

# **Maharashtra University of Health Sciences, Nashik**



॥ स्वास्थ्यरक्षणाय विज्ञानानुसंधानाय च समर्पितम् ॥

## **Syllabus and Curriculum for M.D./M.S. Unani**

**MAHARASHTRA UNIVESITY OF**  
**HEALTH SCIENCES**  
**NASHIK**

**POST-GRADUATE DEGREE COURSE IN**  
**UNANI MEDICINE**  
**MAHIR-E-TIB M.D. / MAHIR-E-JARAHAT**  
**M.S. UNANI**

**REGULATION AND CURRICULAM**

Three Year Scheme

In Conformity With

**Central Council of Indian Medicine**  
**(Post-graduate Education Regulation 1988)**

## **P.G. Course**

### **Mahir-E-Tib (Doctor of Medicine) and Mahir-E-Jarahat (Master of Surgery) in Unani System of Medicine**

#### **i. Aim & Objective**

The aim of Post-graduate education in Unani shall be the orientation in specialties and to produce specialists who can be efficient Teacher, Clinician, Pharmaceutical expert and Research workers in respective field of Unani Tib.

#### **ii. Post-graduate Degree**

- 1) Kulliyat-Wa-Ilmul Amraz
- 2) Tashreeh
- 3) Ilmul Advia
- 4) Hifzan-E-Sehat
- 5) Qabalat-Wa-Amraz-E-Niswan
- 6) Moalijat
- 7) Jarahiyat
- 8) Munafe-UI-Aza
- 9) Amraz-E-Dimag-Wa-Asab

#### **iii. Nomenclature**

##### **a) Mahir-E-Tib (M.D.) Unani**

The subject of the specialties should also be mentioned in the degree as  
“**Specialists in .....**”

For Jarahiyat and Tashreeh, the nomenclature shall be

##### **b) Mahir-E-Jarahat (M.S.) Unani**

**iv. Period of Training**

All the candidates for P.G. degree are required to pursue the recommended course for atleast three academic years as full time candidate in an institution affiliated to and approved for P.G. studies by Maharashtra University of Health Sciences, Nashik, Govt. of Maharashtra and C.C.I.M., New Delhi.

The course of study for the period of three academic years after admission shall be

- 1) One year: Preliminary Course
- 2) Two years devoted to specialty course.

**v. Eligibility of Admission in P.G. Course**

Person holding Degree / Diploma in Unani Systems of Medicine of not less than four years duration with 60% marks in the discipline in the final year and in 1st attempt from a recognized institution included in II nd schedule of IMCC Act 1970 enrolled of a state register of ISM be admitted for Post-graduate course in Unani.

Candidate shall be called for competitive written test on the basis of their academic record in Under-graduate courses. Test shall consist of the papers. First paper will be in the subject for which candidate is seeking admission. Second paper will be related to clinical and Para-clinical knowledge of Unani Systems of Medicine. The admission shall be given on the basis of marks secured in competitive examination in order of merit.

## **Methods of Training**

Training should be aimed at emphasizing the practical aspects of subject, seminars and group discussion as under.

- @ Every candidate shall be given intensive training in classical knowledge along with competitive and clinical study in respective specialty.
- @ Every candidate is required to know the method of and technique of research work done in respective fields.
- @ Training of the P.G. students shall be full time with graded responsibility in management and treatment of patients entrusted to his / her care and to deal with emergencies.
- @ Every candidate should take part in seminar, group discussion, grand rounds case demonstration, clinics journal review meeting, practical and demonstration.
- @ Training shall include involvement in laboratory and experimental work and research studies.
- @ In the I st year period emphasis should be to have adequate knowledge in applied aspects of the fundamentals of all subjects of the medicine.
- @ Student of basic subject should be posted to allied and relevant clinical department. Similarly students of clinical subjects should be posted to basic medical sciences and allied specialities.
- @ Clinical training should aim to extend the knowledge of candidate to undertake independent work as a specialist.

@ In speciality of Ilmul Qabalat-Wa-Amraz-E-Niswan (Obstetrics and Gynecology) the practical should aim in eliciting knowledge on investigations procedures, techniques and surgical performance so that candidate may be capable to undertake independent work in surgical procedures and their management in respective speciality.

@ Adequate Training in Teaching Technology and research methods should be undertaken during the course of study.

@ Programme of intensive training should be available for inspection and scrutiny.

**vi. Establishment of Post-graduate Course**

Post-graduate course should be started only in such institutions where under-graduate course already exists.

**vii. Medium of Instruction**

Medium of instructions shall be Urdu substantiated with Arabic, Persian, and English whenever necessary. The terminology shall essentially remain the Unani Tib. All subjects should be taught with all necessary available modern advancement.

**viii. Attendance Progress and Conduct**

1) Each candidate is required to have minimum 80 % attendance in each subject in theory and practical separately; during each academic year of P.G. course provided further any kind of leave shall not be counted as part of academic year without prejudice to minimum 80 % of training period every year.

- 2) Each year should be taken as a unit for the purpose of calculating attendance.
- 3) A candidate pursuing degree should work in the concern department of the institution for the full period as a full time student. No candidate is permitted to run a clinic or work in clinic / laboratory / nursing home/ massaging centre or such centers while studying in P.G. course. However any official posting for a special training / observation or other such education purpose can be made by the institution at a location which is out side of institute. Such posting will not be more than 3 months duration in entire course.
- 4) No candidate should join any other course of study or appear for any other examination during the period of registration.
- 5) Every student shall attend Symposia, Seminar, Conferences, Journal review meetings, Grand round, Continuing education activities, Case presentation demonstrations, Clinics, Practical, Lectures etc. during each year as prescribe by the department.
- 6) Every student will be required to attend the hospital and other duties as may be allotted to him or her during the course of study.
- 7) Every student is required to work as house job duties (Six months) and clinical registrar's (For one year) duties in their respective department during preliminary and final course respectively.
- 8) Any students who fail to complete the course in the manner stated above shall not be permitted to appear for the University examination.

**ix. Monitoring Progress of Studies**

**Work diary / Log book:**

Every candidate shall maintain a work book diary and record of his/ her participation in the training progress conducted by the department such as Journal reviews, Seminar etc. as allotted to them. Special mention may be made of the presentation by the candidate as well as detail of clinical or laboratory procedures if any, conducted by the candidate. The work diary shall be scrutinized and certified by the head of the department and head of the institution and presented during the University practical / clinical examination.

**x. Student Teacher Ratio**

The student teacher ratio shall be as such that the number of P.G. students admitted per year shall not exceed the ration of 1:2 [two students for a recognized P.G. teacher (guide)] per academic year.

**xi. Dissertation**

- 1) Every candidate pursuing M.D. degree course is required to carry out work on the selected research projects under the guidance of the recognized post-graduate teacher. The result of such work shall be submitted in form of dissertation.
- 2) The dissertation is aimed to train a post-graduate degree student in research techniques. It includes identification of problem, formulation of the hypothesis, search and review of journal literature, getting acquainted with the recent advances, designing of the research study, collection of data, critical analysis, and comparison of result and drawing of conclusions.

- 3) Every candidate shall submit to The Registrar Maharashtra University of Health Sciences, Nashik, a synopsis containing particulars of proposed dissertation work within six months from the date of commencement of the course / registration. The synopsis should be sent through proper channel to the University.
- 4) Such synopsis will be reviewed and dissertation topic will be registered by the university. No change in the dissertation topic or guide shall be made without prior approval of the University.
- 5) Dissertation should be written under the headings.
  - a) Introduction
  - b) Aims / Objectives of the study
  - c) Review of Literature
  - d) Material and the methods
  - e) Result
  - f) Discussion
  - g) Conclusion
  - h) Summary
  - i) References
  - j) Tables
  - k) Annexure
- 6) The subject of every dissertation should be practically oriented. The subject of dissertation must be related.
- 7) Dissertation work should not be less than 50 pages and should not exceed 150 pages. It should be neatly typed in one side of paper and bound properly. Declaration of the candidate and certified by the guide, Head of the Department and Principal of the institution.

- 8) Four copies of dissertation / thesis shall be submitted through proper channel to The Registrar Maharashtra University of Health Sciences, Nashik, six month before final examination along with soft copy (CD).
- 9) Dissertation shall be valued by examiners appointed by the University. Approval of the dissertation work is essential condition for the candidate to appear in the University examination.
- 10) In case of rejection of dissertation / thesis by the examiner, the candidate shall be given six months time to re-submitted the thesis.
- 11) **Guide:** Academic qualification and teaching experience requires for the recognition of in this University as a guide as per University and Central Council of Indian Medicine, New Delhi regulation.
- 12) **Co-guide:** A Co-guide may be included provided the work required substantial contribution from the sister department within or outside faculty.
- 13) Change in Guide : In the event of registered guide leave, the college or otherwise, on as a special case guide may be changed with proper and prior / permission from the University.

**xii. Examination and Assessment**

Examination and assessment of Post-graduate training in Unani shall be based on:

- I) Written papers / oral, practical and clinical examination.
- II) Thesis / Dissertation
- I (a) Theory Papers: There should be four papers in each speciality of Post-graduate degree examination. Examination should aim at eliciting the knowledge of the candidate to undertake independent works as a specialist in the subject concern.

- I (b) Oral and Practical: Candidates knowledge in investigative procedure, technique and other aspect of the speciality should be elicited.
- II Thesis / Dissertation: It is compulsory for each student and embodies their own work under a supervisor recognized for the purpose.

(A) **Schedule of Examination**

The Post-graduate degree shall have two examinations as follows.

- I. Preliminary examination (Part I): At the end of one academic year after admission in Ist year P.G. degree course.
- II. Final examination (Part II) (Speciality wise): The final examination of Post-graduate degree course in Unani Tib shall be held after two years of completion of Preliminary examination in the papers prescribe for the subjects of Post-graduate study.

Note: Acceptance of thesis / dissertation is pre-condition for permission to appear for final examination.

- (A)I. Preliminary Examination (Part I): shall consist one theory paper for each of the following subjects. These subjects shall be common to all specialities each paper shall be of three hours duration and will have equal weightage of 100 marks.

There shall be two long answer question carrying 20 marks each and six short answer questions carrying 10 marks each.

Paper I: Umoor-E-Tabbia, Munafe-UI-Aza and Tashreeh-E-Badan

(Anatomy and Physiology)

Paper II: Methods of Research and Bio-statistics

Paper III: Usool-E-Ilaj and Mahiyatul - Amraz

Paper IV: Sareeriyat

(A) II. Final M.D. Examination (Part II): In any speciality of study the examination shall consist of:-

1. Thesis / Dissertation
2. Theory – Written Paper
3. Clinical / Practical and viva voce examination, as the case may be.

(2) Theory / Written paper: There shall be four papers, in the speciality selected by the candidate for special study. Each paper shall carry 100 marks and will be of three hours duration. There shall be two long answer questions of 20 marks each and six short answer questions of 10 marks each.

(3) I. Clinical / Practical examination: it should be aimed at assessing competence and skill of techniques and procedure in expertation and inference of laboratory or experimental or clinical work relating to his / her subject as specialist.

(3) II. Viva voce examination: shall aim to assessing the depth of knowledge, logical, reasoning, conference and oral communicating skill.

(3) III. Clinical practical and Viva voce examination: There shall be practical and viva voce examination in group of speciality selected by the candidate for special study. Practical and clinical examination shall consist 200 marks and viva voce examination 100 marks.

(As enclosed herewith Annexure – I & II)

(B) **Arrangement of Papers for the Final Examination**

There shall be four papers for final examination in each speciality. The distribution of papers as follows:

(a) **Kulliyat-Wa-Mahiyat-UI-Amraz**

- 1) Arkan, Akhlat, Mizaj
- 2) Asbab Wa Alamat
- 3) Nabz, Bole Wa Braz
- 4) Itlaqi Kulliyat

(b) **Tashreeh**

- 1) Izam Wa Azlat
- 2) Nizam Douran-E-Khoon
- 3) Nizam Asabi
- 4) Azae Murakkiba including Nizam-ghududi

(c) **Ilmul Advia**

- 1) Kulliyat-E-Advia
- 2) Advia-E-Mufarada (Shinakht [Pharmacology]  
Khawas-wa-Taserat Advia)
- 3) Murakkabat-Wa-Saidla
- 4) Ilmul Adiva Aur Tibbi Kimiya (Pharmacology and  
Medicinal chemistry)

(d) **Hifzan-E-Sehat**

- 1) Sitta Zarooria Tagaddum bil Hifzan
- 2) Amraz Mutaddia
- 3) Sehat Amma, Khandani Mansooba Bandi & W.H.O.
- 4) Shakhsi Hifzane Sehat, Dalk Wa Hammam

(e) **Ilmul Qabalat Wa Amraze Niswan**

- 1) Azae Niswania, Wa zeef, Daurane Tamsia, Hamal Wa Razanat
- 2) Wiladat, Isqat, Imtihani Hamal
- 3) Ilmul Janeen
- 4) Amraze Niswan

(f) **Moalijat**

- 1) Amraz Ghudude –la- Qanati
- 2) Amraz Nizam-e- Tanaffuss – wa- Daurane khoon
- 3) Amraz Nizam-e-Hazam  
Amraz Nizam-e-Bole-wa-Tanasul

(g) **Jarahiyat**

- 1) Usoole Ilmul Jarahat, Tadabeere, Jarahia, Takhdeere  
Umoomi wa maqami
- 2) Amliyat Jarahia (Fasad, Kya, Hajamat-Bish-shurt)
- 3) Advia Jarahia
- 4) Kasr-o-Khala

(h) **Moanfe-UI-Aza**

- 1) Umoor-E-Tabia
- 2) Khaliya Wa Ansaja (Cell & Tissue)
- 3) Hayati Keemiya (Biochemistry)
- 4) Atlaqi Munafe-UI-Aza (Applied Physiology)

(i) **Amraz-e-Dimagh-wa-Asab**

- 1) Tashreeh-wa-Wazaef Nizam-e-Asabi
- 2) Sarriyat-e-Nizame Asabi
- 3) Amraze Nizam-e-Asabi-wa-Dimagh
- 4) Ilaj Bil Tadabir

(C) **Examiners**

There shall be one examiner for theory and three examiners for practical /clinical and Viva voce (two external and one internal) in each subject for preliminary and final examination.

For evaluation of dissertation there shall be two external examiner and one internal examiner.

**Goals and Objectives of the Course**

**Goals:**

The Goals of the Postgraduate course in the various specialties are to train MD/MS (Unani) Postgraduate.

- To practice respective speciality of Unani efficiently and effectively backed by scientific knowledge and skill.
- Exercise empathy and caring attitude and maintain high ethical standards.
- Continue to evince keen interest in continuing professional education in the speciality and allied specialties irrespective of whether in teaching or practice (Matab).
- Willing to share the knowledge and skill with any learner, junior or a colleague.
- To develop faculty for critical analysis and education of various concepts and views to adopt the rational approach.

**Objectives:**

The objective is to train a candidate so as to ensure higher competence in both general and special area of interest in the field of Unani and prepare him / her for career in teaching, research and speciality practice. A candidate must have high degree of clinical proficiency in the subject matter and develop competence in research methodology as related to the field of Unani.

The objectives are stated as related to knowledge (Cognitive domain), Skills (psycho motor domain). Human values, ethical practice and communication abilities (Affective Domain). At the end of training a candidate shall be able to:

**Knowledge:**

Demonstrate understanding of basic sciences – **Usool-E-Tibb** relevant to speciality. Describe etiology, patho-physiology, principles of diagnosis and management of common problems within the speciality in adults and children. Acquire adequate classical and advanced / progressive knowledge. Identify social, economic, environment and emotional determinates in a given case and take them into account for planning treatment and to refer to appropriate specialists. Update knowledge through self-study and by attending courses, conferences and seminars relevant to competence. Undertake audit, use information technology and carry out research in both basic and clinical sciences with the aim of publishing the work at various scientific journals.

**Skills:**

- Take a proper clinical history, examine the patient, perform essential diagnostic procedure and other relevant tests and interpret them to come to reasonable diagnosis about the condition (Mizaj/su-e-mizaj/temperaments, akhlat/humours and marz/disease in the light of Unani)
- Acquire adequate skills and competence in performing various procedures as required.

**Human Values, Ethical Practice and Communication Abilities:**

- Adopt ethical principles in all aspects of practice.
- Foster professional honesty and integrity.
- Deliver patient care irrespective of social status, creed or religion of the patient.

- Develop communication skills in particular skill to explain various available in management and to obtain a true informed consent from the patient.
- Provide leadership and get best out of his / her team in a congenial working atmosphere.
- Apply high moral and ethical standards while carrying out human or animal research.
- Be humble and accept the limitations in his / her knowledge and skill and to ask for help from the colleagues when needed.
- Respect patient's rights and privileges including patient's right to seek second opinion.

## **M.D. - I - PRELIMINARY & M.D. /M.S. FINAL**

Duration : Time 3 hours

Maximum marks : 100

Notes : Long answer questions (LAQ)

Attempt any two out of three

Question will carry 20 marks (20X2=40)

Short answer questions (SAQ)

Attempt any Six out of Eight

Question will carry 10 marks each (10X6 = 60)

(Tip : This will applied for all discipline of prelim & final examination of M.D. /M.S.

(Unani) Passing marks will be 50% in each theory examination.

### **Annexure – II**

#### **DISTRIBUTION MARKS FOR PRACTICAL M.D./M.S.**

##### **1) Practicals for non-Clinical Subject**

Practicals (Marks 40) – Short & long description (Marks 10)

- Spotting & Journal (Marks 10)

- Log book & record book (Marks 20)

Viva Voce (marks 60) – (20+20+20 divided into three examiner)

Note : experiments, spotting, Journal, Viva-voce in each subject.

##### **2) Practicals for non-Clinical Subject**

Practical – Short & Long case locking (marks 10)

- Log book & record book (marks 20)

- Spot diagnosis & Journal (marks 10)

Note : Experiments, X-ray and imaging, nabz, Boul-vo-braz, etc.

Viva Voce (marks 60) - (20+20+20 divided into three examiner)

Note : Passing marks will be 50% in each practical examination.

**SUBJECT OF STUDY FOR 1<sup>ST</sup> YEAR M.D. (UNANI)**

**COMMON TO ALL SPECIALITIES**

<b>Sr. No.</b>	<b>Subjects</b>	<b>Theory Hours</b>	<b>Practical Hours</b>
1	Paper I : Umoore Tibbia (Basic Principles) Munafe-ul-Aza, Tashree-ul-Badan (Physiology & Anatomy)	100	100
2	Paper II : Research Methodology & Bio-Statistics	100	100
3	Paper III : Usool-e-Ilaj and Maheatul-Amraz (Principles of treatment & Pathology)	100	100
4	Paper IV : Sareeriat (Clinical Methods)	100	100

## Paper I : Umoore-Tibbia (Basic principles)

1. Umoore-Tibbia, Definition and classification
2. Tabiyath, defination and its implementation Tabeyath-e-Insaniyah
3. Arkan, defination, types opinion in ancient and modern views kaifiyath-e-Arba, scientific views
4. Mizaj, defination, types implementation on human body, scientific view on human body
5. Akhlath, defination, types view of different Hakeems, expression of signs and symptoms in relation to Akhlath
6. Aza, defination, types of Aza
7. Arwah, defination, types and its location in different parts of the body
8. Quwa, defination, types and relation between quwath-e-faala and quwath-etabiya
9. Afaal, defination and types

### Reference Books

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher
1	Afada-e-Kabir Mufsool		Hk. Kabiruddin	Hikmat Book Depot
2	Tarjuma-e-Kulliyat-e-Qanoon		Hk. Kabiruddin	Hikmat Book Depot
3	Kamil-us-Sana		Hk. Abbass	Hikmat Book Depot
4	Usoole Tibb	Vol-I-IV	Hk. Sayed Kamaluddin Husain Hamdani	Lethulkar Printers Aligarh

## **Munafe-ul-Aza (Physiology)**

**Khuliya** : Khurdabinee shenakht-o-afaal, taqseem-e-khukiya, (Structure of the cell and its function, cell division)

**Ansaja** : Khurdabini sakht ka mutala, afaal, ansaja ki taqseem, neseeki girah bandi (Tissue, Type, histological distribution, function dehitelid connective muscular and nervous tissue.

**Ilmul Nasal** : Tamheed-e-Nasliya, Mutala-e-Ajsam-e-Malvena (Genetics: Introduction, study of chromosomes, RNA, DNA, Sex linked disease)

**Khoon** : Nizam-e-Tauleed khoon, afaal khoon wa khul khoon, khoon ki miqdar, Injamaddud dam aur uske afaal-o-mavaad-e-lehmiya aur uske afaal (Blood : Hemoglobin and its function, blood and volume, constituents viscosity, a blood plasma its constituents, protein and their function)

### **Applied Physiology**

- Vitamin K, Blood Clotting & Bleeding
- Anaemias
- Blood bank, Blood transfusion & its complication
- Immunity.

**Blood Cell (R.B.C.):** Humratuddam (Haemoglobin) Kurriyat-e- Baiza (W.B.C.), Akrase Damvia (Platelets), Khawas, afaal.

**Nizam e dauraan e khoon** : Nizam e qalb o urooq ki Khurdbeeni saqath, sammamtt-e-qalb ki tashreeh aur afaal, dauraan e khoon ke aqsaam (dauraan e khoon umumomi-o-revi), itesali Ansaja, azlac qalb, daura e qalbi, asvaath e qalb, saqooth e qalb, zarba e qalb, asaab e qalb (Circulatory system, histological aspects of CVS, Valves of the heart, action, types of blood circulation, special junctional tissue,

properties of cardiac muscles, cardiac cycle, heart sounds, heart block, nerves of heart, blood pressure, its physiological control.)

### **Applied physiology**

- Applied physiology of heart
- Valvular heart disease
- Abnormal heart sounds
- ECG & Applied physiology
- Blood pressure- applied physiology

**Nizam-e-Hazm** : Nizam-e-hazm, Akhraje-laub-e-dahan Ratubate- meedi, Ratubate amaa, Ratubate banqaras, Safravi tarkeeb-o-afaal (Digestive system, Salivary secretion, gastric juices, pancreatic, intestinal bile juice-their composition and functions)

### **Applied physiology of digestive system**

- Clinical hepatic failure, Peptic ulcer

**Istehaala** : Bunyaadi Istehala ki sharah, failiyathi tagaiuuryath (Metabolism, basal metabolic rate, and its physiologic variations)

**Nizam e tanaffus** : Afaal e nizam-e-tanaffus, sual, ataas amal e tanaffus ki mehaniyath, azlaath-e-tanafus, riya aur ansaja mein gason ka tabadeela, amle tanafus per asabi-o-kimiyayi iqtedaar, tanafus ke markaz,masnoone tanfus aur iske mukhtalif tarkeeb, jasmath e reviya, sans-ki-tangi, dushvari e tanafus, azdiyad e tanafussata e martafa ke faliyathi asrath (Respiratory system, functions of respiration, cough, sneezing, respiratory mechanism muscles, gaseous exchange in lungs and tissues, centres of respiration, artificial respiration and its different methods, pulmonary volumes, pulmonary capacities, dyspnoes, anoxia apnoea hypercapnia, high altitude, physiological effects)

**Nizam e Ikhraaj e Bole :** Aza e bole ka mutalia, gurde ke saqth aur afaal, bole ki paidaish, tarkeeb e bole, bole ke tabaye aur ghair tabaye ajza ka bayan, bole ki miqdaar, bole ka radde amal aur vazan e maqsoos, hararath e badeniya ko estedaal per rakhne ke liye gurdoon ka amal ikhraaj e bole ka amal, (Excretory system – structure of kidney and its functions nephrons, glomerulus – functions, formation of urine, volume of urine reaction specific gravity, role of kidney in maintenance of body temperature, acid base balance, physiology of micturation)

**Nizam e tauleed e tanasul :** Reproductive system – male and female reproductive organs, seminal vesicles and their functions, prostate gland and its functions, composition of semen, spermatogenesis, ovaries, uterus, menstrual cycle, action of oestrogen and progesterone on menstrual cycle, ovulation fertilization, implantation of foetus, formation of placenta and its functions.

**Reproductive system (applied)**

- Anti-fertility drugs
- Drugs & placenta
- Physiology of fetus and new born

**Nizame e ghudude laqanati :** Aam bayan, ghudade darqiya, fauqul kulliya, kudaniya and ifaaza (Endoerine system, general description, pituitary thyroid, adrenal,

**Endocrine system (applied)**

- |                                |                               |
|--------------------------------|-------------------------------|
| a) Diabetes mellitus           | b) Disorders of G.H secretion |
| c) Disorders of adrenocortical | d) Disorders of thyroid gland |

**Nizam e aasab** : Aasab ki sakht, afaal, dimagh-e-muqaddam, muakhar, aghshayeen, butoon e dimagh, haram magz, aasab-e-dimagh-wa-nukh, saqth, rutoboth e dimaghiya, dimagh ke afaal (Nervous system structure functions, forebrain, hind brain, functions, ventricles. Spinal cord, cranial nerves, spinal nerves, meninges, cerebrospinal fluid)

**Nervous system (applied)**

- a) Clinical lesions of the pyramidal tracts
- b) Clinical hemiplagia
- c) Lumbar puncture
- d) Hypothermia
- e) Hyperthermia
- f) Heat stroke

**Reference Books**

Sr. No.	Title of the Book	Edition & Volume	Name of Author	Publisher
1	Principles of Anatomy and Physiology	11 <sup>th</sup> Edition	Tortora/ Grabowski	John Wiley & Sons
2	Text Book of Medical Physiology	11 <sup>th</sup> Edition	Guyton & Hall	John E. Hall
3	Essentials of Medical Physiology	3 <sup>rd</sup> edition	K. Sembulingam Prema Sembulingam	Jaypee

## **Tashreeh-UI-Badan (Anatomy) :**

**Tarf e Aala (Upper Limb):** Izaam, mufasil, urooq, assab, urooq e timphaniya harfa e marfqiya (Bones of upper limb, the pectoral region, Axilla, scapular region the forearm and hand, the joints of upper limb cutaneous nerves, superficial veins and lymphatic drainage of upper limb).

**Sadar (Thorax):** Jaooq e sadar, azlah, azm ul qas, aur sadar, azlaath e sadar, ghisha ur riyabaur retain (introduction to thorax, bones and joints of thorax, walls of thorax. Thoracic cavity and pleura)

**Mansaf us sadr aur uski mashmoolath :** Riya, Urooq e qalb, ghisha ul qalb, qalb, hijaab-e-hajiz, Hanjra-o-qasbothurriyah, Man (The lungs, Mediastinum, Pericardium, Heart, Superior Venacava and Aorta, Trachea, Oesophagus and Thoracic Duct Radiological Anatomy and surface marking of thorax)

**Tarf e Asfaal (Lower Limb):** Izaam, azlath, mufasil, urooq, assab hrafa e ma baziya, Musalas e faqzi aur faqazal, lymphaviya (Bones of lower limb, front of the thigh, medial side of the thigh, Popliteal fossa, back of thigh, front of the thigh, dorsum of foot, lateral and medial sides of leg, back of leg, sole of foot. Venous drainage, lymphatic drainage of lower limb, joints of lower limbs, arches of foot)

**Batan aur Aana (Abdomen & Pelvis) :** Batan e khas, (aqsaam e ahsha) aana (ajza o ahsha) ajaan aur uske azlaath, batan ke urooq o aasab, ahsha e batan, baaritoon aur uske inekasat mardana o zanana aza e tanasul (Abdomen (Regions & Organs), Pelvis (Part and orgarns), Perineum & its muscle Abdominal blood vessels and nerves, Abdominal organs, peritoneum and its reflection, male & female genitalia)

**Raas aur Anaque (Head and Neck) :** Izaam, jild e raas, chehra aur uske izaam, mufasil, azlaath, urooq, asaab, jumjuma, anaque, azlaath, urooq, asaab, sadghi aur tehtulsadghi khitte, anaque ke androni aza (Osteology of head and neck, scalp, face and lacrimal apparatus, back of the neck, contents of the neck, contents of vertebral canal, cranial cavity, contents of orbit, anterior triangle of neck, parotid region, temporal and infratemporal region, sub mandibular region, deep structures of neck, mouth and pharynx, nose and para nasal sinuses, larynx, tongue).

### **CLINICAL ANATOMY:**

- 1) Thorax and its related structures applied parts ( muscles & bones)
- 2) Respiratory system its Blood Supply and the applied part (including pleura)
- 3) Cardiovascular system its vessels, structures and its applied parts.
- 4) Central nervous system, cranial nerves, spinal cord, dermatomes, and its applied part.
- 5) Abdomen, shape, size, regions muscles and its applied study.
- 6) Gastro-intestinal tract, accessory digestive system , digestive circulation, peritoneum(folds, parts) and its applied study.
- 7) Lymphatic system, channels, organs & its applied part.
- 8) Excretory system, blood supply, nerve supply with its applied study.
- 9) Male and female Genital system, developmental anomaly and its applied part with blood supply and regulation (Hormonal)
- 10)Upper and lower limb bones, vertebra, skull bones, pelvic bones, thoracic bones and its applied anatomy.
- 11)Arthrology , its division and applied part study.
- 12)Facial bones, nerve supply, dermatome, and applied study.
- 13)Radiological anatomy.
- 14)Pelvic structure and its clinical importance.
- 15)Study of anatomical structure in detail.

## Reference Books:-

### Umooor-E-Tabiya, Munafe-UI-Aza, Tashreeh-UI-Badan

Sr. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year or Publication
1	Kulliyat-e-Asari	I	Syed Ishtiaq Ahmed	New Public Press Delhi	1983
2	Kitab Al Havi Fil Tib	Vol-I-XII	Abu Bakr Zakriya Razi	CCRUM	(I-II) 1997 (3,4)1998 (5,6)1996 (7,8)2000 (10-12) 2002
3	Munafe-UI-Aza	1 <sup>st</sup> Ed	Khawaja Rizwan	Kashmiri Bazar Lahore	1940
4	Afada-E-Kabir Mufsool	1 <sup>st</sup> Ed	H.K. Kabiruddin	Hikmat Book Depot	1932
5	Usool-E-Tib	Vol-I-IV	Hk. Syed Kamal Husain	Lethuklar Printers	1980
6	Al-Umooor-Al Tabiya	1 <sup>st</sup> Ed	Hk. Syed Ishtiaq Ahmed	Saini Printer, Pahari Dhiraj Delhi	1980
7	Human Physiology	Vol-I & II 10 <sup>th</sup> Ed	C.C. Chatterjee	Medical Allied Agencies	2003
8	Applied Physiology	12 <sup>th</sup> Ed	Keel & Neil Samson Wright	Oxford University Press	1975
9	Tashreeh Kabir	Vol-I & XI	Hk. Kabiruddin	Daftar-UI-Maseeh, New Delhi	1932
10	Tashreeh-UI-Haikal	Vol-I	Hk. Syed M. Kamaluddin Hamdani	Urdu Taraqi Bureau New Delhi	1988
11	Cunnigham's Manual of Practical Anatomy	Vol-I-III 15 <sup>th</sup> Ed	Cunnigham's	Oxford University Press	2003
12	Gray's Anatomy	38 <sup>th</sup> Ed	Peter Williams	Churchill Livingstone	1995

NAME OF BOOK	NAME OF AUTHOR
Human anatomy	B.D Chourasia
Clinical Oriented Anatomy	Keith. L. Moore Arthur F. Dally
Last's Anatomy for Medical Students	Chummy S. Sinnatarnby
Clinical Anatomy for Medical Students	Richard. S. Inell

## **Paper- II : Research Methodology and Bio-statistics**

### **RESEARCH METHODOLOGY:**

1. Aims and objectives of research in Unani, Ancient and modern methods of research setting up of a basic research laboratory including animal house.
2. Principles and methods of fundamental clinical drug and literary research, manuscriptology, principles and methods of survey of plants.
3. Radioisotopes and their role in medical research, radiation and their biological effects. Introductions of specific instruments like chromatography, spectrometer, calorimeter, and electrophoresis apparatus and other latest research instruments.
4. Principles of medical experimentation on various experimental design.
5. Ethical guidelines for Biomedical research on human subjects and animals.
6. **Literature Search:** Literary sources, review of literature manuscripts, abstracts, bibliographies.
7. **Methods of Research and Investigation** : Survey methods, Case study method, Experimental methods and designs, Clinical research (all aspects), setting up of a basic research laboratory including animal house, ethical and technical guidelines for bio-medical research on human subjects and experimentation on animals, role of computer in research.
8. **Sampling:** Introduction, terms and concepts, advantages, limitations, theoretical basis, types, steps of sampling, sampling error, non sampling error.

9. **Observation:** Definition, process, types, characteristics and techniques of observation.
10. **Measurement and Scaling Techniques :** Introduction, quantitative and qualitative data, measurement scales, reliability and validity, attitude scaling.
11. **Data Processing, Analysis and Interpretation:** Introduction, editing, coding, classification, content analysis, transcription, tabulation, interpretation of data, conclusions and generalization.
12. **Research Reports:** Introduction, types, contents and drafting of reports
13. **Compilation of Bibliography:** Introduction, types and steps of compilation of bibliography.

#### **BIO-STATISTICS:**

1. Application of statistical methods of Unani research, collection, compilation and tabulation of bio statistics, methods of presentation of data, calculation of mean, medium and mode. Measurement of variability, standard error, normal probability surye.
2. Concepts of regression and correlation and their interpretation.
3. Tests of Significance.
4. Vital statistics  
Bio Statistics
  - Census
  - Use of computer

## **Research Ethics:**

1. Animal and experimental research
2. Human experimentation
3. Human volunteer research-informed consent
4. Clinical trials
5. ICMR/CPCSEA/INSA Guidelines for human/animal experimentation.

### Research Ethics

- Confidentiality
- Acknowledgement
- Sacrifice

### Lecture Hours

- 100 Hours
- 50 Hours Research Methodology
- 50 Hours Biostatistics

## **RECOMMENDED READINGS:**

1. Francis CM, Medical Ethics, 2<sup>nd</sup> Ed. 2004 Jaypee Brothers, New Delhi.
2. Good clinical practices : GOI Guidelines for clinical trials on Pharmaceutical products in India ([www.cdsc.nic.in](http://www.cdsc.nic.in))
3. INSA Guidelines for care and use of animals in Research-2000.
4. CPCSEA Guidelines 2001 ([www.cpcsea.org](http://www.cpcsea.org))
5. Ethical Guidelines for Biomedical research in Human subjects 2000 ICMR New Delhi.
6. ICMR Guidelines on animal use 2001 ICMR New Delhi
7. Reveendran R. and Gitanjali B.A.-Practical approach to PG Dissertation 1<sup>st</sup> Ed 1997, Jaypee Brothers Medical Publishers Pvt. Ltd. New Delhi

### **Paper-III : Usool-E-Ilaj Wa Maheat Ul Amraz**

1. Amraz-e-kuliya ke Lehaaz se Moalijat ki Kisme
2. Ilaj ke bare me kulli behas
3. Moalijat-e-Amraz ke, Su-e-Mizaj ke, Usool
4. Moalijat-e-Amraz ke Tarqeeb-e-Usool
5. Istafrakh-Aghraz o Makhasid
6. Mushilat ki Noiyat-e-Amal-, Amal-e-Jazb ki kaifiyat
7. Ishal Ke Qawaneen
8. Mushil ki amal ki ziadati, amal ka tadaruk
9. Adiva-e-Mushil ke Ahwal
10. Qai-Aghraz-o-Maqasid-Afraat-e-Qai ki Muzarraten
11. Qai aur ishal ke Mushtariqa qawaneen
12. Tanfees ki Zaroorat, Ahkamaat, Wa tadabeer,
13. Idrar-e-bole, zaroorat, Mukhtalif tarekhe
14. Idrar-e-bole aur haiz ki zaroorat aur uski tadabeer
15. Huqna ilaj-wa-amraz mein uski zaroorat, tadabeer, ahkamaat
16. Humool-ua-shiyaf, ilaj-wa-amraz mein unki zaroorat, tadabeer-wa-ahkamaat
17. Fasad ki zaroorat tarekhe aur ahkamaat
18. Hajamat ki zaroorat tareekae aur ahkamaat
19. Qai ki zaroorat tareekae aur ahkamaat
20. Alaq-Ilaj aur amraz mein uski zaroorat aur mukhtalif tareekhe
21. Sudad ka ilaj aur usool
22. Imtala aur uska usool-e-ilaj
23. Imaala-e-madda aur uske zarai
24. Auram aur busoor aur uske usool-e-Ilaj
25. Nafsuddam qawi ka Ilaj wa usool
26. Quroh ka usool-e-ilaj, indamal-e-Quroh ke mawaqai
27. Mujaffifat azja ki amraz mein unki zaroorat wa-treqa-e-istamal

## **Juz-e-Amli (Practical)**

### **Aspatal mein usool-e-ilaj tamsili-Marizo per aur taleem**

#### **Maheat-UI-Amraz**

1. Sabab, Marz, Arz, Halat-e-sehat wa Marz wa Salesa
2. Ajnas e marz, amraz-e-mufareda, amraz-e-sue mirzaj
3. Amraz Sue traqeeb, Amraz-e-Tafarrukhe Itesal
4. Amraz-e-Murakkaba
5. Waram-e-Ahsha, Waarm-e-Har, Waram-e-Barid, Waram-e-Reehi, Waram-e-Maee
6. Khulvi Tazarrur (Cell injury)
7. Nakrooz (Necrosis), Ghangarana (Gangrene)
8. Iltehab-Aur uski Aksam (Inflammation and its types)
9. Indamaal (Healing)
10. Inhetal-e-Nasiji (Tissue degeneration), Zabool-e-Tazakkum (Atrophy & Hypertrophy), Khilat-e-Namu-e-Nasiji (Hypoplasia), Afrat-e-Namu-e-Nasiji (Hyperplasia)
11. Fasadat-e-Ratoobat-e-Jisman (disorder of body fluids)  
(CIRCULATORY DISTURBANCE)
  - Oedema Pathogenesis, Diagnosis.
  - Thrombosis Pathogenesis, Diagnosis.
  - Embolism Pathogenesis, Diagnosis.
  - Ischaemia Pathogenesis, Diagnosis.
  - Infarct Pathogenesis, Diagnosis.
- 12) Granulomata Types, Diagnosis.
- 13) Tumor Types, Diagnosis.

14) HAEMATOLOGY

- Anemia Pathogenesis, Diagnosis.
- Haemoglobinopathy Pathogenesis, Diagnosis.
- Polycythemia Pathogenesis, Diagnosis.
- Leukemias Pathogenesis, Diagnosis.
- Haemophilia Pathogenesis, Diagnosis.

15) Cardiovascular System

- Congestive Heart Failure Causes, Diagnosis.
- Myocardial Infarction ( Thrombolytic Therapy, Streptokinase, Urokinase, Low Molecular heparins, Other newer drugs) Causes, Diagnosis.
- Left Sided Heart failure Causes, Diagnosis.
- Right Sided Heart Failure Causes, Diagnosis.
- Coronary Occlusion Causes, Diagnosis.
- Hypertension Causes, Diagnosis.
- Rheumatic Fever Causes, Diagnosis.
- Congenital Heart Disease Causes, Diagnosis.
- Bacterial Endocarditis Causes, Diagnosis.
- Pericarditis Causes, Diagnosis.
- Aneurism Causes, Diagnosis.

16) Urinary system

- Congenital Anomalies Causes, Diagnosis.
- Glomerular Nephritis Causes, Diagnosis.
- Pyleonephritis Causes, Diagnosis.
- Hydronephrosis Causes, Diagnosis.
- Nephritic Syndrome Causes, Diagnosis.
- Renal Failure Causes, Diagnosis.

17) Respiratory System

- Bronchitis Pathogenesis, Diagnosis.
- Bronchial Asthma Pathogenesis, Diagnosis.
- Pneumonias Pathogenesis, Diagnosis.
- Lung Abscess Pathogenesis, Diagnosis.
- Pulmonary Tuberculosis Pathogenesis, Diagnosis.
- Pulmonary Hypertension Pathogenesis, Diagnosis.
- Emphysema Pathogenesis, Diagnosis.

18) Alimentary Canal

- Gastritis Causes, Diagnosis.
- Peptic ulcer Causes, Diagnosis.
- Ulcerative Colitis Causes, Diagnosis.
- Malabsorption Syndrome Causes, Diagnosis.
- Liver Cell Necrosis Causes, Diagnosis.
- Infective Hepatitis Causes, Diagnosis.
- Cirrhosis of Liver Causes, Diagnosis.

19) Endocrine system

- Nodular Goitre Causes, Diagnosis.
- Grave's Disease Causes, Diagnosis.
- Thyroiditis ( Hypothyroidism, Hyperthyroidism) Causes, Diagnosis.
- Addison's Disease Causes, Diagnosis.
- Diabetes Causes, Diagnosis.

20) Reproductive system

- Sex Anomalies Causes, Diagnosis.
- Benign Prostatic Hypertrophy Causes, Diagnosis.
- Prostatic Tumors Causes, Diagnosis.
- Salpingitis Causes, Diagnosis.
- Uterine Tumors Causes, Diagnosis.
- Ovarian Tumors Causes, Diagnosis.
- Breast Tumors Causes, Diagnosis.

**Reference Books**

**Usool-E-Ilaj And Maheatul Amraz**

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year or Pub.
1	Bhar-ul-Javahar Ma Risale Hidootul Amraz	1 <sup>st</sup> Ed	Md. Bin Yusuf	Mujtabayi Delhi	1986
2	Furooq-ul-Amraz	1 <sup>st</sup> Ed.	Husain bin Ishaq	MNKL	1843 Hijri
3	Ilmul Amraz	1 <sup>st</sup> Ed	Syed Zilur Rehman/ Ateeq Ahmed	S.K. offset Press Delhi	1990
4	Rehnuma-e-Mamool	1 <sup>st</sup> Ed.	M.M.W. Amin /Khalid Uz Zaman	Universal agencies Delhi	1989
5	Qadeem Ilmul Amraz	1 <sup>st</sup> Ed	MMW Amin	NCBD Wset Block & KUM Delhi	2000
6	Nabz		Abdul Latif Falsafi	A.M.U. Aligarh	1312 Hijri
7	Usool-e-Tib	Vol-I-IV	Syed Kamal Hamdani	A.M.U. Aligarh	2000
8	Tarjuma-Shahi Kulliyat Nafsi		Hk. Kabiruddin		1954
9	Mahiyatul Amraz	1 <sup>st</sup> Ed.	Raza	Director, Urdu Taraji Bureau Delhi	2000
10	Text Book of Pathology	15 <sup>th</sup> Ed	Dey & Dey	Allied Agencies Calcutta	2002
11	Robbin's pathologic basis of diseases	7 <sup>th</sup> Ed	Robbin	International copyright Union	2004
12	Text book of Pathology		William Boyd		
13	Text book of Pathology		Harsh mohan		

## **Paper- IV : Sareeriyat (Clinical Method)**

1. Sareeriyat ki garaz-wo-ghayat aur hodood
2. Moalijat-e-amraz mein sareeriyat ki ahmiyat, aam istafsar
3. Mareez ke marz ki rodad likhne aur imtehan karne ka tareeqa  
(The History & General Principles of exam)
  - The approach to the patient
  - History recording
4. Mareez ka umoomi imtehan  
(The physical examination)
5. Mareez ka khusoosi imtehan-mukhtalif nizam e badan ka tafseeli imtehan  
  
The systemic examination  
  
The Case Records
  - Description of patients
  - Data
  - diagnosis
6. Nizam-e-Hazm-Khusoosi istafsar-batan ka Moena-billbasr-billams billqara-bissama, Nizam-e-hazm ke amraz ki tashkhees karne ke zaroori tarkhe  
  
The Digestive System
  - The mouth
  - Esophagus  
General symptoms of abdominal disease
  - Abdominal Pain
  - Vomiting
  - Physical Exam of Abdomen
  - Diagnosis of diseases of viscera

7. Nizam-e-daurane khoon : Khusoosi istafsar, qalb ke hudood, qalb ka imtehan billbasr-billams-billqara-bissama, Daura-e-qalb, ,qalb ki tabai aur ghair tabai aswat, aurada wa sharaine ka imtehan Nabz aur zabtuddam ke mauane karne ka tareeqa, Qalb ke amraz aur unki tashkhees ke zaroori tareqai

#### Cardio Vascular System

- Symptoms of heart disease
- Physical signs, examination, palpation
- The diagnosis of heart diseases
- Special Investigations
  - ECG- 2D Echocardiography
  - Cardiac Cathedization
  - Stress tests (TMT)
  - Angiography, CT etc. & modern trends in investigations.

8. Nizam-e-Tanaffus : Khusoosi istafsar, sadar ka imtehan billbasr-billams-billqara-bissama karna aur nizam-e-tanaffus ke amraz ki tashkhees karne ke zaroori tareeqai nizam-e-tanaffus ke imtehan mein tabai aur ghairtabai aswat

#### Respiratory System

- Diagnosis of respiratory diseases
- Special investigation
  1. X- Ray
  2. Bronchoscopy
  3. Spirometry
  4. CT Scan
  5. MRI

9. Nizam-e-bole : Khusoosi istafsar, nizam-e-bole ke imtehan ke liye batan ka imtehan billbasr-billams-billqara-bissama, Amraz ki tashkhees karne ke liye zaroori tareeqa

#### Genito-urinary system

- General symptoms of abnormal renal function
- Physical signs
- The diagnosis of renal & urinary tract diseases
- Diseases of the kidney
- Dialysis & transplantation
- Diseases of bladder

10. Nizam-e-asbi : Khusoosi istafsar, inakasaat, affal-e-harki, affal-e-hissi, asabe dimagi, affal-e-nafsania ka imtehan

#### The Nervous System

- Cerebration & Consciousness
- Speech Defect
- Cranial nerves
- The motor system
- Reflexes
- Co-ordination
- The sensory system
- Meninges
- The diagnosis of diseases of the nervous system
- Epilepsy, space occupying lesions
- Multiple sclerosis

- Special investigations
  - EEG- Electroencephalogram
  - CT- Brain
  - MRI-Brain
  - The diagnosis of psychiatric disorders
  - Classification of psychiatric disorders

11. Nabz : Nabz ki tareef, Umoomi tabsara, dekhne ke sharayat

- a. Ajnaas-e-nabz ka umoomi bayaan
- b. Nabz-e-murakkaba ki kismein mai tarifain
- c. Asbab-e-Nabz
- d. Mukhtalif mizajon ki nabz
- e. Aurtoon ki Nabz
- f. Bachoon ki nabz
- g. Hamila Ki nabz
- h. Dardon ki nabz
- i. Mukhtalif auram ki nabz
- j. Akksam amraz-e-nafsania ke lihaz se
  - Allergies and anaphylaxis
  - Infectious & communicable diseases.

Hospital Practical

1. Utilization of modern equipments in I.C.U, C.C.U & Neurology.
2. I.C.U- Respiratory care with respirator, monitor, central lines (Central Venous Pressure) & all modern equipments used in clinical emergencies.

## Reference Books

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year or Pub.
1	Kitabul Kulliyat	1 <sup>st</sup> Ed	Abdul Waheed M. Bin Rashad	CCRUM Delhi	1990
2	Kulliyat Sadedi	1 <sup>st</sup> Ed	Sadeduddin Gahzuroom	MNKL	1911
3	Tarjuma-e-Qanooni (Ibne Sina)	1 <sup>st</sup> Ed , 2 <sup>nd</sup> Ed.	M. Kabiruddin	Daftarul Maseeh New Delhi	1980
4	Furookh-ul-marz		Husain bin Ishaq	Munshi Naval Kishore, Lukhnow	1343 Hijri
5	Mubadiyat-e-Tib per tehqeeqi nazar	1 <sup>st</sup> Ed.	Altaf Ahmed Azmi	Urdu Develop. Board	1991
6	Kitabul Murshad		M. Bin Zakerya Razee	Urdu Develop. Board	1994
7	Hutchinson's Clinical Methods	20 <sup>th</sup> Ed	Ed. Michael Swash	ELBS W.B Saunders	1998

## Scheme of Examination for First Year (Preliminary) M.D. Examination

I st year M.D. (Unani) degree examination in any subject/speciality shall consist of written papers (theory) Paper, I, II, III, and IV.

Each paper shall be three hours duration and will have equal weightage of notional 100 points. There shall be two long essay questions of 20 marks each and six short essay questions of 10 marks each.

Paper I : Umooore Tabiya, Itlaqi Munafeul Aza & Tashreeh e Aml

Paper II : Research Methodology and Medical Statistics

Paper III : Usoole Ilaj and Maheatul Amraz

Paper IV : Sareeriyat

There shall be one common practical and viva-voce examination of 100 marks each.

## M.D./M.S. (UNANI)

### Course Description of II and III Year

Number of theory and practical hours allotted for various subjects are as follows.

#### **M.D. - Moalijat**

	<b>Subject</b>	<b>Theory Hours</b>	<b>Clinical Hours</b>	<b>Records Number</b>
Paper I	Amraz-e-Ghudude-la Qanati	100	150	30
Paper II	Amraz-e-Nizame Tanaffus Wa Daurane Khoon	100	150	
Paper III	Amraz-e-Nizame Hazam	100	150	
Paper IV	Amraz-e-Nizame Bole Wa Tanasul	100	150	

#### **M.D. - Qabalat Wa Amraz-E-Niswan**

	<b>Subject</b>	<b>Theory Hours</b>	<b>Clinical Hours</b>	<b>Records Number</b>
Paper I	Azae Niswania, Wazaef, Daurane Tamsia, Hamal Wa Razaat	100	150	30
Paper II	Wiladat, Isqat, Imtihani Hamal	100	150	
Paper III	Ilmul Janeen	100	150	
Paper IV	Amraz-e-Niswan	100	150	

#### **M.D. - Hifzan-E-Sehat**

	<b>Subject</b>	<b>Theory Hours</b>	<b>Clinical Hours</b>	<b>Records Number</b>
Paper I	Sittae Zarooria Wa Taqaddir Bit Hifzan	125	125	30
Paper II	Amraz Mutaddia	125	125	
Paper III	Sehat Amma, Khandani Behbood	125	125	
Paper IV	Shakhasi Hifzane Sehat, Dalak, Razat Wa Hammam	125	125	

#### **M.D. - Ilmul Advia**

	<b>Subject</b>	<b>Theory Hours</b>	<b>Clinical Hours</b>	<b>Records Number</b>
Paper I	Kulliyat-e-Advia	125	125	30
Paper II	Advia-e-Mufaradat	125	125	
Paper III	Murakabath-O-Saidla	125	125	
Paper IV	Ilmul Advia Aur Tibbi Kemiyyat	125	125	

**Note:** As the lecturer hours are to be kept to a , in the teaching hours the students will be actively engaged in –

- ✓ Out patient and In patient activities and consultation.
- ✓ Ward rounds both service and teaching rounds.
- ✓ Group discussions.
- ✓ Laboratory work.
- ✓ Medicinal plants survey.
- ✓ Conducting of camps.
- ✓ Literature review work.
- ✓ The postgraduate student must teach under guidance Junior PG students by taking demonstrations, beside clinics, lecturers etc.
- ✓ Participation and presentation of papers in seminars and conferences.
- ✓ Research Work.

**Description of Course Content of Specialty Subjects:**

- ❖ **Moalijat**
- ❖ **Ilmul Qabatat Wa Niswan**
- ❖ **Hifzan-E-Sehat**
- ❖ **Ilmul Adiva**

# MOALIJJAT

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## **Objective:**

The postgraduate meaning in Moalijat is to learn the Unani graduate in the field of general medicine and to treat the sick based on the principles of Tibb-e-Unani, and to produce excellent professional thinkers, researchers and teachers in Unani with special emphasis in the field of Medicine.

The postgraduate will be able to provide restorative care for the patients with complex problems that are beyond the treatment skills of the general Unani physician and demonstrate evaluation and judgment skills on making appropriate decision regarding treatment and referred to deliver comprehensive care for the patient.

## **Knowledge:**

The candidate should possess basic and systemic knowledge on the following subjects.

### **Kulliyat-e-Tibb, Sareeriyat, Usool-e-Ilaj-O-Tashkhees, Ilaj Bid Tadbeer**

- Nutritional Status of the patient.
- General health condition as related to this subject speciality.
- Identify social, economic, environmental and emotional determiners of the patient and consider them in planning the treatment.
- Identify the cases, which are outside the area of his/her speciality/competence and refer them to the appropriate specialities.
- Advice regarding the case management involving surgical, interim treatment etc.
- Should attain continuing education programme, seminars and conferences related to Moalijat thus updating himself / herself.

- Teach his/her team, colleagues and other students.
- Should be able to use information technology tools and carry out research in both basic and clinical, with aims of publishing his/her work at various scientific area.

**Skills:**

**The candidate:**

- Should be able to examine the patients clinically, investigate the patient systematically, analyse the investigations results, diagnose the ailment plan treatment, communicate with the patient and execute it.
- Should be able to demonstrate the clinical competence necessary to carry out appropriate treatment of the level of knowledge, training and practice skills currently available in their speciality area.

**Attitudes:**

- Adopts ethical principles, maintains professional honesty and integrity.
- Gives treatment irrespective of social status, cast, creed or religion of the patient.
- Willing to share the knowledge and clinical experience with professional colleagues.
- Willing to adopt new methods and techniques in this subject competence from time to time based on scientific researches, which are in patients best interest.
- Respect patient's rights and privileges including patients right to information and right to seek second opinion.
- Willing to teach under graduates.

**Communication abilities:**

- Develop communication skills, in particular, to explain treatment opinion available in management.
- Provide leadership and get the best out of his/her group in the congenial working atmosphere.
- Should be able to communicate in simple and understandable language with the patient and explain the principles of the subject competence to the patient. He/she should be able to guide and consent the patient with regard to various treatment modalities available.
- Develop the ability to communicate with professional colleagues through various media.

**COURSE CONTENTS****Paper I: Amraz-e-Ghudud-e-Laganati (Endocrine System)**

Ghudud-e-Laqaanati aur unki raseelat ka tasavvur muqaddamin attiba ke nazar mein (umoomi jayaeza) amraz ghudade toqata Unani maqaz mein aur un amraz ke muqabala tibb-e-jadeed ke saath.

**Amraz-e-Ghuda-e-Nuqamiya: Diseases of Pituitary gland.**

Asbaab ke aitabaar se ghuda-e-nuqamiya ke amraz ke darjabandi.

Amraz e frthun nuqamiya (Hyper Pituitarism)

Qillat e naseelat ghuda nuqamiya (Hypo Pituitarism) inse honewale amraz, asbaab, alamat, tashkees ilaj aur pecheedgiyan.

**Amraz-e-Ghuda-e-Nuqamiya muaqar (Post Pituitary) :**

Asbaab ke aitabaar se amraz ki darjabandi fart-e-taseelat nuqamiya aur qilaat naseelat nuqamiya muaqar aur isse honewale amraz ke asbaab ilaj tashkees wa pecheedigiyan.

### **Amraz-e-Ghuda-e-Darqiya : Diseases of Thyroid gland**

Asbaab ke aitabarse amraz e ghudad e darqiya ki darjabandi

Forth e naseelat e darqiya (Hyper thyroidism)

Qillat e raseelat e darqiya (Hype thyroidism)

### **Amraz-e-Ghuda-eJaadarqiya : Diseases of Parathyroid gland**

Asbaab ke aitabaarse amraz e ghudad e jaadarqiya ki darjabandi

Fart-e-jaadarqiya ibtadayee wa sanvi (Primary and secondary hyper parathyriodism)

Qillat e raseelat jaadarqiya (Hypo parathyriodism)

### **Amraz-e-Banqaras : Diseases of Pancreas**

Asbaab ke aitabaarse amraz ki darjabandi

Ziabatis shakari (Diabetes Mellitus) ke asbaab mein maqasmein, aur unka jaded tibt se muqabala mutaliya ilaj mein jaded techqeeqat.

Kasarul ghududi amraz : (Poly glandular diseases ek ajmali taruff.)

### **Amraz-e-Ghuda-e-Faoqul Kullia : Diseases of supra renal gland.**

Asbaab ke aitabaarse ghuda e faoqul kulliya ke amraz ki darjabandi

Amraz kifayat faoqul kulliya haad aur muzmin (Acute and chronic Adrenal Insufficiency )

Alamaaye cushing (Cushing syndrome )

Sartan e qasharul kulliya o gurda (Adreno cortical carcinoma )

Marz e Addison (Addisons Disease)

### **Amraz-e-Qhusiyat ur Reham : Diseases of Ovaries.**

Asbaab ke aitabaar se amraz e qhusiya ki darjabandi

### **Amraz-e-Qhusiya : Diseases of Testis.**

Raseelat ka mukhtasar jayeza amraz ki fennist

Qusiya aur amraz e bah ka bahami talluq

Jins se muttalique amraz

Zofe bah se mutallique amraz.

## NEUROLOGY

- 1) Basic Consideration
- 2) Clinical approach to neurology
- 3) Headache
- 4) Raised intracranial pressure & hydrocephalus.
  - Dementia – syncope
  - Seizure disorders – stroke
  - Sleep disorders – hypertensive encephalopathy.
  - Meningitis
  - Encephalitis
  - Tetanus
  - Viral Infection in CNS
  - Extra Pyramidal Disorders
  - Cerebellar Tumours
  - Cervical & Lumbar Spondylosis
  - Disorders of Muscles
  - Diagnostic procedures in CNS – E.E.G, CT Brain, MRI, Nuclear Medicine,  
newer diagnostic equipment.
- 5) Infectious Diseases
  - Infection- Amoebiasis, Shigellosis, Malaria, Fungal Infections.
  - Basic consideration
  - Laboratory diagnosis of infection
  - Anti- microbial therapy
  - P.U.O
  - Nosocomial, Staphylococcal, Streptococcal, Pneumococcal,  
Meningococcal, Haemophilus, Influenzae, Gram positive & Gram

Negative, Enteric Bacilli, Pseudomonas, Salmonellas, Shigellosis,  
Cholera, Helocobactors.

## **Paper II : Amraz-e-Nizam-e-Tanafus, Qalb-o-Dauran-e-Khoon (Respiratory and Cardiovascular System)**

### **Diseases of Cardiovascular System**

- 1) Clinical approach to cardiovascular diseases (signs, symptoms, physical examination of patient)
- 2) Sne- Mizaje- Qalb
- 3) Sne- Mizaje-sadra
  - marz-E-Qalb Hudaari- (rhematic Heart disease)
  - Valvular heart disease, Amrazey samate-qalb.
  - Iflasul-Qalb ( Ischaemic Heart Disease) Causes.
  - Zigtuddam qavi- Hypertension
  - Heart Failure ( Suguote-Qavsane-khoon)
  - Cardial Arrythmics
  - Shock
  - Cardiac arrest ( use of pace maker)
  - Pericardial diseases( Amroze, hilafe Qalb)
  - Infective Endocarditis.
  - Cardio Vascular Collapse Arrest
  - Pulmonary Oedema
  - Pulmonary heart Disease
  - Pulmonary Thromborubin
  - Atreo-Sclerotic Heart Disease
  - Electro Cardiography, Echocardiography, Radiology & imaging of heart & great vessels
  - Cardiac catheterisation Angiography.

## **Diseases of Respiratory System**

1) Clinical approach to respiratory diseases (amraze-e-tanafus ke Maruso se istafsirat ke tareeqe)

2) a) Diseases of upper respiratory tract.

b) Diseases of lower respiratory tract- Bronchitis (Verm-e-Shoab),  
bronchial

asthma (Zikun-Neefs), Lobar & Bronchopneumonias ( Zathuur rajah  
Fassiar faeesi), Lung Abscess (Bubeala Thuriyah), Pulmonary  
Tuberculosis (Tadarrun-e-rerii), Bronchietasis) (itesia Shoabarurriyah),  
Pneumothrax (Nataqahurriya), Pleurisy (Zath0ul-Janab), Emphysema  
(Nafaqthur Riya)

3) Chronic Obstructive pulmonary disease

4) Occupational lung diseases

5) Pulmonary tumours

6) Respiratory failure

7) Adult Respiratory Distress Syndrome

8) Drug induced Lung Diseases.

9) Diagnostic Procedures in respiratory diseases ( X-ray, Bronchoscopy, CT  
Scan, MRI, Nuclear Medicine)

10) Infectious diseases including HIV.

## **Paper III : Amraz-e-Nizam-e-Hazam (Digestive System)**

### **Diseases of Digestive System (Amraz-e-Nizam-e-Hazam)**

**Diseases of Mouth:** Qula (Stomatitis), Litehaab e lisaan (Glossitis),

**Diseases of Salivary glands:** Warm e aslul uzn (pancreatitis)

**Diseases of Oesophagus:** Warm e Mari (Oesophagitis), Usrid Ballah (Reflux  
Oesophagitis) Hiatus hernia.

**Diseases of Stomach and Duodenum :** Zofe meda, sue e mizaj e meda, warm e meda, qarho e meda o asna e ashari (Peptic ulcer), sartaan e meda (Carcinoma of Stomach), nuqs e ishteha (anorexia), nafas, karat o qillat e hamoozat e medi, ghisiyyan, tuqma, sue e hazm bootimis.

**Diseases of Intestines:** Zarb o qilfa, ishaat (diarrhea, malabsorption syndrome), zulaq u lama, qoolanj e ama (intestinal colic), baraz-ud-dam (meleana), Warm e qolon (inflammatory bowel), digh e ama (intestinal tuberculosis), iltehaan e nuqood (proctitis), Pentonitis (Warm e sifanq),

**Diseases of Liver and Gallbladder:** Zofe kabid, sue mizaj e kabid, warm e kabid (hepatitis) dubelatul kabid (liver abscess), yerqaan, talaiuf e kabid (Cirohsis of liver), istasqa (ascitis), izm ul kabid (hepatomegaly), hisatul mirara (gall stones), Warm e mirara (cholecystitis),

**Diseases of Spleen and Pancreas:** Izm ul tehaal (spleenomagaly), warm e banqaraas (pancreatitis), faqaruddam (anemia).

## **DERMATOLOGY**

### Basic Consideration

- Infection of the skin
- Leprosy
- Eczema
- Photosensitivity Dermatitis
- Ichthyosis
- Disorders of Pigmentation
- Disorders of hair
- Sexually transmitted diseases.

## **Paper IV: Amraz-e-Nizam-e-Bole-o-Tanassul (Urinary and Reproductive System)**

### **Diseases of Kidney:**

Kuliya ki mukhtesar Tashreeh o afaal.

Sue mizaj e kuliya, Zofe kuliya, Warm e kuliya,

Mutafarique Amraz e kuliya,

Diq ul kuliya, Saqoot ul kuliya (glomerular disease, acute and chronic renal failure) Warm e Hauz ul kuliya (pyelonephritis, Urinary tract infection).

Hizathul kuliya (renal calculi) hydronephrosis, in continence of urine, bole uddam (haematuria) renal lesions in diabetes.

### **Diseases of Reproductive Systems:**

Zofe aah, Surrat e inzat, Kasrat-e-Ehtalaam, aur mutalique amraz.

### **Clinical Skills:-**

**1) Day to day work:** skills in out patient and ward work should be assessed periodically. The assessment should include the candidate's sincerely and punctuality, analytical ability and communication skills.

- 1. Clinical Meetings:** Candidate should periodically present cases to his/her peers and faculty members. This should be assessed using a checklist.
- 2. Clinical and Procedural:** The candidate should be given graded responsibility to enable learning by apprenticeship. The performance is assessed by the guide by direct observation. Particulars are recorded by the students in the log book.

### 3. Reference Books:- Moalijat

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year of Publication
1	Al Qanoon Fil Tib	1 <sup>st</sup> Ed vol. 1-5	Bu Ali Ibne Sina	Munshi Naval Kishore, Lukhnow	1905-1906
2	Firdos-ul-Hikmat fi Tib		Abul Hasan Ali Bin Saifal Raban Tirbri	Aftab Al Kayan, Berlin	1920
3	Kamil-Us-Sanahat Fil Tibb (Urdu)	Vol. I & II	Ali Bin Abbas Majusi	Munshi Naval Kishore, Lukhnow	1906-1921
4	Qanoon Sheikh (Urdu)	Vol-I	Shamsuddin Mohammad Bin omar	Munshi Naval Kishore, Lukhnow	1903
5	Moalijat Nafisi	Vol-I	Burhanuddin Nafees Bin Qoz Kirmani	Munshi Naval Kishore, Lukhnow	1904
6	Shara-e-Asbab Wa Alamat	Vol- I – V	Hkm Kabiruddin	Hikmat Books Depot	1997
7	Hazeeq	Vol-I	Hkm Ajmal Khan	Hindustani Dawakhana Delhi	1965
8	Firdos-ul-Hikmat Fil Tib	Vol.I-II	Hkm Rasheed Ashraf Nadavi	Diamond Publications Lahore.	1996
9	Al-Moalijat-ul-Baqratiya (Urdu)	Vol- I, II, III	Habul Naseem Ahmed Bin Md. Tibri	CCRUM New Delhi	1995-1997
10	Jami-ul-Hikmat	Vol-I	Md. Hasan Qureshi	Filding Road, Lahore, Pakistan	1935
11	Amraz-e-Qalb	Vol-I	CCRUM	CCRUM New Delhi	1995
12	Amraz-e-Riya	Vol-I	CCRUM	CCRUM New Delhi	1995
13	Usool-e-Humiyat	Vol-I	Md. Kabiruddin	Daftarul Maseeh Hyderabad	1952
14	Davidson Principles and practice of Medicine	18 <sup>th</sup> Ed.	Davidson	Churhill Livingstone	2002
15	Cecil's Tb of Medicine	20 <sup>th</sup> Ed	Bennet and Plim	Saunders	
16	Principles of Internal Medicine	Vol 2	Harrison's		
17	API Textbook of medicine		API		
18	Clinical Medicine		Clark		

# ILMUL QABALAT-O-NISWAN

## (Obstetrics and Gynaecology)

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### **Goals:**

The postgraduate will be able to provide restorative care for the patients with complex problems that are beyond the treatment skills of the general Unani physician and demonstrate evaluation and judgment skills in making appropriate decisions regarding treatment and referral to deliver comprehensive care for the patients.

### **Objective:**

With the knowledge and skills developed at the completion of the course

- The candidate should possess basic and systemic knowledge on the following subjects.
- Janeen o Mashima, Aza e Niswaniya, Itlaqui Kulliyat and Usool e Ilaj
- Mareez ki Halath e Taghziya
- Mutaliqa Aam Sehati umoor
- The candidate should be aware of his/her own limitations to the application of the speciality in situation, which warrant referral to major centers or individuals more qualified to treat.
- The candidate should be able to contribute towards prevention of maternal mortality and morbidity and improving neonatal outcome.
- The candidate should offer standard care to the community in Qabalat and Tashkhees of Amraz e Niswan by application of basic principles of Tibb e Unani.
- The candidate should possess the knowledge of National Programmes relevant to women's health.

- Effectively communicate with patients or relatives so as to educate them sufficiently and give them full benefit of informed consent to treatment and ensure compliance effectively communicate with colleagues.

**Skills:**

- The candidate should be able to examine the patients with Hamal, and manage Vaza e Hamal.
- The candidate should be able to examine patients suffering from Amraz e Niswan clinically, investigate the patient systematically, analyse the result, diagnose the ailment, plan a treatment, communicate it to the patient and execute it.
- The candidate should be able to do research on Unani Manat e Hamal Advia, Muqawwi e Reham, Mudir e Haiz and mussaqitath Advia.
- The candidate should be able to educate the patient about the importance of Zabth e Tauleed and Miana e Hamal ki mukhtalif tadabeer.
- The candidate should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at the level of knowledge, training and practice skills currently available in their competence area.

**Clinical Skills:**

**Ilmul Qabalat:**

- Ibteda e Hamal ki Tashkhees, Avarizat dauran e Hamal aur unke tadabeer (identify and recognize the medical diseases and disorders complicating pregnancy and child birth).
- Mayena qabal e viladat aur avarizat ki tashkhees aur ilaj.

- Zachgi khana mein tabeeb ke khidmat anjaam Dena, tabayi aur ghair tabayi vaza e hamal aur avarizat ke intezamat. (Identify and recognize complications of labor and refer them to appropriate hospitals).
- Naumoulood ki nighadasht aur mukhtalif tadabeer.
- Baad viladat tabayi o ghair tabayi vaza e hamal ki nighadasht.
- Khandani Behbood programmes, Contraceptive Methods like IUD insertions, adopting classical Unani Methods of contraception like Aab zan, Bukoor, Shaffia, Zimad, Tila, Firzajz, Nutool and Unani Herbs.
- Rural obstetrics care and referral services.

### **Amraz e Niswan**

- Out patient and In-patient activities and consultations.
- Examination of cases with special reference to gynaecological history taking, abdominal and pelvic examinations.
- Tashkhees o Ilaj of Amraz e Niswan Eke Furoorat e Haiz, Amraz e Firj, Mehbal Reham, Unaqur Reham, Qazefain o Ousiyaturreham, Saddeen, Sailan ur reham, Uqar, Amraz e zehreviya, Inzataq ur reham, Inquilab ur reham, Salat ur reham.
- Writing case records.
- Candidate should write PG case sheets, they should kept diary and log book and get verified by the unit chief by the end of each month.

## **COURSE CONTENTS**

### **Paper I: Aza-e-Niswaniya, Wazaef, Dauran-e-Tamsiya, Hamal wa Razanat**

Tashreeh Wa afal aza e Niswaniya (Anatomy and Physiology of Female genital organs)

Balooghat o sare yaas (puberty and menopause)

Haiz aur uska jiryan, asar andaz hone wale mukhtalif awamil rasilat aur unka kirdar (Role of Hormones in Mensturation).

Tabaveez (Ovulation) – Amla e bar avari (fertilization).

Mandarja zail aza itlaqi tashreeh, damvi wa asbi perwarish.

Reham (Uterus), Khusiyarhur reham (Ovaries), Qaazafein (fallopian tubes), Mahbal (Vagina), Faraj (Vulva).

Aza e taulid ki Chisha e mukhatim muqami ratubat aur makhsoos wazef.

Mashisma tabayi o ghair tabayi (Placenta-its development) Aghshiya e faneen amniotic membranes, Diseases of placenta-tuberculosis, Syphills, Erythroblastosis foetalis, Tumors.

Habal ussar (Umbilical cord) abnormalities, location, size and length Hamal ke alamat o nishaniyan (signs and symptoms of pregnancy).

Duration of pregnancy EDD, post maturity.

Hamal ki Tashkhees (Differential diagnosis of pregnancy).

Tashkhees ke jaded zaraye.

Zabt e viladat ke jaded usool.

Barawari ke musnuyi tariqe.

## **Paper II: Wiladat, Isqaat, Imthani Hamal (Labour, Abortion, Antenatal care)**

Qabale Wiladat nighadast (Antenatal Care).

Tabayi o ghair tabayi taqdeemat. (Normal and abnormal presentations)

Vaza e hamal aur alamatein (Labour stages, signs of onset).

Mechaniya e vaza e hamal (Mechanism of labour)

Jiryān ud dam qabal e wiladat (Ante partum haemorrhage) management and therapy.

Jiryān ud dam bad az wiladat (post partum haemorrhage) management and therapy.

Hamal e Tavām o hamal adeed (multiple pregnancies)

Amraz e hamal (Diseases of pregnancy) Qai ul hamal (hyperemesis gravidarum), Tasamum ud dam e hamal (toxaemia of pregnancy, eclampsia)

Isqaat (Abortion), - causes, types and management.

Munqabaz e aana (Cephalo pelvic disproportion).

Kasarat o qillat e manavi (Hydroamnios and oligo hydroamnios).

Vaza e Hamal (Termination of pregnancy).

Shigafe qaisari (Caesarean section).

Mulaqati vaza e hamal (Forceps delivery).

Nafaas aur amraz e Nafaas. (Puerperium).

## **Paper III: Ilmul Janeen**

Janeeni irteka (Early development of the foetus)

Janeeni dauran e khoon (Foetal circulation)

Amale tabveez (ovulation Amale baravari, Amale tanseeb (Maturation and Fertilization and implantation of the ovum).

Foetal membrane and placenta. (Janeeni aghshiya o masheema, tabayi wag hair tabayi).

Applied Genetics – General consideration, cellular division and chromosomes.

Sex determination and sex linkage diploids, environmental effects and gene expressions.

Function of genetic material, nature of genetic code, gene regulation.

Amraz e Naumolud.

Ilaj e Naumolud ke Usool.

Qhilqi Naqais.

Chand ahem, amraz e naumolud like yergan e naumolud, istasqa e dimagh, kazaz e atfal and sarsam.

Amraz e atfaal.

Amraz e atfaal ki tashkhees o ilaj-jaded tahqeeqat ki roshani mein bachon ki tabayi aur ghair tabayi nashonuma ke nuqat.

Amraz e Dimagh o Asaab-Istasqa e Dimagh (Hydrocephalus), Warm e aghshiya e dimagh (meningitis), Umomas sibyaan (Epilepsy), Tashannuj atfaal (convulsions), Kuzzae (Tetanus), Falij e atfaal (polymyelitis), Daurraqs (Chorea), Falij e dimagh (Cerebral palsy).

Amraz e Ain-Hovel-Bheagapan, Asbab e Chashm-Ramadin, Shayeera, Salaaq, Jarb ul atfaal, vadaha.

Amraz e Uzn-Altehab ul Uzn, Qaza ul uzn ke parde ka phatna.

## **Paper IV: Amraaz-E-Niswan**

**Tashreeh aza e Tanasuliya wa afal e aza e tznasuliya** (Anatomy and physiology of Female Genital organs-Furj (vulva), Mehbal (Vagina), Reham (Uterus), Qusiyat ur reham (ovaries), Qazifein (fallopian tubes), Majari e Bole (urethra), Masana (Bladder, ureters, Miqad (rectum), and canal pelvic musculature, position of the uterus along with blood supply, nerve supply, hymnati supply of all the above organs).

**Histology** menstrual cycle, ovulation, anular menstruation, endometrium, menstruating endometrium.

**Applied physiology**-pituitary, ovarian, adrenal, thyroid glands and their hormones, application of hormone therapy and precautions, puberty.

Gynaecological diagnosis- complete examination preparing of case sheets.

Malformation of female genital organs-sex and inter sexuality.

**Furj**-(The valva) -congenital abnormalities, Iltehab e furj (inflammations of vulva), Qurooh e furj (ulceration of vulva), Chronic epithelial dystrophies, Hikot ul furj (pruritus vulvae), cysts of vulva, neoplasm of vulva with Unani line of management.

**Mahbal**-(The vagina)-physiology of vagina, Sailan (leucorrhoea), Atehab e mehbal (vaginitis), Qurooh (ulceration), cysts of vagina, sailan (tumours of vagina), carcinoma of vagina with Unani line of management.

**Sexuality transmitted diseases**-Sazak (gonorrhoea), Arishak (syphilis), lympho granuloma venerum, granuloma inguinale, and chancroid, AIDS, with Unani management.

**Diq**- Tuberculosis of genital tract with Unani treatment.

**Zarbo**- Injuries of female genital tract.

**Uqar**- Sterility and infertility with Unani treatment.

Dyspareunia and Vaginismus

**Khandani mansooba bandi-** Sterilization and birth control.

Futoorath e haiz (Disorders of menstruation) - precocious puberty, Ehtebas e tams (amenorrhea) usoor ut tams (dysmenorrhea), infrequent menstruation, kasrat ur tams (menorrhagia, polymenorrhea, metropathia haemorrhagia) istehaza (metrorrhagia) with Unani treatment.

Warm e reham (inflammation of Uterus)-iltehaac e reham (endometritis, metritis), Utehab e anaq ur reham (cervicitis), ectropion, Anaq takul (cervical erosion) cervical polyp, with Unani treatment.

Inzalaaq ur reham (Prolapse of Uterus)

Inqalaab ur reham (Inversion of uterus)

Salaat ur reham (New growth of uterus)- fibroid, mynomata, polyp, epithelial tumours of uterus, sartaan e reham (carcinoma of uterus)

Endometriosis with Unani treatment

Parametritis with Unani treatment.

Amraz e qusiyat ur reham- (Diseases of Ovaries)-inflammations, cysts, neoplasm, tumours with Unani treatment

Inflammation of uterine appendages- Itehab e qaziqain o qusiyatur reham (Salpurgioophortitis), Salaat ur reham (Tumours) with Unani treatment.

Amraz e saddein (Diseases of breast)-inflammation, uterus, abscess, cancers, tumours less milk secretion factors related with Unani treatment.

Other related topics.

## Reference Books

### Ilmul Qabalat, Amraz-E-Niswan-O-Atfaal

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year of Publication
1	Amraz-e-Niswan	Vol-I	Waseem Ahmed Azmi	Ejaz Publishing House, Daryaganj, New Delhi.	2000
2	Amrazunnissa	Vol-I	Khursheed Ahmed Shafaquat Azmi	Urdu Development Board, New Delhi	1978
3	Amraz-e-Atfaal		KASA	UDB	1989
4	Fune Wiladat		Najeed Book Mehruz	Ali Maroof Egypt	1922
5	Amrazunnissa Wa Moalijat Wa Safa Wa Jarahat		Ahmad Isa	Al Adab Al Moyyed Cairo Egypt	1910
6	Tajreezul Atfal		Isa Book Ahmadi	Al Maroof Bisharae Fajalila, Egypt	1913
7	Tarbiyatul Atfal		Mohammad Abdul Hameed Buk	Al Maroof Bisharae Fajalila, Egypt	
8	Ilmul Amraz-e-Niswan	Vol-I	Ghulam Dastagir	Jay & Churchill Ltd.	1939
9	Amraz-e-Niswan	12	John Hawkins & Jordon Bourne	The English Language Book Society	
10	Text Book of Obstetrics	5 <sup>th</sup> Ed	Dutta D.C.	New Central Book Agency, New Delhi	2001
11	Text Book of Gynaecology	2 <sup>nd</sup> Ed.	Dutta D.C.	New Central Book Agency, New Delhi	2001

## RADIOLOGY

- Role of radiology in medicine
- Ultrasonography
- Computerised tomography
- MRI
- Nuclear Medicine

# **TAHAFUZZI-O-SAMAJI TIBB**

## **(Social and Preventive Medicine)**

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### **General Objectives**

The postgraduate will be able to provide restorative care for the patient with complex problems that are beyond the treatment skills of general Unani Physician and demonstrate evaluation and judgement skills in making appropriate decisions regarding Tashkhees o Ilaj, Tehfuz and to deliver comprehensive care for the patients keeping in view the National Health Programmes.

### **Knowledge**

The candidate should possess basic and systematic knowledge in the following subjects

- Italaqui Kulliyat, Umoor e tabiya, Maheatul amraz, Tahafuzi Tadabeer, Samaji Tadabeer, and Khandani Behbood programmes, Bain ul Aqwami tehat ke sehati programmes and their applied aspects.
- Mareez ki halat e taghziya.
- Sehat amma ke tadabeer
- Identify the cases, which are outside the area of his/her speciality competence and refer them to the appropriate specialties.
- Should attain continuing education programmes seminars and conferences related to Hifzan e sehat thus updating himself.
- Should have essential knowledge of Shakhsi Hifzan e Sehat, Tadiya, Tahfuz, Fuzlat ka indafa keeping in view the risks of transmission of Warm e jigar, Hat e khilat, Manat Maksooba.

## **Skills**

- Should be able to manage the health problems of the community.
- Should be able to organize epidemiological studies to identify health problems.
- Plan, implement and evaluate various health programmes in his or her area, specialty National Health Family Welfare and disease control/eradication programmes by applying the basic fundamentals of Tibb e Unani.
- Should be able to demonstrate the clinical competence necessary to carry out appropriate treatment at the level of knowledge, training and practice skills currently available in their competence area.
- Perform Dalak, Hamam and Razat procedures with understanding.

## **Attitude**

The candidates should be able to

- Adopt ethical principles in practice, maintain professional honesty and integrity.
- Willing to share the knowledge and clinical experience with professional colleagues.
- Willing to adopt new methods and techniques in this subject competence from time to time a based on scientific research, in-patients best interest.
- Organize health care services routine for special group and during period's special needs such as disaster/calamities and epidemics.

## **COURSE CONTENTS**

### **Paper I: Asbaab-E-Sitta-E-Zarooriyah Wa Taqaddum Bil Hifzan**

Asbab e Sitta e Zarooriyah aur Uske Itlaqi Nazariyat

Jadeed Izafat in Tahafuzzi o Samaji tibb

(Six essentials of life and its applied aspects and latest additions in preventive and social medicine)

Definition, Importance,

Six Essentials

- 1) Hava (air)
- 2) Makool Wa Markoob (Foods and Drinks)
- 3) Harkat Wa Sukoon e Badni (Bodily Movements and repose)
- 4) Harkat Wa Sukoon e Nafsani (Psychic Movements and Rest)
- 5) Naam Wa Yoga (Sleep and Wakefulness)
- 6) Ektabaas Wa Istafraq (Retention and excretion)

Asbab e Sitta e Zarooriyah aur Mizaj

Asbab e Sitta e Zarooriyah aur Akhlat.

Asbab e Sitta e Zarooriyah aur Mahauliyaat

Asbab e Sitta e Zarooriyah aur Aaloodgi

Asbab e Sitta e Zarooriyah Ke Itlaqi Pehloo.

Tehfuzzi Wa Samaji Tibb Mein Jadeed Izafaat.

(Advancements in preventive and social medicine)

Birth of Preventive Medicine and its development

Social Medicine and its development

## **Paper II: Amraz-E-Mutaddia-Wa-Wabiaya (Infections and Epidemic Diseases and their Preventive Measures)**

Introduction, Definitions related with Amraz e Muttaadiya Wa Wabaiya,

Istedad o Hamiles Tadiya

- a) Tadiya ke zaqair
- b) Tadiya ke daqoot ke raste.

Tadiya ke tahfuz ke usool

Zaqair Ka Tahfuz

- Tashkhees ke Zariye
- Tasheer
- Aaloodgi
- Ilaj
- Qarantina
- Surveillance
- Dafa e Tafan tadabeer

Tadiya ke zaraye

- Bilvasta Tadiya
- Bilavasta Tadiya
- Majari e Tanaffuz
- Hasraat e Wabaiya

Waba o Tadiya se bachoo ke Aam Usool

- Amal e Tamnee Fayeli
- Amal e Tomnee Mafooli
- Kemiyavi Mana e Yfoonaat
- Sehati Taleem

Dafa e Tafoon

- Aqsaam e Ilalj e Tafoon
- Dafa e Tafoon Vasayel

### **Paper III: Sehat-E-Aamma Wa Khandani Behbood (Public Health and Family Welfare)**

Sehat e Aamma

Sehat-Tareef, Usool O Maqasid

Sehat e Aamma ke Ahmiyat aur Asbab.

Sehati Taleem

Awami Sehat

Jadeed Khayalaat Ke Nazariyat

Sehati Taleem ke aghraz o maqassid

Awam ki Taleem

Sehat Haisiyat aur Masayel

Health Care System

- Tadabeer e Atfal
- Tadabeer e Balighan
- Tadabeer e Mashaekh
- Tadabeer e Haamla

Sehat e Aamma ki Tasheer.

Khandani Behbood (Family Welfare) Tareef.

Buniyaadi Insani Haqayeq

Khandani Mansoobabandi ki Almiyat.

Khandani Mansoobabandi ke sehati ahmiyat

Sehat e Niswani

Janeeni sehat

Naumolood aur bachoon ke sehat

Behboodi Tasvoor

Mardam shumari policy

New Revised Population

Mana'at e Hama ke Tadabeer

Unani Concept of Contraception

Modern Concept of Contraception

Spacing Methods:

i) Barrier Methods

- Tabayi, Chemiyavi aur Mushtarika Tadabeer
- Daqil e Reham Tadabeer aur avarizat
- Hormonal Mana'at e Hamal
- Post Conceptional methods, Medical Termination of Pregnancy Act 1971
- Miscellaneous methods

ii) Terminal Methods (Sterlization)

- Male sterilization
- Female sterilization and its complications

iii) Health care delivery systems

iv) Mardam Shumari ki Taleem

Khandani Mansoobabandi ki Samaji Ahmiyat

Voluntary Sehati Tanzeemat

Family Planning Association of India, Family Planning Foundation, Population Council of India, Indian Red Cross, Indian Medical Association, Rotary Club, Lion's Club, Citizen's Forums, Christian Missionary and Private Hospitals.

Kaumi Khandani Mansooba Bandi Programme.

Hikmat ki Tareef se kiye jane wale aqdaamat.

Bainul Aqwami Tanzeemat.

Alani Sehati Tanzeem

International Planned Parenthood Federation

UNFP-United National Funds for Population

USAID-United State Agency for International Developments

Population Council

Ford Foundation

Tanzeem Bara e Ghiza

UNICEF-United Nations International Children Emergency Fund

**Paper IV: Shakhasi Hifzan-E-Sehat, Dalak, Riyazat-O-Hammam,  
(Personal Hygiene, Message, Exercise and Bath)**

Jismani safayi: Hygienic and health habits in General

Healthy habits pertaining to body systems, Oral Hygiene

Eyes

Skin

Physical activity

Sex Hygiene and Sex Education

Adaat

Makoolat e Makboosa

Naum o Yoga

Qabz

Sue Hazm

Nafsiyat (Anger & Emotional Stress)

Control of body weight

Body constitution

Cleanliness

Libas (Clothing)

Fazayi Mahol aur Mizaj

Dalak: Massage

Definition, Principles/Objectives and Uses

Classification of Dalak

Uses of Oils (Roghaniyat) in Dalak

Contraindications in Dalak

Therapeutic importance of Dalak

RIYAZAT: Exercise

Definition, Principles/Objectives

Classification of Riyazat

Loss in Excessive Riyazat

Specific Riyazat for various organs of the body

Time and Quantity of Riyazat

Therapeutic importance and uses of Riyazat

HAMMAM: Baths

Definition and Objectives of Hammam

Condition of good bath

Different rooms of Hammam and its temperament

Contraindications in Hammam

Time for Hammam

Different types of Hammam and its effect

Therapeutic importance of Hammam

1. The health care system in India- structure and functions.

- Central Level
  - State Level
  - District Level
  - Taluka level
  - Village Level
  - Urban Level
2. Socio-Cultural Dimensions of Health
    - Principles of sociology and behavioral sciences
    - Concepts of sociology and behavioral sciences
    - Influence of social and cultural factors on Health and diseases
    - Principles of Pshycology
    - Principles of behavioral sciences.
  3. Application of sociology in Health and development.
    - Social problems in health and diseases.
  4. Principles of nutrition and Applied nutrition
    - Nutrients, daily requirements, balanced diet, primordial prevention of life style rrelated diseases.
    - Classification of foods.
    - Daily requirements of nutrients
    - Balanced diet
    - Nutrition profiles of major foods.
  5. Nutritional Deficiencies
    - Nutritional requirements
    - Proteins energy malnutrition
    - Vitamin defeciencies.
  6. Assesment of an individual's nutritional status in community and approach to a programme
    - Assesment of Individual's nutritional status
    - Assesment of community nutritional status
  7. Other aspects of nutrition
    - Food borne diseases
    - Food adultration
  8. Health and Hospital Administration

- Voluntary Health Organisation (NGOs)

9. Maternal and Child Health care.

- Antenatal care
- Antenatal visits
- Intranatal care.
- Care of the mother
- Child Health Problems
- Care of infants.

10. Recommended Journal

- Indian Journal of Community Health
- Indian Journal of Community medicine
- Indian Journal of Public Health.
- Journal of Communicable Diseases
- Indian Journal of Medical and Child Health
- Indian Journal of Preventive and Social Medicine
- Indian Journal of Medical Research
- Indian Journal of Environmental Health

11. Worksheets of Student Activities and its records:

**Dissertation**

1. Topic
2. guide
3. date of presentation in the Department
4. synopsis

**CONFERENCES/ WORKSHOPS ATTENDED AND PAPERS PRESENTED**

Sr.	Name of Conference/ Workshop	Date/Place	Title/ Paper	Teacher's remark

**CONFERENCES/ WORKSHOPS ATTENDED AND PAPERS  
PRESENTED**

Sr.	Title of the article	Details	Sign of Guide

**RURAL HEALTH CENTRE**

Postings from Date \_\_\_\_\_ To Date \_\_\_\_\_

Details of

Sr.	Type of Activity	Details of Skill Aquired	Teacher's Remark	Lecturer's Sign

### URBAN HEALTH CENTRE AND OUTREACH ACTIVITES

Postings from Date \_\_\_\_\_ To Date \_\_\_\_\_

Details of

Sr.	Type of Activity	Details of Skill Aquired	Teacher's Remark	Lecturer's Sign

### UNDER GRADUATE TEACHING

Sr.	Date	Name of Practical Topic/Visit	Remark	Lecturer's Sign

## ASSESSMENT OF PERFORMANCE

### Guidelines for scoring

Sr	Attribute	Score Given 0-10
1	Sincerity	
2	Regularity/ punctuality	
3	Diligence 7 Performance	
4	Inerpersonal skills	
5	Initiativeness	
6	Academic Ability	
7	Capacity to work in a team	
8	Undergraduate / P.g traing	
9	Leadershio qualities	
10	Research Aptitude	

### Key:

Poor	fair	below average	average	above average	Excellent
0-10	2-3	3-4	5-6	7-8	9-10

### Reference Books

#### Tahaffuzi-Wa-Samaji Tib

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year of Publication
1	Mubadi Sehat	1 <sup>st</sup> Ed	Dr. M. Osman Khan	N.C.D.U. New Delhi	1996
2	Hifzan-e-Sehat	1 <sup>st</sup> Ed	Hk. Fazalur Rehman	S.H. Hafiz New Delhi	1989
3	Tarjuma-e-Kulliyat-e-Qanoon	Vol-1	Hk.Kabiruddin	Hikmat Book Depot	1932
4	Parks Textbook of Preventive and Social Medicine	17 <sup>th</sup> Ed.	Park	Banarsidas Bhanor Jabalpur	2003
5	Qanoon Sehat	1 <sup>st</sup> Ed	Hk. M. Tayab	NCBA, New Delhi	2001
6	Kitab-Al-Havi Fil Tibb (Translated)	Vol-123	Abukar Bin Zakriya Razi	Majalis Daratul Maroof Usmaniya, Hyderabad	1955-1969
7	Majus-UI-Qanoon		Allauddin Karshi	MNK Lukhnow	1909
8	Qanooncha		Shamsuddin Mehmood bin Umar	MNK Lukhnow	1903
9	Shara-e-Moujazul Qanoon		Burhanuddin Nafis Bin Auz Kirmani	Yusufi Lukhnow	1910
10	Hazal Maojus (Translated)	Vol-I & II	Mohammad Jamaluddin Akhsari	MNK Lukhnow	1907

# Ilmul Advia

## (Pharmacology)

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### **Objectives**

A candidate who has successfully completed the course in M.D. (Unani) in Ilmul Advia shall become proficient in all subjects of Advia and should have acquired skills and knowledge so as to opt for any of the following fields for his /her future career.

- Teaching profession in an Unani Institution
- Research
- Clinical Pharmacology
- Unani Pharmaceutical Industry

### **Knowledge**

- To have acquired adequate knowledge and understanding of all aspects of Advia
- Understanding of basic sciences relevant to Advia
- Acquired knowledge from various kind of persons/people possessing knowledge of Advia
- Knowledge of place and country of material of subjects
- Should have acquired the knowledge of modern techniques adopted in identification of chemical analysis of a given drug.
- Should have the knowledge of administration of medicine in various dosage forms
- Should have acquired the knowledge of updated information about Advia
- Should know the legal application for pharmaceuticals and also about good manufacturing practices (GMP)s

Ghair maroof Advia ki makhsoos imtiyazi khususiyat

Ghair maroof Advia ki maloomat ke zaraye neez ghair maroof Advia per Tajarbat per tafsili maloomat.

Tibbi Unani memurravij ashkaale Advia per jaded nuqte nazar se tabsare.

Tibbi Unani memodale Advia ki ahmiyat, zaroorat aur muravvij abdale Advia ka tehqiqi jaeza.

Advia Muffarada ki muddate hayat aur unke usool aur tahffuz ke bare mein tafsili maloomat.

Mastalike – Advia aur in mein zaroori tajdeed.

Advia ki Muzir kaifiyat, Islah ka Tehqiqi Jaeza

## **Paper II : Advia-E-Mufradat**

Shinakhat (Pharmacolognosy), Khawas wa Taseerat e Advia

Description of Unani signle drugs with Latin names, Synonyms their morphology, temperament actions, properties, preparations, therapeutic uses, specific action, muzir musleh badal famous compounds and chemical constitutions.

Detailed account of Mahiyat, Mizaj, Khawas, Istemal, Miqdare Khorak, Muzir asraat Islah, Adulteration was jaded tahqeeqat of:

Advia mutalliqa Nizam e Asab wa Dimagh.

Advia mutalliqa Nizam e Tanaffus

Advia mutalliqa Qalb wa Dauran e Khoon

Advia mutalliqa Nizam e Boul

Advia mutalliqa Nizam e Tanasul

Advia mutalliqa Jild wa Jarahat

Advia mutalliqa Ain, Uzn, Anaf wa Halaq

Advia mutalliqa Amraz e Aammat,

Advia Mutafarriqa

Practicals:

Identification of the common Advia Mufarrida

### **Paper III: Murrakkabat Wa Saidla**

1. Unani Dawasazi historical background and significance in the present context.
2. Terminologies related to various processes of Dawasazi, application and significance.
3. Importance of compounding of drugs.
4. Tadbeer-e-Advia and its scientific validation
5. Ilmul Taklees, scope and scientific validation
6. Methods of preparation and uses of various
7. Critical assessment of renowned Qarabadeen
8. Aamal-e-Dawasazi aur uska scientific jaeza

Mukhtalif Khushtajat ki tayari aur unka mawaqir istemal

Mashoor Qarabadeen aur unki ahmiyat

Dawasazi ki Ahmiyat, Istelahat-e-Dawasazi aur unki ifadiyat

Advia ki murrakab karne ki zaroorat wa ahmiyat

Tadbeer e Advia aur uska scientific jaeza

Khushtaesazi ki ahmiyat aur uska scientific jaeza

Ashkal e Advia e Murakkaba ka scientific jaeza aur un mein tajdeed ki zaroorat

Murrakkabat much alif badan e nizam se mutalliq

Amraz-e-Raas

Amraz-e-Sadar

Amraz-e-Qalb

Amraz-e-meda-wa-amaa

Amraz-e-Kabid, Mirarah wa Tihal

Amraz-e-Gurda wa Masana

Amraz-e-Makhsosa, Madrdana, Zanana and Atfal

Amraz-e-Aamma

Hummiyat

Jarahiya

Amraz-e-Jild

Practical

Practicals concerned with Tadbeer-e-Advia, Kushtasazi and preparation of various Arqiya

## **Paper IV: Ilmul Advia Aur Tibbi Kimiya (Pharmacology and Medicinal Chemistry)**

1) Unani Advia ke chemiyayi ajza per tafseeli byan

Sharab. Tezaab (Turshiyath), Ester, Shakariyat Tarkole (Phenols), aur

Glycosides, Roghan-e-Bukhari, Raal, Sabonat

Qalbi Shakariyat, Alkeliyat, Azariqat

2) Unani Advia Ka Tabayi Khusoosiyat per Tajziya

Takhleeqi Tajziya, Tabayi Tajziya, Chemiyayi Tajziya

3) Nabati Tajziya

Hayati ajza ka Nichod aur Andaza

Asli Roghniyat, Alkaliyat, Phenols, Saboon, aur aglycones

4) Tabayi Qayam

Martoob Ashiya ka maayi naqsaan (on drying, dessicant and azeotropic methods)

Afada e Qhak (Mukkammil, Maayi Hal Pazeer, Sharab hal pazeer)

5) Tadabeer e Tafreeq aur Takhlees

Leon nigari ke aam kuliyaat aur tadabeer aur Unani Advia ke Tajziya mein Loan nigari ki ahmiyat aur khususiyat.

Mmaheen Laon nigari, Kaaghzi Laon nigari, Qanna Laon nigari, Bukhar laon nigari, Maayi laon nigari per mukhtesar tabsera

6) Amal e Markaz gurez (Centrifugation), Barqi Tajziya (Electrophoresis)

Meaari Mehlool ( Standard solution), Homoziyat ka isheriya (Ph value) in sab ka aam tazkera.

Advia ki ammezish, kaifiyat e Advia per asbab

Unani Advia mein aflatoxin ki maojoodgi per isteqlaal

Taif palmayi (Spectroscopy) UV taif ziya palmayi Shola ziya palmayi

**B. Pharmacology:**

1. Drugs acting on anatomic nervous system

- General consideration
- Adrenergic and adrenergic blocking drugs
- Cholinergic blocking drugs
- Ganglion stimulating & blocking drugs
- Skeletal muscle relaxants.

2. drugs Used in Respiratory Disorder

- pharmacology of cough
- pharmacology of bronchial asthma & rhivitis

3. Cardiovascular Drugs

- Digitalis and Pharmacotherapy of cardiac failure.
  - Pharmacotherapy of hyperthyroidism.
  - Vasoelilater drugs and Pharmacotherapy of angina pectoris
  - Pharmacotherapy of shock.
4. Drugs acting on blood and blood forming organs.
  5. Drugs used in disorder of the gastrointestinal tract.
  6. Oxytocics and uterine relaxant.
  7. Pharmacotherapy of common skin disorders and skin protective.
  8. Drugs used in androcrine disorders.
  9. Immunotherapy.

## **Practicals**

Mukhammil, Tezaab, ghair hal pazeer, mayi hal pazeer aur tanak e kibreet per amli isteqlaal.

Alkali, Tannin, Roghan e Taseed, Raal, Tarkole aur aglycones ka amli andaza

Maayi ajza per isteqlal

Afada e Taseed

Aflatorins per istedaal

Johar e afyoon ba haisiyat e kibreet per istedaal

Afada e Hemiz, Afada e Banafshain, Afada e per oxide, Afada e saboon, Afada e ester Aur afada e hydroxyl.

Sankhiya, Seene aur para ka andaza

An ataf Taskheeri Daleel per istedaal

Basri gardish aur Khusoosi basri gardish per istedaal.

RF Value by TLC per istedaal

Kaghzi laon nigarlse RF value per isteqlaal petrol ke ajza Advia se tareeq

### Reference Books: - Ilmul Advia

S. No.	Title of the book	Edition & Volume	Name of the Author	Publisher	Year of Publication
1	Kitab-ul-Jamini Mufardat	V- 1-4	Ziauddin Md. Bin Abudulla Ibn Betar	Qasra Wgypt	1291 H
2	Makhzanul Mufaradat Ma Tahfatul Moomneen		Md. Hussain & Md. Momin Khan Momin	Munshi Naval Kishore Lukhnow	1874
3	Makhzanul Advia	Vol-I	Mir Md. Hussain	Munshi Naval Kishore	1888
4	Qarabadeen Kabeer Urdu	Vol-I	Mir Md. Husain	MNK Lukhnow	1892
5	Qarabadeed Qadri	V-I-III	Md. Akbar Raain	MNK Kanpur	1880
6	Khazinatul Advia	Vol-I	Md. Najmul Ghani khan	Mutabayi Press Lukhnow	1919, 1921
7	Bustanul Mufaradat	Vol-I	Md. Abdul Hakim	Mutabayi Press Lukhnow	1924
8	Goswami Bayanul Advia	Vol-I & II	Hk. Ram Lubhaya	Goswami Pharmacy, New Delhi	1975, 1977
9	Bayaz-e-Kabeer	Vol-I-III	Hk. Kabeeruddin	Daftarul Maseeh Hyderabad	1960,67
10	Kitabul Murakabat	Vol-I	Syed Zilur Rehman	Publication Division AMU Aligarh	1990
11	Unani Advia Mufarada		Hk. Safiuddin	National Council New Delhi	1996
12	Kanza-ul-Advia Mufarada		Hk. Rafiquddin	AMU Aligarh	1985
13	Qarabdin-e-Azam translated		Hk. Azam Khan, Maulana Asmat Ali , Hasrat Lucknowi	Ajaz Publishing House Cochin	1996

### Books

- 1- Khazinatul Advia, Hk. Najmul Ghani, Mattabe Munshi Nawal Kishore, Lukhnow.
- 2- Makhzanul Mufaridat, Hk. Ashraf, Matab Bami Lukhnow.
- 3- Kitabul Taklis, L.A. Qasmi, AMU press Aligarh
- 4- Minhajul Saidla, Hk. Rafiquddin, Publication Division AMU Aligarh.
- 5- Kitabul Taklis, Hk. Kabiruddin, Matab, Masihi Delhi
- 6- Bayaz e Kabeer, Hk. Kabiruddin, Matab Masih Aligarh
- 7- Makhzanul Advia, Hk. M. Hasan, Matabe MNK Lukhnow
- 8- Muqadama Advia, Hk. E.H. Qureshi, Matab Nami Luckhnow
- 9- Makhzanul Jawahar, Hk. Gulam Jilani, keith Aara Press Lahore
- 10-Fun-e-Dawasazi, Hk. S.Z Rehman, Publicaiton Division AMU Aligarh
- 11-Mufaradat-e-Jilani, Hk. G. Jilani, Rafah Aara Press, Lahore.
- 12-Kushta ki Pheli Kitab, M. Abdullah, Hamdard Delhi

- 13-Kitabul Advia, Hkm. Ayub Ali, publication Division AMU Aligarh
- 14-Kitabul Advia, Abdul Lateef, Ibne Sina Academy, Aligarh
- 15-Animals origin drugs of Unani Medicine : S.B. Vohra, MSY Khan, CBS  
Publisher, New Delhi
- 16-Indian Al-Chemy or Rahana Mehdi Hassan
- 17-Bibliography of pharmacognosy of Medicinal Plants, R. Mitra, EBIS  
Lukhnow
- 18-Chemistry of Medicinal Plants, CCRUM, New Delhi.
- 19-Flora of British Index : J.D. Hooker, BSM, Dehraddun
- 20-Fundamental of experimental Pharmacology, M.N.Ghosh, Scientific  
Book Agency, Culcutta.
- 21-Glimpses of Indian Medicinal Plants, Drug development research, R.B.  
Arora, IIHMMF, and New Delhi.
- 22-Indian Medicinal Plants, K.K. Kirtikar, Internaltiona Publication,  
Dehraddun.
- 23-Indian Medicinal Plants, B.B. Basu, Delhi periodical,Dehraddun
- 24-Instrumental method of analysis, W.H. Hobart, CBS New Delhi.
- 25-Materia Medica of the Hindus, U.G. Dutta, Mittal Publication, New Delhi.
- 26-Modern Method of plants analysis, Fcech and Tracy, Berlin.
- 27-Pharmacognosy, Phytochemistry, Pharmacology and clinical studies of  
Unani medicinal plants, S.H. Afaq, Publication Division, AMU Aligarh,
- 28-Research and development of Indigenous drugs, P.C. Dandiya IHMMR  
New Delhi
- 29-Pharmacopoeia of India, Ministry of Health and Family welfare, Delhi.
- 30-Research in Ilmul Advia, S.Z. Rehman, Publication Division AMU,  
Aligarh.

31-Standardization of Single Unani Medicine, Part-I-III, CCRUM, New Delhi.

32-Standardization of Herbal Drugs, S.H. Afaq, Publication Division, AMU Aligarh.

33-Pharmacographia Indica, H. Said, Hamdard Foundation, Karachi.

34-Physiochemical Standards of Unani Medicine, CCRUM, New Delhi,

35-Plant Micro Technique, Alexander, Tata McGraw Hill Bombay

#### **SECTIONS-IV**

### **Teaching / Learning Activities and Monitoring Learning Progress**

#### **Teaching / Learning Activities:**

All the candidates registered for MD (Unani) postgraduate degree course in various specialities shall pursue the course for the period of three years as full time students. During this period each student shall take part actively in learning and teaching activities designed by the institution university.

#### **1. Lectures:**

There shall be some didactic lectures in once science and allied fields. The postgraduate departments should encourage the guest lectures in the required areas to strengthen the training programmes. It is also desirable to have certain integrated lectures by multidisciplinary teams on selected topics.

#### **2. Journal Club:**

The journal review meetings shall be held at least once a week. All candidates are expected to participate actively and enter relevant details to the logbook. The candidate should make the presentations from the allotted journals of selected articles at least five times in a year.

#### **3. Seminars:**

The seminars shall be held at least one in a week in each postgraduate department. All candidates are expected to participate actively and enter the

relevant details in the logbook. Each candidate shall make at least five seminar presentation in each year.

#### **4. Symposium:**

It is recommended to hold symposium on topics covering multiple disciplines.

#### **5. A. Clinical Posting:**

Each trainee shall work in hospitals on regular also to acquire adequate professional skill and competency in managing various cases to be treated by the specialities.

**B. Periodicals:** Concerned postgraduate department should work out the programme initiating R.G.U.H.S.

#### **6. Clinico Pathological Conference:**

The clinico pathological conferences should be field once in a month moving the lectures and concerned clinical departments. The candidate should be encouraged to present the clinical details, Radiological and histo-pathological interpretations and participate in the discussion.

#### **7. Teaching Skills:**

All the trainees shall be encouraged to take part in undergraduate teaching programmes either in the form of lecturers or group discussions in the subjects.

#### **8. Continuning Education Programme:**

Each postgraduate department shall organize these programmes on regular basis involving the other institutions. The candidates shall be encouraged to attend the programme conducted elsewhere.

#### **9. Conferences:**

The candidates shall be encouraged not only to attend conferences / workshops

Advance courses but also to present at least one paper at state / national

competence meetings during the training period.

**10. Rotation & Posting in othe departments:** To bring in more integration between the competence and allied fields each postgraduate department shall work out a programme to locate the trainees in related disciplines

**11. Dissertation:**

Trainees shall prepare the dissertation based on clinical or experimental work on any other conducted by them under the supervision of the postgraduate guide.

**Monitoring Learning Progress:**

It is essential to monitor the learning progress of each candidate through continuatins approval and regular assessment. It not only helps teachers to evaluate students but also student to evaluate themselves. The monintoring be done by the staff of the department based on participation of students in various treaching / learning activities. It may be structured and assessment be done using checklist that assess various aspects. Model cheklists are given in this chapter, which may be copied and used.

The learning out comes to be assessed should be included.

- a) Personal attitudes
- b) Acquisition of Knowledge
- c) Clinical and operative skills
- d) Teaching skills

**i) Personal Attitudes:**

The essentials are:

- Daring attitudes
- Initative
- Oranisationl ability
- Potential to cope with stressful on undertakes responsibility.

- Trust worthiness and reliability
- To understand and communicate intelligibly with patients and others
- To behave in a manner that establishes professional relationships with partners and colleagues.
- Ability to work in team
- A critical enquiring approach to the acquisition of knowledge.

The method used mainly consists of observation. It is appreciated that these items require in degree of subjective assessment by the guide supervision and peers.

#### **ii) Acquisition of Knowledge:**

The methods used comprise of logbook, which records participation in various teaching / learning activities by the students. The number of activities attended and the number in which presentations are made to be recorded, the logbook should periodically be validated by the supervisors some of the activities are listed, the list is not complete institutions may include additional activities if so, desired.

Journal review meeting (Journal Club) – The ability to do literature search, in depth study, presentation skills and use of audio visual aids are to be assessed.

Faculty members and peers attending the meeting using a checklist make the assessment.

Seminars / Symposium: The topics should be assigned to the students' well in advance to facilitate in depth study. The ability to do literature search, in depth, presentations skills and audio visual aids are to be assessed.

Clinico-pathological conferences: This should be multidisciplinary case study of an interesting case to train the candidate to solve diagnostic and

therapeutic problems by using an analytical approach. The presenter (s) are to be assessed using a checklist similar to that used for seminar.

Day-to-Day work: Skills in outpatients and ward work should be assessed periodically. The assessment should include the candidate's sincerity and punctuality, analytical ability and communication skills.

Clinical meetings: Candidates should periodically present cases to his/her peers and faculty members. This should be assessed using a checklist.

Clinical and procedural skills: The candidate should be given graded responsibility to enable learning by apprenticeship. The guide assesses the performance by direct observation. The student in the logbook records particulars.

### **iii) Teaching Skills:**

Candidate should be encouraged to teach undergraduate students and interns if any. This performance should be based on assessment by the faculty members of the department and from feedback from the undergraduate students.

### **IV) Periodic Test:**

The concerned departments may conduct three tests, two of them be annual tests, one during the first year and the other in the second year. The third test may be held three months before the final exam. The tests may include written papers, practicals clinical and viva voce.

### **v) Work Diary / Log Book:**

Every candidate shall maintain a work diary and record his / her participation in the training programmes conducted by the department such as journal reviews, seminars etc. special mention may be made for the presentations by the candidate as well as details of clinical or laboratory procedures if any conducted by the candidate.

#### **vi) Records:**

Records, logbooks and marks obtained in the test will be maintained by the head of the department and will be made available to the University or CCIM.

**Logbook:** The logbook is a record of the important activities of the candidates during the training, internal assessment should be based on the evaluation of the logbook. Collectively logbooks are the tests for the evaluation of the training programme of the institution, by the external agencies. The records included academic activities as well as the presentations and procedures carried out by the candidates.

Format for the logbook for the different activities of the candidates is given in table 1,2, and 3 of chapter IV. Copies may be used by the instructions.

**Procedure for defaulters:** Every department should have a committee to review such situations. The defaulting candidate is counseled by the guide and head of department. In extreme case of default the departmental committee may recommended the defaulting candidate to withheld from appearing the examination, if she/he fails to fulfil the requirements in spite of being given adequate chances to see himself/herself right

## Format of Merit Checklist and Logbook

### For Monitoring Learning Progress

### Checklist – I

#### Model Checklist for Evaluation of Journal Review Presentation

Name of the Candidate:

Date :

Name of the faculty/observer:

<b>S. No.</b>	<b>Items of Observation during Presentation</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Article chosen was					
2	Extent of understanding of scope and objective of the candidate					
3	Whether cross reference has been consulted					
4	Whether other relevant publication consulted					
5	Ability to respond to questions on the paper / subject.					
6	Audio-Visual aids used					
7	Ability to defend the paper					
8	Clarity of presentation					
9	Any other observation					
	<b>Total Score</b>					

## Checklist – 2

### Model Checklist for Evaluation of Seminar Presentation

Name of the Candidate:

Date:

Name of the faculty observer:

<b>S. No.</b>	<b>Items of Obsrvation during Presentation</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Whether other relevant publications consulted					
2	Whether cross reference has been consulted					
3	Completeness of the preparation					
4	Clarity of presentation					
5	Understanding the subject					
6	Ability to answer the questions					
7	Time scheduling					
8	Appropriate use of Audio-Visual aids					
9	Overall performance					
10	Any other observation					
	<b>Total Score</b>					

### Checklist – 3

## Model Checklist for Evaluation of Clinical Work in OPD and Ward

Name of the Candidate:

Date:

Name of the faculty observer:

<b>S. No.</b>	<b>Items of Observation during Presentation</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Regularity of attendance					
2	Punctuality					
3	Interactin with colleagues and supporting staff					
4	Maintenance of Case records					
5	Presentation of cases					
6	Investigations work up					
7	Chair side manners					
8	Rapport with patients					
9	Overall quality of clinical work					
	<b>Total Score</b>					

## Checklist – 4

### Evaluation form for Clinical Presentation

Name of the Candidate:

Date:

Name of the faculty observer:

<b>S. No.</b>	<b>Items of Observation during Presentations</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Completeness of history					
2	Whether all relevant points elicited					
3	Clarity of presentation					
4	Logical order					
5	Mentioned all positive and negative					
6	Accuracy of general physical examinations					
7	Diagnosis : whether it follows logically from history and findings					
8	Investigations required complete list relevant order interpretations of investigations					
9	Ability to react to questioning. Whether it follows logically from history and findings					
10	Ability to defend diagnosis					
11	Ability to justify differential diagnosis					
12	Others					
	<b>Total Score</b>					

## Checklist – 5

### Model Checklist for Evaluation of Teaching Skill

Name of the Candidate:

Date:

Name of the faculty observer:

<b>S. No.</b>		<b>Strong Point</b>	<b>Weak Point</b>
1	Communication of the purpose of the talk		
2	Evokes audience interests in the subject		
3	The introduction		
4	The sequence of ideas		
5	The use of practical examples and or illustrations		
6	Speaking style (enjoyable, monotonous etc, specifit)		
7	Attempts audience participation		
8	Summary of the main points at the end		
9	Asks questions		
10	Answer questions asked by the audience		
11	Rapport of speaker with his audience		
12	Effectiveness of the talk		
13	Uses Audio-Visual aids appropriately		

## Checklist – 6

### Model Checklist for Dissertation Presentation

Name of the Candidate:

Date:

Name of the faculty observer:

<b>S. No.</b>	<b>Point to be considered</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Interest show in selecting topic					
2	Appropriate review					
3	Discussion with Guide and Faculty					
4	Quality of Protocol					
5	Preparation of Proforma					
	<b>Total Score</b>					

## Checklist – 7

### Continuatiuous Evaluation of Dissertation Work by Guide , Co-Guide

Name of the Candidate:

Date:

Name of the faculty observer:

<b>S. No.</b>	<b>Items of Obsrvation during Presentations</b>	<b>Poor 0</b>	<b>Below Average 1</b>	<b>Average 2</b>	<b>Good 3</b>	<b>Very Good 4</b>
1	Periodic consultation with Guide/Co-Guide					
2	Regular collection of case material					
3	Depth of Analysis / Discussion					
4	Department presentation of findings					
5	Others					
	<b>Total Score</b>					

**Checklist – 8**  
**Over All Assessment Sheet**

Date:

Activity	Mean Score						
	A	B	C	D	E	F	G
1-Journal Clubs							
2-Seminars							
3-Clinical Work							
4-Clinical Presentation							
5-Teaching Skill							
6-Dissertation							

\*Key:

Mean Score: It is calculated based on all the score of checklists 1 to 7 a candidate

\*A,B.....Name of the candidate

Signature of HOD

Signature of Principal

**Note:** The above over all assessment sheet used along with the logbook should form the bases for certifying satisfactory completion of course of study in addition to the attendance requirement.





# LOG BOOK

Table-3

## Diagnostic and Operative Practical (Ilaj Bid Tadbeer) Regimental Therapies Procedures Performed

Name :

Admission Year:

College:

Date	Name	OP No.	Procedure	Category O.A. PA, PI

Key:

- Q : Wasted up and observed. Initial 6 months of admission.
- A : Assisted a more senior surgeon/physician – I year MD/MS (Unani)
- PA : Performed procedure under the direct supervision of senior Physician/surgeon – II year MD (Unani)
- PI : Performed independently – III year MD (Unani)

## **SECTION-V**

# **Medical Ethics**

### **Sensitisation and Practice**

#### **Introduction**

There is now a shift from the traditional individual patient doctor relationship and medical care. With the advance in science and technology and the needs of the patients, their families and the community, there is an increasing concern with the with the health of society. There is a shift to greater accountability to the society. Doctors and health professionals are confronted with many ethical problems. To accomplish the goal and general objectives stated in section-2 and develop human values it is urged that ethical sensitization be achieved by lectures or discussion on ethical issues, direction of ethical care that have important ethical components and by including ethical aspects in discussion in all case presentation, heside rounds and academic programme.

#### **Course Contents**

Introduction to medical ethics

What is ethics?

What are values and norms?

Relationship between being Ethical and human fulfillment

How to form a value system in ones personal and professional life

Heteronomous Ethics and Antonomous Ethics

Freedom and personal responsibility

Definition of Medical ethics

Medical Ethics is regulating this living by the individual, the professional and the society all doing their duties. Any transgressior is a disease of the individual, the professional and the social. Unani systems of Medicine offer

rules conducive to the increase of this span by Ilaj bid tadbeer. The Rijuvinative therapy, maintenance of health (Sehat), by following the principles of Asbaab e Sitta Zarooriya, by physical measures, Medication (Ilaj Bid Dava) and concern of the soul and Sprit (Ilaj e Roohani). Of these, the spiritual concern is of the basic value, as it would treat successfully the bodily as well as the mental life. The advice and the measures given by Unani covers literally all man's life they are of the food (Ghiza), the types of habits (Aadat), and engagements (Harkaat) indulged in and the types of the ideas thought about and the general inclinations of the mind (Nafsiyat)

Major principles of medical ethics

Beneficence = Fraternity

Justice = Equality

Self determination (Autonomy) = Liberty

Perspective of Medical ethics

The Hippocratic Oath : This Oath which is very popular in all the Medical systems was introduced by the Father of Unani Medicine Hippocrates is taken at the end .0of the Education, Which has its own importance in the motivation and stress the needs and many aspects of Medical ethics.

The declaration of Helsinki

The WHO declaration of Geneva

Internaltional Code of Medical Ethics (1993)

Medical Council of Indian code of Ethics

Ethios of the Individual

The patient as a person

The concept of disease

The Physicain : Patient Relationship

The rights to be respected

Truth and confidentiality

The autonomy of decision

The right to health

Ethics of Behaviour modification

Organ donation

The family and Society in Medical Ethics

Family Planning Perspectives

Prologation of Life

The Ethics of human Sexuality

Advance life directives – the living will

Euthanasia