****************** 米 米 米 · ※ ※ Central Council of Indian Medicine * 米米米 ********* Nisabe Taleem of Mahir-e-Tib & ****** Mahir-e-Jarahat Syllabus of DOCTOR OF MEDICINE (MD-Unani) & Master of Surgery (MS-Unani) ****** 米 ********* 3 Years Degree Course Central Council of Indian Medicine 61-65, Industrial Area, *** Janakpuri, New Del hi - 110058 ***** *** *****************



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भारतीय चिकित्सा केन्द्रीय परिषद

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, आयुष विभाग, भारत सरकार के अधीन सांविधिक निकाय) कार्यालय : 61-65 संस्थानिक क्षेत्र, जनकपुरी, नई दिल्ली-110058

CENTRAL COUNCIL OF INDIAN MEDICINE

(A Statutory Body under the Ministry of Health & Family Welfare, Deptt. of Ayush Government of India, Constituted under the IMCC Act, 1970) Off.: 61-65, Institutional Area, Janakpuri, New Delhi-110058

PREFACE





It is with great pleasure to present before all of you the Post Graduate Syllabi in six Specialities (1. Ilmul Advia 2. Moalajat 3. Kulliyat 4. Tahaffuzi wa Samaji Tibb 5. Ilmul Qabala wa Amraze-Niswan and 6- Ilmul Jarahat) for which the well-wishers, academicians & researchers of Unani system of Medicine were looking forward.

PG courses in Unani are being conducted since long. At present eight institutes are conducting PG courses in various specialities. The need of framing the PG syllabus of Unani was felt by the Council to consolidate the syllabus of each subject in such a way that it may become more practical oriented and good specialists/clinicians may be produced.

First the syllabus of the six Specialities in which PG courses exist has been prepared by the subject experts called from all over India who after going through various workshops/meetings/interactive sessions could make the task accomplished.

The syllabus is presented in English language as the popularity of Unani System of Medicine at the International level is increasing day by day.

The work of preparing draft syllabus of remaining PG subjects in Unani System of Medicine is in the pipe line and in due course of time we will be able to formulate the syllabi of other Specialities also. The valuable suggestions from various quarters are welcome regarding the syllabus.

We thank the Dept. of Ayush, Govt. of India for moral as well as financial support to the CCIM for its smooth functioning as well as all the participants/subject experts for giving their precious time and valuable suggestions in finalising the Syllabi of the six Post Graduate Courses.

Vaidya Raghunandan Sharma President

Prof. Hakim Syed Khaleefathullah Vice President (Unani) & Chairman Unani Committee

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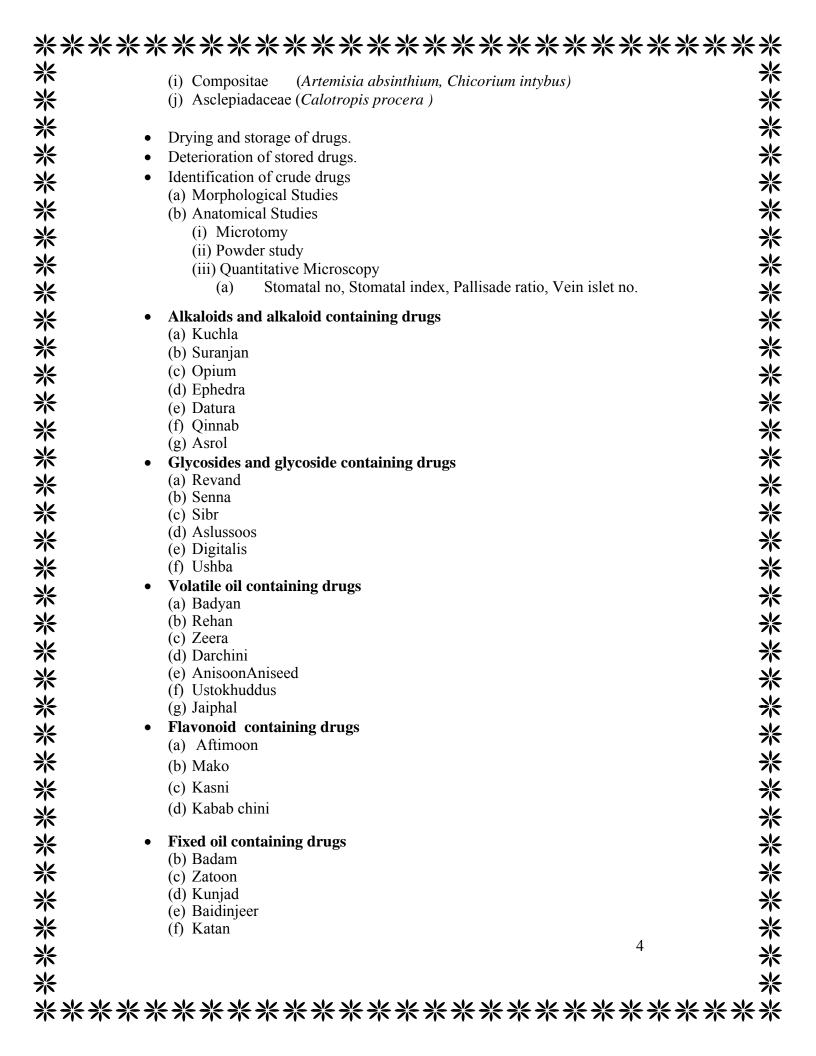
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	PRELIMINARY EXAMINATION
	ILMUL ADVIA
	PAPER – II
	Qawanine Advia (Principles of Unani Pharmacology)
•	Mavaleede salasa per mufassal tabsera, Neez Mabadiyate Advia ki ahmiyat aur zaroorat.
•	Dawa, Ghiza, Zulkhassa, Dawae Mutlaq, Ghizae Mutlaq, Dawae Ghizaie aur Ghizae Dawaie per tafseeli maloomat.
•	Mizaje Advia, Darjate Advia aur inke taayyun ka tahqeeqi jaiza.
•	Ghair maroof Advia ki makhsoos imtiyazi khusoosiyat. Ghair maroof Advia ki maloomat ke zaraye, neez ghair maroof Advia ke tajarbat per tafseeli maloomat.
•	Mukhtalif nizamhaaye jismani per Advia ke asrat.
•	Tibbe Unani mein muravvaj Ashkaale Advia per jadeed nuqtae nazar se tabsera. Tibbe Unani mein Abdale Advia ki ahmiyat, zaroorat aur muravvaj Abdale Advia ka tahqeeqi jaiza.
•	Advia mufrada ki muddate hayat, unke usool aur tahaffuz ke bare mein tafseeli maloomat.
•	Masalike Advia aur zaroori tajdeed.
•	Advia ki muzir kaifiyat aur Islah ka tahqeeqi jaiza. Tibbi Akhlaqiyat wa hidayat barai Tahqeeqat
	PAPER – III
	Ilmul wasful Aqaqeer (Pharmacognosy)
•	Introduction to pharmacognosy and its scope
•	Pharmacognostical methods used to establish the identity and purity of herbal drugs
•	Plant Nomenclature. Classification of Plant Kingdom.
•	Cultivation of medicinal plants, Good agricultural and collection practices,
	Introduction to plant tissue culture
•	Characteristic features of certain medicinally useful families (a) Solanaecae (Datura stramonium, Solanum nigrum.)
	(b) Apocynaceae (Rauwolfia serpentina, Wrightia tinctoria)
	(c) Papaveraceae (Papaver somniferum)
	(d) Liliaceae (Colchicum luteum, Aloe vera.)
	(e) Leguminosae (<i>Trigonella foenum, Acacia arabica</i>)(f) Umbellifercae (Coriandrum <i>sativum, Ferula asafoetida</i>)
	(g) Malveceae (Hibiscus rosa sinensis, Althaea officinalis)
	(h) Euphorbiaceae (<i>Ricinnus cummunis</i> .)

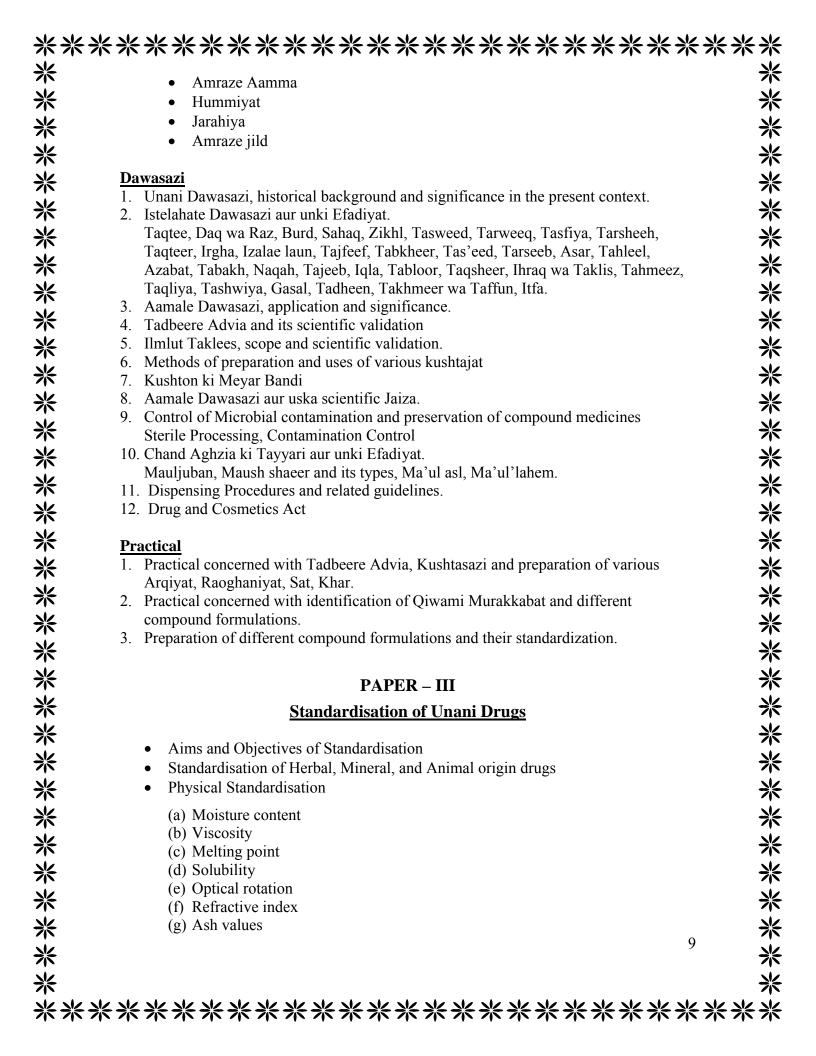


	(g) Chalmogra
•	Tannin containing drugs (a) Amla
	(b) Mazoo
	(c) Kakrasinghi
	(d) Main khurd
•	Drugs of animal origin
	(a) Sadaf
	(b) Marwareed
	(c) Marjan
	(d) Saresham Mahi
	(e) Jund bedastar
Pract	icala
Praci	icais
•	Organoleptic identification of ten medicinal plants
•	Powder identification of Sena, Aslossoos, Kishnez, Revand
•	Morphological identification of five families
•	Anatomical characteristics and dissection of root and stem of two medicinal plants
•	Floral formula and floral diagram of five medicinal plants
•	Determination of Alkaloids, Phenols, steroids, terpentenes, glycoside, saponins,
	proteins, tannins, reducing sugar, non reducing sugar, Xanthoproteins, resins,
	vitamins, crude fibres, phosphate, iron, sulphur, calcium, aluminium, nitrogen.
•	Tests for microbial contamination.
	PAPER - IV
	General, Systemic and Experimental Pharmacology
Gene	ral Pharmacology
•	Introduction
	(a) Pharmacognosy
	(b) Pharmacy
	(c) Pharmacokinetics (d) Pharmacokynamics
	(d) Pharmacodynamics(e) Therapeutics
	(f) Toxicology
	(g) Clinical pharmacology
	(h) Pharmaceutics
	(i) Clinical pharmacology
•	Routes of Administration
•	Pharmacokinetics (a) Absorption of drugs
	(a) Absorption of drugs(b) Distribution of drugs
	(c) Metabolism of drugs
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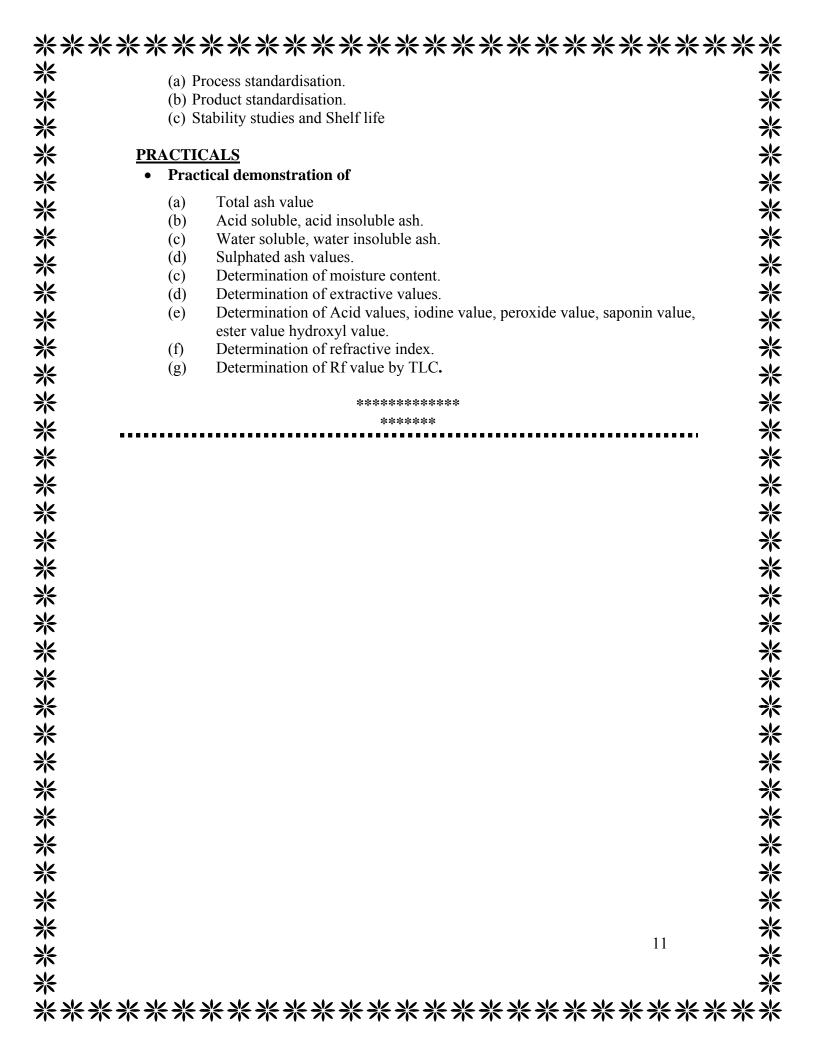
(d) Excretion of drugs	
(e) Bioavailability and half life of drugs	
(f) Dose response curve, LD_{50} , ED_{50}	
 Pharmacodynamics 	
(a) Receptor theory of drug action	
(b) Receptor Families	
(c) Receptor – ligand Binding	
(d) Factors modifying drug response	
 Pharmaco-vigilance 	
Drug interactions	
Adverse Drug Reaction	
Reporting and monitoring of ADR	
 Principles of Toxicology 	
Systemic Pharmacology	
Autonomic Nervous System	
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Sympathomimetic Drugs	
Sympatholytic Drugs	
Parasympathomimetic Drugs	
Parasympatholytic Drugs	
Anticholinestrase Drugs	
Central Nervous System	
Sedative and Hypnotics	
Opioids	
Anticonvulsants	
Antipsychotics	
Cardiovascular System	
Antihypertensive Drugs	
Drugs used in Heart Failure	
Anti anginal Drugs	
Miscellaneous	
Diuretics NSAID	
Drugs used in Peptic ulcer Antidiabetic Drugs	
Corticosteroids	
Experimental Pharmacology	
Common laboratory animals, characteristics and e	xnerimental uses
Factors affecting drug response	aperimental uses
Drug administration (Oral and IV) and withdraw of	of blood samples
Dose conversion factors	or oroug sumpress
Vehicles for animal administration	
Isolated tissue preparation	
Methods of rendering the animals unconscious	
Anaesthetics used in lab animals	
Basic equipment	
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******************* 米 ************ Physiological salt solutions 米 Standard drugs and chemicals **Bioassay** ******************* (a) Scope (b) Principles (c) Designing (d) Types **Drugs Screening** (a) Simple (b) Programmed (c) Blind Screening **Neuro-pharmacological Studies** (a) Irwin's profile (b) Smith's profile **Toxicity Studies** (a) Acute (b) Sub acute (c) Chronic studies Anticonvulsant activity Analgesic, Antipyretic, Anti-inflammatory and Anti-ulcer activities Action on cardiovascular system Hepatoprotective, Nephroprotective Activities Hypoglycemic and Hypolipidemic Activities **PRACTICALS In-vivo Experiments** To study the general pharmacology and gross behaviour in mice and rats. To study the effects of pentobarbital Induced hypnosis in mice. To study the effects of chlorpromazine on the locomotor activity using photoactometer in rats. To study the analgesic activity of morphine using tail flick method by analgesiometer in mice. To study the analgesic activity of morphine using hot plate method in mice. To study the analgesic activity of asprin using acetic acid induced writhing test in rats. To study the anti-inflammatory activity of asprin / indomethacin against carrageeneen induced paw edema in mice. To study the anticonvulsant activity of phenytoin using convulsiometer in rats. To study the antisecretory and ulcer protective effect of H₂-Blockers in rats. **In-vitro Experiments (on isolated preparations)** • To record a concentration response curve (CRC) of acetylcholine using ileum preparation in rats. To record the effect of physostigmine (Eserine) on the CRC of acetylcholine using ileum preparation in rats. To record the blocking effect of atropine sulphate on the CRC of acetylcholine using ileum preparation in rats. ******************

	FINAL YEAR EXAMINATION (3 rd Year)
	ILMUL ADVIA
	PAPER – I
	Advia Mufrada
Shina	khat, Khawas wa Taseerate Advia
Descr Mizaj	iption of Unani single drugs with Scientific names, Mutaradifat aur unki Mahiyat, , Afaal wa Khawas, Murakkabat, Istemal, Affale Khusoosi, Muzir, Musleh, Badal,
Miqd	ar, Khurak wa Kimiavi Ajza used in following systems
i. ii.	Advia mutalliqa Nizame Asab wa Dimagh. Advia mutalliqa Nizame Tanaffus.
iii.	Advia mutalliqa Qalb wa Daurane Khoon.
iv. v.	Advia mutalliqa Nizame Baul. Advia mutalliqa Nizame Tavleed wa Tanasul.
v. Vi.	Advia mutalliqa Jild wa Jarahat.
vii.	Advia mutalliqa Ain, Uzn, Anaf wa Halaq.
viii.	Advia mutalliqa Amraze Aamma,
ix.	Advia Mutafarriqa.
X. Xi.	Ghair Maroof/ Matrook Unani Advia Bisehri, Chiksini, Sahdevi, Habbul-Quilquil, Huma, Khilla, Azriyun etc
Stand	fication of the common <i>Advia Mufrada</i> , their Morphology, Histology, Constituents, ardization and Quality Control Measures. ration of herbarium.
	PAPER – II
Ad	via Murakkaba Wa Dawasazi (Unani Compound Drugs and Pharmacy)
~	wanine Tarkeebe Dawa
	portance of compounding of drugs.
_	portance & Critical assessment of renowned <i>Qarabadeen</i> . nkale Adviae Murakkaba ka Scientific Jaiza aur in mein tajdeed ki zaroorat.
	rakkabat ke mizaj ka taayyun
	ndardization of Compound formulations and their quality control measures.
	rakkabat mukhtalif badni nizam se mutalliq: -
	Amraze Raas
	Amraze Sadar
	Amraze Qalb
	Amraze Meda wa Amaa
	Amraze Kabid, Mirarah wa Tihal
	Amraze Kulya wa Masana
	Amraze Makhsoosa – Mardana, Zanana wa Atfal
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米	(h) Extractive values	米
米	(i) pH value	米
**************	• Chemical standardisation	***************
米	(a) Quantitative Chemical Tests.	米
米	(i) Acid value	米
*	(ii) Ester value (iii) Peroxide value	米
*	(iv) Iodine value	*
*	(v) Hydroxyl value(vi) Saponification value	*
*	(b) Qualitative Chemical Tests for:	*
*	(i) Alkaloids	*
*	(ii) Carbohydrates(iii) Glycosides Saponins Phenols Resins	*
**	(iv) Esters	*
火 火	(v) Alcohol (vi) Acids	メ
小 坐	(vii) Volatile oil	小 火
水	(viii) Fats (ix) Fixed oils	
アン		ネッ
ネン	 Analytical methods in drug analysis (a) Sublimation 	ボン
浴	(b) Distillation	浴
※	(c) Methods of separation and isolation(d) Chromatography	彩
米	(i) Types, aims and objectives.	米
*	(ii) Thin layer chromatography	米
*	(iii) Paper Chromatography(iv) Column Chromatography.	米
*	(v) Liquid Chromatography.	米
*	(vi) Gas Chromatography.(e) HPLC, HPTLC, Mass Spectroscopy,	米
*	(f) General description of electrophoresis	米
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*	(a) Adulteration of drugs	*
*	(b) Aflatoxin contamination(c) Factors affecting quality of drugs	*
*	(d) Aflotoxins	*
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アン	(Arq, Majoon, Safoof, Qurs and other dosage forms)	ボル
不		彩
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	PRELIMINARY EXAMINATION
	MOALAJAT
	PAPER II
	Clinical Biochemistry and Genetics
Part -	- A
Clinic	al Biochemistry
•	Basic chemistry of carbohydrates, lipids, amino acids and proteins.
•	Enzymes: General characteristics of enzymes & assay methods kinetics assay of
•	some clinically important enzymes.
•	Vitamins and minerals.
•	Metabolism of carbohydrate lipids and amino acids
•	Classification of body fluids and their biochemical co-relation
_	(General considerations)
•	Practical (Lab Course) LFT, KFT, Sugar profile, Lipid profile.
•	Enzyme assays
D	•
Part - Genet	
Gener	
•	DNA as Genetic Material: Structure of DNA, Structure of RNA
•	DNA Replication, Transcription, Translation
•	Mutations: (Basic)
•	Chromosomal Abrasions
•	Genetic disorders
•	Autosomal and sex chromosomal abnormalities
•	In-born errors of Carbohydrate, protein and lipid Metabolism (General considerations)
•	DNA based diagnosis
•	DNA based diagnostic probes
•	Population based DNA testing
•	Mutation detection
•	Gene therapy
	T. C.
	PAPER – III
	Usoole Tashkhees wa Tajveez
	(Principles of Diagnosis and Treatment)
•	Tashkhees ki gharz-o-ghaiyat
•	Aam Istefsaraat
•	Rudade Mareez (The History Taking)
	(a) Student's Approach to the Patient
	1) III (T 1)
	(b) History Taking

	(c) General Principles of Examination	
	(d) The Case History Recording	
	(e) Case Presentation	
	(f) Interpretation of clinical Data	
• 1	Umoomi imtehane mareez (General Examination of Patient)	
	(a) General appearance	
	(b) Mental and Emotional states	
	(c) Physical Attitude, gait, physique	
	(d) Face, eyes, neck, thyroid gland	
	(e) lymphatic system	
	(f) Pulse	
	(g) Respiration	
	(h) Temperature	
	(i) Blood Pressure	
	(j) Routine Examination	
	(k) Assessment of functional Impairment	
•	External Manifestations of Disease	
	a) Inspection of Exterior of the body	
	b) Abnormalities in Head and Neck	
	c) Examination of Mouth, Eye and Ear	
	d) Skin, nails and hair and Special Techniques of the examination	
	e) Upper limb, lower limb	
_	f) Genitalia.	
•]	Imtehan Nizame Hazm (Examination of Digestive System)	
	(a) Clinical Symptoms	
	(b) Examination	
	(c) Investigations	
	(d) Recent diagnostic techniques	
,	(e) Usoole Ilaj	
•]	Imtehan Nizame Tanaffus (Examination of Respiratory System)	
	(a) Clinical Symptoms	
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	(c) Investigations(d) Recent diagnostic techniques	
	(e) Usoole Ilaj	
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•]	Imtehan nizame Qalb wa Daurane Khoon (Examination of Cardiovascu (a) Clinical Symptoms	uiai systeiii
	(a) Chilical Symptoms (b) Examination	
	(c) Investigations	
	(d) Recent diagnostic techniques	
	(e) Usoole Ilaj	
• 1	Imtehan nizame Baul wa Tanasul (Examination of Urino-Genital system	m)
• 1	(a) Clinical Symptoms	11)
	(a) Chilical Symptoms (b) Examination	
	(c) Investigations	
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	(e) Usoole Ilaj and related assessment scales	
•	Imtehan nizame Asaab (Examination of The Nervous System)	
	(a) Clinical Symptoms(b) Examination	
	(c) Investigations(d) Recent diagnostic techniques	
	(e) Usoole Ilaj	
	Imtehan nizame Ezam wa Mafasil (Examination of Skeletal System)	
	(a) Clinical Symptoms	
	(b) Examination	
	(c) Investigations	
	(d) Recent diagnostic techniques	
	(e) Usoole Ilaj	
•	Imtehane Nafsani (The Psychiatric Assessment)	
	(a) Clinical Symptoms	
	(b) Examination	
	(c) Investigations	
	(d) Recent diagnostic techniques	
	(e) Usoole Ilaj	
•	Imtehan Ghudade laqanati (Endocrine System)	
	(a) Clinical Symptoms	
	(b) Examination(c) Investigations	
	(d) Recent diagnostic techniques	
	(e) Usoole Ilaj	
	Imtehane Mashaikh (Geriatrics)	
	(a) Clinical Symptoms	
	(b) History Taking	
	(c) Examination	
	(d) Investigations	
	(e) Recent diagnostic techniques	
	(f) Usoole Ilaj	
•	Examination of Haemopoietic system	
•	Examination of children	
•	Examination of unconscious patient	
•	Ethical Issues in Medicine	
•	Nabz	
	(a) Sharaite Nabz, Tareeqae Imtehan	
	(b) Ajnase Nabz	
	(c) Nabze Mufrad, Nabze Murakkab	
	(d) Asbaabe Nabz	
	(e) Nabz ke Tabai Iktelafaat	
_	(f) Nabz ke Marzi Ikhtelafaat Imtihan Baul - Nazri	
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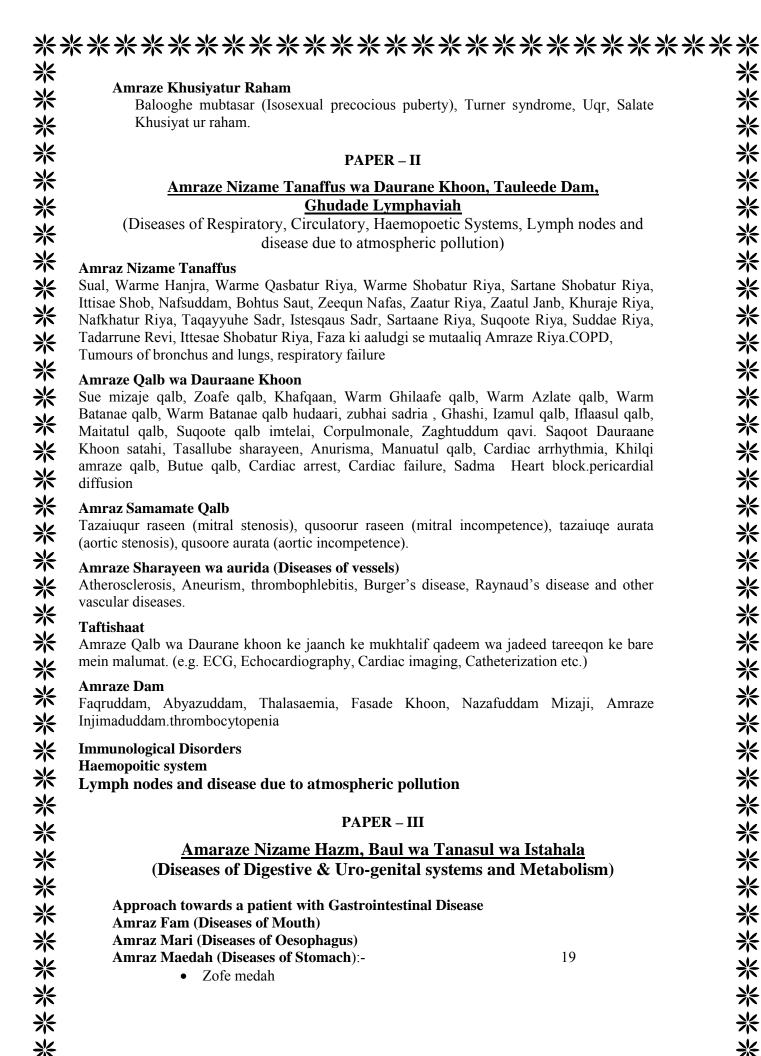
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• Usoole Ilaj	米
(a) Ilaj ke kulli tareeqe	米
(b) Ilaj bil'dawa ke Qavaneen. (c) Auram ka usoole Ilaj	*
(d) Tareeqae taadil wa tanqiya akhlat	*
(e) Qavaneen wa zaraye Istefragh- Ishal, Qai, Idrar, Huqna	a, Tareeq, Tanfees,
Hijamat, Taleeq, Fasd (f) Tashkhees na hone ke surat me ilaj	*
• Nuskha naveesi	*
PRACTICAL PRACTICAL	** **
• The students of Moalajat part 1 st will be posted at the IPD unit for	imparting practical
** ** ** ** ** ** ** ** ** **	** ** ** ** ** ** ** ** ** **
• 3 months posting in I.C.C.U For utilization of modern equipments like respirator, monitor, syringe p	numn central lines
(C.V.P.) in I.C.U, C.C.U & Neuro I.C.U & all modern equipment	ts used in clinical
emergencies.	· *
** PAPER IV	*
<u> </u>	米
• Introduction, Principles and Scope	米
• Concept, objectives and classification	*
 Tadabeer related with Hawa and atmosphere 	*
Tadabeer related with Diet (Ilaj bil Giza) Tadabeer related with Hei Nefgeni & Beebeni Tadabeer related with Hei Nefgeni & Beebeni	*
 Tadabeer related with Ilaj Nafsani & Roohani Geriatric care 	*
• Dal'k (Massage) (a) Definition, Principles, Objectives	-
(a) Definition, Principles, Objectives (b) Classification of Dal'k	
(b) Classification of Dal'k (c) Description of muscles related to Dal'k	派
(d) Properties and action of oils used in Dal'k	
(e) Effects of adjuvant drugs in Dal'k (f) Indications and therapeutic uses	※
(g) Adverse effects	*
• Riyazat (Exercise)	*
(a) Definition, Principles, Objectives (b) Classification of Riyazat	米
(c) Scientific interpretation and effects of Riyazat in certain	disease like
Sports induced disease	*
(d) Therapeutic importance and indications (e) Adverse effects	*
(b) Classification of Dal'k (c) Description of muscles related to Dal'k (d) Properties and action of oils used in Dal'k (e) Effects of adjuvant drugs in Dal'k (f) Indications and therapeutic uses (g) Adverse effects ** ** ** ** (c) Scientific interpretation and effects of Riyazat in certain Sports induced disease (d) Therapeutic importance and indications (e) Adverse effects ** ** ** ** ** ** ** ** **	** ** ** disease like ** ** ** ** ** ** ** ** **
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<u> </u>	• Hammam (Ba			1/2
*		ion, Principles, Objectives of Hammam		7/
米		of Hammam rooms and its importance		米
1/2	3 2	eutic uses and indications		1/2
	(e) Adverse			
米	Hajamat (Cup			※
*	(a) Definiti			*
T.	(b) Types			
ボ	1 /	nd procedures of Hajamat		が
*	. ,	ons and contraindications		米
علا	• Fasd (Venesec			عاد
小	(a) Definiti			
米	(b) Sites of	Venesection		※
*	(c) Anatom	ny and Description of Vessels of Venesection		*
***************	` /	ents used in Venesection		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
彩	3 2	nesection Procedure		彩
*		gations like Hb%, Bleeding Time, Clotting Time, Prothrombin		※
		atelet count, blood sugar, Blood group with Rh typing		\ <u>\</u>
**	\ -	are and precautions		7/
*		ons and Contraindications		※
2/2	• • • • • • • • • • • • • • • • • • • •	ement of Post procedural problems.		
*	• Irsale Alaq (L	O		
米	(a) Definiti			彩
*		otion of Leech and its various types collection, storage and preservation		米
	` '	ng procedure		
ボ	(e) Precaut			ボ
米	` /	ons and contraindications		※
	• Ishal (Purgation			
小		ions, Principles		
米	` '	ons and contraindications		米
*	` '	used for purgation		米
	• Qai (Emesis)			
	(a) Definiti	ion, aims and objectives		沭
*	(b) Drugs u	used for Qai		※
×	(c) Indicati	ons and contraindications		\ <u>\</u>
7	• Idrar (Diuresi	·		7/
*	3 2	ions, aims and objectives		米
*	` /	ons and contraindications		N/
		used for Idrar		
彩	Amle Kai (Car			彩
*	3 2	ion, Aims, Objectives		米
	(b) Procedu			
不	(c) Precaut			が
*	(a) maican	ons and contraindications	16	米
**********			10	**********
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米	Nutool (Douching / Irrigation)	米
*	(a) Definition, aims and objectives	※
×	(b) Indications and contraindications	<u> </u>
	• Huqna (Enema)	不
米	(a) Definition, principles, aims	彩
米	(b) Objectives	米
¥	(c) Procedure(d) Drugs used in huqna	4
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(e) Indications and contraindications	
7	• Tareeq (Diaphoresis)	ボ
米	(a) Definition, aims and objectives	米
*	(b) Methods and Procedures	※
N/	(c) Indications and contraindications	<u> </u>
	 Inkebaab (Vaporisation) (a) Definition, aims and objectives 	
米	(b) Methods and Procedures	彩
米	(c) Indications and contra indications	米
*	• Definitions aims, objectives, procedures indications and contraindications of	*
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	the following regimens	
不	(a) Takmeed, Tikor, Pashoya,	不
米	(b) Ialam,(c) Nushuq, Tadheen, Tazahha, Saoot	彩
*	(d) Lakhlakha, Tanfees, Sukoob	米
¥.	(e) Imala	4
***************	PRACTICAL	*************
× ×		\ \\
7	The students of Moalajat part 1 st will be posted at the ilaj bil'tadbeer unit for imparting	不
米	practical training in various regimens.	彩
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******************* 米 FINAL YEAR EXAMINATION (3rd Year) 米 **MOALAJAT** 米 ************* PAPER - I Amraze Nizame Aasab, Amraze Nafsania wa Ghudade Laganati (Diseases of Nervous System, Psychiatric diseases and Endocrine Systems) Amraze Nizame Asbi Suda wa aqsaam, Sarsam wa aqsaam, Warme dimaghi nukhai, Warme Aghshiyae dimagh, Duar, Qoma, Sara, Tashannuj, Rasha wa aqsaam (Daur raqs aur Parkinsonism), Sakta, Khuraje Dimagh, Falij, Laqwa, Istarkha, Huzale Zohri, Waja ul Asab, Dimaghi Sudde, Jiryaane Khoon Dimaghi, Alzheimer's disease Amraze Nafsaniya Sahar, Nisyaan, Malankholiya, Mania, Kaboos, Izterabe Nafsani, Izmehlaal, Ikhtinagur raham, Psychosis, Neurosis, Ikhtilaj, Akhoni (Waham), Shahwate Kalbia, Jooul Bagar. **Ghudade Laganati** Ghuddae laqanati aur unki ifrazat ka tasawwur atibba ki nazar mein (umoomi jayaeza) Ghuddae Nukhamiya Ghuddae Nukhamia ke ifrazat ki qillat wa ifrat se hone wale Amraz e.g., Kibrul Izm, Qazamah (Dwarfism), Ziabetus sada, Salate nukhamiya. Ghuddae Darqiya Ghuddae Darqiya ke ifrazat ki qillat wa ifrat se hone wale Amraz e.g., Farte Darqiya (Hyperthyroidism), Tasammume Darqiya, Qusoore Darqiyaq, Ghoter (Goiter) Cretinism, Ozema Mashati, Salate Darqiya. Ghuddae Janibud Daraiga Ghuddae Janibud darqiya ke ifrazat ki qillat wa ifrat se hone wale Amraz e.g., Farte duraiqiya (Hyper parathyriodism), Qusoore Duraqiya (Hypo parathyroidism). Bangaras ke hissae Laganati ke ifrazat ki gillat wa ifrat se hone wale Amraz e.g., Ziabetus Sukkari (Diabetes mellitus), Qillate Sukkaridum (Hypoglycaemia), Salae Jazeerom (Insulinoma) Ghuddae Faugul Kulva Ghuddae Faugul kulya ke ifrazat ki gillat wa ifrat se hone wale Amraz e.g., Mutalazema Koshing, Aldosteroma, warmul qawatim (Phoechromocytoma), Addison's disease, Nagse aldosteromia (Hypo aldosteronism). **Metabolic Disorders** Diabetes mellitus, lipid metabolic disorders, osteoporosis **Amraze Tavarus** Sibghi Jasdi Amraz (Autosomal disorder), Sinfi vabasta Amraz (Sex linked diseases). Amraze Khusiya Ifrazat ka mukhtasar jayeza, Khusiya aur amraze bah ka bahmi taalluq, Jinsi Amraz e.g., Jinsi mubtasar (sexual paucity), Aajil buloogh (Delayed or Incomplete puberty), Mutlazima Klinefelter (Klinfelter syndrome), Acquired testicular defects, Infertility, Salate Khusiya, Tasaddiur Rajal (Gynaecomastia). 18

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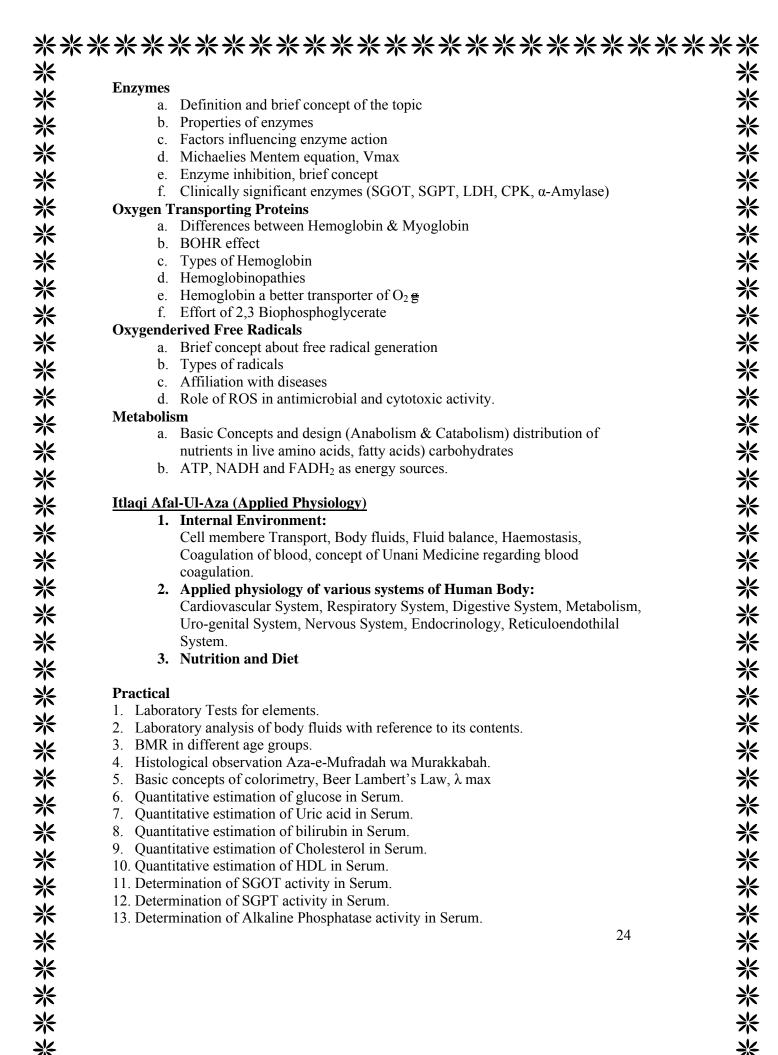
 Sue mizaje medah Warme medah Qarho-e-medah-o-asna-e-ashari (Peptic Ulcer Disease) 	
• Qarho-e-medah-o-asna-e-ashari (Peptic Ulcer Disease)	
 Kasrat-o-qillat-e-hamoozat-e-maedi 	
 Sartaan-e-medah (Carcinoma of Stomach). 	
 Tukhma 	
Sue-e-hazm	
Amraz Amaa (Diseases of Intestines):-	
 Zarb-o-khilfa (Malabsorption Syndrome). 	
 Disorders of Absorption 	
 Ishaal (Diarrhoea). 	
 Zalaqul-ama. 	
Qoolanj-e-ama (Intestinal colic).	
Baraz-ud-dam (Melena).	
Warm-e-qaulon (Inflammatory Bowel Disease).	
Warm-e-qaulon qarhi.(Ulcerative colitis)	
Diqq-e-ama (Intestinal Tuberculosis).	
 Iltehaab-e-miqad (Proctitis). 	
Acute Appendicitis and Peritonitis	
Irritable Bowel Syndrome,	
 Intestinal Obstruction 	
 Common Diseases of Colon and Anorectum 	
Diseases of Liver and Biliary Tract:-	
• Zofe kabid.	
 Su-e-mizaj-e-kabid. 	
 Warm-e-kabid (Hepatitis). 	
 Dubelatul kabid (Liver abscess). 	
• Yerqaan. (Hyperbilirubinemia)	
 Alcoholic liver Disease 	
 Talaiuf-e-kabid (Cirrhosis of liver) 	
 Hepatic Failure 	
• Carcinoma of liver.	
• Istasqa (Ascitis).	
 Izm ul kabid (Hepatomegaly). 	
 Hisatul mirara (Cholylithiasis) 	
• Warm e mirara (Cholecystitis).	
Other Biliary Diseases	
Amraz Tihal (Diseases of Pancreas):-	
Warm-e-banqaraas (Pancreatitis).	
All modern diagnostic procedures related to Digestive system.	11
Amraz-e-Nizam-e-Baule-o-Tanassul wa Istahala (diseases of urinar	y and reproductive
system and metabolism)	
	20
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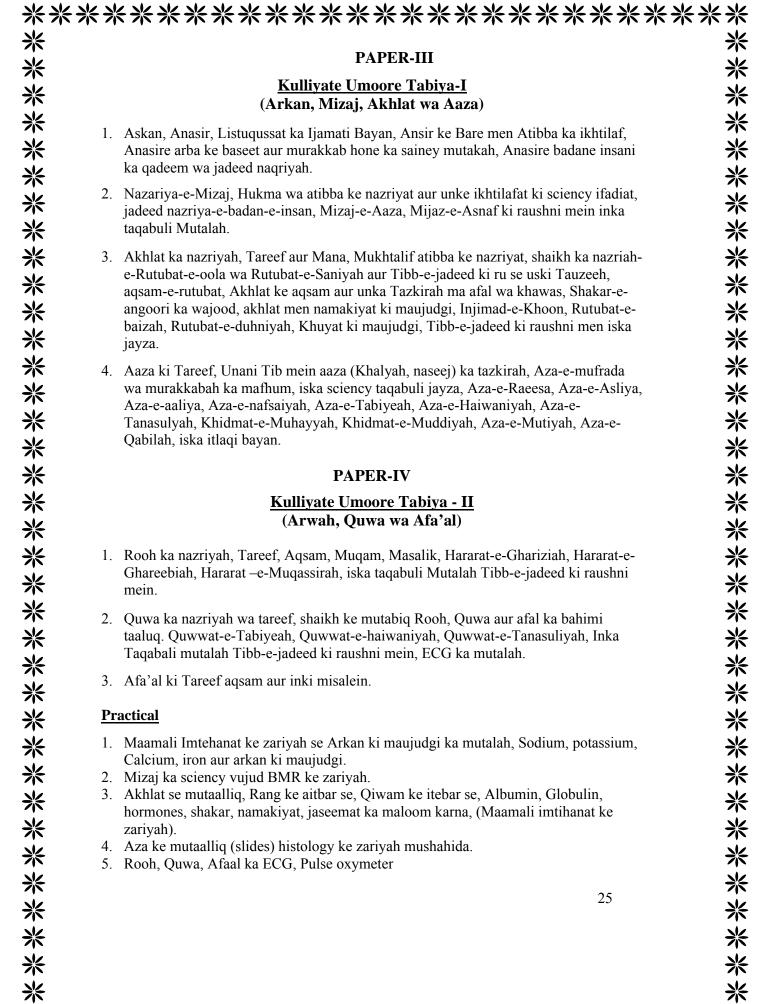
************	Discourse of Livinous System	*************
米	<u>Diseases of Urinary System:</u> Diseases of Kidney:	*
<u> </u>	Su-e-mizaj-e-kuliya.	
	• Zofe kuliya.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
彩	Warm-e-kuliya.(Glomerulonephritis)	彩
*	 Mutafarrique Amraz-e-kuliya. 	*
2/2	 Diq ul kuliya. (RenalTuberculosis) 	2/2
	Saqoot ul kuliya (Renal paranchymal Disease, Acute and Chronic Renal	
兴	Failure).	彩
*	Nephrotic Syndome Worm a Hayry of Ryala nonhritis)	*
%	Warm-e-Hauz ul kuliya (Pyelo-nephritis).Hisatul kuliya (Renel calculi).	X
7 /	Hydronephrosis.	77
※	 Incontinence of urine. 	米
*	Baulud dam (Haematuria).	*
X	 Renal lesions in diabetes. 	X
	Urinary Tract Diseases	
※	All modern diagnostic procedures related to Uro-genital system	米
*	<u>Diseases of Reproductive System:</u> • Zofe baah.	*
1/2	Zote baah.Surrat-e-inzal.	<u> </u>
	Kasrat-e-Ehtalaam	
※	Aur mutalique amraz.	彩
*	• Salpingitis	*
2/2	 Oophoritis 	2/2
	 Per vaginal Bleeding Disorders (Menorrhagia, Metrorrhagia etc.) 	
米	• Proctitis	米
※	• Sterility Discourse of Matcheliana. Common matchelia discours and discours	*
2/2	<u>Diseases of Metabolism:</u> Common metabolic disorders and diseases	<u> </u>
***********	PAPER IV	***********
1/2	Amraze Mutaddiyah, Hummiyat, Jild wa Mafasil	4
	(Infectious diseases, Fevers and Diseases of Skin & Joints and Autoimmune disorders)	/
沭	Amraze Mutaddiyah (Infectious diseases)	彩
米		米
*	Mana'at and TadiyaImportance of Mana'at in the treatment of infectious diseases	*
	 Importance of Mana at in the treatment of infectious diseases Classification of Infectious Diseases 	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7/	Micro-organism and host interaction	7/
米	Nosocomial Infections	米
*	Bacterial Diseases	*
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	 Viral Diseases 	
7/	 Fungal Diseases 	7/
米	Protozoal Diseases	米
*	Helminthic Diseases HIV and accorded diseases.	*
	HIV and associated disorders 21	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
が	21	7/
米		※
*		*
<u> </u>		عاد
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Hummiyat (Fevers)	
• Tareef-e-Humma	
• Ufoonat	
Aam Usoole Ilaj	
Aam Osooic naj	
Amraaze-Jild (Skin Dis	
 Applied anatomy 	
	assification of skin
	Skin and an approach to diagnosing skin diseases
 Principles of ther 	* T
 Disorders of pigr 	
 Disorders of nail 	S
 Diseases of Hair 	
Different Skin D	
Skin Infections a	
Skin in systemic	
• Management of s	skin diseases cosmetology
Amraz-e-Mafasil (Rhei	umatology)
	tion of musculoskeletal system
	y, physiology and Investigations
	tions of musculoskeletal diseases
Nigris	(Gout)
Wajaul Mafasil	(Arthralgia)
Warme-Mafasil	(Arthritis)
Tahajjur Mufasil	(Fixation of Joint)
Irqun-Nisa	(Sciatica)
Wajawul Zahar	(Backache)
Wajawul Khasra	(Low Backache)
Wajawul Qutn	(Lumbago)
Osteoporosis	
Ankylosing spondylosis	
 Principles of Ma 	nagement of musculoskeletal disorders

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	PRELIMINARY EXAMINATION
	<u>KULLIYAT</u>
	PAPER II
	Hayati Keemiya wa Itlaqi Afal-ul-Aza (Biochemistry and Applied Physiology)
Hayati K	eemiya (Biochemistry)
Carbohyo	
	finition and brief concept of topic
	ndamental concept of glycolysis, difference between glucokinase and
	exokinase, Feeder pathways, citric acid cycle, electron transport chain, oxidative osphorylation (Mitchell's hypothesis, ATP Synthase)
-	uttle systems (Malate aspartate and glycerol phosphate shuttle)
	ctose intolerance, galactosemia.
Proteins	
_	Definition and brief concept of the topic
b.	, , , , , , , , , , , , , , , , , , , ,
	peptide bond, Biologically active peptides, Titration curve. Denaturation of
C	proteins. Primary, secondary, tertiary and quaternary structure of proteins.
	Function and Biological importance of proteins.
e.	Metabolism (Transamination, Deamination and urea cycle)
Lipids	
_	Definition and brief concept of topic.
b.	Physical properties, Saponification, iodine number, acid number Trionylalyzarala (TCa), wayyas, Phasphalipida, aphingalipida, staraida
c.	Triacylglycerols (TGs), waxes, Phospholipids, sphingolipids, steroids, Lipoproteins
d	Monolayer, Bilayer and Miscelles formation
	β-oxidation of fatty acids (Saturated, unsaturated and odd numbered fatty
	acids
f.	Ketone bodies
Nucleic A	
_	Definition and brief concept of the topic (Nucleosides, nucleotides) Chamistry of DNA and RNA Riological importance
b. c.	
C.	experiment, Tm of DNA,
d.	DNA/RNA as molecule of heredity
e.	Replication of DNA (origin of replication, okazaki fragments, properties of
C	DNA Polymerases, klenow fragment
f.	Transcription (Promoter sequences, RNA polymerases, Rho- dependent and independent termination
g.	independent termination. Metabolism (salvage pathway, Lesch Nyhan Syndrome)
h.	One gene one poly peptide concept
i.	Polymerase chain reaction
	23
	23





PAPER-III

Kulliyate Umoore Tabiya-I (Arkan, Mizaj, Akhlat wa Aaza)

- 1. Askan, Anasir, Listugussat ka Ijamati Bayan, Ansir ke Bare men Atibba ka ikhtilaf, Anasire arba ke baseet aur murakkab hone ka sainey mutakah, Anasire badane insani ka gadeem wa jadeed nagriyah.
- 2. Nazariya-e-Mizaj, Hukma wa atibba ke nazriyat aur unke ikhtilafat ki sciency ifadiat, jadeed nazriya-e-badan-e-insan, Mizaj-e-Aaza, Mijaz-e-Asnaf ki raushni mein inka taqabuli Mutalah.
- 3. Akhlat ka nazriyah, Tareef aur Mana, Mukhtalif atibba ke nazriyat, shaikh ka nazriahe-Rutubat-e-oola wa Rutubat-e-Saniyah aur Tibb-e-jadeed ki ru se uski Tauzeeh, aqsam-e-rutubat, Akhlat ke aqsam aur unka Tazkirah ma afal wa khawas, Shakar-eangoori ka wajood, akhlat men namakiyat ki maujudgi, Injimad-e-Khoon, Rutubat-ebaizah, Rutubat-e-duhniyah, Khuyat ki maujudgi, Tibb-e-jadeed ki raushni men iska jayza.
- 4. Aaza ki Tareef, Unani Tib mein aaza (Khalyah, naseej) ka tazkirah, Aza-e-mufrada wa murakkabah ka mafhum, iska sciency tagabuli jayza, Aza-e-Raeesa, Aza-e-Asliya, Aza-e-aaliya, Aza-e-nafsaiyah, Aza-e-Tabiyeah, Aza-e-Haiwaniyah, Aza-e-Tanasulyah, Khidmat-e-Muhayyah, Khidmat-e-Muddiyah, Aza-e-Mutiyah, Aza-e-Qabilah, iska itlaqi bayan.

PAPER-IV

Kulliyate Umoore Tabiya - II (Arwah, Ouwa wa Afa'al)

- 1. Rooh ka nazriyah, Tareef, Aqsam, Muqam, Masalik, Hararat-e-Ghariziah, Hararat-e-Ghareebiah, Hararat –e-Muqassirah, iska taqabuli Mutalah Tibb-e-jadeed ki raushni mein.
- 2. Quwa ka nazriyah wa tareef, shaikh ke mutabiq Rooh, Quwa aur afal ka bahimi taaluq. Quwwat-e-Tabiyeah, Quwwat-e-haiwaniyah, Quwwat-e-Tanasuliyah, Inka Tagabali mutalah Tibb-e-jadeed ki raushni mein, ECG ka mutalah.
- 3. Afa'al ki Tareef aqsam aur inki misalein.

Practical

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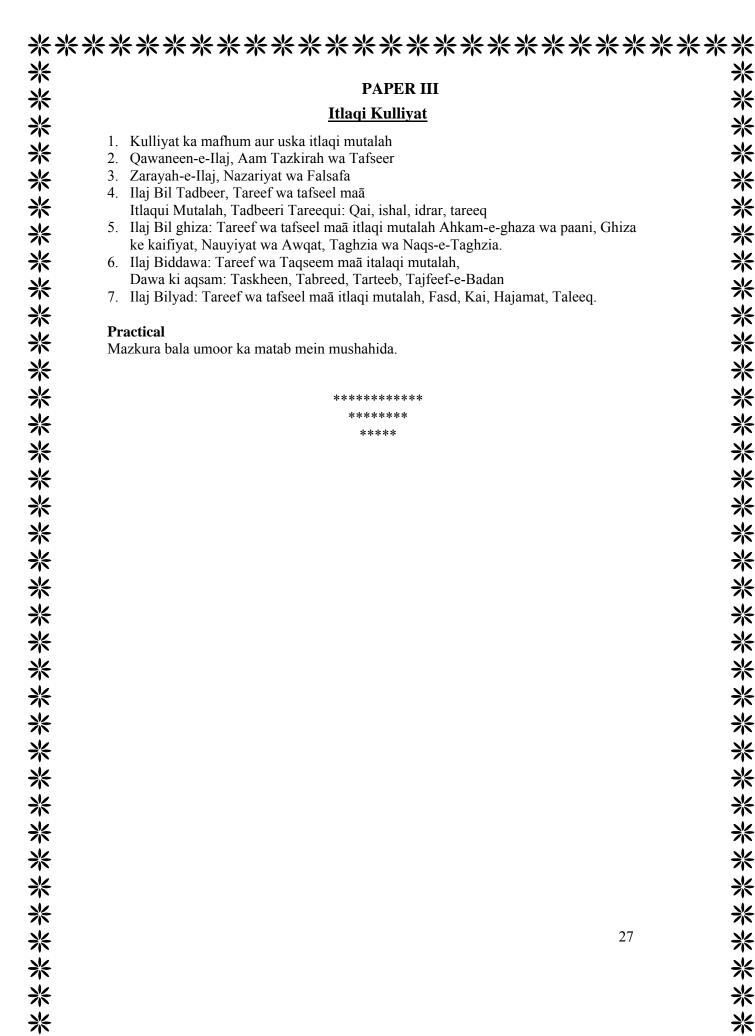
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- 1. Maamali Imtehanat ke zariyah se Arkan ki maujudgi ka mutalah, Sodium, potassium, Calcium, iron aur arkan ki maujudgi.
- 2. Mizaj ka sciency vujud BMR ke zariyah.
- 3. Akhlat se mutaalliq, Rang ke aitbar se, Qiwam ke itebar se, Albumin, Globulin, hormones, shakar, namakiyat, jaseemat ka maloom karna, (Maamali imtihanat ke
- 4. Aza ke mutaalliq (slides) histology ke zariyah mushahida.
- 5. Rooh, Quwa, Afaal ka ECG, Pulse oxymeter

******************* 米 FINAL YEAR EXAMINATION (3rd Year) ※ ※ **PAPER-I** ************* Kulliyate Usule Ilaj, Asbab Wa Alamat 1. Amraz, Asbab, Araz-e-Kuliyah. 2. Ahwal-e-badan, Mukhtalif Atibba ke Nazriyat, unka Sciency taqabuli jayza. 3. Amraz ki jins, Sabab, Marz, Arz. 4. Amraz-e-Mufrada, Su-e-Mizaj Sada, Su-e-Mizaj Maddi Su-e-Tarkeeb, Tafarruq-eittesal, Amarz-e-Murakkaba, chand umoor jinka shumar Amraz men kiya jata hai. 5. Awqat-e-Amraz aur inka sciency taquabuli jayza, Amraz se mutaālliq khusoosi Tazkirah (Marz ka nam aur uski munasibat). 6. Asbab-e-Kulli(Umooi Tazkira), Sitta Zarooriya, Ghair Zarooriya ki Sciency ifadiyat. 7. Asbab: Musakhkhinat, Mubarridat, Murattibat, Mujaffifat, Mufsidat-e-Shakl, Suddah, Majari, Khashunat, Malasat, Khala, Harkat-e-Ghair Tabiyiah Ziyadat-e-Azm, Aud se nuqsan, Tafarruq-e-ittesal, Qarha ke asbab, Warm ke asbab, Mutlaqan dard ke asbab, Infiradi dard ke asbab, Sukun-e- dard ke asbab, Dard se kya Asrat paida hote hain, Asbab-e-Lazzat, Harkat Kyunkar dard pahunchati hai, Akhlat-e-Radiyyah Kyunkar dard pahunchati hai, Riyah Kyunkar dard paida karti hai, Tukhma, badhazmi, Imtila, Ehtibas wa Istifragh ke asbab, Zuf-e-Aza ke asbab, (Muzkura Tamam ka sciency wa Taqabuli Mutalah. 8. Amraz wa Dalail (Alamat) wa Umoomi Tazkirah,, Amraz-e-Khassa aur Amraz-e-Shirkiyah ke Almat-e-Fariqa, Alamat-e-Amzijah, Mizaj-e-Motadil ke Alamat, Etedal se Kharij ki almat, Imtila ki almat, Her her Khilt ke ghalbe ki alamat, Suddah ki alamat, Riyah ki alamat, Awran ki alamat, Alamat-e-Tafarruq-e-ittesal, **Practical** Mazkura Umoor ke mushahidat wa Tajribat. **PAPER-II** Kulliyate Nabz wa Baul o Baraz 1. Nabz, baul wa baraz ka Tagabuli Mutalah 2. Nabz ki tareef, ajnas wa aqsam, Mukhtalif afrad ki nabz (Mard, aurat, hamila, ghair hamila, bachch, hawan, bordha) Amraz ki Tashkhees, nabz ke zariyah 3. Baul: Zaraya-e-Istiolal, rang, bu, miqdar, Qiwam, Shaffafiyat, Takadur, Rusub, Zubda (Jhag) aur Radd-e-Amal, Amraz ki Tashkhees baulk ke mushahide ke zariyah. 4. Baraz: Zarayah-e-Istidlal, Rang, bu, Miqdar, Qiwam, Zubda (Jhag), Amraz ki Tashkhees baraz ke mushahide ke baul mushahide ke zariyah. 1. Nabz-e-Tabayi wag hair tabayi ka qadeemaur jaded Tareeqe ke matabiq mushahida. Ma amali Imtihanat: Khoon, Baul, baraz ka Taqabuli jayza jadeed Science ki raushni 3. La-Shuāai ke zariyah Tashkees 4. ECG ka mutalah

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PRELIMINARY EXAMINATION		
TAHAFFUZI WA SAMAJI TIB		
(Preventive and Community Medicine)		
PAPER – II		
Epidemiology		
Concept of Disease		
Definitions of DiseaseClassification of Disease		
 Classification of Disease Causation 		
(i) Temperamental		
(ii) Structural		
(iii) Epidemiological Triad		
(iv) Web of CausationConcepts of Prevention and Control as adopted in changing Environment		
 Concepts of Prevention and Control as adopted in changing Environment Natural History of Disease 		
Introduction to the epidemiology		
Definition		
Historical aspect		
Hippocrates as father of epidemiology		
Objectives Approach		
Approach Mizaj and its alteratives:		
Mizaj and health		
Preventive approaches		
• Alteratives		
Methods of moderation in modulators Manual of Alternative on health		
Impact of alterative on health Dynamics of disease transmission		
Mode of transmission		
Explanation of related terms		
Disease spectrum		
Measurement of disease and health		
Prevalence Incidence		
IncidenceDeath rates, surveillance		
Screening		
Why, in whom and how		
 Validity and specificity of screening tests 		
Predictive value Polichility		
ReliabilityVariations		
Natural history of the disease		
Prognostic methods		
Randomized trials and their uses		
Method and types of randomization		
• Selection		
Study designs Sample size		
Sample sizeReporting of result	28	
* Reporting of result	40	

**	***********	
	Ethical consideration	不
	Identification of cause	米
	 Case control and cohort studies 	*
	Cross sectional studies	<u> </u>
	Selection of case and cohortMatching	
	Bias and its types	米
	Establishment of association	*
	 Types of risk and their measurement 	
	Odds ratio	
	 Preventive value test Inference from epidemiological studies 	米
	• Causation	*
	Ecological study	
	 Types of associations 	
	• Types of causal association	*
	Criteria for causal relationship Confounding interaction	*
	 Confounding, interaction Application of epidemiological approach in Unani medicine context 	<u>\</u>
	Context of Arkan	~
	Mizaj	米
	• Akhlat	*
	• Ghiza	
	 Epidemiological research module Evaluative value of epidemiology 	沙
	Application of epidemiological approach to evaluate health services	*
	Preventive services	*
	Validity of screening test	
	•	不
	PAPER III Asbabe Sitta Zaroriya	**************
	Concept of Health	
	(a) Definitions of Health as described by Unani physicians, Modern Scientist W.H.O.	and ** ** ** ** ** **
	(b) Determinants of Health	
	(i) Structural	*
	(ii) Temperamental (iii) Air	*
	(iv) Water	
	(v) Diet	不
	(vi) Occupation	**
	(vii) Inhabitant	*
	(viii) Personal Habits and habitat (life styles and behavioural disorder)	
	(ix) Age & Sex(c) Dissolution of Rutoobate Ghareezia and factor responsible for	が
	(d) Indicators and Dimension of Health	米
	(e) Spectrum of Health and Disease	*
	(f) Right to Health	
	Asbabe Sitta Zaroriya	** ** ** ** **
	• Tareekhi Pasmanzar, Taa'ruf, Ta'reef wa Ahmiyat	
	• Mashmoolat	29
		*
		**
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米 米 *******************

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(a) Hawae Muheet (Ambient Air):

Ta'reef, Zaroorat, Zarae'y, Hawae Jayyadul Jauhar, Fasade Hawa (Taghayyurat wa Aaloodgi) - Asrat, Awariz wa Amraz, Tahaffuz (Taqaddum Bilhifz) wa Tadabeer (Hifz ma Tagaddum)

(b) Makoolat Wa Mashroobat (Foods and Drinks):

Ghiza: Ta'reef, Darjabandi, Zaroorat, Zarae'y, Mutawazin Ghiza, Ahkamate Ghiza, Naqse Ghiza (Taghziyah), Farte Ghiza (Taghziyah) wa Fasade Ghiza – Asrat, Awariz wa Amraz, Tahaffuz (Tagaddum Bilhifz) wa Tadabeer (Hifz ma Taqaddum)

Pani: Ta'reef, Darjabandi, Zaroorat, Zarae'y, Mae Jayyadul Jauhar, Fasade Aab (Aaloodgi), Asrat, Awariz wa Amraz, Tahaffuz (Taqaddum Bilhifz) wa Tadabeer (Hifz ma Tagaddum)

(c) Harkat Wa Sukoone Badni (Bodily Movements and Repose):

Ta'reef, Zaroorat, Tagseem, A'am Magasid, Tabaie wa Ghair Tabaie – Asrat, Tadabeer

(d) Harkat Wa Sukoone Nafsani (Psychic Movements and Repose):

Ta'reef, Zaroorat, Tabaie wa Ghair Tabaie – Asrat, Tadabeer, Rooh ki Harkat ka Itlaqi Mutalea

(e) Naum Wa Yaqza (Sleep and Wakefulness):

Ta'reef, Zaroorat, Tabaie wa Ghair Tabaie – Asrat, Tadabeer, Harkate Rooh aur Hararate Ghareeziyah, Harkat wa Yaqza Aur Sukoon wa Naum mein Mumasilat

(f) Ehtabaas Wa Istafragh (Retention and Evacuation):

Ta'reef, Ahmiyat, Zaroorat, Tabaie wa Ghair Tabaie – Asrat, Tadabeer

- Asbabe Sitta Zarooriya aur Mizaj
- Asbabe Sitta Zarooriya aur Akhlat

PAPER IV

Environmental Health and Sanitation

Definition, Types

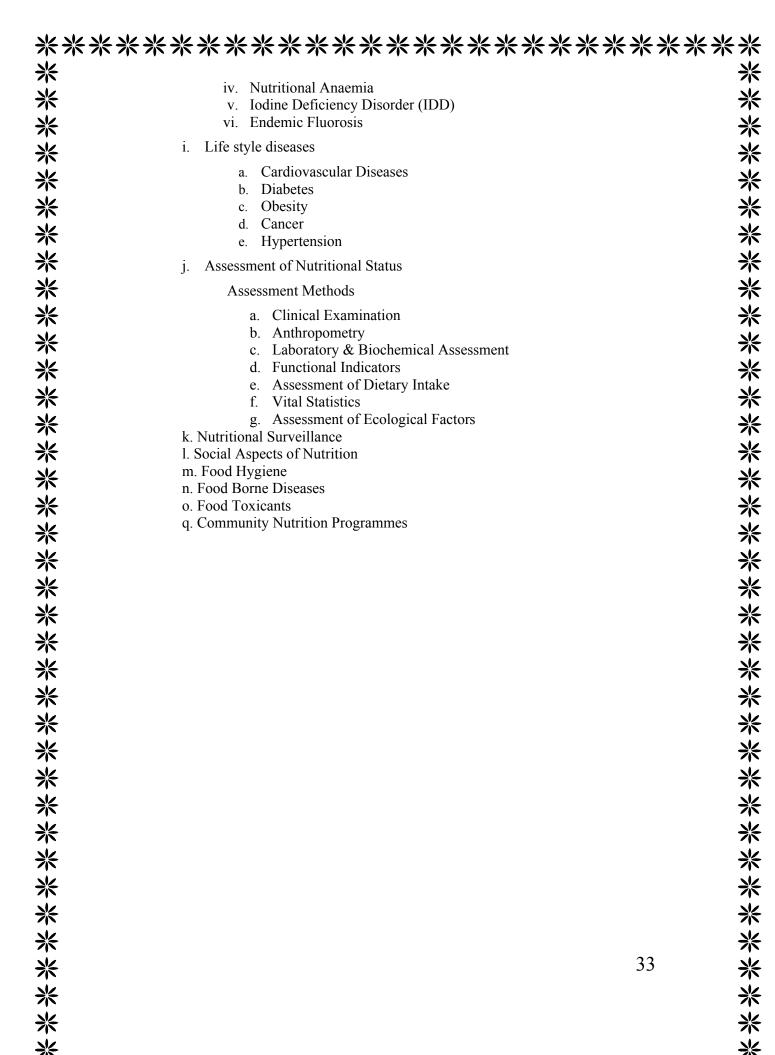
Physical Environment

- Water, Air, Soil, Housing, Wastes, Radiation, Noise, Light
- Water
- 1. Characteristics
- 2. Requirements
- 3. Uses
- Sources
 - a. Rain
 - b. Surface Water
 - i. Reservoirs
 - ii. Rivers & Streams
 - iii. Tanks, Ponds & Lakes
 - c. Ground Water

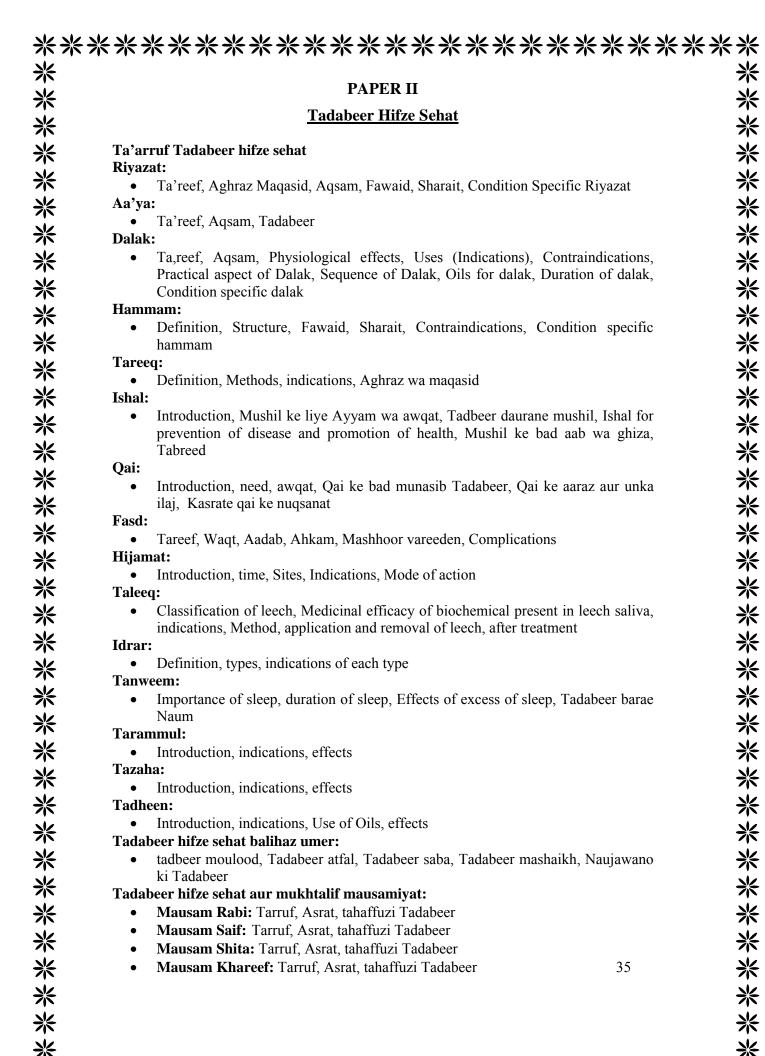
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派	i. Wells	不
米	Deep Wells	米
*	• Shallow Wells	*
	• Tube Wells	
が	ii. Springs	
米	5. Water Pollution	※
*	6. Purification of Water	*
	a. Large Scale i. Storage	
ボ	ii. Filtration	ボー
米	Slow Sand Filtration	米
<u> </u>	Rapid Sand Filtration	*
	iii. Disinfection	/ \
彩	b. Small Scale	※
米	i. Household purification of Waterii. Disinfection of Wells	※
2/2	c. New Techniques	علا
*	7. Water Quality	小
米	a. Acceptability Aspects	※
*	b. Microbiological Aspects	*
	c. Chemical Aspects	<u> </u>
	d. Radiological Aspects	
米	8. Surveillance of Drinking Water Quality 9. Water Conservation	※
*		*
<u> </u>	• Air	N/
7	1. Composition	不
米	2. Requirements3. Air Pollution	米
*	a. Sources	*
	b. Meteorological Factors	
**	c. Air Pollutant	不
米	d. Prevention and Control of Air Pollution	*
*	e. Disinfection of Air	*
	4. Ventilation5. Disaster	
7	a. Definition	
米	b. Hazards	*
*	c. Management	*
	• Soil	
ボ	• Housing	ボー
米	a. Social Goal of Housingb. Standards	*
4	b. Standardsc. Rural Housing	*
	d. Housing and Health	
ボ	e. Overcrowding	ボー
米	f. Indicators of Housing	*
1/2	g. Public policy	<u>*</u>
	• Wastes	
********************************	a. Definition	***************************************
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*	c. Types	**************************************
派	d. Latrine	不
※	Types e. Health Hazards	*
※	f. Treatment & Disposal Technologies	米
*	g. Excreta Disposal	*
*	Radiation Noise	*
•]	Light	*
	c Environment	***************************************
• Me	dical Entomology	*
	Mosquito	**************************************
2.	Housefly	不
※ 3. 9	Sand fly	*
4 . 1 5. 1	Lice Fleas	米
※ 6. 1	Rodents	*
7.]	Insecticides	*
Social I	Environment	*
• Occ	upation	ル
a. b. 1	Occupational Environment Hazards	不
% c.]	Diseases	※
※ d. ∃	Prevention, Control & Measures	*
*	Medical MeasuresEngineering Measures	*
*	Legislation	*
• Nut	trition	*
*	a. Definition	*
/	b. Classification of Foods	*
ネ	c. Nutrients	7.7
杀	i. Macronutrients	*
*	• Proteins	米
*	CarbohydratesFats	*
*	ii. Micronutrients	*
· *	• Vitamins	*
<u> </u>	• Minerals	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	d. Balanced Diet	
不	e. Principal Foodsf. Nutritional Requirements	茶
米	g. Energy	※
*	h. Nutritional Problem in Public Health	*
*	i. Low Birth Weightii. Protein Energy Malnutrition (PEM)	*
· *	iii. Xerophthalmia	32
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FINAL YEAR EXAMINATION (3	o rd Year)
PAPER I	
Amraze Mutaaddi Wabaee	
Epidemiology of infectious diseaseExplanation of related terms	
 Concept of putrefaction and its impact on <i>rutubate ba</i> 	adania
Causes of putrefaction	
Waba and its causes	
 Disinfection 	
 Isolation 	
 Prevention 	
Air borne diseases Viral Bacterial	
• Humiyat	
Measles ABI	
ARIRubella	
RubellaInfluenza and variants	
Diphtheria	
Pertussis	
Meningitis	
Tuberculosis	
Water borne diseases	
 Typhoid 	
Acute diarrheal disease	
• Cholera	
Hepatitis A,EPoliomyelitis	
PonomyenusDracunculiasis	
Amoebiasis	
Giardiasis	
Soil borne diseases	
 Ascariasis 	
 Ancylostomiasis 	
• Tetanus	
Vector borne diseases • Malaria	
магатаFilarial	
Plague	
Leishmaniasis	
 Arboviral diseases 	
Rickettsial diseases	
STI, HIV	
Surface infection • Rabies	
• Leprosy	
- Бергозу	
	34



Mizaj ke lihaz se tahaffuzi Tadabeer:	
Tadabber hamla:	
Istafragh bataur Taqaddum bil hifz:	
PAPER III	
Health Care System	
Health Education	
Sehati Taleem ke aghraz, maqasid, tareeqa, mawad, usool	
Sehati Nigahdasht ke Nizam – Mukhtalif Darjat	
Khandani Bahbood (Family Welfare)	
Tareef wa Maqasid	
Buniyaadi Insaani Huquq	
Khandani Mansoobabandi ki Ahmiyat (Sehati wa samaji) Mardum Shumari	
Mardum Snumari New Revised Population Policy	
Maney Hamal ke nazariyat aur Tadabeer	
Evaluation of Maney hamal tadabeer	
Qaumi Khandani Mansoobabandi Programme	
Hukumat ki Taraf se kiye janewale Iqdamaat	
Sehat se mutaalliq Qawaneen	
Sehati Khidmaat	
Peshawarana Amraz	
Sehati Mansoobabandi aur Intezam	
Qaumi Sehati (National Health) Programmes	
Qaumi Sehati (National Health) Policies	
Sehati Tanzeemat (Health Organization)	
(a) Objectives and their Functions	
(b) International Health organizations:	
(i) WHO, UNICEF, UNESCO, UNDP, FAC	
International Red Cross, FORD Founda	ition, Rockefeller Foundation
CARE (c) Health organizations in India:	
(i) Health Organizations – Central Level	
(ii) Health Organizations – Central Level	
(iii) NGOs.	
(III) 11003. *******	

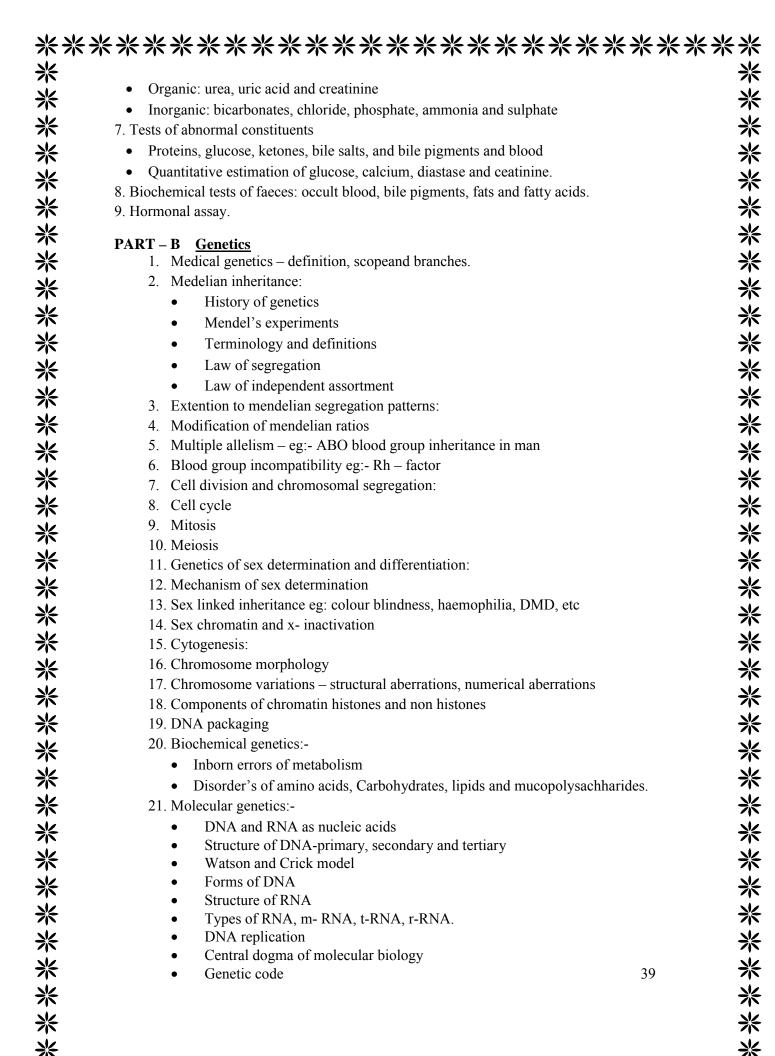
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PRELIMINARY EXAMINATION	
QABALAT WA AMRAZE NISWAN	
PAPER II	
<u>Hayaati Kimiya-wa-Itlaqi Janiniyat</u> (Biochemistry and Genetics)	
PART- A Biochemistry	
Theory: Introduction to Biochemistry:	
Basic concept of cell structure and functions.	
Chemical composition of human body and major bio-molecules.	
Scope and importance of biochemistry and major bio-molecules.	
Scope and importance of biochemistry in medicine and research.	
Carbohydrates	
Structure, function and relation	
Biochemical importance and classification (with structure).	
Digestion ,absorption and metabolism	
Homeostasis of blood sugar	
Applied biochemistry. Diabetes mellitus.	
Glycosuria.	
Inborn error of metabolism.	
Lipids Structure function relation.	
Biological membrane.	
Biochemical importance and classification (with structure).	
Digestion, absorption and metabolism.	
Importance and classification of lipoprotein.	
Cholesterol metabolism.	
Hypercholesterolemia.	
Hyper triglyceridemia	
Ketosis	
Inborn error of metabolism.	
Proteins	
a. Structure function relation	
b. Biochemical importance and classification (with structure)	
c. Digestion, absorption and metabolism.d. Classification of peptides and amino acids.	
d. Classification of peptides and amino acids.e. Biochemical importance and metabolism of essential amino acids.	
g. Methods of hormone assay.	
h. Biochemical importance, nomenclature and classification of enzymes.	
i. Applied biochemistry.	
Clinical enzymology.	27
Inborn error of metabolism.	37

*********** 米 *************************** Signal transduction 米 Hemoglobin and porphyrias. **Nucleic Acids** **************** DNA structure RNA structure Structure function relation Chemistry and biological importance. Protein synthesis. Biosynthesis and catabolism of purines and pyrimidines. Applied biochemistry. Recombinant DNA technology. Hyperuricaemia Inborn error of metabolism. Water and Minerals Body fluid in unani medicine and classification and biochemical correlation general consideration b. Distribution of fluid in body c. Water homeostasis Biochemistry of major, minor trace elements (Fe, ca, P, mg, mn, zn, cu, I, d. F, se, and Mo). Applied biochemistry – electrolyte disturbances (Na and K) e. Acid – base balance. f. **Vitamins** Classification and chemistry (with structure). Applied biochemistry. ENZYMES: general characteristic and clinically important enzymes. Deficiencies Hypervitaminosis. **Immunochemistry** Component of immune system. a. T and B lymphocytes b. applied immunology – AIDS, Rheumatoid Arthritis **Biochemistry of Hormone. Practical:** 1. Functions of various organs and their biochemistry assessments. 2. Specimen preparation analysis – blood, urine and CSF. 3. Significance of various tests of carbohydrates, proteins and lipids. 4. Principles of analytical techniques- analytical chemistry, photometry, chromatography and immunoassay. 5. Biochemical tests of blood; Quantitative estimation of glucose, urea, creatinine, cholesterol, 米 triglycerides, uric acid, proteins, Phosphate, triaminase. 米 6. Biochemical tests of urine: Tests of normal constituents 38

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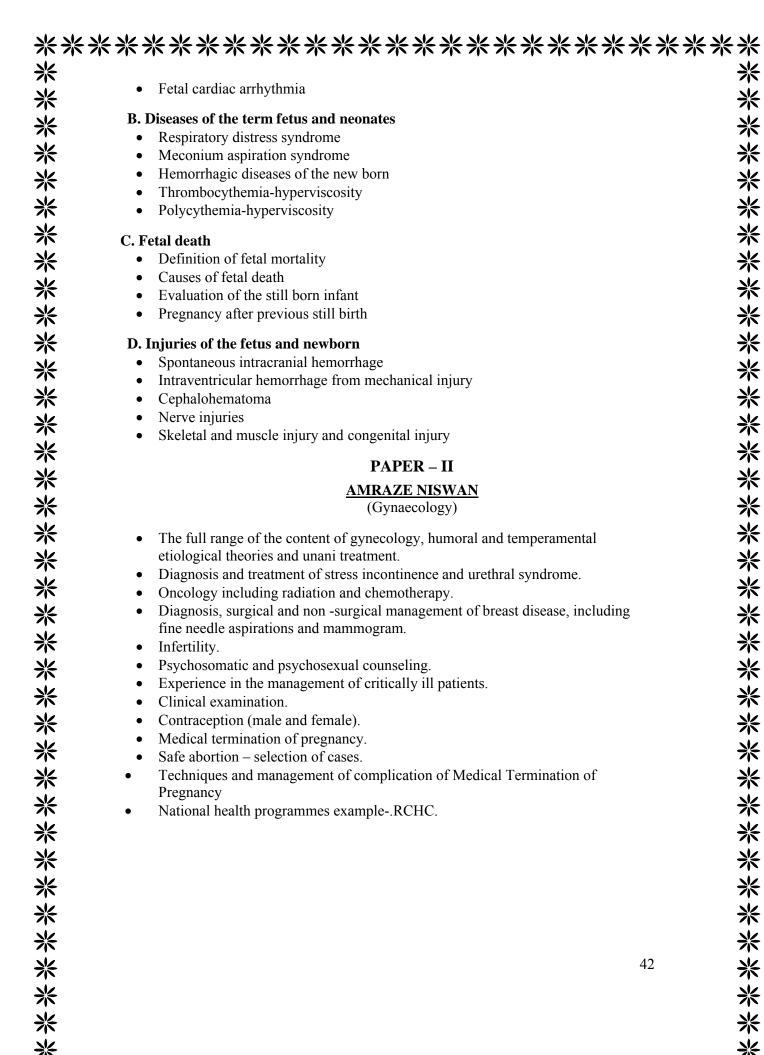


*********** 米 Protein biosynthesis-transcription and translation ********************** 22. Genetics of cancer:-Classification and function of oncogenes Relation of oncogene's to chromosomal defects **Apoptosis** 23. Principles of genetics by Klug 24. Principles of genetics by Gardner PAPER III Itlagi Tashreeh wa Munafe ul Aza (Applied Anatomy and Physiology of female reproductive system) I. Applied Anatomy Female urogenital system- normal and applied aspects. Abdomen, pelvis, pelvic floor, anterior abdominal wall, upper thigh (inguinal ligament, inguinal canal, rectum, and anal canal). External and internal genitalia applied aspects, developmental defects. II. Physiology of ovaries, uterus, and fallopian tubes. III. Gametogenesis, fertilization, implantation and early development of embryo. IV. Physiology of menstruation, puberty, adolescence and menopause. V. Endocrinology related to female reproductive system. VI. Anatomical and Physiological changes during pregnancy and parturition VII. Post natal physiological changes. VIII. Mammary glands Structure Control of breast development Physiology of Lactation Milk and its composition IX. Humoral and cellular immunology in AMRAZ E NISWAN X. Immunology of pregnancy. XII. Fetal growth and development, fetal physiology and circulation. 40

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	FINAL YEAR EXAMINATION (3 rd Year)
	PAPER – I
	QABALAT WA AMRAZE NAUMAULOOD (Obstetrics and Neonatology)
	 The full range of obstetrics, including high-risk obstetrics Genetics, including the performance and assistance of prenatal diagnostic and therapeutic procedures and patient counseling Learning operative vagina deliveries, including obstetric forceps or vacuum extractor. Performing vaginal breech deliveries Performing vaginal births after previous cesarean delivery The residents must learn the principles of general and spinal anesthesia, together with management and the complications of these techniques. Experience in the management of critically ill patients Immediate care of the newborn, every resident must have experience in resuscitation of the human newborn, including Tracheal intubation, the principles of general neonatal complications must be learned a well. Puerperium and postnatal care and complication. The full range of commonly employed obstetrical diagnostic procedures including imaging techniques especially ultrasonography.
	 Social obstetrics and vital statistics.
<u>Fetu</u> • •	Initiation of air breathing-stimuli to breath air Management of delivery-immediate care, newborn resuscitation Methods to evaluate new born condition-APGAR score, umbilical cord, blood acid base studies
•	Preventive care-eye infection prophylaxis B immunization, vit-K, universal newborn screening Routine newborn care-estimation of gestational age, skin care, umbilical cord, feeding icterus neonatorum, circumcision, rooming-in, hospital discharge
•	Neonatal hyper bilirubinaemia and management. Neonatal sepsis – prevention, detection and investigations. Management of common pagestal problems
Dicon	Management of common neonatal problems. ses of Fetus and New Born
A. DIS	Respiratory distress syndrome Retinopathy of prematurity Intraventricular hemorrhage Necrotizing enterocolitis
•	Brain disorders-neonatal encephalopathy, cerebral palsy Infant outcome in extreme premature birth Anemia Isoimmuniozation
•	Hyperbilirubinaemia Non immune hydrops fetalis 4



PAPER – III	
Medical and Surgical Complications in Obstetri	cs and Gynaecology
. General Considerations, Maternal Evalutaion and Medicati	ons
I. Critical Care and Trauma	
 Obstetrical intensive care 	
 Acute pulmonary edema.(heart failure, acute RDS) 	
 Sepsis syndrome 	
Trauma of pregnancy	
 Cardiopulmonary resuscitation 	
II. Obesity	
 Definition 	
 Associated morbidity and mortality 	
Treatment of obesity	
Pregnancy and obesity	
V. Cardiovascular Diseases	
• Diagnosis of heart diseases	
General management	
Surgical corrected heart diseaseValvular heart diseases	
Varvular heart diseasesCongenital hearty diseases	
 Other cardiovascular conditions 	
7. Chronic Hypertention	
• Definitions	
Diagnosis and treatment	
Preconception and early pregnancy evaluationEffects of chronic hypertension on pregnancy	
 Management during pregnancy 	
Wanagement during pregnancy	
I. Pulmonary Disorder	
Pneumonia	
Asthma Tuberoulogis	
 Tuberculosis 	
II. Renal and Urinary Tract Disorders	
 Urinary tract changes during pregnancy 	
 Assessment of renal disease during pregnancy 	
Urinary tract infection	
 Nephrolithiasis 	
• Glomerulopathies	
Polycystic kidney diseases Chronic repol diseases	
Chronic renal diseasesPregnancy after renal transplantation	
 Pregnancy after renar transplantation Dialysis during pregnancy 	
 Acute renal failure 	
/III. Gastrointestinal Disorders	43

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•	Diagnosis techniques	`
IX. HA. Di B. Di XII. Th A. Th	Nutritional support	7
•	Disorders of the upper gastrointestinal tract	2
	i. Hyperemesis gravidarum	,
	ii. Reflex esophagitis	7
	iii. Hiatal hernia	2
	iv. Diaphragmatic hernia	
	v. Achalasia	7
	vi. Peptic ulcer	2
	vii. Upper gastrointestinal bleeding	
		7
•	Disorders of the Small Bowel Colon	2
	i. Inflammatory bowel diseases	
	ii. Intestinal obstruction	3
	iii. Appendicitis	2
IX. H	Iepathic, Biliary Tract and Pancreatic Disorders	
	seases of the liver	7
	i. Intrahepatic cholestasis	2
	ii. Acute fatty liver	7
	iii. Acute viral hepatitis	3
	iv. Cirrhosis	_
	v. Portal hypertention	1
	vi. Liver transplantation	}
	vii. Chronic hepatitis	١
p p:		7
B. D1	seases of the gallbladder and pancreas	}
	i. Cholilitiasis	,
	ii. Cholicystitis	7
	iii. Pancreatitis	}
	iv. Pancreatic transplantation	
Х. Н	ematological Disorders	7
	• Anaemia	}
	Hemoglobinpathies	,
	Platelet disorders	7
	Inherited coagulation defects	}
XI. D	Diabetes Control of the Control of t	7
	 Classification 	}
	 Gestational diabetes 	
	 Pregestational diabetes 	7
**** /		}
	Thyriod and Other Endocrinal Disorders	
A. Th	nyriod Diseases	7
	i. Autoimmune thyroid diseaseii. Hyperthyroidism	}
		7
		_
	v. Hypothyriditis vi. Subclinical hypothyroidism	
	vi. Subclinical hypothyroidishi	7
B. Pa	rathyroid Diseases 44	2
		7
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Hyper and hypoparathyoidism	
	•
C. Adrenal Gland Disorders	•
i. Pheochromocytomaii. Cushing's syndrome	
iii. Adrenal insufficiency	•
ř	•
D. Pitutary Diseases	
i. Prolactinomaii. Acromeglay	
ii. Acromeglay iii. Diabetes insipidus	•
iv. Sheehan's syndrome	
·	
XIII. Connective Tissue Disorders A. Immune mediated connective tissue diseases	
i. Systemic lupus erythromatous	
ii. Rheumatoid arthritis	
B. Inherited connective tissue diseases	
i. Marfan's syndrome	
ii. Ehler's donlas syndrome	
XIV. Neurological and Psychiatric Disorders	
XV. Dermatological Disorers	
A. Physiological changes in pregnancy (hyperpigmentation, nevi, vascular change)	
B. Dermatosis of pregnancy-pruritis gravidarum, utricarial papules	
C. Preexisting skin diseases	
XVI. Uterine Tumours and Adnexae Complicating Pregnacny	
XVII. Infections	
A. Viral infections (varicella zoster, influenza, mumps, rubeola, enterovirus,	
rubella. CMV)	
B. Bacterial infections-streptococcus, salmonella, shigella, tuberculosis	
C. Protozoal infections-toxoplasmosis, malaria, amoebiasisD. Mycotic infections	
E. Emerging infections-severe acute respiratory syndrome	
F. Travel in pregnancy	
G. Bioterrorism-small pox, anthrax	
XVIII. Sexually Transmitted Diseases	
A. Syphilis	
B. Gonorrhea	
C. Chlamydial infections	
D. Lymphogranuloma venerum	
E. Herpes simplex infection	
F. HIV	
G. Human pappilloma virus infectionH. Chancroid	
I. Trichominiasis	
J. Bacterial vaginosis	
K. Other STD'S	
XIX. Surgical Emergencies and Acute Abdomen during Pregnancy	

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	PRELIMINARY EXAMINATION	
	ILMUL JARAHAT	
	PAPER-II	
	Basic principles of diagnosis and management & Unani drugs us	sed in
	Surgical practical	
Γhec	ory Part A: Basic principles of diagnosis and management	
l.	History taking	
2.	Clinical Physical Examination of patient in General Surgery.	
3.	Examination of	
	a. Swelling/Tumour (Awram)	
	b. Ulcer/wounds – (Qarah & Zakhm)	
	c. Lymphnodes – (Ghudoode lymphawia)	
1.	d. Peripheral Arteries (Mukhtalif Nabz) Preoperative assessment	
t. 5.	Postoperative management	
	nostic Techniques	
s	Radiography/contrast Imaging	
2.	Ultrasonography	
3.	Magnetic Resonance Imaging	
1.	Computerized Tomography	
5.	Radio nucleotide Scanning	
Part	B: Unani Drugs used in Surgical Practice.	
)rug	gs-	
	Mane Jaraseem Advia (Antibiotics)	
2.	Mane Afoonat advia (Antiseptics)	
3.	Mane Waja/ Dafe Alam (Analgesics)	
1. -	Mane Muhallil (Anti Inflammatory)	
5.	Habissuddam (Haemostasis)	
Ó.	Qabiz Advia (Astringent)	
Prac a)	<u>tical & Viva-Voce –</u> Demonstration of Physical Signs in Clinical Cases.	
))	Involvement in different Diagnostic Procedures.	
;) :)	Case presentation & Seminars	
,	cuse presentation of seminars	
		46

Takhdeere Umoomi wa Muqami (General & Local Anaesthesia) Part A: Takhdeer-e-Umoomi & drugs used Theory History of Anaesthesia Definition and Scope of Anaesthesia Pre-Anaesthetic Assessment Pre-Anaesthetic Medication (Unani & Modern) Anaesthetic agents	
Part A: Takhdeer-e-Umoomi & drugs used Theory History of Anaesthesia . Definition and Scope of Anaesthesia . Pre-Anaesthetic Assessment . Pre-Anaesthetic Medication (Unani & Modern)	
Theory - . History of Anaesthesia Definition and Scope of Anaesthesia Pre-Anaesthetic Assessment Pre-Anaesthetic Medication (Unani & Modern)	
 History of Anaesthesia Definition and Scope of Anaesthesia Pre-Anaesthetic Assessment Pre-Anaesthetic Medication (Unani & Modern) 	
Definition and Scope of Anaesthesia Pre-Anaesthetic Assessment Pre-Anaesthetic Medication (Unani & Modern)	
Pre-Anaesthetic Assessment Pre-Anaesthetic Medication (Unani & Modern)	
Pre-Anaesthetic Medication (Unani & Modern)	
Anaesthetic agents	
. I maesmene agents	
Inhalational Anaesthetic Agents	
Intravenous Anaesthetice Agents.	
Local Anaesthetic Drugs	
Mukhaddir Adviat (Unani)	
Stages of General Anaesthesia and their signs Anaesthesia and their signs	
Anatomy and physiology of Respiratory Tract in relation to Anaesthesia.Respiratory Function Tests	
1 2	
Anaesthetic Breathing SystemEndotracheal Anaesthesia	
Muscle Relaxants	
 Blood gases analysis-Oxygen and Carbon Dioxide 	
3. A brief idea of Artificial Ventilation	
4. Anaesthetic Equipments	
D-4 D. T-11-1	
Part B: Takhdeere muqami & Nuqai & Drugs used . Spinal Anaesthesia/Analgesia	
Epidural Anaesthesia/Analgesia	
Brachial Plexus Block	
Other Local Blocks	
Methods of Post-Operative Pain Relief	
Methods of Relief of Labour Pain	
Environmental hazards in Operation Room-Fires,	
Intensive Theraphy-	
Shock – Classification with special reference to hypovolumic Shock	
0. Immediate Management of Trauma	
1. Cardiopulmonary Resuscitation	
 Resuscitation of the New born Blood Transfusion 	
4. Post anaethesia complications & their management	
5. ASA Grading	
Practical & Viva Voce –	
Cardiopulmonary Resuscitation	
i. Blood Transfusion ii. Knowledge of Anaesthetic Equipments	
Knowledge of Anaesthetic EquipmentsKnowledge of Anaethesia Procedure	
7. ISHOWIOUGO OF PHILOCHIOSIU I TOCCUUTO	
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	FINAL YEAR EXAMINAT	FION- (3 rd Year)
	DADED I	
	PAPER I	:
	<u>Jarahate Umo</u> (General surge	
Part /	: Jarahate Umoomi (General surgery)	
	anuddam wa Sadma (Haemorrhage & Shoo	k)
	liya makhsoosa (Specific Infections):)
_, _,	(a) Kazaz (Tetanus)	
	(b) Ghanqarana (Gangrene)	
	(c) Atashak (Syphilis)	
	(d) Juzam (Leprosy)	
	(e) Diq (Tuberculosis)	
	(f) Suzak (Gonorrhea)	
	(g) AIDS	
3. Si	-e-mehmooda wa khabisa & Rasouli (Neop	plastic grwth & cysts).
4. Qa	rah (Ulcer), Sinus, nasoor (Fistula), Iltihab-o	e-khulvi (Cellulitis),
5. Ha	q (Burns)	
6. A1	raz-e-Sadeen wa Sartan (Breast Diseases in	cluding carcinoma of Breast)
7. A1 Ve	raz-e-Ghudood-e- Lymphawiya wa urooq (Diseases of Lymphatis, Arteries &
	,	
Part I	: Amraze-Ezam-o-mafasil including Phys (Old & recent concepts in orthopedic surge	- ·
1.	Development of bone and congenital anom	• /
2.	Details of fractures & Dislocations of bone	
_	Arm, Arm, Ankle, Leg and femur & Neck	
3. 4.	Arthritis – Osteoartherits - Rheumatoid Art Infections	hritis - Gout
4.	- Osteomyelitis	
	- Tuberculous Arthritis	
_	- Spine	
5. 6	Tumours of Bone	
6. 7.	Sciatic syndrome Diseases of Spine, injury including Spondy	litis/ Spondilisthesis
8.	Frozen Shoulder	~p •
9.	Diseases of tendons & Ligaments	
10.	Trauma Management	
Pract	al & viva voce	
a.	Case history and presentation of clinical ca	ses
b. 1	Ilaj bil yad	
1.	Amal-e- kai Takmid	
2. 3.	Amal-e-Fasd	48
J.	/ Milai-0-1 asu	40

4. Hijamat		
•	Leech therapy)	
6. Huqna	***	
-	mmobilisation including Plaster Application	
	sed indifferent common Operation.	
	by – (old and rescent Methods).	
10. Dalak & Riya		
11. Hammam		
12. Rehabilitation		
	PAPER-II	
	<u>Jarahate Nizami</u>	
	(Systemic Surgery)	
	nusoosi (Systemic Surgery) nnuq (Diseases of Head and Neck)	
a. Development		
b. Cleftlip and p	ate	
c. Dermoid Cyst	S	
d. Minigocoele		
e. Hydrocephaplf. Head Injury	ous	
g. Oral Ulcers ar	d Cancer	
h. Diseases of Pa		
	hyroid, thyroglossal cyst and other swelling of Neck.	
j. Diseases of Sa		
	nizam-e-Hazm (Disease of Abdomen and GIT).	
(a) Miree (Oesop)	-	
(i) Atresia and		
(ii) Foreign bo (iii) Cancer	outes	
(iv) GERD		
(v) Reflux O	sophagitis	
` ^	ri (Stomach and Duodenum):	
(i) APD		
	er and Complications	
(iii) Carcinom		
(iv) Hitatus H	ernia Elet obstruction	
` /	iver and Gall Bladder):	
(i) Liver Abso	· · · · · · · · · · · · · · · · · · ·	
(ii) Hydatid D		
, , ,	cy & Surgical Jaundice	
, ,	itis and Gall Stones	
(d) Bangras (Pancreas		
(i) Acute Pano		
(ii) Chronic Pa		
(iii) Carcinom		
(e) Tihal (Spleen):	-	49
• = •		

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*************	(i) Injury	******
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(ii) Portal Hyper tension (f) Nizam-e-Hazm(GIT)	
が	(g) Intestines and colon injuries	不
米	(i) Peritonitis	彩
米	(ii) Obstruction	米
*	(iii) Koch's Abdomen (iv) Carcinoma Small intestine & colon	*
*	(v) GIT bleeding	*
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a) Haematemesis	
不	b) Malaena c) Per rectal bleeding	
米	(h) Zaida Awar (Appendix):	彩
米	(i) Appendicitis in detail	*
*	(j) Meqad (Rectum & Anal canal):	*
¥	(i) Haemorrhoid	<u> </u>
/	(ii) Rectal Prolapse & Fistula in ano	*
	(iii) Perianal Abscess/ Ischiorectal abscess	彩
米	(iv) Bleeding /P/R	米
*	(v) Fissure in Ano.	*
*	(vi) Carcinoma of rectum	*
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(k) Fataq (Hernia):	
が	(i) Definition and Classification	不
米	(ii) Inguinal & Fermoral	彩
米	(iii) Umblical and paraumblical and incisional, epigastric.	米
*	3. Amraz-e-Nizam-e-Kulliya aur taulid wa tanasuliya (Disease of Genitourinary System)	*
*	(a) Disease of Kidney and Ureter:	*
	(i) Congenital Disease	
が	(ii) Injuries	不
米	(iv) Nephritis - Classification, Complications & its management	※
*	(iii) Calculi	*
*	(iv) Infections	*
*	(v) Tumours	1 /2
/	(vi) Hydronephrosis	*
************	(b) Urinary Bladder:	**********
米	(i) Stones	米
*	(ii) Tumours	*
*	(iii) Injuries.	*
*	(c) Prostate	
7/	(i) BPH (ii) Carainama of Practate	7
米	(ii) Carcinoma of Prostate	米
米	(iii) Prostatitis (d). Urethra	*
*	Congenital Diseases 50	*
× ×	Congoniui Discuses 50	<u> </u>
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	a. Hypospedias		************
7 (b. Epispedias		不
米	(i) urethritis		*
米	(ii) Gonorrhoea		*
*	(iii) Stricture		*
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(iv) Injuries.		*
7/	5. Penis:		*
米	(i) Ulcers		*
米	(ii) Tumours		*
*	(iii) Phimosis		*
*	(iv) Paraphimosis		
7/	6. Scrotum and Testis.		派
米	(a) Hydrocele, Haematocele & pyocele		米
*	(b) Congenital Diseases- Incomplete descend of testis, Ectopic testis		*
<u> </u>	(c) Tumours		¥
	(d) Epididimo-orchitis		
7/	(e) Orchitis (f) Torsion of Testis		が
*	(f) Torsion of Testis		米
*	(g) Varicocele		*
**	Practical & Viva Voce –		*
	1. Surgical Instruments & Equipments		
7	Surgical institutions & Equipments Common Surgical Operation		
米	Common Surgical Procedures		米
*	i. Catheterization		*
*	ii. Proctoscopy		¥
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	iii. Esophagoscopy		
派	iv. Upper G.I. Endoscopy.		彩
米	 Physical Sign of Clinical Cases / Seminars. 		米
*	5		*
*************************	Part B: Jarahiyat ki Jadeed Tahqiqat (Recent Advances in Surgery) 1. New Publications in Books and Journals.		************
*	 New Fublications in Books and Journals. New Techniques used in General Surgery. 		*
**	 New Techniques used in General Surgery. Laparoscopic Procedures 		*
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4. Endoscopic Procedures		
不	5. Laser and its application in Surgery		※
米	6. Nanosurgery		米
*			*
1	<u>Practical & Viva Voce</u> –		<u> </u>
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Surgical Instruments & Equipments		
ボ	Common Surgical Operation		彩
米	Common Surgical Procedures		*
*	(i) Catheterization	51	*
<u> </u>			<u></u>
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彩			※
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	(ii) Proctoscopy	
	(iii) Esophagoscopy	
	(iv) Upper G.I. Endoscopy.	
Physi	cal Sign of Clinical Cases / Seminars.	
Thesi	s Work.	
Paper	Presentation for Journals.	
	<u>Paper – III</u>	
	Amalyate Jarahiyat (Operative Surgery)	
Part	A:	
	naliyate Jarahiyat Saghira (Minor operative procedures)	
1.	Circumcision under Local Anesthesia	
2.	Drainage of Abscesses	
3.	FNAC	
4.	Major dressings	
5.	Minor Anorectal Procedures (Haemorrhoids -Banding, Cryosurgery, suturing	etc.
6.	Anal dilatation and Fissures), Fistulectomy	
7.	Minor Biopsies - Lymph node, ulcer, swellings etc.,	
8.	Reduction and plaster application of simple fractures and dislocations	
9. 10.	Removal of simple subcutaneous swellings	
10. 11.	Sigmoidoscopy and Upper OJ. endoscopy Suturing Techniques	
12.	Vasectomy	
13.	Wound debridement	
b. Ar	naliyate Jarahiyat kabira (Major operative procedures)	
1.	Appendicectomy	
2.	Cholecystectomy	
3.	Closure of Colostomy	
4.	Closure of peptic ulcer / under-running bleeding ulcer / vagotomy drainage	
5.	Colostomy	
6.	Cysts and sinuses of the neck	
7.	Diagnostic laparoscopy	
8.	Drainage of breast abscess / Excision of breast lump	
9.	Groin Hernia repair	
10.	Gynaecomastia	
11.	Haemorrhoidectomy / Fissurectomy / simple fistulectomy	
12.	Hemicolectomy	
13.	Herniotomy / Orchidopexy in children	
14.	Laparotomy for abdominal trauma / splenectomy	
15.	Laparotomy for intestinal obstruction / bowel resections / bowel anastamosis Management of	
16.	complex wounds	52

17.	Mastectomy		
18.	Opening and closing the abdomen		
19.	Opening and closing the chest		
20.	Parotidectomy		
21.	Release of bands and simple adhesive obstruction		
22.	Thyroid lobectomy		
23.	UGI endoscopy / Flexible sigmoidoscopy		
24.	Ventilation		
25.	Wide excision of breast tumours / mastectomy / microdochectomy		
26.	Gastrostomy / Feeding jejunostomy		
Part	B: Amaliyate Jarahiya Makhsoosa (Speciality Procedures)		
	e will be repetition of the procedures listed under this category and those listed under		
	ral surgical procedures.		
-	aroscopy and GI Endoscopy		
_	nostic and therapeutic Upper and Lower GI endoscopy		
_	nostic laparoscopy		
_	nostic Upper GI endoscopy		
-	roscopic Cholecystectomy		
	osurgery lotomy		
	agement of paraplegia		
	heral nerve repair		
•	ment of nerve injury specific operations		
	ing complex scalp wounds		
	nining		
U rol			
	noma penis		
	nostic cystoscopy		
_	nal Block Dissection		
_	otomy		
	rectomy - partial & total		
_	rolithotomy		
-	idectomy		
Orchidopexy			
	peritoneal lymph node dissection		
	a pubic cystostomy		
-	amputation of penis		
	P / Open prostatectomy		
	rolithotomy		
Urethral J Urogenital injuries			
Urethral dilatation			
Vario	socele 53		

Il radical operations - Breast, Thyroid, GI and Facio-maxillary malignancies reast lumpectomy unctional neck node dissection astrectomy / Bowel resection detastatic workup dastic Surgery urn resuscitation ip surgery ocal blocks in anaesthesia dinor hand injuries erve repair ost excision reconstruction eimplantation of digits kin flap surgery ditch craft	Vasectomy	
reast lumpectomy anctional neck node dissection astrectomy / Bowel resection letastatic workup lastic Surgery urn resuscitation ip surgery local blocks in anaesthesia linor hand injuries erve repair lost excision reconstruction leimplantation of digits stin flap surgery litch craft endon repair PA found debridement laediatric Surgery norectal anomalies ircumcision I meatoplasty ermiotomy tercostal aspiration aparotomy for peritonitis ymph node biopsy on operative treatment of volvulus rechidopexy stomies leidiatric emergencies yloromyotomy ractical & Viva Voce — larctical training of surgical procedures discussed above. *********** ********** ********** ****	Oncology	
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