertorial Totality (RT).   |    |    |   |   |   |
| K | Study of the philosophical background, construction, scope, limitation and utility of BTPB, Kent's repertory and BBCR Repertories.   | II | 11 | 1 | 0 | 1 |
| L | Identify chapters and locate rubrics for symptoms / conditions related to Gynaecology, Obstetrics, Surgery and Practice of Medicine. | II | 6  | 1 | 1 | 0 |
| M | Understanding miasm and identify rubrics related to symptoms of each miasm from BTPB, Kent's repertory and BBCR Repertories.         | II | 6  | 1 | 1 | 0 |

## 7.5 Question paper blueprint-

Showing number of questions, types of questions, choices and distribution of themes to the questions:

| A<br>Question Serial Number | B<br>Type of Question  | Question Paper Format<br>(Refer table 7.4 for themes)          |
|-----------------------------|--|--|
| Q 1 - Q 10                  | Multiple Choice Questions (MCQ)<br>Questions = 10 in number<br>1 mark each question<br>All compulsory<br>Must know part: 7<br>Desirable to know: 2 | Theme B<br>Theme E<br>Theme G<br>Theme H<br>Theme I<br>Theme J |

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|             | Nice to know: 1   | Theme K<br>Theme L  |
|-------------|---|---|
| Q 11 - Q 18 | Short answer Questions (SAQ)<br>Questions = 08 in number<br>5 Marks Each<br>All compulsory<br>Must Know part: 6<br>Desirable to Know: 2 | Theme A<br>Theme C<br>Theme D<br>Theme E<br>Theme F<br>Theme G<br>Theme I<br>Theme J<br>Theme K |
| Q 19 - Q 23 | Long answer Questions (LAQ)<br>Questions = 05 in number<br>10 marks each<br>All compulsory<br>All questions on Must Know                | Theme B<br>Theme F<br>Theme H<br>Theme K  |

## 8. List of recommended reference books

### Standard textbooks:

- Bidwell GI.(1915). How to Use the Repertory.
- Boericke, W. (2003). New manual of homoeopathic materia medica and repertory.
- Hahnemann, S. (2014). Organon of Medicine.
- Kent, J. T. (2008). Lectures on Homeopathic Philosophy.
- Kent, J. T. (2016). Repertory of the homeopathic materia medica.

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- Kent, J. T: How to study the Repertory, how to use the Repertory.
- Tiwari SK. (2007). Essentials of Repertorization.
- Allen TF (2016). The Principles & Practicability of Boenninghausen's Therapeutic Pocket Book
- Ahmed Munir R(2016). Fundamentals of repertories: Alchemy of homeopathic methodology.
- Boger (2019). Boger Boenninghausen's Characteristics & repertory

## Reference texts

Textbooks and reference books indicated in the subjects of Materia Medica, Obstetrics & Gynecology, Surgery, Practice of Medicine, Organon of Medicine & Homoeopathic Philosophy.

## 9. List of contributors

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