

Subject: Practice of Medicine

Subject code: HomUG PM-I

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1. Preamble

Practice of Medicine with Homoeopathic therapeutics is concerned with study of clinical methods, clinical presentations of systemic diseases, differential diagnosis and prognosis, general management and integration with Homoeopathic principles to evolve homoeopathic therapeutics.

Homoeopathy has a distinct approach to the concept of disease. It recognizes the ailing individual by studying him as a whole rather than in terms of sick parts and emphasizes the study of the man, his state of health, state of Illness. The emphasis is on study of man in respect of health, disposition, diathesis, disease, taking all predisposing and precipitating factors, i.e. fundamental cause, maintaining cause and exciting cause. The study of the concept of individualization is essential so that the striking features which are characteristic to the individual become clear, in contrast to the common picture of the respective disease condition. Hahnemann's theory of chronic miasms provides us an evolutionary understanding of the chronic diseases: psora, sycosis, tubercular and syphilis, and acute manifestations of chronic diseases and evolution of the natural disease shall be comprehended in the light of theory of chronic miasms.

This will demand correlation of the disease conditions with basics of anatomy, physiology, biochemistry and pathology. Application of Knowledge of Organon of Medicine and Homoeopathic Philosophy, Materia Medica and Repertory in dealing with the disease conditions should be actively taught.

Life style disorders have burgeoned in modern times. Homoeopathy has a great deal to offer through its classical holistic approach. There are plenty of therapeutic possibilities which Homoeopathy needs to exploit in the years to come.

2. Course outcomes

- i. Develop as a sound homoeopathic clinician who can function indifferent clinical settings by applying knowledge, clinical skills and attitudes in studying the individual as a whole.
- ii. Able to correlate the disease conditions with the basics of anatomy, physiology, biochemistry and pathology.
- iii. Able to apply the knowledge of causation, pathophysiology, pathogenesis, manifestations, and diagnosis (including differential diagnosis) to understand the disease.
- iv. Develop adequate knowledge for rational use of investigations and its interpretation to arrive at a final diagnosis of disease.
- v. Ability to make a rational assessment of prognosis and general management of different disease conditions.

- vi. Ability to understand and provide preventive, curative, palliative, rehabilitative and holistic care with compassion, following the principles of Homoeopathy.
- vii. Able to integrate the clinical state of the disease with the concepts of Organon of Medicine and Homoeopathic Philosophy, Repertory and Homoeopathic Materia Medica for the management of the patient.

3. Learning objectives

At the end of BHMS II course, the students should be able to

- i. Clinico-pathological evaluation of common signs and symptoms with miasmatic integration.
 - a. Understanding Common Signs and Symptoms:** By the end of the course, students will be proficient in recognizing and evaluating common signs and symptoms presented by patients, utilizing a holistic approach that integrates clinical and pathophysiological processes involved.
 - b. Diagnostic Competence:** Through case-based learning and clinical exposure, students will develop the skills necessary to conduct comprehensive clinico-pathological evaluations, to identify underlying disease tendencies and susceptibilities.
 - c. Therapeutic Proficiency:** Students will be able to select Homoeopathic remedies based on the disease expression.
- ii. Infectious Diseases general outline and introduction and common expression and investigation; Water & Electrolyte Disturbances, Acid Base Metabolism
 - a. Comprehensive Understanding:** Students will acquire a comprehensive understanding of the principles of infectious diseases, including their aetiology, pathogenesis, epidemiology, and clinical manifestations, within the context of homeopathic philosophy.
 - b. Recognition of Common Infections:** Through case studies and practical sessions, students will learn to identify common infectious diseases encountered in clinical practice, integrating homeopathic principles with conventional approaches to diagnosis.
 - c. Diagnostic Approach:** Students will develop proficiency in employing diagnostic methods relevant to infectious diseases, including physical examination findings, laboratory tests, and imaging studies, while considering holistic aspects of the patient's health.

d. Introduction to Prevention and Control Measures: Students will be able to define preventive strategies and public health measures aimed at controlling the spread of infectious diseases, incorporating principles of homeopathy into discussions of hygiene, immunity, and environmental factors.

iii. General Considerations of Immunity & Susceptibility

a. Understanding Immune Function: Students will acquire a comprehensive understanding of the immune system, including its cellular and humoral components, mechanisms of recognition, and response to pathogens and foreign antigens. **b. Exploration of Susceptibility:** Through theoretical study and clinical case discussions, students will explore the concept of susceptibility in homeopathy, examining factors that influence an individual's predisposition to disease and their response to homeopathic treatment.

c. Integration of Immune Concepts: Students will learn to integrate concepts of immunity and susceptibility into the homeopathic framework, considering the role of constitutional factors, miasmatic influences, and environmental exposures in shaping an individual's health status.

iv. Introduction to Medical Genetics

a. Foundational Principles: Students will gain introductory understanding of medical genetics, including principles of inheritance, genetic variation, and gene-environment interactions relevant to human health and disease. **b. Genetic Disorders:** Through theoretical study, students will familiarize themselves with common genetic disorders, including single gene disorders, chromosomal abnormalities, and their clinical manifestations.

These course outcomes aim to equip second-year homeopathy degree students with the knowledge, skills, and perspectives necessary to approach the evaluation and management of common clinical presentations, infectious diseases and establishing the relationship between knowledge of genetics and immunology with Homeopathic concept of qualitative aspects of Susceptibility.

4. Course content and its term-wise distribution

Theory	Non-lectures (Clinical/Demonstrative)
Term I	
1. Clinico - pathological evaluation of common signs and symptoms with miasmatic integration* 2. Introduction to Medical genetics*	Clinical: 10 Demonstrative: 2
Term II	
1. Immunity & Susceptibility - General considerations* 2. Infectious Diseases and Tropical Diseases*	Clinical: 10 Demonstrative: 2

**Refer clause 5.4 and tables 5.4.1 – 5.4.5 for detailed content (topics breakup)*

5. Teaching hours

5.1. Gross division of teaching hours

Practice of Medicine			
Year	Teaching hours- Lectures	Teaching hours- Non-lectures	Total
II BHMS	80	24	104

5.2. Teaching hours theory

Sr. No.	Topic	Hours
1	Clinico - pathological evaluation of common signs and symptoms with miasmatic integration	35
2	Immunity & Susceptibility - General considerations	5
3	Introduction to Medical genetics	5
4	Infectious Diseases and Tropical Diseases	35
Total		80

5.3. Teaching hours Non-lecture

Sr. No.	Non-lectures	Hours
	Clinical	
1	Approach to Patient: a) Doctor & Patient: General Principles of History Taking b) Physical Examination General Principles c) Differential Diagnosis: The beginning of management plan	3
2	General Assessment: a) Psychological Assessment b) Nutritional Assessment	3
3	General Physical Examination Skill	14
	Demonstrative	
4	Case Based / Problem Based Discussion on any of the topic of II BHMS Syllabus topic to be conducted <i>[as per availability of the case material or patient]</i>	4
Total		24

5.4. Distribution of teaching hours with breakup of each topic

5.4.1. Clinico - pathological evaluation of Common signs and symptoms with miasmatic integration

Cardinal Manifestations and Presentation of Diseases with relevant investigations (Ref: Harison's Principles of Internal Medicine 21stEd)

Sr. No.	Topic	Topic breakup	Hours
1	Pain	1) Pain: Pathophysiology, types of pain	4
		2) Chest Discomfort	
		3) Abdominal Pain	
		4) Headache	
		5) Back and Neck Pain	
2	Alterations in Body Temperature	6) Fever: Definition, types of fever, aetiology, pathophysiology, physical examination, investigations and management	3
		7) Fever and Rash: Definition of rash, Approach - causes and its presentation, examinations, investigations and management	
		8) Fever of Unknown Origin: Definition, types, aetiology and epidemiology, diagnostic tests, differential diagnosis and management	
3	Neurological Symptoms	9) Syncope: Definition, classification and its aetiology and its pathophysiology, clinical features as per the types, investigations, management	6
		10) Dizziness and Vertigo: Definition, clinical approach with its pathophysiology and management	
		11) Fatigue: Definition, differential diagnosis, clinical approach and management	

Sr. No.	Topic	Topic breakup	Hours
		12) Neurologic Causes of Weakness and Paralysis: Definition [Weakness, Paralysis, Tone, Spasticity, Rigidity, Paratonia, flaccidity, Fasciculations], Pathogenesis [Upper Motor Neuron Weakness, Lower Motor Neuron Weakness, Neuromuscular Junction Weakness, Myopathic Weakness, & Psychogenic Weakness], Distribution and its approach.	
		13) Numbness, Tingling, and Sensory Loss: Definition, pathophysiology and differential diagnosis	
		14) Gait Disorders, Imbalance, and Falls: a) Anatomy and physiology related to Gait balance. b) Definition, pathophysiology and clinical significance related to different types of gait disorders. c) Definition, pathophysiology and clinical manifestation of disorders of balance. d) Assessment for the patient with falls.	
		15) Confusion and Delirium: Definition, epidemiology, risk factors, pathogenesis, clinical features, physical examinations, investigations, diagnostic criteria, differential diagnosis and general management.	

		16) Coma and disorders of consciousness: Definition, stages, Diagnostic approach: History, aetiology and its differential diagnosis, neurological examinations, investigations, management and prognosis	
		17) Dementia: Definition, functional anatomy of dementia, aetiology and its differential diagnosis, Diagnostic approach: History physical & neurological examinations,	
Sr. No.	Topic	Topic breakup	Hours
		cognitive and neuropsychiatric examination, investigations and management	
		18) Aphasia, Memory Loss, and Other Cognitive Disorders: Definition, applied anatomy, clinical examination	
		19) Sleep Disorders: Physiology of sleep and wakefulness, approach to sleep disorders and treatment; evaluation of insomnia and its treatment	
4	Circulatory and Respiratory Dysfunctions	20) Dyspnoea: Definition, epidemiology, mechanisms underlying dyspnoea, assessment, differential diagnosis; Clinical approach: history, physical examination, investigations and management.	6
		21) Cough: Definition, mechanism of cough, impaired cough, aetiology, classification, assessment of chronic cough, differential diagnosis, approach: history, physical examination, investigations and management.	

		22) Haemoptysis: Definition, understanding anatomy & physiology of it, aetiopathogenesis, evaluation of haemoptysis: history, physical examination, diagnostic evaluation, and management.	
		23) Hypoxia and Cyanosis: a) Hypoxia: Definition, response to hypoxia, aetiology, pathophysiology, adaptation to hypoxia. b) Cyanosis: Definition, types, differential diagnosis with its aetiology, approach to cyanosis.	
		24) Oedema: Definition, aetiopathogenesis, differential diagnosis – Generalized and Localized oedema;	

Sr. No.	Topic	Topic breakup	Hours
		distribution of oedema; Approach: History taking, Clinical examination and investigations.	
		25) Palpitations: Definition, aetiopathogenesis, differential diagnosis, Approach: History taking, Clinical examination, investigations and management.	
5	Abdominal/GI T Dysfunctions	26) Dysphagia: Definition, physiology of swallowing, pathophysiology; Approach: history taking, Clinical examination, diagnostic procedures and management.	6
		27) Nausea, Vomiting and Indigestion: Definition, mechanism, causes & differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		28) Diarrhoea and Constipation: Definition, Normal physiology, types and causes, differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		29) Dysentery: Definition, causes, differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management.	
		30) Unintentional Weight Loss: Definition, physiology of weight regulation with aging, causes and differential diagnosis, assessment and testing, management.	
		31) Gastrointestinal Bleeding: Definition, source of the bleeding and its causes and its mechanism, Approach: history taking, differentiation of UGIB & LGIB - its assessment, evaluation and management.	

Sr. No.	Topic	Topic breakup	Hours
		32) Jaundice: Definition, clinical evaluation, metabolism of bilirubin, aetiopathogenesis, classification and its causes, differential diagnosis, Approach: history taking, Clinical examination, diagnostic testing and management. 33) Abdominal Swelling & Ascites: Definition, causes, differential diagnosis, Approach: history taking, Clinical examination, investigations and its evaluation. Ascites: Definition, aetiopathogenesis, evaluation, management and complications.	
6	Renal and Urinary Tract Dysfunctions	34) Interstitial Cystitis / Bladder Pain Syndrome: Definition, aetiopathogenesis, clinical presentation, investigations, diagnostic evaluation, management, complication and prognosis. 35) Dysuria: Definitions, aetiology, pathophysiology, assessment and diagnostic evaluation. 36) Azotaemia and Urinary Abnormalities: Definitions, aetiology, pathophysiology, assessment and diagnostic evaluation. 37) Fluid and Electrolyte Imbalance: Causes, pathophysiological evaluation, Investigations	4
7	Haematological alterations	38) Anaemia: Definition, applied anatomy & physiology of RBC, regulation of its production; classification, clinical presentation; Approach: History taking, clinical examination, investigations and diagnostic evaluation 39) Leucocytosis & Leukopenia: Definition, Aetiology, differential diagnosis.	4

Sr. No.	Topic	Topic breakup	Hours
		40) Bleeding diatheses: Bleeding & Thrombosis: Definitions, applied anatomy & physiology of Haemostasis, aetiology of disorder of haemostasis, clinical presentation and history taking, clinical examination, laboratory evaluation.	
		41) Interpretation of Peripheral Blood Smears	
8	Psychological symptoms	42) Causes of asthenia, anxiety, sadness, thought disorders and delusions, perceptual disorders and hallucinations and relevant investigations	2
Total			35

5.4.2 Medical genetics:

Sr. No.	Topic lecture	Hours
1	Cytogenetics - definition, classification of chromosomal abnormality	1
2	Down's Syndrome	1
3	Turner's & Klinefelter's Syndrome	
4	Cystic fibrosis, Huntington's disease & Marfan's syndrome	1
5	Poly cystic kidney disease	
6	Neoplasia	1
7	Rare diseases – basic concept	
8	Integrating concept of Genetics with Homoeopathy	1
Total		5

5.4.3 Immunological factors in disease with concept of susceptibility:

Sr. No.	Topic lecture	Hours
1	Introduction and Primary & Secondary Immunodeficiency States	1
2	Hypersensitivity reactions: I, II, III, IV	1
3	Autoimmune diseases Transplants, Graft rejection	1
4		
5	HIV	1
6	Integrating concept of Immunity with Homoeopathy: Susceptibility	1
TOTAL		5

5.4.4 For study of infectious and tropical diseases: Emphasis shall be on the following headings:

- i. Definition
- ii. Causative agents
- iii. Epidemiology
- iv. Pathogenesis
- v. Clinical features
- vi. Investigations
- vii. Diagnostic features
- viii. Differential Diagnosis
- ix. Complications
- x. Management
- xi. Prevention
- xii. Prognosis
- xiii. Homoeopathic classification of disease with its reasons
- xiv. Repertorial coverage / reference related to the disease
- xv. Homoeopathic therapeutics to the disease

Sr. No.	Topic Lecture	Hours
1	Herpes simplex viruses [HSV] infections	1
2	Varicella-zoster virus (VZV) infection	1
3	Epstein-Barr virus [EBV] Infections	1
4	Poliovirus Infections	1
5	Measles	1
6	Mumps	1
7	Rabies	1
8	Dengue	1
9	Japanese B Encephalitis	1
10	BIRD FLU	2
11	Influenza A H1N1 virus	
12	Chikungunya	
13	COVID 19 Virus Infection	1
14	Yellow fever	1
15	Smallpox (variola) - poxvirus infection	1

16	HIV Infection	1
17	Zika virus infection	1
18	Rickettsial infection	
19	Staphylococcal, streptococcal infections	1
20	Typhoid Fever	1
21	Gastroenteritis	1
22	Cholera	1
23	Tetanus	1
24	Anthrax, brucellosis, plague	1
25	Leprosy	1
26	Sexually Transmitted Disease, Syphilis	1

Sr. No.	Topic Lecture	Hours
27	Amoebiasis, Amoebic Liver Abscess	1
28	Filariasis / Worm infestations	1
29	Malaria & Kalazar	1
30	Leptospirosis	1
31	Tuberculosis	1
32	Extra pulmonary tuberculosis	1
33	Diphtheria	1
34	Pertussis (whooping cough)	1
35	Therapeutics of Infectious Disorders	3
TOTAL		35

5.4.5 Teaching hours distribution to clinical / practical / demonstrative activities (Non-lectures):

Sr. No.	Non-lectures	Hours
1	Approach to Patient: d) Doctor & Patient: General Principal of History Taking e) Physical Examination General Principal f) Differential Diagnosis: The beginning of management plan	3

2	General Assessment: c) Psychiatric Assessment d) Nutritional Assessment	3
3	General Examination Skill:	14
	i.) Temp recording and its documentation and interpretation	1
	ii.) Pulse examination at different site and its documentation and interpretation	
	iii.) RR examination and its documentation and interpretation	1
	iv.) BP Recoding and its documentation and its interpretation	
	v.) Height measurement and its documentation and interpretation	1

Sr. No.	Non-lectures	Hours
	vi.) Weight measurement and its documentation and interpretation	
	vii.) BMI and Nutrition Assessment and its documentation and interpretation	
	viii.) Observation of Appearance, Built, and assessing Body proportion: Documentation and interpretation	1
	ix.) Observation of Gait and its Assessment& documentation	
	x.) Observation of Decubitus and its assessment& documentation	
	xi.) Ear examination and its documentation and interpretation	3
	xii.) Nose examination and its documentation and interpretation	
	xiii.) Throat examination and its documentation and interpretation	
	xiv.) Eye examination and its documentation and interpretation	2
	xv.) Face examination and its documentation and interpretation	2
	xvi.) Mouth examination and its documentation and interpretation	
	xvii.) Lymph Nodes examination at different sites and documentation and interpretation	3
	xviii.) Nails examination and its documentation and interpretation	
	xix.) Skin examination and its documentation and interpretation	

4	Case Based / Problem Based Discussion on any of the following topic to be conducted [as per availability of the case material or patient]	4
	a) Approach to Case of Fever with any system presenting symptoms [GIT / RS / Skin / Renal / MSS etc.]	
	b) Approach to Case presenting with Neurological Symptoms	
	c) Approach to Case presenting with Circulatory and / or Respiratory Symptoms	
	d) Approach to Case presenting with Abdominal/GIT Symptoms	
	e) Approach to Case presenting with Renal and Urinary Tract symptoms	
	f) Approach to Case presenting with Haematological symptoms	
	g) Approach to Case presenting with psychological symptoms	

6. Content mapping (competencies tables)

6.1. Competency tables for clinico-pathological evaluation of common signs and symptoms with miasmatic integration:

6.1.1. Pain

Sl. No	Domain of Competency	Millers Level:	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								Formative	Summative	
HomU G-PM I.1.1	K&S	K	Define pain and its types	1. Define pain and 2. Differentiate between acute and chronic pain	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.2		KH	Differentiate between types of pain	Differentiate between nociceptive, neuropathic, and inflammatory pain	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.3			Role of inflammation in pain	Describe how inflammation contributes to pain sensation and hypersensitivity	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.4		K	Define chest discomfort and its significance	1. define chest discomfort and 2. explain its importance in diagnosing	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology

				various conditions						
HomU G-PM I.1.5		KH	Describe the common causes of chest discomfort	Describe the common etiologies of chest discomfort, such as angina, heartburn, and musculoskeletal pain	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.6		K	Define abdominal discomfort and its significance	1. Define abdominal discomfort and 2. Explain its importance in diagnosing various conditions	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.7		KH	Describe the common causes of abdominal discomfort	Describe the common etiologies of abdominal discomfort, such as gastritis, appendicitis, and constipation	C2	Must Know	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology

HomU G-PM I.1.8		K	Define headache and its types	1. define headache and 2. differentiate between primary and secondary headaches	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.9		KH	Describe the common causes of headache	Describe the common etiologies of headache, such as tension-type headache, migraine, and cluster headache	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.10		K	Define back and neck pain and their types	1. define back and neck pain and 2. differentiate between mechanical and non-mechanical causes	C1	MK	Lecture, Group discussion	Quiz, Written test	SAQ, MCQ	Anatomy, Physiology
HomU G-PM I.1.11		KH	Describe the common causes of back and neck pain	Describe the common etiologies of back and neck pain, such as muscle strain, disc herniation, and osteoarthritis	C2	MK	Lecture, Group discussion	Quiz, Written test	SAQ, MCQ	Anatomy, Physiology

HomU G-PM I.1.12	HO	K	Define the principles of homoeopathic management of pain	define homoeopathic principles for pain management, emphasizing 1. individualization and 2. similars	C1	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Organon and Homoeopathic Philosophy
HomU G-PM I.1.13		KH	Describe the concept of the simillimum in homoeopathy	Describe how remedies are selected based on symptom similarity in pain management	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Organon and Homoeopathic Philosophy
HomU G-PM I.1.14			Explain the role of repertories in homoeopathic prescribing	Discuss repertory usage to find the most suitable remedy for pain	C2	MK	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Repertory
HomU G-PM I.1.15		SH	Demonstrate the process of selecting a homoeopathic remedy	Demonstrate remedy selection based on totality symptoms in case of pain	P2	MK	Case studies	OSCE, Practical exam	Bedside examination, Viva voce	Materia Medica
HomU G-PM I.1.16		KH	Explain the principles of case management in homoeopathy	Discuss posology in pain treatment	C2	Must Know	Lecture, Group discussion	Quiz, Written test, MCQ	SAQ, MCQ	Organon, Homoeopathic Pharmacy

6.1.2. Fever

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.2.1	K&S	K	Define fever and its significance	Define fever and explain its role in the body's immune response	C1	MK	Lecture, Group discussion	Quiz, Written test		Physiology, Pathology
HomU G-PM I.2.2		KH	Describe the types of fever and their characteristics	Describe different types of fever, such as intermittent and continuous	C2	MK	Lecture, Group discussion	Quiz, Written test		Physiology, Pathology
HomU G-PM I.2.3			Explain the causes of fever	Explain the causes of fever, including infection and inflammation	C2	MK	Lecture, Group discussion	Quiz, Written test		Microbiology, Immunology
HomU G-PM I.2.4		K	Define the different types of fever (e.g., intermittent, remittent, continuous, relapsing).	Explain the characteristics and patterns of different types of fever.	C1	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases

HomU G-PM I.2.5		KH	Describe the etiology of each type of fever.	Explain the underlying causes of intermittent, remittent, continuous, and relapsing fevers.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.6			Discuss the clinical manifestations and symptoms associated with each type of fever.	Identify the clinical features and presentations of intermittent, remittent, continuous, and relapsing fevers.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.7		K	Define fever with rash.	Explain the clinical presentation of fever accompanied by a rash.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases, Dermatology
HomU G-PM I.2.8		K	Identify the common causes of fever with rash (e.g., viral infections, bacterial infections, allergic reactions).	Describe the etiological factors contributing to the development of fever with rash.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases, Dermatology

HomU G-PM I.2.9		KH	Discuss the differential diagnosis of fever with rash.	Explain the process of differentiating between various infectious and non-infectious causes of fever with rash.	C2	Must Know	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases, Dermatology
HomU G-PM I.2.10		K	Define Fever of Unknown Origin (FUO).	Explain the criteria/definition of FUO.	C1	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.11		KH	Discuss the etiology and pathophysiology of FUO.	Describe the possible causes and underlying mechanisms of FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases

HomU G-PM I.2.12			Identify the diagnostic approach to FUO.	Explain the stepwise approach to diagnosing and investigating FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.13			Discuss the differential diagnosis of FUO.	Explain how to differentiate between various causes of FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases

HomU G-PM I.2.14			Describe the management strategies for FUO.	Explain the treatment options and approaches for patients with FUO.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory and Viva voce	Internal Medicine, Infectious Diseases
HomU G-PM I.2.15		K	Describe the fever totality.	Define how to erect a fever totality	C1	MK	Lecture, Small group discussion	Tutorials, Assignments		Organon, Repertory
HomU G-PM I.2.16		KH	Discuss the characteristic indications of various indicated drugs	List the PQRS symptoms of a drug in Fever	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	Theory & Viva voce	Materia Medica

6.1.3. Neurological Symptoms

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.3.1	K&S	K	Define the pathophysiology of neurological symptoms (e.g., weakness, numbness, tingling).	Explain the underlying mechanisms that lead to neurological symptoms.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	MCQs	Anatomy, Physiology, Neurology
HomU G-PM I.3.2		KH	Describe the neuroanatomical basis of common neurological symptoms.	Explain how specific neurological structures are involved in producing symptoms such as weakness or sensory changes.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Anatomy, Physiology, Neurology
HomU G-PM I.3.3			Discuss the pathophysiological processes underlying various neurological conditions.	Explain how different diseases and disorders affect the nervous system to produce specific symptoms.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology, Pathology

HomU G-PM I.3.4			Identify the role of neurotransmitters and receptors in neurological symptoms.	Explain how alterations in neurotransmission can lead to neurological symptoms.	C2	MK	Lecture , Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology, Pathology
HomU G-PM I.3.5	K&S	KH	Define the principles of management for neurological symptoms.	Explain the basic approaches to managing common neurological symptoms.	C2	MK	Lecture , Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology
HomU G-PM I.3.6		K	Describe the complete symptom	Define the symptom under LSMC	C1	MK	Lecture , Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	LAQ, SAQ, Viva voce	Organon
HomU G-PM I.3.7		S	Demonstrate the process of selecting a homoeopathic remedy for neurological symptoms based on totality of symptoms	Student should be able to demonstrate how to select a homoeopathic remedy based on the totality of symptoms in a case of neurological symptoms	P2	MK	Lecture , Small group discussion	Assignments, Tutorials	SAQ, MCQs	Materia medica

HomU G-PM I.3.8		KH	Discuss the characteristic indications of various indicated drugs	List the PQRS symptoms of a drug in different Neurological symptoms	C1	MK	Lecture , Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, Viva voce	Materia medica
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6.1.4. Circulatory and Respiratory Dysfunctions

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.4.1	K&S	K	Define dyspnea.	Define dyspnea as the sensation of difficult or uncomfortable breathing, often described as shortness of breath.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology
HomU G-PM I.4.2		KK	Describe the physiology of dyspnea.	Explain the physiological mechanisms that contribute to the sensation of dyspnea, including neural and mechanical factors.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology

HomU G-PM I.4.3			Discuss the etiology of dyspnea.	Explain the various conditions and diseases that can cause dyspnea, such as respiratory disorders, cardiovascular diseases, or metabolic conditions.	C2	MK	Lecture, Small group discussion	Structured Oral Examination, Tutorials, Assignments, MCQs	SAQ, MCQs	Physiology, Pathology
HomU G-PM I.4.4			Identify the clinical evaluation and diagnostic approach for patients presenting with dyspnea.	Explain the steps involved in assessing and diagnosing patients with dyspnea, including history taking, physical examination, and diagnostic tests.	C2	MK	Lecture, Small group discussion	Observations, Simulations	OSCE, Bedside examination	Clinical Medicine
HomU G-PM I.4.5		K	Define cough.	Define cough as a protective reflex that helps clear the airways of mucus, irritants, or foreign particles.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	Written examination, Objective Structured Clinical Examination (OSCE)	Clinical Medicine
HomU G-PM I.4.6		KH	Describe the physiology of cough.	Explain the neural and mechanical processes involved in the	C2	MK	Lecture, Small group	Case studies, Role-playing	OSCE, Practical examination	Clinical Medicine

				generation of a cough reflex.			discus sion			
HomU G-PM I.4.7			Discuss the different types of cough.	Explain the characteristics and classification of cough, such as acute, subacute, or chronic.	C2	MK	Lectur e, Small group discus sion	Problem- based learning	MCQs, Short-answer questions	Pathology
HomU G-PM I.4.8			Identify the common causes of cough.	Describe the etiology and pathophysiology of cough, including respiratory infections, asthma, and GERD.	C2	MK	Lectur e, Small group discus sion	Presentati ons, Group projects	Written examination, Case-based discussion	Physiology, Pathology
HomU G-PM I.4.9	K&S		Describe the characteristics of different types of cough.	Explain the differences between dry, wet, productive, and non-productive coughs, and their potential underlying causes.	C2	MK	Lectur e, Small group discus sion	Quizzes, Peer assessme n t	Written examination, OSCE	
HomU G-PM I.4.10		K	Define hemoptysis.	Define hemoptysis as the expectoration of blood that originates from the respiratory tract.	C2	MK	Lectur e, Small group discuss ion	Quizzes, Peer assessme n t	Written examination, OSCE	Pathology

HomU G-PM I.4.11		KH	Describe the etiology of hemoptysis.	Explain the various causes of hemoptysis, including respiratory infections, pulmonary embolism, and lung cancer.	C2	MK	Lecture, Small group discussion	Case studies, Role playing	OSCE, Practical examination	Pathology
HomU G-PM I.4.12			Discuss the clinical evaluation and diagnostic approach for patients presenting with hemoptysis.	Explain the steps involved in evaluating patients with hemoptysis, including history taking, physical examination, and diagnostic tests.	C2	MK	Lecture, Small group discussion	Observations, Simulations	OSCE, Practical examination	Pathology
HomU G-PM I.4.13	K&S		Discuss the complications associated with hemoptysis.	Explain the potential complications of hemoptysis, such as respiratory compromise or hemorrhagic shock, and their management.	C2	MK	Lecture, Small group discussion	Problem based learning, Assignments	MCQs, Short-answer questions	Pathology

HomU G-PM I.4.14		K	Define hypoxia and cyanosis.	Define hypoxia as a condition characterized by insufficient oxygen supply to tissues and cyanosis as a bluish discoloration of the skin and mucous membranes due to deoxygenated hemoglobin.	C1	MK	Lecture, Small group discussion	Quizzes	Written examination, Objective Structured Clinical Examination (OSCE)	Pulmonology, Cardiology, Critical Care Medicine
HomU G-PM I.4.15		KH	Describe the pathophysiology of hypoxia and cyanosis.	Explain the mechanisms that lead to hypoxia and cyanosis, including impaired oxygen delivery or utilization.	C2	MK	Lecture, Small group discussion	Case studies	OSCE, Practical examination	Pulmonology, Cardiology, Critical Care Medicine
HomU G-PM I.4.16			Discuss the common causes of hypoxia and cyanosis.	Explain the various conditions and diseases that can manifest with hypoxia and cyanosis, such as respiratory disorders, cardiac conditions, or anemia.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Pulmonology, Cardiology, Critical Care Medicine

HomU G-PM I.4.17	PC		Discuss the clinical evaluation and diagnostic approach for patients presenting with hypoxia and cyanosis.	Explain the steps involved in evaluating patients with hypoxia and cyanosis, including history taking, physical examination, and diagnostic tests.	C2	MK	Lecture, Small group discussion	Tutorials, Group projects	OSCE, Practical examination	Pulmonology, Cardiology, Critical Care Medicine
HomU G-PM I.4.18		K	Define edema.	Define edema as the accumulation of excessive fluid in the interstitial spaces, leading to swelling and tissue enlargement.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Cardiology, Nephrology, Internal Medicine
HomU G-PM I.4.19		KH	Describe the pathophysiology of edema.	Explain the mechanisms involved in the development of edema, including changes in hydrostatic pressure, oncotic pressure, and capillary permeability.	C2	MK	Lecture, Small group discussion	Case studies, MCQs	LAQ, SAQ	Cardiology, Nephrology, Internal Medicine

HomU G-PM I.4.20			Discuss the causes and classification of edema.	Explain the various factors that can lead to edema, such as heart failure, kidney disease, liver cirrhosis, and venous insufficiency. Classify edema based on its location and underlying cause.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, SAQ, LAQ	Cardiology, Nephrology, Internal Medicine
HomU G-PM I.4.21			Describe the pathophysiology of edema.	Explain the mechanisms that lead to the accumulation of fluid in tissues, including increased capillary permeability and impaired lymphatic drainage.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	SAQ, LAQ	Cardiology, Nephrology, Internal Medicine
HomU G-PM I.4.22			Identify the clinical features of edema.	Describe the signs and symptoms associated with edema, including swelling, pitting, and changes in skin texture.	C2	MK	Lecture, Small group discussion	Presentations, Group projects, Assignments	SAQ, LAQ	Cardiology, Nephrology, Internal Medicine

HomU G-PM I.4.23		K	Define palpitations.	Define palpitations as the sensation of a rapid, irregular, or forceful heartbeat that may be felt in the chest, throat, or neck.	C1	MK	Lecture, Small group discussion	Quizzes	SAQ	Cardiology, Internal Medicine
HomU G-PM I.4.24		KH	Describe the pathophysiology of palpitations.	Explain the mechanisms that can lead to palpitations, including cardiac arrhythmias, structural heart disease, and stimulant use.	C2	MK	Lecture, Small group discussion	Assignments	SAQ, MCQs	Cardiology, Internal Medicine
HomU G-PM I.4.25			Discuss the common causes of palpitations.	Explain the various conditions and factors that can cause palpitations, such as atrial fibrillation, ventricular tachycardia, anxiety, and caffeine intake.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments, MCQs	MCQs, Short-answer questions	Cardiology, Internal Medicine

HomU G-PM I.4.26			Identify the clinical features of palpitations.	Describe the signs and symptoms associated with palpitations, including palpitations at rest, palpitations with exertion, and associated dizziness or syncope.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments, MCQs	MCQs, Short-answer questions	Cardiology, Internal Medicine
HomU G-PM I.4.27		K	Define the principles of homoeopathic management	Students should be able to define the basic principles of homoeopathic treatment	C1	MK	Lecture, Group discussion	Quiz, Assignments	SAQ	Homoeopathic Materia Medica
HomU G-PM I.4.28		KH	Describe the concept of the simillimum in homoeopathy	Students should be able to describe how the selection of the simillimum is based on the totality of symptoms in homoeopathic treatment	C2	MK	Lecture, Group discussion	Quiz, Assignments	SAQ	Homoeopathic Materia Medica
HomU G-PM I.4.29		SH	Demonstrate the process of selecting a homoeopathic remedy based	Students should be able to demonstrate how to select a homoeopathic remedy based on	C4	MK	Cases	Quiz, Assignments	SAQ	Homoeopathic Materia Medica, Repertory

			on totality of symptoms	the totality of symptoms						
HomU G-PM I.4.30		KH	Explain the principles of case management in homoeopathy	Students should be able to discuss the principles of case management, including the importance of follow-up and potency selection	C5	MK	Lecture, Group discussion	Quiz, Assignments	LAQ	Homoeopathic Materia Medica

6.1.5. Abdominal/GIT Dysfunctions

Sl.No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/Guilbert's Level	Priority -	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.5.1	K&S	KH	Describe the common causes of GIT dysfunctions.	Explain how factors such as diet, lifestyle, stress, and genetics can contribute to the development of GIT dysfunctions.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Pathology, Microbiology, PSM
HomU G-PM I.5.2			Discuss the pathophysiological mechanisms underlying GIT dysfunctions.	Explain how disturbances in gastrointestinal motility, secretion, and	C2	MK	Lecture, Small group discussion	Case studies, MCQ	LAQ, SAQ	Physiology, Pathology

				absorption can lead to symptoms of GIT dysfunctions.						
HomU G-PM I.5.3			Identify the risk factors associated with GIT dysfunctions.	Describe how factors such as age, gender, diet, and medication use can increase the risk of developing GIT dysfunctions.	C2	DK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Physiology, Pathology
HomU G-PM I.5.4			Explain the role of inflammation in GIT dysfunctions.	Describe how inflammatory processes can contribute to conditions such as gastritis, enteritis, and colitis.	C2	MK	Lecture, Small group discussion	MCQ, Assignments	SAQ	Pathology, Microbiology
HomU G-PM I.5.5			Discuss the role of the microbiome in GIT health.	Explain how alterations in the gut microbiome can impact GIT function and contribute to the development of GIT dysfunctions.	C2	DK	Lecture, Small group discussion	Tutorials, Group projects	LAQ, SAQ	Physiology, Pathology

HomU G-PM I.5.6			Describe the pathophysiology of dysphagia.	Explain how dysphagia can result from structural abnormalities, neurological disorders, or muscular dysfunction.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	LAQ, SAQ	Physiology, Pathology
HomU G-PM I.5.7			Discuss the common causes of dysphagia.	Explain how conditions such as esophageal strictures, achalasia, and neurological diseases can lead to dysphagia.	C2	MK	Lecture, Small group discussion	Case studies	SSQ	Pathology
HomU G-PM I.5.8			Identify the key symptoms and clinical features of dysphagia.	Describe how symptoms such as difficulty swallowing, pain with swallowing, and regurgitation can help diagnose dysphagia.	C2	MK	Lecture, Small group discussion	Problem based learning	MCQs, Short answer questions	Clinical medicine

HomU G-PM I.5.9	HO		Discuss the role of homoeopathic remedies in the management of dysphagia.	Explain how remedies such as Lachesis, Phosphorus, and Belladonna can be used to treat symptoms of dysphagia.	C2	MK	Lecture, Small group discussion	Assignments	MCQs, Short answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.11			Describe the pathophysiology of nausea and vomiting.	Explain how various triggers, such as chemical stimulation, sensory input, and central nervous system disorders, can lead to nausea and vomiting.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	MCQs, Short answer questions	Physiology, Pathology
HomU G-PM I.5.12			Discuss the common causes of nausea and vomiting.	Explain how conditions such as gastroenteritis, motion sickness, and pregnancy can cause nausea and vomiting.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short answer questions	Physiology, Pathology

HomU G-PM I.5.13			Identify the key symptoms and clinical features of nausea and vomiting.	Describe how symptoms such as retching, hypersalivation, and pallor can help diagnose nausea and vomiting.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short answer questions	Clinical medicine
HomU G-PM I.5.14	HO		Discuss the role of homoeopathic remedies in the management of nausea and vomiting.	Explain how remedies such as Ipecacuanha, Nux vomica, and Cocculus indicus can be used to treat symptoms of nausea and vomiting.	C2	MK	Lecture, Small group discussion	Observations, Assignments	MCQs, Short answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.15	K&S		Describe the importance of hydration and dietary modifications in the management of nausea and vomiting.	Explain how maintaining hydration and following a bland diet can help alleviate symptoms of nausea and vomiting.	C2	DK	Lecture, Small group discussion	Tutorials, Group projects	MCQs, Short answer questions	Physiology

HomU G-PM I.5.16			Define diarrhea and its characteristics.	Define diarrhea as the passage of loose or watery stools three or more times a day, often accompanied by abdominal cramping, bloating, and urgency.	C1	MK	Lecture, Small group discussion	MCQ	SAQ	Physiology
HomU G-PM I.5.17			Describe the pathophysiology of diarrhea.	Explain how disturbances in gastrointestinal motility, secretion, and absorption can lead to diarrhea.	C2	MK	Lecture, Small group discussion	MCQ, Assignments	LAQ, SAQ	Physiology. Pathology
HomU G-PM I.5.18			Discuss the common causes of diarrhea.	Explain how infections, dietary factors, medications, and stress can contribute to the development of diarrhea.	C2	MK	Lecture, Small group discussion	Case studies	SAQ	Pathology, Microbiology
HomU G-PM I.5.19			Identify the key symptoms and clinical features of diarrhea.	Describe how symptoms such as loose stools, abdominal cramping, and	C2	MK	Lecture, Small group	SAQ, LAQ	LAQ, SAQ	Clinical medicine

				dehydration can help diagnose diarrhea.			discussion			
HomU G-PM I.5.20	HO		Discuss the role of homoeopathic remedies in the management of diarrhea.	Explain how remedies such as Podophyllum, Arsenicum album, and Chamomilla can be used to treat symptoms of diarrhea.	C2	MK	Lecture, Small group discussion	Assignments, MCQ	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.21	K&S		Describe the importance of fluid and electrolyte management in the management of diarrhea.	Explain how maintaining hydration and electrolyte balance is crucial in the treatment of diarrhea.	C2	MK	Lecture, Small group discussion	Tutorials, Group projects	LAQ, SAQ	Physiology
HomU G-PM I.5.22			Define constipation and its characteristics.	Define constipation as infrequent bowel movements or difficulty passing stools, often associated with hard, dry stools and straining.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology

HomU G-PM I.5.23			Describe the pathophysiology of constipation.	Explain how factors such as slow colonic transit, pelvic floor dysfunction, and lifestyle factors can contribute to constipation.	C2	MK	Lecture, Small group discussion	Tutorials, Group projects	LAQ, SAQ	Physiology
HomU G-PM I.5.24			Discuss the common causes of constipation.	Explain how factors such as inadequate dietary fiber, dehydration, sedentary lifestyle, and certain medications can cause constipation.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	MCQs, Short-answer questions	Physiology
HomU G-PM I.5.25			Identify the key symptoms and clinical features of constipation.	Describe how symptoms such as straining, lumpy or hard stools, and a feeling of incomplete evacuation can help diagnose constipation.	C2	MK	Lecture, Small group discussion	MCQ, Assignments	MCQs, Short-answer questions	Clinical medicine

HomU G-PM I.5.26	HO		Discuss the role of homoeopathic remedies in the management of constipation.	Explain how remedies such as Bryonia, Nuxvomica, and Lycopodium can be used to treat symptoms of constipation.	C2	MK	Lecture, Small group discussion	Observations	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.27	K&S		Describe the importance of lifestyle modifications in the management of constipation.	Explain how dietary changes, increased physical activity, and regular bowel habits can help alleviate constipation.	C2	DK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Physiology
HomU G-PM I.5.28			Define dysentery and its characteristics.	Define dysentery as a type of diarrhea that contains blood or mucus, often accompanied by abdominal pain and fever.	C2	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology
HomU G-PM I.5.29			Describe the pathophysiology of dysentery.	Explain how infections, particularly bacterial and parasitic, can lead to	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Pathology

				inflammation of the intestines and the characteristic symptoms of dysentery.						
HomU G-PM I.5.30			Discuss the common causes of dysentery.	Explain how pathogens such as Shigella, Salmonella, and Entamoeba histolytica can cause dysentery.	C2	MK	Lecture, Small group discussion	Case studies	SAQ	Pathology
HomU G-PM I.5.31			Identify the key symptoms and clinical features of dysentery.	Describe how symptoms such as bloody diarrhea, abdominal cramps, and tenesmus can help diagnose dysentery.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.32	HO		Discuss the role of homoeopathic remedies in the management of dysentery.	Explain how remedies such as Merc sol, Aloe socotrina, and Podophyllum can be used to treat symptoms of dysentery.	C2	MK	Lecture, Small group discussion	Observations	MCQs, Short-answer questions	Homoeopathic Materia Medica

HomU G-PM I.5.33	K&S		Describe the importance of hydration and electrolyte management in the management of dysentery.	Explain how maintaining hydration and electrolyte balance is crucial in the treatment of dysentery.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Physiology
HomU G-PM I.5.34			Define unintentional weight loss and its significance.	Define unintentional weight loss as a decrease in body weight that occurs without purposeful dieting or exercise, often indicating an underlying health issue.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology
HomU G-PM I.5.35			Describe the pathophysiology of unintentional weight loss.	Explain how various factors, such as increased metabolism, reduced nutrient absorption, and chronic inflammation, can lead to unintentional weight loss.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ, MCQ	Physiology

HomU G-PM I.5.36			Discuss the common causes of unintentional weight loss.	Explain how conditions such as cancer, gastrointestinal disorders, hyperthyroidism, and depression can cause unintentional weight loss.	C2	MK	Lecture, Small group discussion	Case studies	SAQ	Physiology, Pathology
HomU G-PM I.5.37			Identify the key symptoms and clinical features associated with unintentional weight loss.	Describe how symptoms such as fatigue, weakness, and changes in appetite can help diagnose unintentional weight loss.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.38	HO		Discuss the role of homoeopathic remedies in the management of unintentional weight loss.	Explain how remedies such as Calcarea carbonica, Natrum muriaticum, and Phosphorus can be used to address underlying causes of unintentional weight loss.	C2	MK	Lecture, Small group discussion	Assignments	MCQs, Short-answer questions	Homoeopathic Materia Medica

HomU G-PM I.5.39	K&S		Describe the importance of a comprehensive evaluation in the management of unintentional weight loss.	Explain how assessing medical history, conducting physical examinations, and performing diagnostic tests are essential in identifying the cause of unintentional weight loss.	C2	DK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Clinical medicine
HomU G-PM I.5.40			Describe the pathophysiology of gastrointestinal bleeding	Explain the mechanisms by which various conditions, such as peptic ulcers, esophageal varices, and inflammatory bowel disease, can lead to GI bleeding.	C2	MK	Lecture, Small group discussion	Tutorials, Assignments	LAQ, SAQ	Pathology
HomU G-PM I.5.41			Discuss the risk factors associated with GI bleeding	Identify and explain the risk factors, such as NSAID use, alcohol consumption, and coagulopathy,	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Physiology, Pathology

				that can predispose individuals to GI bleeding.						
HomU G-PM I.5.42			Explain the clinical presentation of GI bleeding	Describe the signs and symptoms, such as hematemesis, melena, and hematochezia, that are indicative of GI bleeding.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Clinical medicine
HomU G-PM I.5.43	HO		Describe the common homoeopathic remedies used in the management of GI bleeding	Explain the indications for remedies such as Phosphorus, Hamamelis, and Ferrummetallicum in treating various causes of GI bleeding.	C2	MK	Lecture, Small group discussion	Case studies	MCQs, Short-answer questions	Homoeopathic Materia Medica
HomU G-PM I.5.44			Explain the concept of miasmatic prescribing in homeopathy	Describe how miasmatic factors are considered in chronic cases of GI bleeding for long-term management.	C2	DK	Lecture, Small group discussion	Observations, Simulations	SAQ	Organon

HomU G-PM I.5.45			Define jaundice and its clinical significance	Define jaundice as the yellow discoloration of the skin and mucous membranes due to elevated bilirubin levels and explain its importance in clinical diagnosis.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Physiology, Pathology
HomU G-PM I.5.46			Describe the pathophysiology of jaundice	Explain the mechanisms of hyperbilirubinaemia, including hemolysis, hepatocellular dysfunction, and biliary obstruction, leading to jaundice.	C2	MK	Lecture, Small group discussion	Case studies, Role-playing	LAQ, SAQ	Physiology, Surgery
HomU G-PM I.5.47			Discuss the causes of jaundice	Identify and explain the various etiologies of jaundice, including viral hepatitis, alcoholic liver disease, and biliary tract obstruction.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Physiology, Surgery

HomU G-PM I.5.48			Explain the clinical features of jaundice	Describe the signs and symptoms of jaundice, such as yellowing of the skin, dark urine, and pale stools, and their significance in diagnosis.	C2	MK	Lecture, Small group discussion	Observations, Simulations	MCQs, Short answer questions	Clinical medicine
HomU G-PM I.5.49	HO		Describe the common homoeopathic remedies used in the management of jaundice	Explain the indications for remedies such as Chelidonium, Lycopodium, and Natrum sulphuricum in treating jaundice.	C2	MK	Lecture, Small group discussion	Case studies, Role playing	MCQs, Short answer questions	Homoeopathic Therapeutics
HomU G-PM I.5.50	K&S		Define ascites and its clinical significance	Define ascites as the abnormal accumulation of fluid in the peritoneal cavity and its importance in clinical diagnosis.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Anatomy, Physiology

HomU G-PM I.5.51			Describe the pathophysiology of ascites	Explain the mechanisms of fluid accumulation in ascites, including portal hypertension, hypoalbuminemia, and lymphatic obstruction.	C2	MK	Lecture, Small group discussion	Case studies, Role-playing	LAQ, SAQ	Physiology, Pathology
HomU G-PM I.5.52			Discuss the causes of ascites	Identify the various etiologies of ascites, including liver cirrhosis, heart failure, and malignancy.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Pathology
HomU G-PM I.5.53			Explain the clinical features of ascites	Describe the signs and symptoms of ascites, such as abdominal distension and shifting dullness, and their significance in diagnosis.	C2	MK	Lecture, Small group discussion	Observations, Simulations	LAQ, SAQ	Surgery, Clinical Medicine

HomU G-PM I.5.54			Differentiate between transudative and exudative ascites	Define transudative and exudative ascites and the pathophysiological differences between them.	C1	MK	Lecture, Small group discussion	Quizzes, Peer assessment	SAQ	Pathology
HomU G-PM I.5.55			Discuss the classification of ascites based on the underlying cause	Explain the categorization of ascites as cirrhotic, cardiac, malignant, and tuberculous based on the underlying disease process.	C2	MK	Lecture, Small group discussion	#NAME?	MCQs, Short-answer questions	Pathology
HomU G-PM I.5.56			Describe the grading of ascites based on severity	Explain the use of imaging modalities, such as ultrasound, in grading ascites from mild to severe based on fluid accumulation.	C2	MK	Lecture, Small group discussion	Problem-based learning	MCQs, Short-answer questions	Pathology, Surgery
HomU G-PM I.5.57			Explain the role of ascitic fluid analysis in diagnosis	Describe the use of ascitic fluid analysis, including cell count, albumin gradient, and	C2	MK	Lecture, Small group discussion	Presentations, Group projects	SAQ	Physiology, Laboratory Medicine

				culture, in diagnosing the cause of ascites.						
HomU G-PM I.5.58	HO		Describe the common homoeopathic remedies used in the management of ascites	Explain the indications for remedies such as Apis mellifica, Lycopodium, and Carduus marianus in treating ascites.	C2	MK	Lecture, Small group discussion	Case studies,	MCQs, Short answer questions	Homoeopathic Materia Medica

6.1.6. Renal and Urinary Tract Dysfunctions

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.6.1	K&S	K	Define the terms "renal dysfunction" and "urinary tract dysfunction"	Students should be able to define these terms and differentiate between dysfunction of the kidneys and the urinary tract	C1	MK	Lecture, Group discussion	MCQ, Written test	SAQ	Anatomy, Pathology

HomU G-PM I.6.2			Identify the various causes of renal dysfunction	Students should be able to list the factors that can lead to dysfunction of the kidneys	C1	MK	Lecture , Group discuss ion	MCQ, Written test	SAQ	Medicine, Pathology
HomU G-PM I.6.3			Identify the various causes of urinary tract dysfunction	Students should be able to list the factors that can lead to dysfunction of the urinary tract	C1	MK	Lecture , Group discuss ion	MCQ, Written test	SAQ	Medicine, Pathology
HomU G-PM I.6.4		KH	Describe the underlying pathophysiology of renal dysfunction	Students should be able to describe the pathophysiological processes involved in renal dysfunction	C2	NK	Lecture , Group discuss ion	MCQ, Written test	SAQ	Physiology, Pathology
HomU G-PM I.6.5		K	Define the terms "cystitis" and "bladder pain syndrome"	Students should be able to define these terms and differentiate between them	C1	MK	Lecture , Group discuss ion	MCQ, Written test	SAQ, MCQ	Pathology, Surgery
HomU G-PM I.6.6			Describe the symptoms and clinical presentation of cystitis/bladder pain syndrome	Students should be able to list the common symptoms associated with cystitis and bladder pain syndrome	C1	MK	Lecture , Group discuss ion	MCQ, Written test	SAQ, MCQ	Surgery, Urology

HomU G-PM I.6.7		KH	Discuss the causes and risk factors associated with cystitis/bladder pain syndrome	Students should be able to discuss the various factors that can lead to the development of cystitis and bladder pain syndrome	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Urology
HomU G-PM I.6.8	HO		Describe the principles of homoeopathic management for cystitis/bladder pain syndrome	Students should be able to describe the basic principles of homoeopathic treatment for cystitis and bladder pain syndrome	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.9		SH	Demonstrate the process of selecting a homoeopathic remedy for cystitis/bladder pain syndrome based on the totality of symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of cystitis/bladder pain syndrome	P2	MK	Role-playing , Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica

HomU G-PM I.6.10	K&S	K	Define the term "dysuria" and differentiate it from other urinary symptoms	Students should be able to define dysuria with its characteristic features	C1	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Urology
HomU G-PM I.6.11			Describe the various causes of dysuria	Students should be able to list the factors that can lead to the development of dysuria	C1	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Urology
HomU G-PM I.6.12		KH	Explain the underlying pathophysiology of dysuria	Students should be able to explain the pathological processes that cause dysuria	C2	NK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology
HomU G-PM I.6.13			Discuss the clinical features and presentation of dysuria	Students should be able to describe the common symptoms and signs associated with dysuria	C2	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Surgery, Pathology
HomU G-PM I.6.14	HO		Explain the principles of homoeopathic management for dysuria	Students should be able to describe the basic principles of homoeopathic treatment for dysuria	C2	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica

HomU G-PM I.6.15			Demonstrate the process of selecting a homoeopathic remedy for dysuria based on the totality of symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of dysuria	P2	MK	Role-playing , Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.16	K&S	K	Define the term "azotemia" and explain its significance	Students should be able to 1.define azotemia and 2. understand its clinical implications	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology, Nephrology
HomU G-PM I.6.17			Describe the various causes and mechanisms leading to the development of azotemia	Students should be able to list the factors that can lead to the development of azotemia	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Pathology, Nephrology
HomU G-PM I.6.18		KH	Explain the underlying pathophysiological processes involved in the development of azotemia	Students should be able to explain the pathological processes that lead to elevated blood urea nitrogen (BUN) and creatinine levels in azotemia	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology, Nephrology

HomU G-PM I.6.19			Discuss the clinical presentation and signs associated with azotemia	Students should be able to describe the common clinical manifestations of azotemia	C2	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Nephrology
HomU G-PM I.6.20			Discuss the diagnostic tests and procedures used to evaluate and diagnose azotemia	Students should be able to discuss the clinical investigations used to evaluate azotemia	C2	NK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Laboratory Medicine, Nephrology
HomU G-PM I.6.21	HO		Explain the principles of homoeopathic management for azotemia	Students should be able to describe the basic principles of homoeopathic treatment for azotemia	C2	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.22			Demonstrate the process of selecting a homoeopathic remedy for azotemia based on the totality of symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of azotemia	P2	MK	Role-playing, Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
KHom UG-PM I.6.23		K	Define the terms "fluid imbalance" and "electrolyte imbalance"	Students should be able to define these terms	C1	MK	Lecture, Group	MCQ, Written test	SAQ, MCQ	Physiology

HomU G-PM I.6.24			Describe the various causes and factors contributing to fluid and electrolyte imbalances	Students should be able to list the factors that lead to the development of fluid and electrolyte imbalances	C1	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Medicine, Physiology
HomU G-PM I.6.25		KH	Explain the underlying pathophysiological processes involved in the development of fluid and electrolyte imbalances	Students should be able to explain the pathological mechanisms that lead to fluid and electrolyte imbalance	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology
HomU G-PM I.6.26			Discuss the clinical signs and symptoms associated with fluid and electrolyte imbalances	Students should be able to describe the common clinical manifestations seen in patients with fluid and electrolyte imbalances	C2	MK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology
HomU G-PM I.6.27			Identify the various risk factors that predispose individuals to the development of	Students should be able to discuss the factors that influence the fluid and	C2	NK	Lecture , Group discussion	MCQ, Written test	SAQ, MCQ	Physiology, Pathology

			fluid and electrolyte imbalances	electrolyte imbalances						
HomU G-PM I.6.28	HO		Explain the principles of homoeopathic management for fluid and electrolyte imbalances	Students should be able to describe the basic principles of homoeopathic treatment for fluid and electrolyte imbalances	C2	MK	Lecture, Group discussion	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.29			Demonstrate the process of selecting a homoeopathic remedy for fluid and electrolyte imbalance based on symptoms	Students should be able to demonstrate how to select a homoeopathic remedy in case of fluid and electrolyte imbalance	P2	MK	Role-playing, Simulation	MCQ, Written test	SAQ, MCQ	Homoeopathic Materia Medica
HomU G-PM I.6.30	K&S		Discuss the impact of lifestyle factors such as diet and fluid intake on fluid and electrolyte balance	Students should be able to discuss how lifestyle changes can help manage fluid and electrolyte imbalances	C2	NK	Lecture, Group discussion	MCQ, Written test	LAQ, SAQ, MCQ	Nutrition, Lifestyle Medicine

6.1.7. Hematological alterations

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Bloom's Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.7.1	K&S	K	Define the terminologies used.	Students should be able to define following hematological alterations with their characteristics	C1	MK	Lecture, Group discussion	Quiz, Written test	MCQ, SAQ	Physiology, Pathology
7.1a				1. Anemia,						
7.1a				2. Leukocytosis,						
7.1a				3. Leucopenia,						
7.1a				4. Bleeding diatheses						
HomU G-PM I.7.2		KH	Identify the various risk factors that predispose individuals to the development of hematological alterations	Students should be able to discuss the factors that increase the likelihood of developing the above hematological alterations	C2	MK	Lecture, Group discussion	Quiz, Written test	MCQ, SAQ	Physiology, Pathology

HomU G-PM I.7.3			Explain the underlying pathophysiological processes involved in the development of hematological alterations	Students should be able to explain the pathological mechanisms that lead to the following hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	MCQ, SAQ	Physiology, Pathology
7.3a				1. Anemia,						
7.3a				2. Leukocytosis,						
7.3a				3. Leucopenia,						
7.3a				4. Bleeding diatheses						
HomU G-PM I.7.4			Discuss the common signs and symptoms associated with hematological alterations	Students should be able to describe the typical clinical manifestations observed in patients with following hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	MCQ, LAQ, SAQ	Pathology, Hematology
7.4a				1. Anemia,						
7.4a				2. Leukocytosis,						
7.4a				3. Leucopenia,						
7.4a				4. Bleeding diatheses						

HomU G-PM I.7.5			Discuss the diagnostic tests and procedures used to evaluate and diagnose hematological alterations	Students should be able to discuss the various tests and procedures used to evaluate hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	MCQ, SAQ	Pathology, Laboratory Medicine, Hematology
HomU G-PM I.7.6			Explain the principles of homoeopathic management for hematological alterations	Students should be able to describe the basic principles of homoeopathic treatment for hematological disorders	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	SAQ	Organon of Medicine
HomU G-PM I.7.7			Explain how homoeopathic remedies are selected for hematological alterations	Students should be able to explain the process of selection homoeopathic remedies for hematological alterations	C2	MK	Lecture, Group discussion	Quiz, Assignments, Written test	SAQ	Organon, Materia medica
HomU G-PM I.7.8		SH	Demonstrate the process of selecting a homoeopathic remedy for hematological alterations based on symptoms	Students should be able to demonstrate how to select a homoeopathic remedy for a case of hematological dysfunction	P2	MK	Group Discussion, Case study	Assignments	SAQ	Organon, Materia medica

6.1.8. Psychological symptoms

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain / Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.8.1	K&S	K	Define the terms "psychological symptoms" and explain their relevance	1. Psychological disorders are patterns of behavioral or psychological symptoms that impact multiple areas of life. 2. These disorders create distress for the person experiencing the symptoms. 3. They can be temporary or lifelong, and affect how you think, feel, and behave	C1	MK	Lecture, Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.2			Define the term "fatigue" and explain its relevance	Define fatigue and its significance	C1	MK	Lecture, Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.3			Describe the various factors and conditions that can lead to fatigue	List the factors that can contribute to the onset of fatigue	C1	MK	Lecture, Group discussion	Quiz, Written test	SAQ	Physiology, Medicine

HomU G-PM I.8.4		KH	Explain the underlying physiological processes involved in the development of fatigue	Explain the physiological mechanisms that underlie the manifestation of fatigue	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.5		K	Define the term "asthenia"	Define asthenia and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.6			Describe the various factors and conditions that can lead to asthenia	List the factors that can contribute to the onset of asthenia	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine
HomU G-PM I.8.7		KH	Explain the underlying physiological processes involved in the development of asthenia	Explain the physiological mechanisms that underlie the manifestation of asthenia	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Medicine

HomU G-PM I.8.8		K	Define the term "anxiety"	Define anxiety and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.9			Describe the various factors and conditions that can lead to anxiety	List the factors that can contribute to the onset of anxiety	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology

HomU G-PM I.8.10		KH	Explain the underlying physiological processes involved in the development of anxiety	Explain the physiological mechanisms that underlie the manifestation of anxiety	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Psyc
HomU G-PM I.8.11		K	Define the term "sadness"	Define sadness and its significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.12		KH	Describe the various factors and conditions that can lead to sadness	List the factors that can contribute to the onset of sadness	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.13		K	Define the term "disorders of thought" and explain its relevance	Define disorders of thought and understand their significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology

HomU G-PM I.8.14		KH	Describe the various factors and conditions that can lead to disorders of thought	List the factors that can contribute to the onset of disorders of thought	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.15		K	Define the term "disorders of perception" and explain its relevance	Define disorders of perception and their significance	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology

HomU G-PM I.8.16		KH	Describe the various factors and conditions that can lead to disorders of perception	List the factors that can contribute to the onset of disorders of perception	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.17		K	Define the term "sleep disorders" and explain its relevance	Define sleep disorders.	C1	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.18		KH	Describe the various factors and conditions that can lead to sleep disorders	List the factors that can contribute to the onset of sleep disorders	C2	MK	Lecture , Group discussion	Quiz, Written test	SAQ	Psychiatry, Psychology
HomU G-PM I.8.19			Explain the underlying physiological processes involved in the development of sleep disorders	Explain the physiological mechanisms that underlie the manifestation of sleep disorders	C2	NK	Lecture , Group discussion	Quiz, Written test	SAQ	Physiology, Psychiatry

6.2. Competency tables for immunity and susceptibility – general considerations

6.2.1. Introduction and primary & secondary immunodeficiency states

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.9.1	K&S	K	Explanation of primary and secondary immunodeficiency states	Understanding the difference between primary and secondary immunodeficiency	C1	MK	Lecture, Discussion	Quizzes, Written test	SAQ	Physiology, Pathology, Microbiology
HomU G-PM I.9.2			Overview of common genetic and acquired causes	Recognition of common primary immunodeficiency disorders	C2	MK	Cases, Group work	Quizzes, Written test	MCQ, SAQ	Pathology, Microbiology
HomU G-PM I.9.3		KH	Description of clinical signs and symptoms	Identification of clinical features suggestive of immunodeficiency	C2	MK	Group Discussion, Assignments	Quizzes, Written test, Tutorials	MCQ, SAQ	Pathology, Microbiology
HomU G-PM I.9.4			Description of therapeutic interventions and preventive measures	Demonstration of appropriate management plans for immunodeficiency disorders	C3	DK	Debates	Tutorials	SAQ	Pathology, Microbiology

6.2.2. Hypersensitivity reactions: I,II,III,IV

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.10.1	K&S	K	Explanation of hypersensitivity reaction types	Understanding the classification and mechanisms of hypersensitivity reactions	C1	MK	Lecture, Discussion	MCQ	SAQ	Pathology, Microbiology
01a				Type I hypersensitivity reactions						
01b				Type II hypersensitivity reactions						
01c				Type III hypersensitivity reactions						
01d				Type IV hypersensitivity reactions						
HomU G-PM I.10.2			Overview of common allergens and mediators such as IgE, histamine, and cytokines	Recognition of allergens and mediators associated with type I hypersensitivity	C2	MK	Group discussion	Assignments, MCQ	SAQ	Pathology, Microbiology

HomU G-PM I.10.3		KH	Explanation of IgE-mediated mast cell degranulation	Understanding the sequence of events leading to type I hypersensitivity reactions	C2	NK	Lecture, Group Discussion	Assignments, MCQ	SAQ	Physiology, Pathology
HomU G-PM I.10.4			Description of allergic rhinitis, asthma, anaphylaxis, and atopic dermatitis	Identification of clinical features suggestive of type I hypersensitivity	C2	MK	Lectures, Group discussion	MCQ	SAQ, Bedside examination	Physiology, Pathology, Clinical medicine
HomU G-PM I.10.5			Explanation of skin prick tests and serum IgE assays	Application of diagnostic strategies for type I hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ	Physiology, Pathology, Clinical medicine
HomU G-PM I.10.6		K	Overview of common antigens and antibodies such as blood group antigens and autoantibodies	Identify common antigens and antibodies involved in type II hypersensitivity reactions	C1	MK	Lecture	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.10.7		KH	Explanation of antibody-mediated cell destruction and complement activation	Understanding the sequence of events leading to type II hypersensitivity reactions	C2	MK	Lecture	Assignments, MCQ	SAQ	Physiology, Pathology

HomU G-PM I.10.8			Description of autoimmune hemolytic anemia, Goodpasture syndrome, and hemolytic disease of the newborn	Identification of clinical features suggestive of type II hypersensitivity	C2	MK	Lecture, case based learning	Assignments, MCQ	SAQ, Viva voce	Pathology, clinical medicine
HomU G-PM I.10.9			Explanation of direct and indirect Coombs tests	Application of diagnostic strategies for type II hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ, Viva voce	Physiology, pathology
HomU G-PM I.10.10		K	Overview of common antigens and antibodies such as immune complexes and autoantibodies	Identify common antigens and antibodies involved in type III hypersensitivity reactions	C1	MK	Lecture	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.10.11		KH	Explanation of immune complex deposition and complement activation	Understanding the sequence of events leading to type III hypersensitivity reactions	C2	MK	Lecture	Assignments, MCQ	SAQ	Physiology, Pathology

HomU G-PM I.10.12			Description of serum sickness, Arthus reaction, and systemic lupus erythematosus	Identification of clinical features suggestive of type III hypersensitivity	C2	MK	Lecture, case based learning	Assignments, MCQ	SAQ, Viva voce	Pathology, clinical medicine
HomU G-PM I.10.13			Explanation of laboratory tests such as complement levels and immunofluorescence	Application of diagnostic strategies for type III hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ, Viva voce	Physiology, pathology
HomU G-PM I.10.14		K	Overview of common antigens and cells such as haptens and T cells	Identify common antigens and cells involved in type IV hypersensitivity reactions	C1	MK	Lecture	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.10.15		KH	Explanation of T cell-mediated inflammation and cytokine release	Understanding the sequence of events leading to type IV hypersensitivity reactions	C2	MK	Lecture	Assignments, MCQ	SAQ	Physiology, Pathology
HomU G-PM I.10.16			Description of contact dermatitis, tuberculin reaction, and	Identification of clinical features suggestive of type IV	C2	MK	Lecture, case based	Assignments, MCQ	SAQ, Viva voce	Pathology, clinical medicine

			autoimmune diseases	hypersensitivity			learning			
HomU G-PM I.10.17			Explanation of patch testing and lymphocyte proliferation assays	Application of diagnostic strategies for type IV hypersensitivity assessment	C2	DK	Debates	Tutorials	SAQ, Viva voce	Physiology, pathology

6.2.3. Autoimmune Diseases

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.11.1	K&S	K	Explanation of autoimmune disease etiology and pathogenesis	Understanding the basics of autoimmune diseases and their mechanisms	C1	MK	Lecture, Discussion	MCQ	SAQ	Pathology, Microbiology
HomU G-PM I.11.2			Overview of common autoimmune disorders such as rheumatoid arthritis, systemic lupus erythematosus, and multiple sclerosis	Recognition of autoimmune diseases and their clinical presentations	C1	MK	Lecture, Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology, Clinical medicine

HomU G-PM I.11.3		KH	Explanation of immune dysregulation in autoimmune disorders	Understanding the involvement of autoantibodies and T cells in autoimmune pathophysiology	C2	MK	Problem based learning	Tutorials, MCQ	SAQ, Viva voce	Physiology, pathology
HomU G-PM I.11.4			Description of systemic symptoms and organ involvement in autoimmune disorders	Identification of systemic and organ specific manifestations of autoimmune diseases	C2	MK	Lecture, Discussion	Tutorials, MCQ	SAQ, Viva voce	Pathology, Clinical medicine

6.2.4. HIV Disease

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.12.1	K&S	K	Explanation of HIV virus and its transmission	Understanding the basics of HIV/AIDS and its causative agent	C1	MK	Lecture, Group Discussion	MCQ	SAQ	Pathology, Microbiology

HomU G-PM I.12.2			Overview of HIV transmission routes such as sexual contact, blood exposure, and vertical transmission	Identify common risk factors and modes of transmission for HIV infection	C1	MK	Lecture , Group Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology , PSM
HomU G-PM I.12.3		KH	Explanation of HIV progression from acute infection to AIDS	Understanding the stages and clinical course of HIV disease	C2	MK	Lectures, case based learning	Tutorials, Assignments, MCQ	SAQ, Viva voce	Clinical medicine
HomU G-PM I.12.4			Description of HIV-related symptoms and AIDS-defining illnesses	Identification of clinical features suggestive of HIV infection and AIDS	C2	MK	Workshops, Case-based learning	Assignments, MCQ	SAQ, Viva voce	Clinical medicine
HomU G-PM I.12.5			Explanation of HIV replication and immune depletion	Understand the pathophysiology of HIV infection and its effects on the immune system	C2	DK	Lectures, Group Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.12.6		SH	Description of HIV prevention methods and harm reduction approaches	Demonstration of appropriate prevention strategies for HIV infection	P2	DK	Seminars	Tutorials, Assignments, MCQ	SAQ, Viva voce	Community outreach programs on HIV prevention

6.2.5. Transplants and graft rejection

Sl. No	Domain of Competency	Millers Level	Content	SLO	Bloom's Domain / Guilber t's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.13.1	K&S	K	Explanation of transplantation and immune response against grafts	Understanding the basics of transplantation and graft rejection	C1	MK	Lecture, Group Discussion	MCQ	SAQ	Pathology, Microbiology
HomU G-PM I.13.2			Overview of different types of transplants and their sources	Recognition of various transplantation methods and their differences	C1	MK	Lecture, Group Discussion	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.13.3		KH	Explanation of the alloimmune response and mechanisms of graft rejection	Understanding the immune mediated rejection process	C2	MK	Lectures, case based learning	Tutorials, Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology
HomU G-PM I.13.4			Description of acute and chronic rejection symptoms	Identification of clinical features suggestive of graft rejection	C2	MK	Workshops, Case based learning	Assignments, MCQ	SAQ, Viva voce	Pathology, Microbiology

6.2.6. Homoeopathic relation of immunity and susceptibility

Sl. No.	Domain of Competency	Millers Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomU G-PM I.14.1	K&S	K	Overview of factors such as genetic predisposition, miasmatic influence, and constitutional characteristics	Recognition of factors influencing individual's susceptibility according to homeopathic principles	C2	MK	Lecture, Group Discussion	Case presentations, MCQ	SAQ, Viva voce	Organon and Hom. Philosophy
HomU G-PM I.14.3		KH	Description of the individualized approach in homeopathy	Identification of the importance of individualization in homeopathic treatment based on susceptibility	C2	MK	Lectures, Case based learning	Quiz competitions, Tutorials	SAQ, Bedside examination	Organon and Hom. Philosophy
HomU G-PM I.14.4			Explanation of homeopathic remedies and constitutional treatment for improving vitality	Explain the role of homeopathic treatment strategies in enhancing immunity	C2	DK	Problem solving scenarios, Group discussions	Case presentation, Guided discussions	Viva voce	Organon and Hom. Philosophy

HomU G-PM I.14.5			Description of the principle of similars and its role in strengthening immunity	Discuss the concept of the similimum in homeopathy and its relation to immunity and susceptibility	C2	DK	Group Discussions	Tutorials, Assignments		Organon and Hom. Philosophy
HomU G-PM I.14.6		SH	Analysis of patient outcomes and changes in susceptibility following homeopathic treatment	Evaluation of the effectiveness of homeopathic interventions on immunity	P1	DK	Patient encounters - OPD		Objective Structured Clinical Examination (OSCE)	Organon and Hom. Philosophy

6.3.Competency tables for medical genetics – an introduction

6.3.1. Introduction

Sl. No.	Domain of Competency	Miller's Level	Content	SLO	Blooms Domain/ Guilbert's Level	Priority	T-L Methods	Assessment		Integration
								F	S	
HomUG-PM I.15.1	K&S	K	Explanation of medical genetics and its scope	Understanding the definition and scope of medical genetics	C1	MK	Lecture, Discussion	MCQ	SAQ	Physiology, Biochemistry,
HomUG-PM I.15.2			Overview of Mendelian principles, non Mendelian inheritance, and genetic variation	Identify the basic principles of inheritance	C2	MK	Lecture, Discussion	MCQ, Assignments	Viva voce	Physiology, Pathology
HomUG-PM I.15.3		KH	Explanation of DNA structure, gene expression, and regulation	Describe the structure and function of DNA and genes	C2	MK	Problem based learning	Assignments, MCQ	SAQ,	Physiology, Biochemistry