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	Medicine Service Servi	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 medicolegal 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.



PRINCIPAL

SARADA KRISHNA HOMOFOPATHIC MEDICAL COLLEGE

KULASEK HARAM , KANYAKUMARI DISTRICT.

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				Pa	rticipant	ts	No. of houses	Total population
	& Month	Date	Place	МО	PGs	Intern	Students	visited	visited
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	Puliyoorsalai (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,	15.05.2015, 16.05.2015	Manjalumoodu (swasthyarakshan)	5	-	-	85	944	4002
8.	May 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	. <del>.</del>	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	2.5	83	•	882	3202

PRINCIPAL

BARADA KRISHNA HOMOBOPATHIC MEDICAL COLLEGE

KULASEEHARAM "KANYAKUMARI DISTRICT.

TAMIL NADU - 629 161

Head of the Department

### SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL

Kulasekharam, Kanyakumari District, Tamil Nadu-629 161.

### DEPARTMENT OF COMMUNITY MEDICINE

### Health Survey - Family Folder

No.

District:	Taluk / Block:	Panchayat :	
Ward No.	Place:	House Name:	House No:
Domicile: Native/Emigran	t/Tenant/Immigrant	Religion:	Caste:
Type of Family	:NUCLEAR/JOINT/EXTENI	DED Ventilation	: POOR / GOOD
Type of House	:KUCHA/PUKKA/MIXED	Number of Rooms	:
Source of Water Supply	:SANITARY/INSANITARY	Electricity Connection	n :YES/NO
Mode of Excreta Disposal	:SANITARY/INSANITARY	Surrounding Atmosph	here : HUMID/DRY/HILLY AREA
Mode of Refuse Disposal	:SANITARY/INSANITARY	Source of Water Poll	ution (If any) :
Mosquito Breeding Places	: PRESENT/ABSENT	Source of Air Polluti	on (If any):
Fly Breeding places	: PRESENT/ABSENT	Health status	: GOOD / POOR
Type of Roof	:CONCREATE/TILES/LEAF	Y Nutritional status	: GOOD / POOR
Type of Floor	:TILES/CEMENT/MARBLE	/GRANITE/MUDDY	

+			ARSOI	FFAMILYMEMBERS							
No	Name	Relation to Head of Family		Mari- tal status	Lit- eracy	Occupa- tion	Monthly Income	Habits	Birth defects if any	Present Morbid- ity if any	Morbidity, during the last one year
*1.		FH									
2.											
3.											
4.											
5.			T								
6.											
7.						21					
8.											

\* The Ist column for the Family Head Relationship : FH - Family Head, H - Husband, W - Wife, F - Father, M - Mother, S - Son, D - Daughter, GF - Grand Father, GM - Grand Mother, GS - Grand Son, GD - Grand Daughter, FL - Father-in-law, ML - Mother-in-law, SL - Son-in-law, DL - Daughter-in-law, U- Uncle, A- Aunte, Ad - Adopted, MS - Male Servant, FS - Female Servant. Marital Status: UM - Unmarried, M - Married, D - Divorced, S - Separated, W - Widow, Wr. - Widower. : I - Illliterate, L - Just Literate, PS - Pre School (3 - 5 Yrs), A - Anganwadi / N - Nursery, P - Primary (1-5), Literacy M - Middle (6 - 8), H - High School (9 - 12), U - University. Occupation : P - Professional, US - UnSkilled, S - Skilled, SS - Semi Skilled, UE - Unemployed, HW - House Wife, O - Others. 0 Birth Defects: V-Vision, L-Learning, S & H-Speech & Hearing, LM-Loco Motor, MR-Mental Retardation. : EF - Enteric Fever, C - Cholera, TB - Tuberculosis, HD - Leprosy, Pneu - Penumonia, PID - Pelvic Inflamatory Disease, Can - Candidiasis, T - Tinea, My - Mycosis, MI - Malaria, FI - Filariasis, W - Worm Infestations, S - Scabies, Eh - Amoebiasis, CP - Chicken Pox, M - Measles, Mu - Mumps, R - Rubella, P - Polio, H - Hepatitis, DF - Dengue Fever, D VF - Viral Fever, HIV, CHD - Coronary Heart Disease, HTN - Hypertension, CA - Cancer, DM - Diabetes Mellitus, COPD - Chronic Obstructive Pulmonary Disease, OA - Osteo Arthritis, RA - Rheumatoid Arthritis, Nutritional Deficiency, V - Vitamin, PEM - Protein Energy Malnutrition, A - Anemia, G - Goiter, S - Silicosis, D - Dermatitis, BA - Bronchial Asthma.

II. HABITS:	Alcohol	Beedi	Cigarette	Drugs	Tobacco Chewing	Others	Vegn,	Non Vegn.
Keywords:	A	В	С	D	тс	0	v	NV
Male								
Female								
Total								-

## III. IMMUNISATION ETC. OF CHILDREN UPTO 5 YRS. OF AGE

No.	Name of Child	Date of Birth	Birth Weight	BCG 'O' dose Polio	OPV,I II, III Booster	DPT I, II, III Booster	MMR	Measles	Hepatitis 'B'	Chicken Pox
1										
2.										211
3.										
4.				1			THE T			
5.			Me F							

## IV. FAMILY PLANNING ACCEPTANCE (Early: Female below 18 yrs, Male below 21 yrs, Late-above 35 yrs)

No.	Name of the Couple	Age at Marriage	E-Early L-Late	Age of Mother at birth of 1st Child	Age of living birth Children 1,2,3,4,5	Knowledge of Family Planning methods specify	Practice of Family Planning methods / specify	Remarks
1.								
2.								
3.								
4.			3					

IV. IMMUNISATION DURING PREGNANCY	IV. IMI	MUNISA	TION DU	RING 1	PREGN.	ANCY:
-----------------------------------	---------	--------	---------	--------	--------	-------

Tetanus Toxoid- Taken	TT-Not Taken

# V. VITAL EVENTS (Vital events during the last 5 yrs.) 1. Birth

Date	And constant	**		Diago of Dalissans	Time of Delivery	Regis	tered
Date	Month	Year	Sex	Place of Delivery	Type of Delivery	Yes	No
			-				
					11381		
			al eth			2	
						K S	
	Date	Date Month	Date Month Year	Date Month Year Sex	Date Month Year Sex Place of Delivery	Date Month Year Sex Place of Delivery Type of Delivery	Date Month Year Sex Place of Delivery Type of Delivery Regis Yes

### 2. Death

SI.		Age	Sex	Cause of Death	Place of Death	Year of	Regis	tered
No.	Name of the Person		Care a	Cause of Death	Place of Death	Death	Yes	No
1								
2.	20 9							
3.								
4.								

VII. MOTHER AND CHILD MORTALITY (last 5 years) Reason Year Below - 5 yrs. Between 5 - 15 yrs. Mortality of Mother due to complications related with pregnancy & delivery VIILDISABILITY Present [ Absent [ 1. Handicapped: SL. No. 1. 2. If present, Causes: 3. 4. VIII. Permanent Bed - ridden Patient -IIIness-System wise: Present [ Absent [ CV Nervous Digestive Excretory SL Respiratory Others Name Age Sex System System System System System No. 2 3. VIII.MENTAL DISEASES: Present Absent Causes Patient Losses Mental Age & Genetic Hormonal Duration Accidents confusion Name defects Wealth Person defects stress Sex No. strain 1 2. 3. IX. KNOWLEDGE ATTITUDE PRACTICE: (KAP) ABOUT DISEASES: According to repondent's opinion, what are the common diseases prevailing in the locality? 4. 5. 3. HIV/ Knowledge of Cancer Others Cold DM Malaria TB Measles No. Diarrhoea AIDS Specific Discases Cough 1 Cancer 2. Spread Prevention

	Sl.No.	5-10 yrs		10-1	4yrs		Type of wor	k
a 10 ab	1							
If Present	2.						-	
							abitu -	HU
	3.							
.TYPES OF DISEASE	S MOST PREVAI	ENT IN THE FA	MILY:					7
Communi	cable Diseases	SI		Non Communica	ble Diseases		Other	s
AIDS	Tubercul	osis		Allergies		Mutaltiana	l Problems	
Amoebiasis	Viral Fev			Cancer		Nutritiona	ii Problems	
Chicken Pox	Others			COPD	_			-
Cholera				Bronchial Asthm	2			
Dengue Fever				Rheumatism	144		_	
Diarrhoea				Diabetes Mellitu	c	Occupation	nal Disease	
Enteric Fever				Rethitus		Оссирано	illi Discusc	-
Filariasis				Hypertension				
Hepatitis				Goitre	_			
Leprosy				Others		Perentic In	fection	
Malaria						1 Cicinio III	iconon	-
Measles	IN L							
Mumps								
I. TREATMENT TAK	EN DYTHE FAMI	Place of Treatment		ELAST ONE YE System of Treatment	Rea	son for erence	Total c	are
II. TREATMENT TAK		Place of	rate	The second second	Rea		Total c	are
IL TREATMENT TAK		Place of Treatment (specify Priv	rate	The second second	Rea		Total c	are
		Place of Treatment (specify Priv	rate	The second second	Rea		Total c	are
MAJOR MINOR	Illness	Place of Treatment (specify Priv	rate	The second second	Rea		Total c	are
MAJOR MINOR II. TREATMENT ADO	Illness	Place of Treatment (specify Priv or Govt.)	rate	System of Treatment	Rea	erence		
MAJOR MINOR  II. TREATMENT ADO  1. System of Tre	Illness  PPTED:	Place of Treatment (specify Priv or Govt.)	rate	System of Treatment	Rea	erence		
MAJOR MINOR  II. TREATMENT ADO  1. System of Tre 2. Why Homoeo	DPTED:	Place of Treatment (specify Priv or Govt.)	rate	System of Treatment	Rea	erence		
MAJOR MINOR  II. TREATMENT ADO  1. System of Tre 2. Why Homoeo 3. Whether awar	DPTED: eatment preferred: opathy Preferred (if	Place of Treatment (specify Priv or Govt.)	rate	System of Treatment	Rea	erence		
MAJOR MINOR  III. TREATMENT ADO  1. System of Tre 2. Why Homoeo 3. Whether awai 4. a. Whether fan	DPTED: catment preferred: opathy Preferred (in the company of the	Place of Treatment (specify Priv or Govt.)  f So)?  pathy?	rate	System of Treatment	Rea	erence		
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awai 4. a. Whether fan Hospital / Rui	DPTED: eatment preferred: opathy Preferred (if	Place of Treatment (specify Priv or Govt.)  f So)?  pathy?	rate	System of Treatment	Rea	erence		
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v	DPTED: catment preferred: pathy Preferred (in reabout Homoeogniliar with SKHM) ral Health Centre? isited Collegiate F	Place of Treatment (specify Priv or Govt.)  f So)?  pathy?  Gospital/	rate	System of Treatment	Rea	erence		
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v	DPTED: eatment preferred: opathy Preferred (if re about Homoeop miliar with SKHM0 ral Health Centre? isited Collegiate F	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	rate	System of Treatment	Rea	erence		
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v	DPTED: catment preferred: pathy Preferred (in reabout Homoeogniliar with SKHM) ral Health Centre? isited Collegiate F	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	rate	System of Treatment	Rea	erence		Other
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v RHO c. Why the t	DPTED: catment preferred: pathy Preferred (in reabout Homoeopmiliar with SKHM0 ral Health Centre? isited Collegiate For treatment or reatment discontinuous	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	Allopath	System of Treatment	Rea	y Siddha	Unani	
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v	DPTED: catment preferred: pathy Preferred (in reabout Homoeopmiliar with SKHM0 ral Health Centre? isited Collegiate For treatment or reatment discontinuous	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	Allopath	System of Treatment	Rea	y Siddha	Unani	
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v RHC c. Why the t	DPTED: catment preferred: pathy Preferred (in reabout Homoeognillar with SKHM) ral Health Centre? isited Collegiate For treatment or in reatment disconting	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	Allopath  1. Da a.	System of Treatment	Rea	y Siddha	Unani	
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v RHO c. Why the t	DPTED: catment preferred: pathy Preferred (in reabout Homoeognillar with SKHM) ral Health Centre? isited Collegiate For treatment or in reatment disconting	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	Allopath	System of Treatment	Homoeopathy Name & Desig	y Siddha  PRINCIPA  GROWDEDPATE	Unani Unani I	Other
MAJOR MINOR  1. System of Tre 2. Why Homoeo 3. Whether awar 4. a. Whether fan Hospital / Rur b. Whether v RHC c. Why the t	DPTED: catment preferred: pathy Preferred (in reabout Homoeognillar with SKHM) ral Health Centre? isited Collegiate For treatment or in reatment disconting	Place of Treatment (specify Priv or Govt.)  or Govt.)  f So)?  pathy?  dospital/	Allopath  1. Da  a. b.	System of Treatment	Homoeopath	y Siddha  PRINCIPA  GROWDEDPATE	Unani Unani I	Other

2

## Sarada Krishna . Homoeopathic Medical College Kulasekharam, Kanyakumari District, Tamil Nadu - 629 161.

## DEPARTMENT OF COMMUNITY MEDICINE

## HEALTH SURVEY EVALUATION REPORT

Pan	chay	at:							V	Vard	No.	:				P	lace	:			
Date	e(s)	of Surv	ey:						To	otal n	umb	er o	hous	es 1	visite	d:			Т		
I. Po	pul	tion																		-	
Popul (A+A	ation d+C)	Male (M) (Above 18 yrs.)	(/	male (F)	Adu (A	ilts ()	Adolecent (Ad) (15-18 yrs.	Ch	ildren (C) 5yrs.)	ferti	men le per 45yrs	iod					e Grou				
		y13.)	10	3 yrs.)									21-3	0	31-4	0 41-	50	51-6	0	Abov	re 60
											_										
II.		icile :	Т	_	-	Т	-		4		Т	vnec	of Far	nily	,	-	Tv	pes o	£11.		_
No. Hou	of	Nativ	e	Emig	grant	7	enant	Immi	igrant	Nu	clear		oint	-	tende	d Ku	cha	Pul	-	Mi	æd
												l									
		Religio			fam	ilies	)						M	arti	ial St	atus					_
Hind	us	Chris	tians	N	fuslin	ns	Others	L	Inman	ried	Ma	rried	D	ivo	rced	Sep- arate		Wido	2220	Wid- ower	
																				ŝ	
					E	luca	tion				-			÷		Oct	cupat	tion			
	Ille- rate (I)	Just Illetera te (J)	Pr sch (P	s)	Ang anw adi (A)	Nur sery (N)	1.577	Mid -dle (M)	Hig Scho (H)	ol v	ini ers ty U)	Oth- ers	Profe ssions (P)	al l	Ski- lled (S)	Un- skilled (US)	Sem skill (SK	i- l	Un- emp IE)	House wife (HW	Oth
M										1	,			1							
F						Ú															
otal	_				_																
-		Hab	its :	Popu	ılatio	n B	asis - (N	n of P	erson	e)	-			M	- bld		_	-		D .	
	Alc	o Bee	di	Cigar	a D	nıgs	Tobacc	0 0	thers	Vegn	11000	Von.	Dis case	$\overline{}$	orbid ision	Lear- ning		eech and	L	Defection of the contract of t	Ment retard
А					+			+			-			-				aring	-		ол
								-			-						-		-	-	
nd I					1	-		-			-	_		-	-				-		

	Water Supply	Mode of Refuse disposal	Mode of Excreta disposal
	4 - 57 kg - 1	(No. of houses)	trail-
Sanitary			
Insanitary			

Mos	quito breeding places	
Present	If Present	
	Ward -	
Absent	Place -	

F	ly breeding places
Present	If Present
Tresent	Ward -
Absent	Place -

Types of Roof		Types o	fFloor	Ventilation	Electricity	Surrounding	
(No. of ho	use)	(No. of	house)	(No. of house)	Connection	Atmosphere	
Concrete		Cement					
Tiled		Mosaic		Good	Present	Humid	
6		Tiled		- 0000	1 rescar		
Asbestos						Dry	
		Marble					
Leafy		Granite		Poor	Absent		
		Muddy				Hilly	

## (Numbers)

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

(Number of people)

Status of	Good	Poor
Health		
Nutrition		

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

Males	
Females	
Total	

Immunization upto 5 yrs. of age

Taken	
Not Taken	2

## 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
	Date of Birth

## Death During last 5'yrs. (whole population)

Age	Sex	Cause of Death	2003	2004	2005	2006	2007	2008
			5 <del>7</del>					

## Disability

## 1. Handicapped (No. of Persons)

	Cangenital	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					

	Gen Gen	etic Diseas		al Defects	Mental confu strain	sion Stres
	Ma	e				13
	Fen	nale				
	Tot	al				
Com		seases prev l Labour	ailing in the lo	ocality:	Absent	
Com				ocality :	Absent  Type of w	vork

5. Types of diseases most prevalent in the family

	Disease	Male	Female	Total	Duration (2007-08)
Communicable Disease		i.			
Non Communicable Disease			A August	-	
Others: Nutritional problems	1 100				
Occupational diseases					
Parasitic infestations				3 1 7 7	

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

PRINCIPAL

SARADA KRISHNA GOMOEOPATHIC MEDICAL COLLEGE

KULASEEHARAM , KANYAKUMARI DISTRICT.

TAMIL NADU - 629 161

#### COMMUNITY MEDICINE

#### Instructions:

- (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 bome 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
- 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
- Study of aphorisms of organon of medicine and other homocopathic 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.
- 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

2.1. 11111.5. 100	
2.2. Distribution of marks;	Marks
2.2.1. Spotting	30
2.2.3. Journal or practical records	20
(including field visit records)	
2.2.4. Viva voce (oral)	50
	-
Total	100



PRINCIPAL

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TAMIL NADU - 629 161