**MD (HOM) PART I**
**PAPER III: ADVANCED TEACHING OF FUNDAMENTALS OF HOMOEOPATHY**
# Syllabus

As per CCH amendment 2015 and CCH gazette notification dated 29th Jan 2016, the subject Advanced Teaching of Fundamentals of Homoeopathy is included in MD (Hom) Part I syllabus.

Advanced Teaching of Fundamentals of Homoeopathy shall comprise of integration of knowledge (learnt at degree level course) in respect of subjects namely Organon of Medicine & Homoeopathic Philosophy, Homoeopathic Materia Medica and Repertory.

The practice of Homoeopathy is based on the tenets of Homoeopathic Philosophy. This premise sharply differentiates it from the practice of Medicine in the allopathic stream where management is based on scientific evidence bereft of any underlying philosophical base. The homoeopathic practitioner has the supreme task of not only acquiring the clinical base but applying the insights born out of a study of principles of Homoeopathic philosophy and their application through Repertory and Materia Medica and evolving the therapeutic approach. Thus the triology of Organon, Repertory and Materia Medica conjoint with Clinical Medicine allows the correct practice of Homoeopathic science.

A student in his undergraduate days studies 12 subjects of the BHMS course in a sequential and compartmentalized manner. Knowledge is scattered across the 4½ years of training. The period of internship enables the different strands to be brought together. But it is at the Part I postgraduate level that the student actually puts to use these knowledges in an integrated manner in the clinic and at the bedside.

Advanced study of the Fundamentals of Homoeopathy should thus allow the postgraduate student to utilize the basic understanding of Health, Disease, Recovery, Cure and Palliation as seen from the perspective of Homoeopathic Philosophy and apply the operational understanding of Materia Medica and Repertory in his daily clinical work to produce evidence based results. Simultaneously, he works in the area of preventive and community health where he utilizes the principles of Organon to extend the reach of the physician in preserving health and preventing disease.

The paper will help to focus on the arena of clinical practice where the Fundamentals of Homoeopathy become operational.

**Competencies :**
At the end of studying this subject the postgraduate student should possess the following competencies and thus should be able to –

- Understand Basic Concept of Homoeopathy, integrating knowledge of HMM, Organon & Homoeopathic Philosophy and Repertory in case taking and processing, repertorial analysis, remedy selection and case management.

- Learn evidence based approach to practice Homoeopathy.

- As well as -

a. Utilize Homoeopathic science as a holistic, dynamic and humane discipline
b. Understand the conceptual basis of the travel of the patient from Health ⟷ Disease in the Bio-psycho-socio-spiritual environment and learn to operationalize the knowledge in the management of illness and preservation of health

c. Know and demonstrate case taking skills for knowing the illness , the person and their interrelationship to determine what causes and maintains the illness
d. Learn the evidence based approach to the practice of Homoeopathy in line with modern medical practices.
e. Know how to document the case experience in a standard way using the principles enunciated in the Organon.
f. Learn to recognize the characteristics in acute and chronic disease and the significance of these in their management
g. Understand the role played by the disordered vital force in altering the quantitative and qualitative aspects of susceptibility and know how to assess it
h. Learn the influence of miasmatic forces in affecting disease expressions, course and outcome and methods to therapeutically deal with them.
i. Demonstrate the method of processing clinical data utilizing the appropriate principles to arrive at a Hahnemannian totality.
j. Recognise the acute, phase, chronic and Intercurrent totalities in a given case
k. Know how to use the appropriate repertorial and non-repertorial methods to arrive at the similimum.
l. Learning to strike the correspondence using the source books and commentaries of Materia Medica.
m. Know the principles of homoeopathic management and use of remedial forces appropriately with respect to time of administration, potency and repetition.
n. Learn the use of ancillary measures, diet and patient education, etc. useful to restore the patient to health.
o. Define the scope and limitation of Homoeopathy in common medical disorders
p. Realize how Aphorisms 1-6 of the 'Organon of Medicine' provide a comprehensive base for the functioning of a Homoeopathic physician

**Themes :**

It would be clear that the contents of the syllabus do not confine to any one subject but traverses all the three subjects i.e. Organon of Medicine and Homoeopathic Philosophy, Homoeopathic Materia Medica, and Repertory; in varying ways and are thus utilized by the clinician. Drawing up an integrated syllabus needs identification of coherent themes which will be expanded by all the contributory disciplines. From the above objectives, the following themes emerge:

1. Hahnemannian concept of Man, Vital Force, Health and Disease
2. Concept of Dynamism, Recovery and Cure and Obstacles to Cure
3. Concept of Artificial Disease and Portrait of Disease
4. Concept of Unprejudiced observation and Case taking
5. Concept of Symptomatology
6. Concept of Susceptibility and Acute and Chronic Disease
7. Concept of Suppression and Miasms
8. Concept of Totality
9. Concept of Similar and Similimum
10. Concept of Therapeutic management
11. Concept of Disease classification and Theory of Chronic Diseases

The elaboration of each of these themes through the three subjects has been placed in the table below. This constitutes the teaching syllabus.

| No | Theme | Organon of Medicine and Homoeopathic Philosophy, | Repertory | Homoeopathic Materia Medica |
|---|---|---|---|---|
| 1 | Hahnemannian concept of Man, Vital Force, Health and Disease | Concept of man in relation to the Universe and its implication in understanding<br>• WHO concept of health<br>• Preventive Medicine and Homoeopathy<br>• Mission of Physician and 'Knowledges" relevant to maintaining health in the individual and in the community<br>• Evolution of illness from phases of diathesis to functional and structural phases of disease<br>• Concept of Causation (predisposition and disposition) and bio-psycho-social etiological forces of illness | • Concept of Man as proposed by Boenninghausen, Kent and Boger and its impact on the nature of their repertories.<br>• Concept of causation and its place in different repertories | Science and Philosophy and Various features, aspects & types of HMM,<br>Importance of knowledge of concept of man from different masters and its influence on learning HMM |
| 2 | Concept of Dynamism, Recovery, Cure and Obstacles to Cure | Knowledge of factors aiding recovery and acting as obstacle to recovery and | Representation of obstacles to cure in different repertories | Knowledge of the utility of the obstacles to cure in study of HMM |
| 3 | Concept of Artificial Disease and Portrait of Disease | 'Knowledges' of drug proving with its role in Knowledge creation | Utility of repertory in the study of Materia Medica and the building of portrait of remedies. | Concept of artificial disease and drug proving (See theme 8 for the process of building the portrait) |
| 4 | Concept of Unprejudiced observation and Case taking | • Concept of 'medical observer' and its importance in the evolution of Homoeopathic physician<br>• 'Knowledges' of | Case taking as the process and influence of unprejudiced observation in the correct formulation and references of rubrics as well as | Importance of concept of medical observer and unprejudiced observer in study of HMM |

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| | | physician along with different skills and attitude as per the writings and directions of Hahnemann on case taking | understanding and application of different repertories. Application of concept of unprejudiced observer & interpretation & selection of rubrics. | |
| 5 | Concept of Symptomatology | Hahnemann's concept of symptomatology with its importance in nosological diagnosis and implications in perceiving the totality | • Classification and evaluation of symptoms and the influence on erecting a repertorial totality.<br>• Utility of inductive and deductive logic in the construction of the repertory<br>• Concept of generalization and individualization and its application in repertory construction and repertorisation.<br>• Symptom classification at the level of mind and body and its representation in the repertory | • Classification of symptoms in the study of HMM<br>• Concept of generalisation and group study of Materia Medica demonstrating utility with few examples listed below |
| 6 | Concept of Susceptibility Classification of Diseases and acute and Chronic Disease | • Concept of susceptibility with its role in the development of disease<br>• Hahnemannian classification of disease vis-a-vis modern classification<br>• Hahnemannian's directions in the treatment of surgical diseases, pathologically advanced diseases in view of understanding the | Concept of acute diseases, chronic diseases, intermittent diseases, mental disease, periodic disorder, and its application in structuring different regional and clinical repertory with few examples e.g. Bell's Diarrhoea, Allen's Therapeutics of Fever, Minton Uterine therapeutics, Boericke's Repertory, Phatak's repertory | Clinical Materia Medica and its clinical application through insight in to comparative Materia Medica with few demonstrative examples (listed below) with leading indications |

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| | | scope and limitations of homoeopathy | | |
| 7 | Concept of Suppression and Miasms | Evolving concept of Miasms with their role in understanding various expressions, course and outcomes of diseases | Referring the miasmatic expression in standard repertories and also studying the rubrics of Miasm directly listed. Also study of rubrics of suppression in different repertories and its application | Understanding the application of miasm in the study of Materia Medica of anti-miasmatic remedies listed below |
| 8 | Concept of Totality | Hahnemannian concept of totality of symptoms and its representation at the bedside | • Totality as envisaged by Boenninghausen, Kent and Boger and the structure and operational methods of repertorization<br>• Application of Computers and softwares (HOMPATH RADAR, etc) in the resolution of the case. | Building of portrait of artificial drug disease with few examples of polychrests listed below. Portrait of Disease. |
| 9 | Concept of Similar and Similimum | • Concept of Law of Similar, Single, simple in relation to dose | Relationship of Remedies as defined by Boenninghausen | Remedy differentiation through reference to source books, commentaries and Clinical Materia Medica.<br>Relationship of remedies. |
| 10 | Concept of Therapeutic management | • Evaluation of remedy response in assessing remedy reaction with implication in understanding the concept of suppression, palliation and second prescription.<br>• Knowledge of various ancillary measures useful in aiding recovery | | Knowledge of remedy relationship in aiding second prescription. |

The above themes are expanded as to the scope of each, the contents that the theme covers, the teaching and evaluation methodology and the sample questions that may be asked which would do justice to the integration demanded.

**Elaboration of Theme 1**

This theme constitutes the understanding of health, disease, how health is maintained and what causes disease and the role of vital force in the maintenance of health and progress to disease from the Hahnemannian perspective. It integrates the WHO concept which shows the world moving towards the holistic concept of health. Theme highlights how biological, psychological, sociological factors play a role in the causation, evolution and maintenance of illness and how these factors were taken up by Dr Hahnemann when he explained the concept of man and the higher purpose of life. Theme further explains how the work of his followers ( Kent, Boenninghausen, and Boger) further expanded this understanding to evolve further the concept of man and his purpose. It continues to give insight how their understanding influenced the construction, structure and philosophy of the respective repertories and how it also influenced the structure and arrangement of their Materia Medicas.

Thus the student will be made aware of the basic foundation of all the three subjects and of the important contributors. The theme will help to understand the science and philosophy of HMM and direct the student to understand HMM from bio-psycho-social perspective. One should have a missionary zeal to practice this science. Hence the student will be made aware of the mission of the physician and the higher purpose of living and how to achieve it and become a Hahnemannian practitioner of the healing art.

**Contents:**

1. Health, disease, causation, vital force, evolution of disease-predisposition-disposition-diathesis-disease, mission and knowledges of the physician, Hahnemannian concept of man and its further extension by Kent, Boenninghausen and Boger.
2. Philosophical basis and the Construction arrangement of the three original repertories (Kent, TPB, BBCR) representation of above concepts in the repertories.
3. Science and philosophy of HMM
4. Physiological and anatomical MM
5. Construction of different HMM especially Materia medica Pura, Chronic Disease, Hering's Guiding Symptoms, Allen's Encyclopedia, Kent's lectures, Boger's synoptic key and Allen's keynotes

**Teaching methodology:**

Case based with group discussion to evolve concepts covering all the contents mentioned above followed by exposition on key concepts by correlating with discussion.

**Evaluation methodology**

1. LAQs and Bed-side examination on case.

**Elaboration of Theme 2**

This theme will explain the concept of dynamism and its application to the phenomenon of health looked at from the holistic perspective. This will also explain the concept of cure, recovery and obstacle to cure from the dynamic perspective. The obstacles can be within the human being or/and without and needs an in depth understanding for bringing about a Hahnemannian cure

**Contents**

1. Concept of vital force in maintaining health and in Genesis of disease. (ORG)
2. Concepts of recovery and cure and the essential difference between the two. (ORG)
3. Concept of pseudo chronic diseases. (ORG)
4. Knowledge of various factors - mental and physical - which derange health and act as obstacles to cure and how to remove them to ensure cure. (ORG)
5. Role of miasm in causing and maintaining disease and addressing the same to ensure cure. (Further elaborated in theme 7) (ORG)
6. Understanding the above concepts and its representation and utility in study of HMM (HMM) and its representation in different standard Repertories (REP)

**Teaching methodology**
1. Case based followed by exposition.

**Evaluation**
1. SAQ
2. Short notes.

**Elaboration of Theme 3**
Natural disease and artificial disease have many parallels and both need to be studied on similar planes to apply in practice. Student should learn the concept of artificial disease through the process of drug proving and how to give meaning to it along with the process of natural disease.
Through these processes they would be able to create portrait of natural and artificial disease based on Hahnemannian guidelines. This is elaborated further in Theme 8.

**Contents**
1) Knowledges of physician (ORG)
2) Drug proving (ORG,HMM)
3) Process of recording and system of recording artificial and natural diseases (ORG)
4) Creating portraits of artificial and natural disease and learning the art of matching. ( ORG, HMM)
5) Art of creating portrait of polychrest remedies through analysis, evaluation and construction at level of mind, physical general and particulars (HMM) will be taken in Theme 8.
6) Creating portrait of the disease through reportorial study of specific remedy

**Teaching methodology**
1. Few case based examples of polychrest remedies and evolving Portrait with the help of study through repertory and Materia Medica. Group task.

**Evaluation:**
1. LAQ.
2. SAQ
3. Short notes.

**Elaboration of Theme 4**
Aphorism six is the backbone of homoeopathic practice.The process of becoming unprejudiced has deeper implication for the evolution of the physician. This theme will deal with the principle and practice of this concept and process of case taking, the dos and don'ts giving further insights in to the directions of case taking. The student needs to know the influence of this in understanding and application of HMM and repertory.

**Contents**

1. Studying the guidelines given by Hahnemann for case taking and evolve a standardised case record for homoeopathic practice. (ORG)
2. Demonstrating the concept of unprejudiced physician through the process of knowing oneself through practical bed-side demonstration of analysis of physician-patient interaction in detail.(ORG)
3. Utilising the concept of unprejudice in perceiving the patient and constructing totality for correct prescribing. (ORG)
4. Understanding the concept of man as per Kent, Boger and Boenninghausen and its influence on their writing of repertory and HMM(REP AND HMM)

**Methodology**

1. Case based simulation/video. Role playing and evolving differential Materia Medica, formulating rubrics and its search from different repertories

**Evaluation:**

1. SAQ and bed-side on case.

**Elaboration on Theme 5**

Patients and Provers express themselves through symptoms and signs.The student needs to classify and rearrange them as per diagnostic/philosophical principles to arrive at the clinical diagnosis and homoeopathic understanding respectively. This will aid in assessing the susceptibility, prescribing the remedy and determining the potency and repetition. It also helps in the regulation of remedy and planning the ancillary treatment measures. This is an important step in practice and serves as a master key to open several locks to ensure successful patient care from the holistic perspective

**Content:**

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

**Teaching Methodology:**

1. Case based demonstrating the different types of symptoms and their value in the construction of repertories, individualisation and prescribing. Exposition on construction of different repertories. Group study through cases with few examples.

**Evaluation:**

1. LAQs, SAQs, Bed-side examination.

**Elaboration of Theme 6**

Susceptibility is the central core of Homoeopathic practice. It is an inherent capacity of a living being to receive and react to stimuli. Individual reaction differs in each patient. So does

the reaction of individual provers and homoeopathic remedies. Evolving the totality of symptom and arriving at a remedy is half the work done. However, knowledge of susceptibility will help in the regulation of the remedy. The same nosological disease differs in its dimension when it manifests in different patients thus giving a good indication of susceptibility.

Hahnemann classified different diseases according to their expression and outcome at dynamic level and non dynamic level; he determined them based on susceptibility exhibited by those classes of diseases in most of the patients. This classification helped in defining scope and limitation of homoeopathy and approach to these illnesses. Many leading homoeopaths than took upon themselves to study these diseases and put down their understanding and approach. Thus many clinical Materia Medicas and repertories arose which are helpful in dealing with these conditions. Student needs to become aware of these concepts, and how the repertory and HMM should be able to applied in these clinical situations.

The student should know how to use the repertories and remedies and hence a representative sample of these for studies should be taken up.

**Content:**

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

**Evaluation:**

1. LAQs (scenario based),
2. SAQs
3. Short notes and
4. Bed-side applications.

**Elaboration of Theme 7**

Hahnemann was a researcher par excellance. He saw that relapsing chronic diseases needed to be investigated further to find a solution for the chronicity. He discovered that suppression and obstacles to cure are repetitive in a set of cases and hence defined the concept of Miasm. Concept of chronic disease is a fundamental foundation on which susceptibility evolves and expresses with time. Their study helps in individualisation as well as in tackling the obstacles in the clinical set up. A study of Miasms helps in the better understanding of remedies and their evolution for application at bedside. Understanding different rubrics related to suppression and Miasm helps in coming to a group of remedies in a more meaningful way.

**Contents:**

1. Concept of suppression in homoeopathy and its types (surgical/non-surgical) in progression of disease and its management through clinical cases.(ORG)

2. Concept of Miasm from Hahnemannian perspective and its further expansion by Allen, Kent and M L Dhawale (ORG)
3. Use of Miasm in classifying and understanding the evolution of different remedies (HMM)
4. Utilising the knowledge of indications of anti-miasmatic remedies as per list.
5. Role of miasm as a fundamental cause and `its influence in the expressions in disease and remedies through the Miasms of Psora, Sycosis, Tubercular and Syphilis. (HMM)
6. Rubrics of suppression from different repertories (REP)
7. Rubrics of different expressions of Miasm from different repertories and study of different Miasm rubrics (REP)

**Teaching methodology:**

1. Case based, group discussion followed by exposition.

**Evaluation:**

1. LAQ
2. SAQ
3. Short-notes
4. Bed-side and viva.

**Elaboration on theme 8**

All the labour one puts in practice is to understand the totality of patients with all types of disease expressions. Totality helps in individualisation and hence understanding susceptibility and HMM. Once the case is received the expressions are classified and evaluated based on the general concept of evaluation. One needs to build the totality and decide the approach - repertorial or Non repertorial. If repertorial, then it would follow the available expressions as per Kent, Boenninghausen and Boger. If non repertorial, it may be based on key notes or synthetic, etc. This journey takes to the final prescribing totality. Mastering this process helps to overcome different obstacles in prescribing as the available data differs in different individuals and gets one ready in the clinical and bedside situation with prescription. Knowledge of different repertories and software helps in speeding up the process as well as in coming to a small group of remedies.

Understanding different remedies through their totalities helps in matching artificial disease with natural disease. So the process of building artificial totality is as important as the natural totality. The section has a select list of remedies which will demonstrate their competency of evolving totalities. Once the discipline is mastered, other remedies may be used as the case demands. Hence rather than this being a test of memory, it should be a test of understanding the concepts through application.

**Contents:**

1. Process of constructing acute, chronic and intercurrent totalities.(ORG)
2. Mastering the concept of classification and evaluation of symptoms ( REP)
3. Understanding the process of repertorial and non repertorial approach and how to select one (REP)
4. Selecting the suitable approach and constructing repertorial totality as per Kent, Boenninghausen and Boger.(REP)
5. Solving the case with the help of softwares like HOMPATH and RADAR.(REP)
6. Understanding the non-repertorial approach namely structuralization, synthetic approach and key-note. (REP)
7. Differentiation of similar remedies in acute and chronic cases by reference to source books, commentators and clinical materia medica. (HMM)

8. Building up totalities of different remedies through source books and other commentators from the list.(HMM)

**Teaching methodology**

1. Case based demonstrating process of evolving totalities along with all the different approaches and study of HMM

**Evaluation**

1. LAQ
2. SAQ
3. Short notes
4. Bed-side on case

**Elaboration on theme 9**

We have already dealt with the concept of susceptibility. We should now understand the concept of single, simple and minimum to apply in practice. This theme will explain the concept of similimum i.e. not the remedy alone but the potency and repetition which has to be perfect. How to decide the potency and repetition becomes one of the most important steps in practice.

The theme also will deal with the concept of remedy relationship between similar remedies through the chapter of concordance from TPB and its application in practice.

The important concept in HMM is differentiation of similar remedies. One needs to follow the principles and process for this. The student must become aware in order to avoid the common pitfall of differentiation being superficial and non-analytical.

**Content:**

1. Understanding single, simple, minimum substance as similimum following from the Law of Similars.(ORG)
2. Learning the concept of concordances as evolved by Boennninghausen and its utility in practice.(REP)
3. Finer differentiation of similar remedies by learning to refer to source books, commentaries and clinical materia medica.(HMM)
4. Understanding remedy relationships - complementary, inimical, antidotal, follows well, similar with examples.(HMM)

**Teaching methodology:**

1. Case based with group discussion followed by exposition. Group tasks.

**Evaluation:**

1. SAQ
2. Short notes

**Elaboration on theme 10**

Prescribing the remedy does not end the process of cure; on the contrary it starts the process and need more finer and analytical observation to complete the process. Remedy response is the final frontier to cross and the most difficult. There are standard rules and twelve observation of Kent to help but each case and follow up can be a challenge for Homoeopathic physician. Mastering this step will go a long way in the making or breaking of successful practice. One also needs to understand the concept of palliation and suppression to further enhance the process of recovery and cure.

Knowledge of remedy relationship plays an important role in the selection and regulation of remedies at different times to overcome any obstacle. Hence this concept needs to be studied simultaneously.
Ancillary mode of treatment is equally stressed by the Master so that we can add to the process and quality of cure.

**Contents**

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

**Teaching methodology**

1. Case based demonstration of all 12 types of remedy responses.
2. Case demonstrating various types of ancillary modes.

**Note:** Case from earlier themes can be carried forward which will demonstrate the above aspects.
Assessment:

1. LAQ in combination with other themes.
2. SAQ
3. Short notes
4. Bed-side case.

**Note: The example of remedies below is given as per the manner in which the study of HMM is to be pursued for Paper III. The student is expected to use the list as a means to demonstrate his approach to the study of HMM.**

**List of remedies for different aspects of the study of Applied Materia Medica**

| **Theme 6**<br>**Clinical MM** | **Theme 7**<br>**Anti-miasmatic** | **Theme 8**<br>**Drug picture** | **Theme 5**<br>**Group Study** |
|---|---|---|---|
| 1. Aconite | 1. Bacillinum | 1. Alumina | Cocepts of Group Study and Analysis of HMM – e.g. |
| 2. Aesculus | 2. Tuberculinum | 2. Antimony crud | |
| 3. Aethusa | 3. Thuja | 3. Apis mel | |
| 4. Agaricus | 4. Medorrhinum | 4. Arg met | |
| 5. Aloes | 5. Psorinum | 5. Arg nit | 1. Sodium |
| 6. Ammonium carb | 6. Sulphur | 6. Ars alb | 2. Magnesium |
| 7. Anacardium | 7. Syphilinum | 7. Aurum met | 3. Calcarea |
| 8. Antimony ars | | 8. Baryta carb. | 4. Kali |
| 9. Antimony tart | | 9. Baryta mur. | 5. Baryta |
| 10. Arn mont | | 10. Calc. carb. | 6. Ferrum |
| 11. Ars iod | | 11. Calc. f. | 7. Aurum |
| 12. Baptisia | | 12. Calc. iod. | 8. Loginneacea |

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| 13. Bell.<br>14. Bellis p.<br>15. Berberis v.<br>16. Borax<br>17. Bromium<br>18. Bry. alb.<br>19. Cactus g.<br>20. Calc. ars.<br>21. Carbo. an<br>22. Canth.<br>23. Carb. veg.<br>24. Caulophyllum<br>25. Cham.<br>26. Chelid. m.<br>27. Chin. ars.<br>28. Cicuta v.<br>29. Cimicifuga<br>30. Cina<br>31. Coca<br>32. Cocculus<br>33. Coccus cacti<br>34. Collinsonia<br>35. Coloc.<br>36. Corallium rubrum<br>37. Crategus<br>38. Crotalus h.<br>39. Croton tig<br>40. Cup. met.<br>41. Digitalis<br>42. Dioscorea<br>43. Drosera<br>44. Dulcamara<br>45. Echinacia<br>46. Euphrasia<br>47. Gelsemium<br>48. Glonoine<br>49. Hammamelis<br>50. Helleborus<br>51. Hep. sulph<br>52. Hyosc.<br>53. Hyper.<br>54. Ipecac<br>55. Kali ars.<br>56. Lactrodectus m<br>57. Laurocerasus<br>58. Ledum<br>59. Lilium tig.<br>60. Lobelia<br>61. Manganum<br>62. Merc. dul.<br>63. Merc. iod. fl.<br>64. Merc. ior. r.<br>65. Mercurius cor.<br>66. Mezereum | | 13. Calc. phos.<br>14. Calc. sulph.<br>15. Calc. sil<br>16. Causticum<br>17. China<br>18. Conium<br>19. Ferrum met.<br>20. Ferrum phos.<br>21. Fluoric acid<br>22. Graph.<br>23. Ignatia<br>24. Iodine<br>25. Kali bichrom.<br>26. Kali brom.<br>27. Kali carb.<br>28. Kali iod.<br>29. Kali mur.<br>30. Kali sulph.<br>31. Lac. can.<br>32. Lachesis<br>33. Lycopodium<br>34. Lyssin<br>35. Mag. carb.<br>36. Mag. mur<br>37. Mag. phos.<br>38. Mag. sulph<br>39. Medorrhinum<br>40. Mercurius sol.<br>41. Naja<br>42. Natrum carb.<br>43. Natrum mur.<br>44. Natrum phos.<br>45. Natrum sulph.<br>46. Nitric acid<br>47. Nux vom.<br>48. Opium<br>49. Petroleum<br>50. Phos.<br>51. Phos. ac<br>52. Platina<br>53. Psorinum<br>54. Puls.<br>55. Rhus tox.<br>56. Sanicula<br>57. Sepia<br>58. Silica<br>59. Stannum met.<br>60. Staph<br>61. Stram.<br>62. Sulphur<br>63. Tarent h.<br>64. Thuja<br>65. Tuberculinum bov | 9. Solanacea<br>10. Compositae<br>11. Ophidia<br>12. Spider<br>13. Metals<br>14. Iodum<br>15. Acids<br>16. Ammonium<br>17. Plant Kingdom |

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| 67. Mur. ac.<br>68. Murex<br>69. Nux moschata<br>70. Phytolacca<br>71. Plumbum<br>72. Podophyllum<br>73. Pyrogen<br>74. Ranunculuc bulb<br>75. Ratanhia<br>76. Rheum<br>77. Rhododendron<br>78. Rumex<br>79. Ruta g.<br>80. Sabadilla<br>81. Sabina<br>82. Sambucus<br>83. Sanguinaria<br>84. Sarsaparilla<br>85. Secale cor.<br>86. Selenium<br>87. Senega<br>88. Spigelia<br>89. Spongia<br>90. Sticta<br>91. Symph.<br>92. Tarent. c.<br>93. Thlaspi bursa<br>94. Verat. vir. | | 66. Verat. alb.<br>67. Zincum | |

**Assessment:**

The Theory Paper shall comprise of 3 LAQ of 20 marks each of which one will be case based. One combined question of 20 marks will comprise of two parts of 10 marks each. SAQs will be of total of 20 marks with five of 5 marks each.
Theoritical Q. 70 Marks and Case Based Q. 30 Marks.