

1.3.1 The institution integrates cross – cutting issues relevant to gender, environment and sustainability, human values, health determinants, Right to health and emerging demographic issues and Professional Ethics in to the curriculum as prescribed by the university/respective regulative councils.

The Curriculum for BHMS and MD integrates the cross cutting issues relevant to gender, environment and sustainability, human values, health determinants, Right to health and emerging demographic issues and Professional Ethics for developing professional competencies including enhancement of ethical, moral, human values and awareness of environment, thereby leading to the holistic development of the students. The topics are rooted in the curriculum for Undergraduate and Post graduate programs.

Issues	Course/program	Relevance
Gender	B.H.M.S. M.D.(Hom.)	Equal opportunities are given to both the genders in terms of admission, employment, training programs, Arts, Sports and various other activities of the college. Male and Female students are equally made members of various committees, clubs associated with academic, curricular and co-curricular activities of college. The gender equity is promoted through the activities of Women's Welfare Cell, Equal opportunity cell, Sexual Harassment and prevention Cell and Anti Ragging committee. The committee sensitises students on the basic dimensions of the biological, sociological, psychological and legal aspects of gender. Students develop a sense of empowerment and understand how gender discrimination can be overcome in our society. International Women's Day is celebrated yearly in our institution by the Women's Welfare Cell. Gender empowerment measures are included in the curriculum of community medicine under the chapter Determination of Health. Students are made to participate in Nationwide competitions to create awareness about the legal rights of women.
Environment and sustainability	Community Medicine	In order to sensitise students about environment and sustainability issues chapters are introduced in the syllabus of community medicine. The study of disease is really the study of man and his environment. Environment and Health chapter in the subject deals with the issues of the environment and the health. Various activities like

		planting of saplings, observance of World Environment day , Hand wash trainings, sanitation programs, health awareness programs are conducted by our institution in collaboration with several NGO's. Swachh Bharath activities, National Service Scheme, Red Ribbon Club ,Youth Red Cross units of the institution takes efforts to involve students in the planning and conducting of the programs for the community. Water Harvesting and Conservation methods are taught and adopted by the institution for the environmental sustainability. Green House, herbal garden are maintained by the Department of Pharmacy.
Human Values	Community Medicine	Human Values are imparted to the students through theoretical and practical teachings. The students are given knowledge on human values and morals through the philosophical teachings of Organon of Medicine, training sessions in clinics, case perceiving from patients. Blood Donation campaigns are conducted regularly by the institution. Diploma in Yoga and Youth Empowerment is given as a value added course for the students. Students are engaged in community oriented activities during their program of study which helps in inculcating values, ethics and socially responsible qualities
Health Determinants	Community Medicine	Community medicine subject is of utmost importance, and throughout the period of medical studies the attention of the student is directed to the importance of preventive medicine and the measures for the promotion of positive health. The student is made well conversant with the National health problems both rural as well as urban areas. Students are assigned with the responsibilities to play an effective role not only in the field of curative but also in prevention and social medicine. The curriculum provides scope for students to understand about the role of community in determination of positive health.
Right to Health	Community Medicine	The concept of Right to Health is incorporated in community medicine under the chapter Concept of

		Health and Disease. Students are made aware of the Rights of Health through their clinical postings and training programs.
Demographic Issues	Community Medicine	Community medicine subject is vitally concerned with the demography and its statistics. The students are exposed to the major health issues of the community and statistical data studies are done. Health surveys are conducted by the students and data analysis are done which provides knowledge on various demographic issues of the community. Socio- Economic health surveys are also conducted by the students.
Professional Ethics	Forensic medicine	The professional ethics is delivered to students through Forensic medicine. The subject is of practical importance as homoeopaths are employed by Government in areas where they face medico-legal cases. Legal Procedures, medical Ethics, professional ethics and code of conducts are taught to students through forensic medicine. Medical Law and Ethics chapter Forensic medicine deals with the Duties of medical Practitioners, Professional secrecy, Professional Negligence etc to students. Legal awareness classes are provided to students by expert faculties. Clinical exposure also provide practical knowledge to students on the professional ethics.



[Signature] Principal

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 TAMIL NADU - 629 161



**Sarada Krishna
Homoeopathic Medical College
Kulasekharam, Kanniyakumari Dist., Tamil Nadu**

**DEPARTMENT OF COMMUNITY MEDICINE
HEALTH SURVEY 2013- 2018**

Sl.No	Year & Month	Date	Place	Participants				No. of houses visited	Total population visited
				MO	PGs	Intern	Students		
1.	2013 April	2.4.2013 to 6.4.2013	Chadayamangalam (NSS)	3	6	15	45	828	3401
2.	2013, April	23.4.2013 to 25.4.2013	Nullivilai (Interns)	6	5	54	-	889	3542
3.	2013, Dec	9.12.2013 to 10.12.2013	Devicode (Interns & Students)	2	-	-	57	1083	4594
4.	2014, April	13.5.2014 to 14.5.2014	Puliyooralai (Interns)	3	-	54	-	765	3155
5.	2014, Oct	16.10.2014	Mancode (IV BHMS)	5	6	-	79	766	2742
6.	2015, April	21.04.2015 to 23.04.2015	Kovalam (NSS)	11	-	-	50	625	2722
7.	2015, May	15.05.2015, 16.05.2015	Manjalumoodu (swasthyarakshan)	5	-	-	85	944	4002
8.	2015, July	27.7.2015 to 28.7.2015	Pechipparai (Interns)	5	5	67	-	503	2044
9.	2015, Nov	24.11.2015 to 25.11.2015	Kadayalumoodu (IV BHMS)	2	-	-	93	728	2867
10.	2016, March	1.3.2016 to 4.3.2016	Vellamadam (NSS)	4	-	-	56	1364	5587
11.	2016, Nov	8.11.2016 to 9.11.2016	Pacode (IV BHMS)	2	-	-	83	872	3487
12.	2016 Nov	28.11.2016 to 1.12.2016	Thoothoor (NSS)	5	-	-	56	554	2407
13.	2017 Feb	13.2.2017 to 14.2.2017	Manjalumoodu (Internee)	11	-	79	-	1228	4429

14.	2017 May	29.5.2017 to 30.5.2017	Ayacode (Internees)	7	7	83	-	1333	5094
15.	2017 Oct	23.10.2017 to 24.10.2017	Colachel (IV BHMS)	11	4	-	97	1504	6283
16.	2017 Dec	10.12.2017 to 16.12.2017	Vellimalai	10	-	-	50	1504	6283
17.	2018 April	16.4.2018to 17.04.2018	Vellancode (Internees)	15	-	83	-	882	3202

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[Signature]
Head of the Department

X. CHILD LABOURS:

Present

Absent

If Present

Sl.No.	5-10 yrs	10-14yrs	Type of work
1.			
2.			
3.			

XI. TYPES OF DISEASES MOST PREVALENT IN THE FAMILY:

Communicable Diseases		Non Communicable Diseases		Others	
AIDS	Tuberculosis	Allergies		Nutritional Problems	
Amoebiasis	Viral Fever	Cancer			
Chicken Pox	Others	COPD			
Cholera		Bronchial Asthma			
Dengue Fever		Rheumatism			
Diarrhoea		Diabetes Mellitus		Occupational Diseases	
Enteric Fever		Rethitus			
Filariasis		Hypertension			
Hepatitis		Goitre			
Leprosy		Others		Perentic Infection	
Malaria					
Measles					
Mumps					

XII. TREATMENT TAKEN BY THE FAMILY MEMBERS DURING THE LAST ONE YEAR

	Illness	Place of Treatment. (specify Private or Govt.)	System of Treatment	Reason for preference	Total care
MAJOR					
MINOR					

XIII. TREATMENT ADOPTED:

1. System of Treatment preferred:	Allopathy	Ayurveda	Homoeopathy	Siddha	Unani	Others
2. Why Homoeopathy Preferred (if So)?						
3. Whether aware about Homoeopathy?						
4. a. Whether familiar with SKHMC Hospital / Rural Health Centre?						
b. Whether visited Collegiate Hospital/ RHC for treatment or not?						
c. Why the treatment discontinued? (if so)						

XIV. DATA GATHERING

1. Date(s) of Data Gathered

From Whom Data Gathered



1. Data Gathered by (Name & Designation with initial)

- a.
- b.
- c.
- d.
- e.

Name & Signature of the Supervisor

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	Water Supply	Mode of Refuse disposal	Mode of Excreta disposal
	(No. of houses)		
Sanitary			
Insanitary			

Mosquito breeding places	
Present	If Present
Absent	Ward -
	Place -

Fly breeding places	
Present	If Present
Absent	Ward -
	Place -

Types of Roof (No. of house)		Types of Floor (No. of house)			Ventilation (No. of house)		Electricity Connection		Surrounding Atmosphere	
Concrete		Cement			Good		Present		Humid	
Tiled		Mosaic							Dry	
		Tiled								
Asbestos		Marble			Poor	Absent		Hilly		
Leafy		Granite								
		Muddy								

(Numbers)

Sources of Pollution	Absent	Present	If present,
Air			Ward Place
Noise			Ward Place
Water			Ward Place

Permanent Sterilization (18-50 yrs.)
(Considered the whole adult persons in reproductive age group)

Males	
Females	
Total	

Immunization upto 5 yrs. of age

(Number of people)

Status of	Good	Poor
Health		
Nutrition		

Taken	
Not Taken	

Immunization during Pregnancy

	Present yr. (2008)	Previous yrs. (2002-2007)
Tetanus toxiod taken		
Not Taken		
Effectiveness of Immunization		

vital events during last 5yrs. (No. of person)

1. Death

	Reason	2003	2004	2005	2006	2007	2008
Infant Mortality							
Under 5 Mortality							
Maternal Mortality							

2. Birth

	Date of Birth	Sex of child
2003		
2004		
2005		
2006		
2007		
2008		

Death During last 5'ysr. (whole population)

Age	Sex	Cause of Death	2003	2004	2005	2006	2007	2008

Disability

1. Handicapped (No. of Persons)

	Congenital	Accident	Disease
Male			
Female			
Total			

2. Permanent Bed-Ridden Patients (No. of Persons)

Respiratory System	Digestive System	Excretory System	Circulatory System	Central Nervous System	Others
Male					
Female					
Total					

3. Mental Disease : (No. of Persons)

Genetic Disease	Hormonal Defects	Mental confusion Stress strain
Male		
Female		
Total		

4. Common diseases prevailing in the locality :

Child Labour Present Absent

If Present

Sl.No.	5-10 yrs.	10-14 yrs.	Type of work

5. Types of diseases most prevalent in the family

	Disease	Male	Female	Total	Duration (2007-08)
Communicable Disease					
Non Communicable Disease					
Others : Nutritional problems					
Occupational diseases					
Parasitic infestations					

Treatment adopted :

System of treatment preferred

System	Number of persons
Allopathy	
Ayurveda	
Homoeopathy	
Siddha	
Unani	
Others	

Number of persons awakened about Homoeopathy.

Number of persons familiar with SKHMC Hospital / Rural Health Centre.

Number of persons visited the collegiate Hospital / the RHC for treatment



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COMMUNITY MEDICINE

Instructions:

I (a) Physician's function is not limited merely prescribing homoeopathic medicines for curative purpose, but he has wider role to play in the community;

(b) He has to be well conversant with the national health problems of rural as well as urban areas, so that he can be assigned responsibilities to play an effective role not only in the field of curative but also preventive and social medicine including family planning.

II This subject is of utmost importance and throughout the period of study attention of the student should be directed towards the importance of preventive medicine and the measures for the promotion of positive health.

III (a) During teaching, focus should be laid on community medicine concept, man and society, aim and scope of preventive and social medicine, social causes of disease and social problems of the sick, relation of economic factors and environment in health and disease;

(b) Instructions in this course shall be given by lectures, practicals, seminars, group discussions, demonstration and field studies.

Third B.H.M.S

A. Theory:

1. Man and Medicine
2. Concept of health and disease in conventional medicine and homoeopathy
3. Nutrition and health

- (a) Food and nutrition
- (b) Food in relation to health and disease
- (c) Balanced diet
- (d) Nutritional deficiencies, and Nutritional survey
- (e) Food Processing
- (f) Pasteurisation of milk
- (g) Adulteration of food
- (h) Food Poisoning

4. Environment and health

- (a) air, light and sunshine, radiation.
- (b) effect of climate
- (c) comfort zone
- (d) personal hygiene
- (e) physical exercise
- (f) sanitation of fair and festivals
- (g) disinfection and sterilisation
- (h) atmospheric pollution and purification of air
- (i) air borne diseases

5. Water

- (a) distribution of water; uses; impurities and purification
- (b) standards of drinking water
- (c) water borne diseases
- (d) excreta disposal
- (e) disposal of deceased.
- (f) disposal of refuse.
- (g) medical entomology- insecticides, disinfection, Insects in relation to disease, Insect control.

6. Occupational health

7. Preventive medicine in pediatrics and geriatrics

Fourth B.H.M.S

A. Theory:

1. Epidemiology

- (a) Principles and methods of epidemiology
- (b) Epidemiology of communicable diseases:
 - General principles of prevention and control of communicable diseases;
- (c) Communicable diseases: their description, mode of spread and method of prevention.
- (d) Protozoan and helminthic infections- Life cycle of protozoa and helminthes, their prevention.
- (e) Epidemiology of non-communicable diseases: general principles of prevention and control of non- communicable diseases
- (f) Screening of diseases

2. Bio-statistics

- (a) Need of biostatistics in medicine
- (b) Elementary statistical methods
- (c) Sample size calculation
- (d) Sampling methods

- (e) Test of significance
- (f) Presentation of data
- (g) Vital statistics

3. Demography and Family Planning; Population control; contraceptive practices; National Family Planning Programme.
4. Health education and health communication
5. Health care of community.
6. International Health
7. Mental Health
8. Maternal and Child Health
9. School Health Services
10. National Health Programs of India including Rashtriya Bal Chikitsa Karyakram.
11. Hospital waste management
12. Disaster management
13. Study of aphorisms of organon of medicine and other homoeopathic literatures, relevant to above topics including prophylaxis.

B. Practicals:

1. Food additives; food fortification, food adulteration; food toxicants
2. Balanced diet
3. Survey of nutritional status of school children, pollution and Water purification
4. Medical entomology
5. Family planning and contraception
6. Demography
7. Disinfection
8. Insecticides

Field Visits

1. Milk dairy
2. Primary Health Centre
3. Infectious Diseases Hospital
4. Industrial unit
5. Sewage treatment plant
6. Water purification plant

Note:

1. For field visits, Annexure 'B' has to be kept in view.
2. Students are to maintain practical records or journals in support of above practical or field visits.
3. Reports of the above field visits are to be submitted by the students.
4. Each student has to maintain records of at least ten infectious diseases.

C. Examination:

There will be examination of the subject only in Fourth B.H.M.S (and not in III BHMS). Besides theory examination there shall be a practical or clinical examination including viva-voce as per following distribution of marks-

1. Theory:

- 1.1. Number of papers - 01
1.2. Marks: 100

2. Practical including viva voce oral:

2.1. Marks: 100

2.2. Distribution of marks;

2.2.1. Spotting

Marks

30

2.2.3. Journal or practical records
(including field visit records)

20

2.2.4. Viva voce (oral)

50

Total

100



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