## THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No. 69, ANNA SALAI, GUINDY, CHENNAI – 600 032.

# <u>B.D.S.</u>

# **DEGREE COURSES**



# SYLLABUS AND CURRICULUM

#### THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI

#### **PREFACE**

The Syllabus and Curriculum for the B.D.S.Courses have been restructured with the Experts from the concerned specialities to educate students of BDS courseto

1. Take up the responsibilities of dental surgeon of first contact and be capable of functioning independently in both urban and rural environment.

2. Provide educational experience that allows hands-on-experience both in hospital as well as in community setting.

3. Make maximum efforts to encourage integrated teaching and de-emphasize compartmentalisation of disciplines so as to achieve horizontal and vertical integration in different phases.

4. Offer educational experience that emphasizes health rather than only disease.

5. Teach common problems of health and disease and to the national programmes.

6. Use learner oriented methods, which would encourage clarity of expression, independence of judgement, scientific habits, problem solving abilities, self initiated and self-directed learning.

7. Use of active methods of learning such as group discussions, seminars, role play, field visits, demonstrations, peer interactions etc., which would enable students to develop personality, communication skills and other qualities towards patient care.

The Students passing out of this Prestigious University should be acquire adequate knowledge, necessary skills and such attitudes which are required for carrying out all the activities appropriate to general dental practice involving the prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth, jaws and associated tissues. The students should also understand the concept of community oral health education and be able to participate in the rural health care delivery programmes existing in the country.

(Subject to changes in Amendments in DCI Regulations and SAB Resolutions)

#### Prof. Dr.S.GEETHALAKSHMI, M.D., Ph.D. VICE-CHANCELLOR

Comments / Feed back are welcome if any and mail it to registrar@tnmgrmu.ac.in

# **B.D.S. - DEGREE COURSE**

## FIRST YEAR SUBJECTS

SI. No.	Subjects	Page. No.
	I Year	
1.	General Anatomy including Embryology and Histology	1 - 16
2.	General Human Physiology andBiochemistry	17 – 44 45 - 56
3.	Dental Anatomy, Embryology and Oral Histology	57 - 67

#### 1. GENERAL ANATOMY INCLUDING EMBRYOLOGY AND HISTOLOGY

#### 1. GOAL

The students should gain the knowledge and insight into the functional anatomy of the normal human head and neck, functional histology and an appreciation of the genetic basis of inheritance and disease, and the embryological development of the clinically important structure, so that the relevant anatomical and scientific foundations are laid down for the clinical years of the BDS course.

#### 2. OBJECTIVES

#### a. KNOWLEDGE AND UNDERSTANDING:

At the end of the first BDS in anatomical science the undergraduate student is expected to

- i. Know the normal disposition of the structures in the body while clinically examining a Patient and while conducting the clinical procedures
- ii. Know the anatomical basis of disease and injury
- iii. Know the microscopic structure of the various tissues, a prerequisite for understanding the disease process.
- iv. Know the nervous system to locate the site of lesion according to the sensory and or the motor deficits encountered
- v.Have an idea about the basis of the abnormal development, critical stages of development, effects of teratogens, genetic mutations and environmental hazards
- vi. Know the sectional anatomy of the head and neck and brain to read the features in the Radiographs and the picture taken by modern technique

vii.Know the anatomy of cardiopulmonary resuscitation

#### b. <u>SKILLS:</u>

- i. To locate various structure of the body and to mark the topography of the living anatomy
- ii. To identify various tissues under microscope
- iii. To identify the features in radiography and modern imaging techniques.
- iv. To detect various congenital abnormalities.

#### c. <u>ATTITUDE</u>:

- i. Willingness to apply the current knowledge of dentistry in the best interest of the patient and community
- ii. Seek to improve awareness and provide possible solutions for oral health problems and needs throughout the community

#### d. INTEGRATION:

By emphasizing on the relevant information the anatomy taught integrally with other basic sciences and clinical subjects not only keeps the learner curious but also lays down the scientific foundation for making a better doctor, a benefit to the society. This insight is gained in a variety of ways:

- 1) Lectures and small group teachings
- 2) Demonstrations
- 3) Dissection of human cadavers
- 4) Study of dissected specimens
- 5) Osteology
- 6) Study of histology slides
- 7) Audio visual aids
- 8) Charts and models for embryology and genetics

#### e. KNOWLEDGE ABOUT INFECTION AND CROSS INFECTION IN DENTISTRY

Knowledge about asepsis – disinfection and sterilization of instruments, clinical area / personal care as per universal protection, and disposal of medical wastes in the appropriate modes. Students should be aware of the rules and regulations pertaining to maintenance of clinical set up and waste disposal.

#### f. <u>COMPUTER PROFICIENCY</u>

Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes Basic operative skills in analysis of data and knowledge of multimedia. Students should utilize a combination of traditional classroom courses, and online courses. The following validation is required and must be completed.

i) Technological Requirements for all Graduate Students

- ii) A laptop or desktop computer that supports the following requirements
  - a) Operating system requirements
  - b) Internet browser requirements
  - c) Reliable and consistent access to the internet
  - d) Anti virus software which is current and consistently updated
  - e) Microsoft Office
  - f) Adobe Reader (or equivalent to view PDF files)

#### 3. COMPETENCIES

- i. <u>General skills:</u>
- Apply knowledge& skills in day to day practice
- Apply principles of ethics
- Analyze the outcome of treatment
- Evaluate the scientific literature and information to decide the treatment
- Participate and involve in professional bodies
- Self-assessment & willingness to update the knowledge & skills from time to time
- Involvement in simple research projects
- Minimum computer proficiency to enhance knowledge and skills
- Refer patients for consultation and specialized treatment
- Basic study of forensic odontology and geriatric dental problems
- ii. <u>Practice Management :</u>
- Evaluate practice location, population dynamics & reimbursement mechanism
- Co-ordinate & supervise the activities of allied dental health personnel
- Maintain all records
- Implement & monitor infection control and environmental safety programs
- Practice within the scope of one's competence
- iii. <u>Communication and Community Resources:</u>
- Assess patients goals, values and concerns to establish rapport and guide patient care
- Able to communicate freely, orally and In writing with all concerned
- Participate in improving the oral health Of the individuals through community activities.

- iv. <u>Patient Care Diagnosis:</u>
- Obtaining patient's .history in a methodical way
- Performing thorough clinical examination
- Selection and interpretation of clinical, radiological and other diagnostic information
- Obtaining appropriate consultation
- Arriving at provisional, differential and final diagnosis
- v. <u>Patient Care Treatment Planning:</u>
- Integrate multiple disciplines into an individual comprehensive sequence treatment plan using diagnostic and prognostic information
- Ability to order appropriate investigations
- Recognition and initial management of medical emergencies that may occur during dental treatment
- Perform basic cardiac life support
- Management of pain including post operative
- Administration of all forms of local anaesthesia
- Administration of intra muscular and venous injections
- Prescription of drags, pre operative, prophylactic and therapeutic requirements
- Uncomplicated extraction of teeth
- Transalveolar extractions and removal of simple impacted teeth
- Minor oral surgical procedures
- Management of oro-facial infections
- Simple orthodontic appliance therapy,
- Taking, processing and interpretation of various types of intra oral radiographs
- Various kinds of motivative procedures using different materials available
- Simple endodontic procedures
- Removable and fixed prosthodontics
- Various kinds of periodontal therapy
- vi. Competencies specific to the subject.

#### 4. TEACHING HOURS

Lecture Hours -100 hrs Practical Hours -175 hrs Total -275 hrs

#### 5. TEACHING METHODOLOGY

- Combination of Lectures
- Small group seminars, tutorials
- Dissection and learning from dissected specimens
- Microscopic demonstration
- Audio visual aids
- Demonstration of articulated and individual bone specimens.
- Use of workbook for practical classes
- Drawing histology diagrams in record notebook
- Surface anatomy on living individual
- Study of radiographs & other modern imaging techniques.
- Study of Histology slides.
- Study of embryology models.

#### 6. THEORY SYLLABUS

TOPIC	MUST KNOW	DESIRABLE TO KNOW	NICE TO KNOW
Anatomical terminology	An understanding of the various subdivisions of anatomy Anatomical position Anatomical planes Terms of direction, relation, comparison, laterality & movement		
Introduction to bones	Composition of bone and bone marrow Regional classification of skeleton Structural classification of bone a. Distribution of spongy and compact bone in the body		Laws of ossification, including direction of nutrient foramen and the growing end of the

	Classification of bone according to shape	bone
	Classification of bone based on ossification	
	Parts of a long bone	Exceptions to the
	Blood and nerve supply of a long bone	laws of ossification
	Special features of a sesamoid bone	
Introduction to	Definition Classification according to	
joints	a. Structure- with subtypes and examples of fibrous,	
	cartilaginous and synovial joints	
	b. Mobility	
	c. Axes of movement	
	Complex and compound joints	
	Nerve supply of joints- Hilton's law	
	Blood supply of joints	
Introduction to	Structural classification of muscle	Classification of
the muscular	Parts of a skeletal muscle Differentiate tendon and	muscle according to
system	aponeurosis	direction of muscle
	General principles about how attachments of muscles	fibres and shape
	affect	
	the joints they cross	
	Classification of muscle according to action (agonists,	
	antagonists, synergists, fixators)	
Introduction to	Classification into blood vascular system	Concepts of
the	Differentiate pulmonary and systemic circulation	thrombosis, infarction,
cardiovascular	Layers of any blood vessel	aneurysm
system	♣Types of blood vessels	*Concept of
	a. General differences between arteries and veins	lymphoedema and
	b. Functional difference between elastic, muscular arteries	spread of tumors via
	and arterioles	lymphatics and
	c. Function of meta-arterioles, precapillary sphincters,	venous system
	arterio-venous anastomoses	
	a. Inicrovasculature-types of capillaries and their functional	
	significance	

	♣Venous return	
	a. Musculo-venous pumps	
	b. Role of valves	
	Definition and structure of a portal system	
Lymphatic	Components and function of the lymphatic system	
system	a. Structure of lymph capillaries	
	b. Concept that lymphatics accompany blood vessels	
	<ul> <li>Concept that lymph ultimately drains into the venous system</li> </ul>	
	d. Function of lymph nodes in the lymphatic system	
Nervous	Subdivisions of nervous system into Central and peripheral	
system	nervous system, somatic and autonomic nervous system	
	Structure and classification of neuron	
Respiratory	Trachea, pleura and Lungs	
system		
Gastrointestinal	Name, position, external and internal features, important	
system	peritoneal and other relations, blood supply, nerve supply,	
Accessory	lymphatic drainage and applied aspects of: Spleen,	
organs of	Abdominal part of esophagus Stomach, Liver & its	
algestion	vascular segments Gall bladder, Pancreas, Small	
	apparatus	
L Irinary system	Kidneys Ureter Suprarenals Urinary bladder	
Conitol evotor	Testis Overy Uterus Fellepian tube	
	Testis, Ovary, Oterus, Failopian tube	
Introduction	Terms used in embryology Stages of development	
Mitosis and	Primordial germ cells	
Meiosis and	Concept of Chromosomal abnormalities	
Gametogenesis	Oogenesis Spermatogenesis	
Uterine and	Uterine and ovarian cycles Ovulation	
ovarian cycles		
Fertilization	Definition, Phases of fertilization, Results of fertilization	

and Blastocyst			
Bilaminar germ	Implantation		
disc	Abnormal implantation		
Trilaminar germ	Gastrulation		
disc			
Embryonic	Definition, Neurulation – neural pores and the time of		
period	closure, Derivatives of each of the 3 germ layers, Somites		
Fetal	Structure, Placental circulation, Function, Placental barrier		
membranes			
and Placenta			
Amnion and	Structure and function	Amniotic fluid-	
umpliical cord		nyaramnios and	
Dirth defects	Free Delete Tennue, Dreschiel ennemetre, Ditritem, alend	oligonyaramnios	Turpop of
Dirth delects	Face Palate Longue Branchial apparatus Pitultary gland		l ypes of
	Inyroid gland Eye		abilitimalities-
			disruption
			deformation
			syndrome
			Teratogens
			Facial clefts First
			Arch Anomalies
			Developmental
			anomalies of tongue
			Branchial cysts and
			fistulae. Ectopic
			thymic, parathyroid or
			thyroid tissue.
			Thyroglossal cyst
Chromosomes	Structure of chromosomes Classification of chromosomes		· • •
	based on position of centromere		
Karyotyping	Technique of preparing a Karyotype		
	Types of banding		

	<ul> <li>Clinical applications of karyotyping</li> <li>Reading of karyotypes for normal male, female, Trisomies, Turner syndrome, Klinefelter syndrome</li> </ul>	
Osteology	Anatomical position of skull Identification and locations of individual skull bones in an articulated skull *Features seen in Normas frontalis, verticalis, occipitalis, lateralis and basalis *Cranial cavity- subdivisions, foraminae and structures passing through them *Details of Mandible and Maxilla, *Features of typical and atypical cervical vertebrae	Concept of bones which ossify in membranes and cartilage *Frankfort Plane *Parietal, Occipital, Frontal and Temporal bones *Sphenoid,
Scalp	Layers of scalp, Extent/ attachment of each layer, Surgical importance of each layer, Blood supply, nerve supply and lymphatic drainage	
Superficial dissection of the face	Muscles of facial expression Muscle groups acting upon the angle of the mouth - Attachments of the orbicularis oculi, orbicularis oris and buccinator muscles only &Sensory innervation of the face	Names of the superficial muscles in the face, with their actions and nerve supply
Deep dissection of the face	<ul> <li>Facial artery: Origin, course and branches</li> <li>Facial vein: Formation, course and tributaries</li> <li>Facial nerve: Branches in the face</li> <li>Lymphatic drainage of the face</li> <li>Surgical importance of the deep facial vein</li> </ul>	
Parotid Region	Parts, borders, surfaces, contents, relations and nerve supply of parotid gland Course of parotid duct	Parotid abscess Plane of dissection and main complication of superficial parotidectomy
The side of the	Boundaries and subdivisions of posterior triangle	

neck Posterior	Boundaries and contents of the subclavian and occipital		
Triangle	triangles		
	Special emphasis on with nerve supply and actions		
	Sternocleidomastoid with attachments and relations,		
	Wry neck Lymphatic drainage of head and neck		
Dissection of	Contents of the vertebral canal Suboccipital triangle		
back	Boundaries and contents		
	Position, direction of fibres, relations, nerve supply,		
	actions of:		
	Semispinalis capitis, Splenius capitis		
Cranial	Cranial fossae: structures related and major foramina and	Pituitary	Clinical importance of
Cavity	structures passing through Dural venous sinuses	tumours	dural venous sinuses
	♣Pituitary gland		
Orbit	Attachments, nerve supply and actions of muscles of		
	eyeball		
	Nerves and vessels in the orbit		
	♣Ciliary ganglion		
Anterior	Boundaries and subdivisions of the anterior triangle		
Triangle	Boundaries and contents of the muscular, carotid,		
	digastric and submental triangles		
Cranial nerves	extra cranial course 5th, 7th and 9th nerves and upper		
	Cervical nerves.		
Temporal and	Extent, boundaries and contents of temporal and		Dislocation of
Infratemporal	infratemporal fossae		temporomandibular
regions	Attachments, direction of fibres, nerve supply and		joint
	actions of muscles of mastication Temporomandibular joint		
Submandibular	Parts, borders, surfaces, relations, nerve supply of		Bidigital palpability of
region	submandibular gland		submandibular
	Course and relations of submandibular duct		swelling
	Submandibular ganglion		
	Position, relations and nerve supply of sublingual gland		
Deep	Thyroid gland- location, parts, borders, surfaces, relations,	Thyroid	Vagus Nerve in the

structures in the neck	<ul> <li>blood supply</li> <li>◆Parathyroid glands- location, blood supply</li> <li>◆Trachea, Tracheostomy- structures encountered</li> <li>◆Subclavian artery- Origin, parts, course, branchs</li> </ul>	swellings - anatomically relevant clinical features Awareness of liability of injury to external and recurrent laryngeal nerves during thyroidectomy	neck- Course and branches Accessory Nerve- Course and supply Cervical Sympathetic chain- Components, branches, area of supply Deep cervical fascia- parts, extent, attachments, modifications Deep cervical lymph nodes
Mouth,	Names, position, actions and nerve supply of muscles of palate and above and an environment.	Killian's	Tonsillitis and
Pilaryitx,	palate and pharynx	deniscence	
Falale	APalatine tonsil- Position, relations, blood supply		*Adenoids
	Waldeyer's lymphatic ring- Components and their		A Paratonsillar absc
	function		
	Boundaries and clinical significance of pyriform fossa		
Cavity of Nose	Nasal septum Epistaxis- significance of Little's area		Sinusitis
	Lateral wall of nasal cavity		Maxillary sinus
	Paranasal sinuses concept of referred pain		tumours
Larynx	Names, nerve supply and actions of intrinsic and extrinsic		Recurrent laryngeal
	muscles of larynx Cartilages and ligaments		nerve injury
	Sensory innervation and blood supply of larynx		
Tongue	Names, nerve supply and actions of extrinsic and intrinsic		Hypoglossal nerve
	muscles of tongue		palsy
-	Nerve supply and lymphatic drainage of tongue		
Organs of	Parts, boundaries, contents, relations, blood supply and		
hearing and	nerve supply of external ear, middle ear and Auditory tube		

equilibrium		
Eyeball	Parts and layers of eye ball	
Prevertebral region and Joints of Head and neck	Atlanto-occipital joint	
External features	External features of the brain and spinal cord and its meningeal coverings and blood supply	
Spinal cord	<ul> <li>a) External and internal features</li> <li>b) Organization of grey matter into nuclei</li> <li>c) Coverings of spinal cord</li> <li>d) Ascending and descending tracts and their functions</li> <li>e) Upper and lower motor neurons</li> <li>f) Spinal segment and dermatome</li> <li>g) Blood supply</li> <li>h) Modifications of piamater</li> </ul>	
Brainstem	External and internal features	
Cerebellum	Gross features and subdivisions of cerebellum. Deep nuclei, afferent and efferent connections. Cerebellar peduncles	Morphological subdivisions of cerebellum into archi, paleo and neocerebellum, Cerebello-pontine angle tumour, symptoms of cerebellar disease
Cerebrum	Gross features (gyri and sulci) of the cerebral hemisphere – superolateral, Medial and inferior surface, and the subdivisions into lobes, and blood supply. Functional areas and Brodmann's numerals (motor, sensory, visual, auditory, speech, frontal eye field, prefrontal cortex)	

	Horizontal section of cerebrum Midsagittal section of cerebrum	
White fibres of cerebrum	Association, commissural and projection fibres	
Ventricles of the brain	Features of lateral, third and fourth ventricle. Choroid plexus, Circulation of Cerebro-Spinal Fluid (CSF)	
Blood supply of brain and spinal cord	Blood supply of brain and spinal cord	

#### **Bioethics**

Bioethics is the application of ethics to the field of medicine and healthcare. Bioethics includes medical ethics, which focuses on issues in health care; research ethics, which focuses issues in the conduct of research; environmental ethics, which focuses on issues pertaining to the relationship between human activities and the environment, and public health ethics.

#### 7. PRACTICAL HOURS

•	Osteology	- 30 hrs
•	Organ Demonstration	- 5 hrs

- Organ Demonstration •
- Histology-Slide Demonstration - 30 hrs .
- Demonstration of dissected specimens • Head and Neck and Brain -110 hrs

-----

175 hrs -----

### 8. THEORY EXAMINATION (3 Hours)

- Elaborate on : 2 x 10=20 Marks
- Write Notes on :10x 5=50 Marks •

\_\_\_\_\_

Total= 70 Marks

------

Note : Write Notes On: one question should be from Histology and one from embryology.

#### 9. PRACTICAL EXAMINATION

SPOTTERS : 90 MARKS (45X2=90 marks)

Gross anatomy (head & neck, neuroanatomy)20 X 2 = 40 MarksHistology spotters15 X 2 = 30 MarksOsteology (5),embryology (4), genetics(1 chart)10 X 2 = 20 Marks

Total 45 spotters: 45 X 2 = 90 Marks

Criteria to be followed during Anatomy practical examination:

One minute to be given for identification and writing the answers for each spotter Identification of microscopic tissue and any two most relevant points for identification should be mentioned for histology spotters For other spotters two points per spotter to be answered.

VIVA VOCE -20 MARKS Osteology-10 marks, Embryology -10 marks

ExaminationInternal AssessmentVivaTotalTheory701020100Practicals9010-100Total200

#### 10. FORMATIVE/INTERNAL ASSESSMENT

The continuing assessment examination (both Theory/Practical) held at least 3times in a particular year and best of two examinations shall be considered. The Internal Assessment marks to be submitted to the university, once in every three months. The marks scored by the students shall be displayed on the Notice board and a copy forwarded by HOD shall be sent to the University once in every 3 months.

Theory - 10 Marks Practical - 10 Marks Total - 20 Marks Topics for each assessment:

General anatomy, embryology (concerned), histology (concerned), Head and neck portions and osteology. Model exam at the end

#### 11. RECORD NOTE / LOG BOOK

Record shall be maintained and assessed periodically by faculty and HOD. Institution shall provide adequate number of cases/teaching materials as specified in Dental Council of India regulation for the students during clinical/practical training and examinations.

#### 12. TEXT BOOKS:

Gross Anatomy

- 1. Cunningham's Manual of Practical Anatomy Volumes 1, 2 and 3 15<sup>th</sup> edition by GJ Romanes
- 2. Clinical Oriented Anatomy 7<sup>th</sup> edition by Moore KL, Agur AMR and Dalley AF
- 3. Textbook human anatomy(Head and Neck), Inderbir singh
- 4. A Textbook of Human Anatomy, 2000 by T.S. Ranganathan

#### Neuroanatomy

- 1. Clinical Neuroanatomy 7<sup>th</sup> edition 2009 by Richard S. Snell
- 2. Essentials of Human Anatomy Neuroanatomy 4<sup>th</sup> edition 2012 by AK Datta
- 3. Textbook of Clinical Neuroanatomy 2<sup>nd</sup> edition Vishram Singh
- 4. Illustrated Textbook of Neuroanatomy 12<sup>th</sup> edition by GP Pal

#### Histology

- 1. Inderbir Singh's Textbook of Human Histology with Colour Atlas and Practical Guide 7<sup>th</sup> edition, 2014 by Vasudeva Neelam
- 2. Wheater's Functional Histology: A Text and Colour Atlas, 6th Edition by Barbara Young, Geraldine O'Dowd, Phillip Woodford
- 3. Textbook of Histology 2008 by GP Pal

#### Embryology

1. Langman's Medical Embryology 13<sup>th</sup> edition by T.W. Sadler,

- 2. Larsen's Human Embryology 5<sup>th</sup> Edition 2014 by Schoenwolf, Bleyl, Brauer and Francis-West
- 3. The Developing Human: Clinically Oriented Embryology 9th edition, 2012 by Keith L. Moore
- 4. Human Embryology 10<sup>th</sup> edition by IB Singh

#### **13. REFERENCE BOOKS**

- 1. Gray's Anatomy 41<sup>st</sup> Edition 2016 Standring S
- 2. Emery Medical Genetics
- 3. SNELL (Richard S.) Clinical Anatomy for Medical Students, Ed. 5, Little Brown & company, Boston.
- 4. RJ LAST'S Anatomy- McMinn, 9<sup>th</sup> edition.
- 5. ROMANES(G.J.) Cunningham Manual of Practical Anatomy: Head & Neck & Brain Ed.15. VOL. III, Oxford Medical Publication.
- 6. WHEATER, BURKITT & DANIELS, Functional Histology, Ed. 2, Churchill Livingstone.
- 7. SADLER, LANGMAN'S, Medicals Embryology, Ed.6.
- 8. JAMES E ANDERSON, Grant's Atlas of Anatomy, Williams & Wilkins.
- 9. WILLIAMS, Gray's Anatomy, Ed.38. , Churchill Livingstone.

#### 2. GENERAL HUMAN PHYSIOLOGY

#### 1. GOAL

The broad goal of teaching Human Physiology to undergraduate Dental students is to provide comprehensive knowledge of the normal functions of the organ systems of the body, to facilitate an understanding of the physiological basis of health and disease.

#### 2. OBJECTIVES

#### a. KNOWLEDGE AND UNDERSTANDING:

At the end of the course, the student will be able to:

- i. Explain the normal functioning of all the organ systems and their interactions for wellco-ordinated total body function.
- ii. Assess the relative contribution of each organ system towards the maintenance of the milieu interior.
- iii. List the physiological principles underlying the pathogenesis and treatment of disease

#### b. <u>SKILLS:</u>

At the end of the course, the student shall be able to :

- i. Conduct experiments designed for the study of physiological phenomena.
- ii. Interpret experimental and investigative data
- iii. Distinguish between' normal and abnormal data derived as a result of tests which he/she has performed and observed in the laboratory.

#### c. ATTITUDE:

To develop the attitude to serve the rural community.

#### d. INTEGRATION:

At the end of the integrated teaching the student shall acquire an integrated knowledge of organ structure and function and its regulatory mechanisms.

#### e. KNOWLEDGE ABOUT INFECTION AND CROSS INFECTION IN DENTISTRY

Knowledge about asepsis – disinfection and sterilization of instruments, clinical area/ personal care as per universal protection, and disposal of medical wastes in the appropriate modes. Students should be aware of the rules and regulations pertaining to maintenance of clinical set up and waste disposal.

#### f. <u>COMPUTER PROFICIENCY:</u>

Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes Basic operative skills in analysis of data and knowledge of multimedia. Students should utilize a combination of traditional classroom courses, and online courses. The following validation is required and must be completed during the first year of study.

- i). Technological Requirements for all Graduate Students
- ii). A laptop or desktop computer that supports the following requirements
  - a). Operating system requirements
  - b). Internet browser requirements
  - c). Reliable and consistent access to the internet
  - d). Antrivirus software which is current and consistently updated
  - e). Microsoft Office
  - f). Adobe Reader (or equivalent to view PDF files)

#### 3. COMPETENCIES

- i. <u>General skills:</u>
- Apply knowledge& skills in day to day practice
- Apply principles of ethics
- Analyze the outcome of treatment
- Evaluate the scientific literature and information to decide the treatment
- Participate and involve in professional bodies
- Self-assessment & willingness to update the knowledge & skills from time to time
- Involvement in simple research projects
- Minimum computer proficiency to enhance knowledge and skills
- Refer patients for consultation and specialized treatment
- Basic study of forensic odontology and geriatric dental problems

#### ii. <u>Practice Management :</u>

- Evaluate practice location, population dynamics & reimbursement mechanism
- Co-ordinate & supervise the activities of allied dental health personnel
- Maintain all records
- Implement & monitor infection control and environmental safety programs
- Practice within the scope of one's competence
- iii. <u>Communication and Community Resources:</u>
- Assess patients goals, values and concerns to establish rapport and guide patient care
- Able to communicate freely, orally and In writing with all concerned
- Participate in improving the oral health Of the individuals through community activities.
- iv. <u>Patient Care Diagnosis:</u>
- Obtaining patient's .history in a methodical way
- Performing thorough clinical examination
- Selection and interpretation of clinical, radiological and other diagnostic information
- Obtaining appropriate consultation
- Arriving at provisional, differential and final diagnosis
- v. <u>Patient Care Treatment Planning:</u>
- Integrate multiple disciplines into an individual comprehensive sequence treatment plan using diagnostic and prognostic information
- Ability to order appropriate investigations
- Recognition and initial management of medical emergencies that may occur during dental treatment
- Perform basic cardiac life support
- Management of pain including post operative
- Administration of all forms of local anaesthesia
- Administration of intra muscular and venous injections
- Prescription of drags, pre operative, prophylactic and therapeutic requirements
- Uncomplicated extraction of teeth
- Transalveolar extractions and removal of simple impacted teeth
- Minor oral surgical procedures

- Management of oro-facial infections
- Simple orthodontic appliance therapy,
- Taking, processing and interpretation of various types of intra oral radiographs
- Various kinds of motivative procedures using different materials available
- Simple endodontic procedures
- Removable and fixed prosthodontics
- Various kinds of periodontal therapy
- vi. Competencies specific to the subject

#### 4. TEACHING HOURS

Lecture Hours – 120 hour

-	General Physiology	- 8 hours
-	Blood	- 16 hours
-	Muscle and Nerve	- 7 hours
-	Gastrointestinal tract	- 16 hours
-	Excretion, Body temperature and functions of ski	n - 9 hours
-	Endocrinology	- 14 hours
-	Reproduction	- 7 hours
-	Cardiovascular system	- 10 hours
-	Respiratory system	- 10 hours
-	Central Nervous system	- 15 hours
-	Special senses	- 8 hours

Practical Hours – 60 hours

#### **5. TEACHING METHODOLOGY**

The objectives of teaching General human Physiology can be achieved by various teaching techniques such as:

- a) Lectures
- b) Lecture Demonstrations
- c) Practical exercises

d) Audio visual aids

e) Seminar & Small group discussions with regular feed back from the studentsf) Integrated Teachingg) Symposium and continuing medical education programmes

#### 6. THEORY SYLLABUS

TOPIC	MUST KNOW	DESIRABLE TO KNOW	NICE TO KNOW
Homeostasis	Describe the concept of maintenance of internal	State and describe	
and	environment	examples of negative	
Feedback	<ul> <li>Recognize that negative feedback is the most</li> </ul>	feedback	
System	common type of physiological control	<ul> <li>State and describe</li> </ul>	
		instances of positive	
		feedback in human	
		physiology	
Cell	Describe with diagram the fluid mosaic model		
Membrane			
Membrane	Classify transport mechanisms as Passive and active	Describe the	
Transport	with examples and differentiate between them.	differences between	
	<ul> <li>List and describe the following passive transport</li> </ul>	channel and	
	processes with examples:	carrier-mediated	
	•Simple diffusion of respiratory gases through lipid	transport processes	
	film	State Fick's law of	
	<ul> <li>Diffusion of ions through ion channels</li> </ul>	diffusion	
	•Sodium, potassium, calcium and chloride channels	Describe the following	
	•Non-gated channels, voltage gated, ligand-gated	active transport	
	channels and mechano-gated channels	processes:	
	<ul> <li>Facilitated diffusion – Glucose transporters (GluTs)</li> </ul>	<ul> <li>Primary active</li> </ul>	
	Osmosis	transport:	
	Describe the following active transport processes:	Proton pumps - V	
	Primary active transport:	type H ATPase,	
	• sodium-potassium pump,	H/K ATPase	
	<ul> <li>Secondary active transport: sodium-glucose co-</li> </ul>	<ul> <li>Secondary active</li> </ul>	

	transport (SGLT) and sodium-amino acid	transport: sodium	
	co-transport	hydrogen exchangers,	
	Describe the following transport processes by	sodium calcium	
	formation of membrane vesicles Endocytosis.	exchangers,	
	Exocytosis	Na/2CI/K symport	
Membrane	Describe the mechanisms involved in genesis of	Patch Clamp	
Potential	resting membrane potential (RMP) in a	Technique	
	prototype cell	Cathode Ray	
	Recognise the RMP in a nerve or cardiac cell	Oscilloscope	
	• Nernst or equilibrium potential 'Equilibrium potential'		
	Action potentials in neuron, skeletal muscle cell,		
	Sino atrial node and cardiac ventricular cell		
Blood	<ul> <li>Describe the normal composition of blood</li> </ul>		
Introduction	<ul> <li>Describe the composition of plasma</li> </ul>		
	<ul> <li>State the difference between plasma and serum.</li> </ul>		
Plasma	State the site of production, normal range and		
Proteins	describe the functions of Albumin		
(Integration	Discuss causes for decrease in serum Albumin		
with	levels with specific examples of disease conditions		
Biochemistry)	<ul> <li>Explain what is plasma on cotic pressure</li> </ul>		
	Discuss the production, various types and role of		
	Globulins (alpha, beta and gamma globulins)		
Erythrocyte	• Define and state normal values for ESR in men and		
Sedimentation	women		
Rate (ESR):	Describe the factors influencing ESR (fibrinogen		
	particularly)		
	Discuss the significance of ESR in disease states		
RBC	Describe the physical characteristics of red blood		
	cells		
	• List causes and give explanation for physiological		
	variations of the normal RBC count		
	• Explain the functions of RBCs		
	• List the changes in sites of erythropoiesis with age		

	Illustrate the major changes that take place during	
	the stages of erythropoiesis.	
	<ul> <li>Describe the factors regulating/affecting</li> </ul>	
	erythropoiesis,	
	Discuss the normal life span and destruction of	
	RBCs	
Hemoglobin	• State the components of Hb, the various types of Hb	
	and normal range of Hb in men and women	
	Briefly discuss the synthesis of haemoglobin	
	<ul> <li>what is reduced hemoglobin.</li> </ul>	
	<ul> <li>Define and describe cyanosis</li> </ul>	
	<ul> <li>Discuss the types of jaundice</li> </ul>	
	Abnormal Hemoglobin	
Anaemia	Define anaemia	
	Classify anaemia based on etiology and morphology	
	<ul> <li>Discuss the principles of treating anemias</li> </ul>	
	<ul> <li>Describe major symptoms, signs and effects of</li> </ul>	
	anemia	
Platelet	Describe the formation, structure, life span &	
	removal of platelets	
	<ul> <li>State the normal platelet count</li> </ul>	
	<ul> <li>Describe the functions of platelets.</li> </ul>	
	• Discuss the causes and effects of thrombocytopenia	
Hemostasis	• Describe the processes involved inhemostasis such	
	as:	
	vasoconstriction	
	Platelet plug formation	
	<ul> <li>Clotting or coagulation pathways</li> </ul>	
	Clot retraction	
	Describe anticlotting and fibrinolytic mechanisms in	
	the body	
	List anticoagulants and their mechanism of action	
	Explain various causes for abnormal hemostasis	

	<ul> <li>List the clotting factors and Explain the pathways of coagulation</li> <li>Explain various causes for abnormal hemostasis</li> <li>Perform and interpret simple tests of hemostasis like bleeding time by Duke's method and clotting time by capillary method of Wright on oneself by collecting blood using finger prick method using aseptic method</li> </ul>	
	<ul> <li>Explain Lee and White's method for determining clotting time</li> </ul>	
Blood groups & Blood banking	<ul> <li>Describe the importance of blood groups</li> <li>Explain the genetic determination of blood groups</li> <li>Describe the ABO system of blood grouping</li> <li>State the frequency of different blood groups</li> <li>Describe the Rh system of blood grouping</li> <li>Explain the mechanism and consequence of ABO and Rh incompatibility</li> <li>Explain the condition Erythroblastosis Fetalis, state preventive measure and treatment option for the same.</li> </ul>	
Body fluids	<ul> <li>List the different body fluid compartments, - state the volume, osmolarity and electrolyte composition of each of the following compartments</li> <li>Total body water, extracellular, intracellular, plasma, intravascular</li> <li>Describe the term transcellular fluid</li> <li>Measurement of volumes of compartments</li> <li>Describe the Starling's forces that govern fluid exchange across the membranes separating the various compartments</li> <li>Define Donnan effect and equilibrium</li> <li>Use the Concept of electro neutrality in the fluid compartments to calculate 'Anion gap'</li> </ul>	

	<ul> <li>Define anion gap as the term referring to unmeasured anions in plasma.</li> </ul>	
WBC	<ul> <li>State the normal Total and Differential count</li> <li>Classify types of WBC as granulocytes, agranulocytes</li> <li>Describe the morphology and functions of neutrophils, eosinophils, basophils, mast cells; Lymphocytes, monocytes.</li> <li>Perform and interpret total leucocyte on their own blood / provided blood using aseptic precautions</li> <li>List Conditions in which total leucocyte counts is increased or decreased.</li> <li>List conditions in which counts of each type of WBC are increased or decreased</li> <li>Describe the various cells that constitute the monocyte - macrophage system and state their function</li> </ul>	
Leucopoiesis	<ul> <li>Outline the process of maturation of white blood cells</li> </ul>	
Lymph	<ul> <li>Describe the formation and composition of lymph</li> <li>Illustrate the lymphatic circulation.</li> <li>Discuss functions of lymph.</li> </ul>	
Reticulo endothelial system	Functions of reticulo endothelial system	
Skeletal Muscle Morphology	<ul> <li>Describe and draw the structure of sarcomere marking actin filament, myosin filament, I band, A band, H band, Z line and sarcomere</li> <li>Describe the functions of contractile and regulatory proteins involved in muscle contraction</li> <li>Draw and describe the structure of the sarco-tubular system</li> </ul>	

Neuromuscular	Draw and Describe the structure of the		
junction	neuromuscular junction		
	Describe the events involved in neuromuscular		
	transmission		
	Describe the pathophysiology of diseases affecting		
	the neuromuscular junction like myasthenia gravis		
	Describe the mechanism of action cholinesterase		
	inhibitors		
	Motor Unit		
Muscle	<ul> <li>Describe the molecular Basis of muscle</li> </ul>		
Contraction	contraction, events involved in excitation		
	contraction coupling.		
	<ul> <li>Explain the types of Muscle contraction</li> </ul>		
	Describe the sliding filament theory of muscle		
	contraction Role of ATP and calcium pumps in the		
	mechanism of relaxation of the muscle		
	<ul> <li>Describe the Factors affecting the force of</li> </ul>		
	contraction		
Smooth	Structure, distribution, types, molecular mechanism		
Muscle	of contraction		
Factors	<ul> <li>List the various factors that modulate smooth</li> </ul>		
modulating	muscle contraction like stretch, sympathetic		
smooth	nerveous system, circulating substances etc.		
muscle	Describe the special properties of smooth muscle		
contraction	like latch-bridge mechanism and plasticity		
And			
Properties			
Digestive			
System			
Introduction to			
GIT,			
Salivary Glands	Name the Salivary Glands composition	Deficient salivation –	
	• Functions of saliva.	Xerostomia	

	Describe the regulation of salivary, secretion		
Stomach	Describe the composition and functions of gastric	proton pump inhibitor	
	secretion	Pernicious anemia	
	Describe the mechanism of gastric acid Secretion		
	Discuss regulation of gastric secretion		
Exocrine	Exocrine Pancreas- Describe the composition and	Reason for the alkaline	
Pancreas	functions of pancreatic secretion	pH of pancreatic	
	Explain the regulation of pancreatic secretion	secretion and its	
		importance	
Liver& Gall	Describe the composition and functions of Bile	Gall Stones	
Bladder	Regulation of secretion	Jaundice	
Liver& Gall	Describe the composition and functions of Bile		
Bladder	Regulation of secretion		
Small	Discuss the secretions of small intestine and their	Malabsorption	
Intestine	functions& regulation of secretion	syndrome	
Large	Explain the functions of large intestine and formation	dietary fibre	
intestine	of faeces	Constipation	
GI Motility	Mastication, deglutition, vomiting gastric filling and	State what is basic	
	emptying, movements of small intestine ,large	electrical rhythm of the	
	intestine, defaecation	gastrointestinal tract	
		and it's role	
Excretory	Structure& functions of kidney and its functional		
System	Renal circulation		
Functional	Describe the structure of the juxtaglomerular		
Anatomy of	apparatus.		
Kidney			
Structure of			
Nephron			
Glomerular	Glomerular filtration rate- definition, determination,	Concept of Renal	
filtration	factors influencing GFR	Clearance	
Tubular	Reabsorption of sodium, glucose, water & other	The concept of the	
reabsorption &	substances Secretion of urea, hydrogen and other	transport maximum for	
secretion	substances	glucose, renal	

		threshold	
Concentration	Countercurrent Mechanism		
of Urine	Countercurrent Multiplier		
	Countercurrent Exchanger		
	Role of Urea		
Regulation of	Blood buffers	Anion gap	
Acid base	Role of Respiratory system and kidneys in		
balance	maintaining acid base balance		
Micturition	Describe the innervation of Bladder and reflex	cystometrogram	
	pathway of micturition		
Endocrinology	Define Hormone	Describe the	
Introduction to	Classify and list the hormones based on chemical	mechanism of action of	
Endocrinology	nature	hormones including the	
	<ul> <li>Mechanism of negative and positive feedback</li> </ul>	receptors and second	
	regulation of hormone release	messengers	
Hypothalamus	<ul> <li>Describe the relationship between hypothalamus</li> </ul>		
	and pituitary including the		
	Hypothalamohypophyseal tract and the		
	hypothalamohypophyseal portal circulation		
	<ul> <li>List the various releasing and inhibiting</li> </ul>		
	hormones released by the hypothalamus		
Pituitary	<ul> <li>List the various types of secretary cells of Anterior</li> </ul>	Describe the	
Gland	and Posterior Pituitary	physiological basis and	
	<ul> <li>List the Hormones secreted by the anterior and</li> </ul>	important features of	
	posterior pituitary. Growth hormone:	abnormalities of	
	• List the important actions of growth hormone, its	growth hormone	
	effects on growth and metabolism	secretion like -	
	<ul> <li>Describe the regulation of growth hormone</li> </ul>	Gigantism, acromegaly	
	secretion	and pituitary dwarfism	
	List important stimuli that increases or decreases	Describe the	
	the secretion of GH	mechanism of action of	
	Prolactin:	Growth hormone	
	Describe the actions and regulation of prolactin	(JAK-STAT Pathway)	

	secretion	• Explain how Insulin	
	• List the features of excess Prolactin secretion	like growth factor (IGE)	
	Antidiuretic hormone (ADH)	or Sometomedin	
	• Explain the synthesis, release and mechanism	modiates the actions of	
	• Explain the synthesis, release and mechanism,		
	functions and regulation of actions of ADH	growth normone	
	Discuss the disorders of ADH secretion	<ul> <li>Types of Diabetes</li> </ul>	
	- Diabetes Insipidus	Insipidus	
	Oxytocin	•Panhypopituitarism	
	• Explain the synthesis, release mechanism, functions	<ul> <li>Shehan's</li> </ul>	
	and regulation of Oxytocin List the functions of	Syndrome	
	Oxytocin	<ul> <li>Postpartum</li> </ul>	
	Role in milk ejection reflex and parturition	Pituitary	
		Necrosis	
Thvroid Gland	Explain the functional Anatomy of Thyroid Gland	Explain the	
(Horizontal	List the steps involved in the synthesis of thyroid	physiological	
and Vertical	hormones	basis for Simple	
Integration)	Fxplain the mechanism of release of Thyroid	Goitre	
integration	Hormone	• List the	
	Explain the transport actions of thyroid hormone	differences	
	Describe the regulation of thyroid hormone	between dwarfism	
	secretion	and cretinism	
	• List the causes and features of Hypo, secretion of		
	thyroid hormones - Myxedema and Cretinism Goitre		
	and features of Hypothyroidism		
	• List the causes and features. Hypersecretion of		
	thyroid hormones – Gigantism and Acromedaly		
	Calcitonin		
Advanal Cland	• Secretion and action of Calcionin		
Aurenai Giano	• List the normones secreted by the "different layers"		
	OF ACTENTIAL COLLEX	produced by	
	Describe the Functional Anatomy of Adrenal Cortex	the deficiency of	
	Describe the mechanism of action, functions and	enzymes involved	
	regulation of action of Mineralocorticoids,	in adrenocortical	

	<ul> <li>Glucocorticoids and sex steroids</li> <li>Discuss the causes and features of Cushing's Syndrome and Addison's Disease</li> <li>Adrenal medulla:</li> <li>Synthesis and physiological effects of epinephrine and nor-epinephrine on various systems of the body</li> <li>Factors that regulate the secretion of adrenal medullary hormones</li> </ul>	<ul> <li>hormone synthesis</li> <li>Diseases related to Mineral ococorticoids</li> <li>Conn's Syndrome</li> <li>Aldosterone Escape</li> <li>Atrial Natriuretric Peptide (ANP)</li> </ul>	
Endocrine Pancreas	<ul> <li>Name the different cells present in the Islets of Langerhans</li> <li>Physiological stimulus for Insulin secretion</li> <li>List the target cells of Insulin and the cells that do not require insulin action for glucose uptake</li> <li>Mention the mechanism of action of Insulin on its receptor</li> <li>List the important actions of insulin</li> <li>List the various factors that regulate insulin secretion</li> <li>Describe the features of hyper secretion of Insulin and Hypoglycemia</li> <li>Glucagon</li> <li>List the important actions of glucagon</li> </ul>	<ul> <li>Describe the steps in biosynthesis of Insulin and the origin of the C- peptide (Connecting peptide)</li> <li>Diabetes Mellitus:</li> <li>Discuss the Pathophysiology of Diabetes mellitus</li> <li>List the hormones that raise blood sugar level</li> </ul>	
Reproductive System Sex Determination	<ul> <li>Differentiate between Genetic sex, Gonadal sex and phenotypic sex.</li> <li>Describe the role of SRY gene and testis determining factor in development of gonads</li> <li>Describe the role of testosterone and Mullerian inhibiting substance in the development of male and female internal genitalia</li> </ul>	Discuss the role of dihydrotestosterone in the development of external genitalia	
Determination Male	<ul> <li>determining factor in development of gonads</li> <li>Describe the role of testosterone and Mullerian inhibiting substance in the development of male and female internal genitalia</li> <li>Describe the functional anatomy of the male</li> </ul>	<ul><li>external genitalia</li><li>Outline the steps</li></ul>	

Reproductive	reproductive tract (Testis seminiferous tubules,	involved in	
Physiology	Sertoli cells, Levdig cells, Blood Testis barrier,	spermatogenesis	
, 0,	Epididymis, Vas deferens, Seminal vesicle, Prostate	State the	
	gland).	composition	
	• Describe the blood- testis barrier and its function	of semen and	
	<ul> <li>Discuss factors that regulate Spermatogenesis</li> </ul>	recognize use of	
	Describe the structure of spermatozoa	semen analysis as	
	<ul> <li>Describe the source, mechanism of action and</li> </ul>	a test to evaluate	
	functions of testosterone and dihydrotestosterone	infertility	
	<ul> <li>State the source and functions of inhibin Discuss</li> </ul>	Discuss about	
	the hypothalamic and pituitary control on testicular	abnormalities of	
	function and Feed back control of testicular	the male	
	hormones on hypothalamus and pituitary	reproductive	
	<ul> <li>Describe the role of prostate, seminal vesicles in</li> </ul>	system:	
	reproductive function	<ul> <li>Hypogonadism</li> </ul>	
	<ul> <li>Describe the mechanisms that cause erection and</li> </ul>	<ul> <li>Cryptorchidism</li> </ul>	
	ejaculation		
	<ul> <li>State what is capacitation and discuss the changes</li> </ul>		
	that occur during capacitation		
Puberty	<ul> <li>Describe the mechanism of action functions and</li> </ul>	<ul> <li>Discuss causes of</li> </ul>	
Menopause	regulation of secretion of pituitary gonadotropins	precocious and	
Pituitary	and prolactin	delayed puberty	
Gonadotropins	<ul> <li>Explain the changes that occur during puberty and</li> </ul>		
(FSH,LH) and	describe the mechanism of onset of puberty		
Prolactin	<ul> <li>Define menopause and describe the physiological</li> </ul>		
	changes during menopause		
Female	<ul> <li>Describe the Functional anatomy of the female</li> </ul>	<ul> <li>Differences</li> </ul>	
reproductive	reproductive system	between oogenesis	
system	<ul> <li>Outline the stages of Oogenesis</li> </ul>	and spermatogenesis	
	<ul> <li>State differences between oogenesis and</li> </ul>	<ul> <li>Discuss the</li> </ul>	
	spermatogenesis	physiological	
	<ul> <li>Describe the development of ovarian follicles</li> </ul>	basis of use of	
	(Stages of follicle development, ovulation,	synthetic estrogens	

	lutainization lutaal regraceion )	and prograting as arel	
	iuteinisation, iuteal regression )	and progestins as orai	
	• Describe the control of follicular development,	contraceptives	
	ovulation and luteinisation (role of FSH, estrogen	Describe the	
	and LH)	mechanism of	
	<ul> <li>Describe the process of follicle attrition</li> </ul>	ovulation	
	<ul> <li>List the hormones produced by the ovary</li> </ul>	<ul> <li>State the tests for</li> </ul>	
	<ul> <li>Illustrate the synergistic role of thecal and</li> </ul>	ovulation and their	
	granulosa cells in steroidogenesis	physiological basis	
	<ul> <li>Discuss the mechanism of action and functions of</li> </ul>	<ul> <li>Common causes</li> </ul>	
	estrogen and progesterone	of anovulatory	
	<ul> <li>Describe the feedback regulation of ovarian</li> </ul>	cycles (physiological,	
	function	PCOD)	
	<ul> <li>Describe the physiological changes occurring in</li> </ul>	<ul> <li>Protein hormones</li> </ul>	
	ovaries, uterus, cervix , vagina and breast during a	produced by the	
	menstrual cycle	ovary and state	
	<ul> <li>Discuss and illustrate the hormonal changes during</li> </ul>	their source and	
	the menstrual cycle (changes in FSH, LH, estrogen	functions	
	and progesterone)	<ul> <li>Identify common</li> </ul>	
	,	causes of	
		anovulatory cycles	
		(physiological.	
		PCOD)	
Physiology of	<ul> <li>Outline the process of fertilization, implantation and</li> </ul>	Physiological	
Pregnancy	placental formation	basis of	
0 ,	<ul> <li>Discuss the importance of corpus luteum of</li> </ul>	immunological	
	pregnancy	tests for pregnancy	
	Discuss the functions of placenta.	based on hCG	
	Discuss the secretion and function of hCG from the	Parturition	
	placenta.	<ul> <li>Source and</li> </ul>	
	Describe the role of hormonal and mechanical	functions of relaxin	
	factors influencing labor	Describe the	
	<ul> <li>Describe the changes that occur in the various</li> </ul>	fetoplacental unit	
	organ systems in the mother during pregnancy		

Lactation	<ul> <li>Describe the Role of estrogen and progesterone in breast development</li> <li>Describe the mechanism that causes initiation of lactation after delivery</li> <li>Describe the role of Prolactin and prolactin inhibitory factor (Dopamine) in lactation</li> <li>Describe the Milk ejection reflex</li> </ul>	<ul> <li>Role prolactin inhibitory factor (Dopamine) in lactation</li> <li>Discuss the effect of lactation on menstrual cycle</li> </ul>	
Contraception	<ul> <li>Classify male &amp; female contraceptive methods- (temporary and permanent)</li> <li>Describe the physiological basis of the various methods of contraception</li> </ul>	Details of contraceptives devices, side effects	
System Introduction to CVS			
Conducting system of Heart SA Node	<ul> <li>Origin and propagation of cardiac impulse ventricular cell action potential (fast AP).</li> <li>Describe how the action potential leads to an increase in cytosolic calcium concentration</li> <li>Describe excitation-contraction coupling</li> <li>State the basic concepts of the sliding filament theory of contraction</li> </ul>	<ul> <li>Intrinsic rate of the SA node and influence of autonomic nervous system,hormones and temperature.</li> <li>Sinus arrhythmia, sinus bradycardia, sinus tachycardia</li> <li>Record respiration with a stethograph or respiration belt transducer, as well as ECG or pulse simultaneously, to demonstrate respiratory sinus arrhythmia. calcium</li> </ul>	

		exchanger (NCX)	
Cells of conducting pathway	<ul> <li>State the type of:</li> <li>AV node AP - similar to SA nodal cell (slow AP)</li> <li>His Bundle cell: fast AP</li> <li>Purkinje fibres: fast AP</li> </ul>		
Properties of Cardiac Muscle	<ul> <li>Automaticity</li> <li>Excitability</li> <li>Conductivity</li> <li>Contractility</li> </ul>		
Cardiac Cycle	<ul> <li>Describe with a diagram, the chronological relationship of the following events shown on the same time axis:</li> <li>ECG</li> <li>Valvular events</li> <li>Heart sounds</li> <li>Pressure curves: Left ventricular pressure, Atrial pressure and aortic pressure</li> <li>Ventricular Volume curve: volume changes in ventricles, JVP Arterial pulse potential.</li> </ul>	<ul> <li>Concept of Murmurs</li> <li>Timing of Murmurs</li> <li>State the timing of murmurs in various valvular and congenital heart defects</li> <li>Cardiac Catheterization</li> </ul>	
ECG	<ul> <li>Describe the 12 Leads in which ECG is recorded.</li> <li>State the rationale of recording from multiple leads.</li> <li>Identify the lead which is commonly used to monitor patients continuously.</li> <li>Describe the P, QRS, T and U waves of an ECG in lead II configuration and describe the electrical events responsible for these waves</li> <li>Describe PR and QT intervals and state what they represent</li> <li>Describe the significance of ST segment being on the isoelectric line in a normal ECG</li> <li>Record an ECG in a human subject in all 12 leads</li> <li>Calculate rate from a normal ECG tracing</li> </ul>	<ul> <li>Hyperkalemia</li> <li>Ventricular tachycardia</li> <li>State the causes for PR prolongation</li> <li>Describe the types of Heart block as represented by ECG changes</li> <li>Arrhythmias</li> <li>Vector cardiogram</li> <li>Calculation of axis</li> </ul>	

	Identify if every QRS complex is preceded by a P	His bundle	
	wave and if every P wave is followed by a QRS	electrogram	
	complex		
	State in what conditions the above will not happen		
Cardiac	Definition of Stroke Volume, Cardiac Index, EDV,	Methods of	
Output	ESV, and EF	Measuring	
	<ul> <li>Discuss the determinants of cardiac output</li> </ul>	Cardiac Output	
	<ul> <li>Describe the regulation of cardiac output</li> </ul>		
	<ul> <li>Discuss high output and low output states</li> </ul>		
Heart Rate	<ul> <li>Innervation of Heart – Parasympathetic and</li> </ul>	Tachycardia	
	Sympathetic	Bradycardia	
	Normal Values	Arrythmias	
	<ul> <li>Regulation of Heart Rate</li> </ul>		
	Factors affecting Heart Rate		
Blood Pressure	Define the following terms:	<ul> <li>Hypertension</li> </ul>	
	Mean arterial blood pressure, Systolic pressure,	<ul> <li>Hypotension</li> </ul>	
	Diastolic pressure, pulse pressure	hypertension	
	Describe the determinants of blood pressure		
	Discuss the short-term (neural and hormonal) and		
	long term (renal) mechanisms regulating blood		
	pressure (with special reference to shock and		
	exercise).		
	Demonstrate the method of measurement of blood		
	pressure using a sphygmomanometer.		
	Describe the principle of measuring blood pressure		
	by sphygmomanometry		
	• Discuss other methods of measuring blood pressure		
	by sphygmomanometer hypertension		
	Cardiovascular changes during exercise and		
	postural changes		
Cardiovascular	• Features and regulation of the following circulations:		
homeostasis	Coronary Changes in blood flow during different		
	phases of cardiac cycle		

Coronary	• Features and regulation of the following circulations:	Angina pectoris
circulation	Coronary	Myocardial infarction
	Changes in blood flow during different phases of	
	cardiac cycle Methods for measuring coronary	
	blood flow sympathetic regulation versus local	
	metabolic factors in the regulation of the regional	
	circulations mentioned above.	
Hypertension	State the normal ranges for systolic and diastolic	Discuss the risk
	blood pressures in the various age groups	factors for essential
	Define hypertension	hypertension and
		causes of secondary
		hypertension
Respiratory	<ul> <li>Functional Anatomy of the respiratory tract</li> </ul>	Examination of RS
System	<ul> <li>Functions of nose and para-nasal sinuses</li> </ul>	
Functional	<ul> <li>Conducting zone and respiratory zone</li> </ul>	
Anatomy	Pulmonary vasculature	
	Structure of alveolus & alveolo capillary membrane	
Muscles of	<ul> <li>Muscles of Inspiration and Expiration</li> </ul>	
Respiration	Accessory Muscles of respiration	
Surface	<ul> <li>Surface Tension in air liquid interface</li> </ul>	Respiratory Distress
Tension	Law of Laplace	Syndrome
Surfactant	Role of surfactant	
Mechanics of	<ul> <li>State the normal respiratory rate and define</li> </ul>	
respiration	inspiration & expiration	
Pulmonary	<ul> <li>List the muscles of inspiration, expiration &amp;</li> </ul>	
Ventilation	accessory muscles of respiration	
	Describe the movements of chest wall and the	
	changes in chest wall dimensions produced by	
	respiratory muscles	
	Recognise the difference between quiet breathing	
	and forceful breathing	
	Discuss the factors affecting airflow between the	
	atmosphere and alveoli	

	State the recoil nature of Lungs and chest wall		
	State the values of intra alveolar pressure. Intra		
	pleural pressure		
	Discuss the changes in alveolar and intra pleural		
	pressures during respiration		
	<ul> <li>Identify the sites of air way resistance</li> </ul>		
	Indicate changes in airway resistance with		
	inspiration and expiration		
	• Explain the action of autonomic nervous system on		
	bronchial tone		
	<ul> <li>List histamine as a bronchoconstrictor</li> </ul>		
	<ul> <li>Recognise that airway resistance is increased in</li> </ul>		
	obstructive lung diseases		
	<ul> <li>Define lung compliance and relate it to clinical</li> </ul>		
	conditions in which it is altered		
	<ul> <li>State clinical conditions in which work of breathing</li> </ul>		
	is increased		
Lung Volumes	<ul> <li>Define the lung volumes and capacities; state the</li> </ul>	<ul> <li>List the common</li> </ul>	
and Capacities	normal values and discuss their physiological	causes Pathology &	
	variations	clinical features of	
	<ul> <li>Explain the recording of the Spirogram with a</li> </ul>	obstructive and	
	diagram and recognize the volumes and capacities	restrictive lung	
	which cannot be measured by spirometry	diseases.	
	<ul> <li>Record the lung volumes and capacities of a</li> </ul>	• Asthma	
	normal subject using a spirometer	• COPD	
	<ul> <li>Discuss the physiological significance of the</li> </ul>	<ul> <li>Emphysema</li> </ul>	
	Residual volume & functional residual capacity	<ul> <li>Chronic bronchitis</li> </ul>	
	<ul> <li>Describe the forced expiratory spirogram and</li> </ul>	<ul> <li>State the physiological</li> </ul>	
	describe FEV1, FVC and the FEV1/FVC ratio and	basis of tests to	
	its variations in obstructive and restrictive lung	differentiate them.	
	diseases.	Recognize the	
	<ul> <li>Define peak expiratory flow &amp; state its normal value</li> </ul>	flow-volume curves	
	<ul> <li>Record peak expiratory flow in abnormal subject</li> </ul>	<ul> <li>Methods of</li> </ul>	

	<ul> <li>Record FEV1, FVC and calculate the FEV1/FVC ratio in a normal subject</li> <li>Interpret altered values of absolute lung volumes, peak expiratory flow and FEV1/FVC ratio in restrictive and obstructive lung diseases</li> <li>Define minute ventilation, anatomical dead space, physiological dead space &amp; alveolar ventilation</li> <li>Discuss the effect of changes in respiratory rate and tidal volume on alveolar ventilation</li> </ul>	determining FRC and RV Helium dilution method • Whole body plethysmography • Measurement of dead space	
Alveolar	• Total ventilation = Tidal Volume x Respiratory Rate	Measurement of Dead	
Ventilation	Dead Space and Classification	Space	
	Eactors affecting alveolar ventilation		
Gas Exchange	Discuss the factors that affect rate of gas exchange	Define Type I	
	at lung & tissue level, with application to clinical	respiratory	
	conditions State Fick's law of diffusion	failure and state	
	<ul> <li>Discuss normal composition of atmospheric,</li> </ul>	the common causes	
	tracheal and alveolar air and recognize the	• Explain Type I	
	conditions which can affect it	respiratory failure due	
	Discuss the normal partial pressures of gases in	to unequal V/Q	
	blood entering and leaving lung	distribution even	
	• Explain oxygen uptake and carbon dioxide	when total ventilation	
	elimination by lungs & tissues and state the normal	and perfusion may be	
	Define respiratory exchange ratio and state its	State the Alveolar	
	normal values	das equation and	
	State normal time taken for gas equilibration & its	discuss its application	
	application in exercise	Recognize that	
	State the physiological causes for normal alveolar-	arterial PCO2 is equal	
	arterial oxygen difference	to alveolar PCO2	
	Explain the dependence of carbon dioxide	and that arterial PCO2	
	elimination on ventilation	can be used in the	
	Define physiological shunt	alveolar gas equation	

		State the causes	
		for abnormal	
		Alveolar – arterial	
		oxygen difference	
		<ul> <li>Distinguish between</li> </ul>	
		intrapulmonary	
		and extrapulmonary	
		right to left shunts.	
Transport of	<ul> <li>Explain the forms of oxygen transport in blood</li> </ul>	State the physiological	
Oxygen	<ul> <li>Discuss hemoglobin affinity for oxygen</li> </ul>	basis of oxygen therapy	
	Explain & illustrate oxygen hemoglobin dissociation	as treatment for the	
	curve and discuss the factors affecting it and the	different types of	
	physiological advantages of the curve	hypoxias	
	• Explain Bohr effect		
	Discuss oxygen carrying capacity of blood		
	• Differentiate between oxygen content of blood & %		
	oxygen saturation of hemoglobin		
	Define hypoxemia and hypoxia; explain the		
	physiological basis of types of hypoxia with		
	examples		
	Define cyanosis and differentiate between		
	conditions in which it occurs and may not occur		
I ransport of	• Explain the forms of carbon dioxide transport in		
Carbon dioxide	blood		
	• Explain the role of chloride shift and Haldane effect		
Regulation of	• Express the concept of the sensors, central	State the normal	
Respiration	controller in brain & effectors in the respiratory	values of arterial	
	control system	blood gases	
	• Describe the location and functions of the	(ABG) and interpret	
	respiratory centres in brain; describe the current	altered values	
	explanation for the basic rhythm of respiration		
	Describe the effects of neural inputs on respiration	hypercapnoea and	
	in terms of the voluntary cortical control, motor	hypocapnoea	

	cortical input, limbic input, peripheral afferent inputs	State the causes	
	(Heringbreuer reflexes, J receptor input,	of asphysxia	
	proprioceptor input, and other peripheral inputs)		
	<ul> <li>Express the aim of chemical control of respiration;</li> </ul>		
	explain the role of peripheral and central		
	chemoreceptors; explain the feedback control of		
	ventilation to regulate gas exchange & maintain		
	normal levels of arterial blood gases and pH		
	Discuss and compare the influence of arterial		
	carbon dioxide and oxygen on ventilation in nealth		
	and in disease		
	• Describe Cheyne-Slokes breathing, State its		
	nathonhysiological mechanisms that produce it:		
	state the abnormality in Biot's breathing		
	Demonstrate the effect of appoea &		
	hyperventilation on respiration: demonstrate the		
	effect of breathing through a tube and the effect of		
	speech & cough on respiration		
Pulmonary	Spirometry		
Function Tests	<ul> <li>Arterial Blood Gas Analysis</li> </ul>		
	Peak Flow Meter		
	Pulseoxymetry		
Central	CNS		
Nervous	PNS		
System	Somatic NS		
Organization	Autonomic NS		
of the nervous	Enteric NS		
system			
Neuronal	Neural Tissue Nerve Fibres Electrical properties of	Numerical classification	
organization at	the nerve cell membrane	of sensory fibres	
spinal cord		Mechanism of	
level		axoplasmic transport	

		•Wallerian degeneration	
		Neurotransmitters	
Synapse,	Define the structure properties of synapse:	Pathway for	
receptors,	classification of reflexes ascending and descending	proprioception	
reflexes,	tracts, Types of sensations		
sensations and			
tracts			
Physiology of	Pathway for transmission of pain, fast pain & slow	Endogenous Analgesic	
pain	pain, referred pain	system and gate control	
		theory	
Cerebellum	Structure, functions, connections and applied aspects	cerebellar lesions	
Thalamus	of cerebellum, thalamus, hypothalamus, cerebral	cerebellar function	
Hypothalamus,	cortex	tests, thalamic	
Cerebral cortex		syndrome, corpus	
		callosum	
CSF	Describe the composition, Secretion, Circulation,	Papilledema	
	Drainage and Functions	Hydrocephalus	
Autonomic	Organization of sympathetic and parasympathetic		
nervous system	nervous system.		
Special Senses	Fundamental knowledge of Vision, Hearing, Taste		
Vision,	and Smell		
Hearing, Taste			
and Smell			

#### **Bioethics**

Bioethics is the application of ethics to the field of medicine and healthcare. Bioethics includes medical ethics, which focuses on issues in health care; research ethics, which focuses issues in the conduct of research; environmental ethics, which focuses on issues pertaining to the relationship between human activities and the environment, and public health ethics.

#### 7. PRACTICALS

The following list of practical is minimum and essential. All the practical have been categorised as procedures and demonstrations. The procedures are to be performed by the students during practical classes to acquire skills. All the

procedures are to be included in the University practical examination. Those categorised as demonstrations are to be shown to the students during practical classes. However these demonstrations would not be included in the University examinations but question based on this would be given in the form of charts, graphs and calculations for interpretation by the. students.

#### PROCEDURES

- a. Enumeration of Red Blood Cells
- b. Enumeration of White Blood Cells
- c. Differential leucocyte counts
- d. Determination of Haemoglobin
- e. Determination of blood group
- f. Determination of, bleeding time and clotting time
- g. Examination of pulse
- h. Recording of blood pressure.

#### DEMONSTRATION:

- a. Determination of packed cell volume and erythrocyte sedimentation rate
- b. Determination of specific gravity of blood
- c. Determination of erythrocyte fragility
- d. Determination of vital capacity and timed vital capacity
- e. Skeletal muscle experiments. Study of laboratory appliances in experimental physiology. Frog's gastrocneminus sciatic preparation. Simple muscle curve, effects of two successive stimuli, effects of increasing strength of stimuli, effects of temperature, genesis of fatigue and tetanus. Effect of after load and free load on muscle contraction, calculation of work done.
- f. Electrocardiography: Demonstration of recording of normal Electro cardiogram
- g. Clinical examination of cardiovascular and respiratory system.

#### 8. THEORY EXAMINATION

Essay  $1 \times 10 = 10$  marks Short Essay  $3 \times 5 = 15$  marks Short Answers  $5 \times 2 = 10$  marks

Total = 35 marks

#### 9. PRACTICAL /CLINICAL EXAMINATION PRACTICAL EXAMINATION

MAJOR- 20 MARKS

Enumeration of Red Blood Cells. Enumeration of White Blood Cells. Differential leucocyte counts. Recording of blood pressure.

MINOR- 15 MARKS Determination of Haemoglobin. Determination of blood group. Determination of, bleeding time and clotting time.

OSPE - 4 MARKS Recording Blood Pressure by Palpatory Method Examining Radial Pulse

CHART - 6 MARKS TOTAL – 45 MARKS

VIVA - 10 MARKS

	Examination	Internal Assessment	Viva	Total
Theory	35	5	10	50
Practicals	45	5	-	50
		Total		100

#### 10. FORMATIVE / INTERNAL ASSESSMENT

The continuing assessment examination (both Theory/Practical) held at least 3times in a particular year and best of two examinations shall be considered. The Internal Assessment marks to be submitted to the university, once in every three

months. The marks scored by the students shall be displayed on the Notice board and a copy forwarded by HOD shall be sent to the University once in every 3 months.

Theory – 5 marks Practical – 5 marks Total - 10marks

Topics for each Assessment

- a. General Physiology, Blood, Nerve and Muscle Physiology.
- b. Gastro intestinal Tract.
- c. Cardiovascular System.
- d. Respiratory System.
- e. Excretory System, Endocrinology and Reproductive System.
- f. Central Nervous System And Special Senses.

#### 11. RECORD NOTE / LOG BOOK

Record shall be maintained and assessed periodically by faculty and HOD. Institution shall provide adequate number of cases/teaching materials as specified in Dental Council of India regulation for the students during clinical/practical training and examinations.

#### 12. TEXT BOOKS

- i) A.K. Jain ;Human Physiology for BDS students
- ii) Chauduari ;Concise Medical Physiology

#### 13. REFERENCE BOOKS

- i) Guyton ; Textbook of Physiology
- ii) Berne & Levey; Physiology, 2<sup>nd</sup> edition
- iii) West-Best & Taylor's, Physiological basis of Medical Practise, 11<sup>th</sup> edition.

#### BIOCHEMISTRY

#### 1. GOAL

The broad goal of the teaching of undergraduate students in biochemistry is to make them understand the scientific basis of the life processes at the molecular level and to orient them towards the application of the knowledge acquired in solving dental oriented clinical problems.

#### 2. OBJECTIVES

#### KNOWLEDGE AND UNDERSTANDING

At the end of the course, the student should be able to:

- i. describe the molecular and functional organization of a cell and list its subcellular components;
- ii. delineate structure, function and inter-relationships of biomolecules and consequences of deviation from normal;
- iii. summarize the fundamental aspects of enzymology and clinical application wherein regulation of enzymatic activity is altered;
- iv. describe digestion and assimilation of nutrients and consequences of malnutrition;
- v. integrate the various aspects of metabolism and their regulatory pathways;
- vi. explain the biochemical basis of inherited disorders with their associated sequelae;
- vii. describe mechanisms involved in maintenance of body fluid and pH homeostasis;
- viii. outline the molecular mechanisms of gene expression and regulation, the principles of genetic engineering and their application in dentistry
- ix. summarize the molecular concepts of body defence and their application in dentistry
- x. outline the biochemical basis of environmental health hazards, biochemical basis of cancer and carcinogenesis
- xi. explain the principles of various conventional and specialized laboratory investigations and instrumentation analysis and interpretation of a given data relevant to dentistry
- xii. suggest experiments to support theoretical concepts and clinical diagnosis.

#### <u>SKILLS:</u>

At the end of the course, the student should be able to : (1) make use of conventional techniques/instruments to perform biochemical analysis relevant to clinical screening and diagnosis; (2) analyze and interpret investigative data; (3) demonstrate the skills of solving scientific and clinical problems and decision making in dentistry.

#### ATTITUDE:

At the end of the course, the student should be able to understand the biochemical basis of the health and diseases.

#### **INTEGRATION:**

The knowledge acquired in biochemistry should help the students to integrate molecular events with structure and function of the human body

#### KNOWLEDGE ABOUT INFECTION AND CROSS INFECTION IN DENTISTRY

Knowledge about asepsis – disinfection and sterilization of instruments, clinical area/ personal care as per universal protection, and disposal of medical wastes in the appropriate modes. Students should be aware of the rules and regulations pertaining to maintenance of clinical set up and waste disposal.

#### COMPUTER PROFICIENCY

Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes. Basic operative skills in analysis of data and knowledge of multimedia. Students should utilize a combination of traditional classroom courses, and online courses. The following validation is required and must be completed.

- i. Technological Requirements for all Graduate Students
- ii. A laptop or desktop computer that supports the following requirements
  - a. Operating system requirements
  - b. Internet browser requirements
  - c. Reliable and consistent access to the internet
  - d. Antivirus software which is current and consistently updated
  - e. Microsoft Office
  - f. Adobe Reader (or equivalent to view PDF files)

#### 3. COMPETENCIES

- i. <u>General skills:</u>
- Apply knowledge& skills in day to day practice

- Apply principles of ethics
- Analyze the outcome of treatment
- Evaluate the scientific literature and information to decide the treatment
- Participate and involve in professional bodies
- Self-assessment & willingness to update the knowledge & skills from time to time
- Involvement in simple research projects
- Minimum computer proficiency to enhance knowledge and skills
- Refer patients for consultation and specialized treatment
- Basic study of forensic odontology and geriatric dental problems
- ii. <u>Practice Management :</u>
- Evaluate practice location, population dynamics & reimbursement mechanism
- Co-ordinate & supervise the activities of allied dental health personnel
- Maintain all records
- Implement & monitor infection control and environmental safety programs
- Practice within the scope of one's competence
- iii. <u>Communication and Community Resources:</u>
- Assess patients goals, values and concerns to establish rapport and guide patient care
- Able to communicate freely, orally and In writing with all concerned
- Participate in improving the oral health Of the individuals through community activities.
- iv. <u>Patient Care Diagnosis:</u>
- Obtaining patient's .history in a methodical way
- Performing thorough clinical examination
- Selection and interpretation of clinical, radiological and other diagnostic information
- Obtaining appropriate consultation
- Arriving at provisional, differential and final diagnosis
- v. <u>Patient Care Treatment Planning:</u>
- Integrate multiple disciplines into an individual comprehensive sequence treatment plan using diagnostic and prognostic information
- Ability to order appropriate investigations

- Recognition and initial management of medical emergencies that may occur during dental treatment
- Perform basic cardiac life support
- Management of pain including post operative
- Administration of all forms of local anaesthesia
- Administration of intra muscular and venous injections
- Prescription of drags, pre operative, prophylactic and therapeutic requirements
- Uncomplicated extraction of teeth
- Transalveolar extractions and removal of simple impacted teeth
- Minor oral surgical procedures
- Management of oro-facial infections
- Simple orthodontic appliance therapy,
- Taking, processing and interpretation of various types of intra oral radiographs
- Various kinds of motivative procedures using different materials available
- Simple endodontic procedures
- Removable and fixed prosthodontics
- Various kinds of periodontal therapy

To sensitize the students on the ethical issues in the form of Lectures.

- Introduction to ethics.
- Ethics of the individual.
- Profession ethics. Research ethics

#### vi. Competencies Specific to the subject

#### 4. TEACHING HOURS

Theory classes: Total: 70 hours.

S. no	Торіс	Number of
		hours
1	Cell	1
2	Chemistry of carbohydrates	3

3	Chemistry of lipids	2
4	Chemistry of proteins	3
5	Chemistry of nucleic acids	2
6	Vitamins	8
7	Minerals	5
8	Nutrition	2
9	Enzymes	3
10	Bioenergetics	2
11	Carbohydrate metabolism	7
12	Lipid metabolism	5
13	Protein metabolism	6
14	Integration of metabolism	1
15	Hemoglobin, Immunoglobulins & plasma proteins	5
16	Nucleotide metabolism & medical genetics	5
17	Homeostatic mechanisms in the body (pH, acid base, water and	3
	electrolyte balance)	
18	Hormones	1
19	Muscle ,Bone and connective tissue	2
20	Metabolism of xenobiotics & oxygen toxicity	1
21	Function tests	2
22	Importance of ethical issues in laboratory medicine	1

#### 5. TEACHING METHODOLOGY

Lectures, tutorials, seminars, small group discussions, integrated teaching modules, use of charts (paper-based clinical scenarios) for case discussions, practical exercises and demonstrations.

#### 6. THEORY SYLLABUS

TOPIC	MUST KNOW	DESIRABLE TO KNOW	NICE TO KNOW
Chemistry of Bio- Organic Molecules	Cell: structure & function of cellular components Structure of membranes and transport.		

	Exocytosis and endocytosis		
	Chemistry of Carbohydrates: Definition, biological importance and classification. Monosaccharides - Isomerism, anomerism. Sugar derivatives, Disaccharides. Polysaccharides. Components of starch and glycogen.		
	Chemistry of Lipids : Definition, biological importance and classification. Fats and fatty acids. Introduction to compound lipids. Hydrophobic and hydrophilic groups. Cholesterol. Bile salts. Micelle.		
	Chemistry of Proteins: Biological importance. Classification and properties of amino acids & proteins. Peptides. Introduction to protein structure. Denaturation. Fibrous protein: Collagen and elastin. Glycosaminoglycans. Classification, separation & functions of Plasma proteins	Glycosaminoglycans	
	Chemistry of Nucleic acids: Biological importance of nucleic acids.Outline structure of DNA and RNA.		
Macro Nutrients and Digestion	Digestion and absorption of carbohydrates, proteins & lipids		
Micro Nutrients	Vitamins :Definition, classification, daily requirement, sources,biochemical functions and deficiency symptoms of Vitamin A, Vitamin D, Vitamin E, Vitamin K, Vitamin B and Vitamin C.	Introduction to antivitamins and hypervitaminosis.	

	Minerals: Classification, sources, absorption, functions and daily requirement of Calcium, phosphorus, Iron, Iodine and Fluoride. Nutrition: Energy needs: Basal metabolic rate. Dietary fibres. Nitrogen balance. Essential amino acids. Protein calorie malnutrition .	lodine: source, absorption & functions. Other trace elements. Balanced diet.	
Energy Metabolism	Electron Transport Chain And Oxidative Phosphyorylation Components of respiratory chain Oxidative Phophorylation & mechanism of ATP generation, Inhibitors & uncouplers of ETC, & Clinical aspects Carbohydrate Metabolism: Glycolysis, pyruvate oxidation, citric acid cycle and Gluconeogenesis. Lactate metabolism . Introduction to glycogenesis, glycogenolysis.Importance of pentose phosphate pathway. Formation of glucuronic acid. Regulation of blood glucose. Diabetes mellitus and related disorders. Evaluation of glycemic status. Lipid Metabolism: Beta oxidation of fatty acids, Ketone body formation and utilisation, Outlines of cholesterol synthesis and breakdown.	Glycogen storage disorders, glucose 6- phosphate dehydrogenase deficiency	
	formation.	lipogenesis and lipolysis.	
Special aspects of Metabolism	Importance of pentose phosphate pathway. Formation of glucuronic acid. Phosphocreatine formation.Transmethylation.	Biogenic Amines. Introduction to other functions of amino	

		acids including one carbon transfer. Detoxication: Typical reactions. Examples of toxic compounds.	
Biochemical Genetics and Protein Synthesis	Structure and functions of DNA & RNA.	Antimetabolites and antibiotics interfering in replication, transcription and translation. Introduction to cancer, viruses and oncogen.	
Enzyme and Metabolic Regulation	Enzymes: Definition, classification, specificity and active site. Cofactors. Effect of pH, temperature and substrate concentration. Introduction to enzyme inhibitors, proenzymes and isoenzymes. Introduction to allosteric regulation, covalent modification and regulation by induction/repression. Serum enzymes in diagnosis Hormones:Brief introduction to thyroid hormones.	Introduction to	
		second messengers, cyclic AMP, calcium ion, inositol triphosphate. Hyperthyroidism and hypothyroidism: Biochemical	Mechanism of action of steroid hormones, epinephrine, glucagon and insulin in brief.

		evaluation.	
	Acid base regulation & electrolyte balance:	Approaches to	
	Normal pH of blood and its regulation.	treatment.	
Structural	Connective tissue: Collagen and elastin, Bone		Myofibril and muscle
Components and	structure, Introduction to cytoskeleton.		contraction.
Blood Proteins			
	Haemoglobin & Immunoglobulins: Structure &		
	functions of Heme & Immunoglobulins.Heme		
	degradation.	Introduction to heme	
		synthesis.	
	Other plasma proteins		Plasma lipoproteins.
Medical	a) Regulation of blood glucose, Diabetes mellitus		
Biochemistry	& related disorders, Evaluation of glycemic		
	index.		
	b) Hyperthyroidism and hypothyroidism:		
	Biochemical evaluation. Approaches to		
	treatment.		
	c) Hyperlipoproteinemias and atherosclerosis.		
	d) laundice: Classification and evaluation Liver		
	function tests: Plasma protein pattern serum		
	enzymes levels		
	e) Kidney function tests & gastric function tests.		
	f) Disorders of Acid base balance & Electrolyte		
	balance.		
	Ethics: - To sensitise the students on the ethical		
	issues in the form of Lectures.		
	-Introduction to ethics.		

-Ethics of the individual.	
-Profession ethics.	
-Research ethics.	

#### **Bioethics**

Bioethics is the application of ethics to the field of medicine and healthcare. Bioethics includes medical ethics, which focuses on issues in health care; research ethics, which focuses issues in the conduct of research; environmental ethics, which focuses on issues pertaining to the relationship between human activities and the environment, and public health ethics

#### 7. PRACTICALS:

Hours

1. Qualitative analysis of carbohydrates-	
Identification of reducing & non reducing sugar	8
2. Colour reactions of proteins and amino acids	8
3. Normal constituents of urine-Demonstration-i) organic constituents	4
ii) inorganic constituents	4
4. Abnormal constituents of urine	11
5. Analysis of saliva including amylase by qualitative methods	4
6. Blood glucose estimation – GOD/POD method	4
7. Serum total protein estimation - Biuret method	4
8. Urine creatinine estimation Demonstration	2
CHARTS – Discussion of clinical case scenarios	
1. Paper electrophoresis charts/clinical data evaluation	2
2. Glucose tolerance test profiles	4
3. Serum lipid profiles	1
4. Profiles of hypothyrodisim and hyperthyrodisim	2
5. Acid base disorder	2
	60 hours

#### 8. THEORY EXAMINATION

Essay	1 ×10 marks =	10 marks
Short Notes	3 × 5 marks =	15 marks
Short answers	5 x 2 marks =	10 marks
	Total =	35 marks

#### 9. PRACTICAL /CLINICAL EXAMINATION

•	Quantitative estimation -	20 Marks
	Quantitative estimation of analyst- Glucose	
	Protein	
•	Qualitative analysis of abnormal constituents ir	n urine- 15 marks
•	Chart	6 marks
	2 Charts 3 marks each.	
•	OSPE -	4 marks
	2 Performance stations 2 marks each.	

Total – 45 Marks

Viva -10Marks

	Examination	Internal Assessment	Viva	Total
Theory	35	5	10	50
Practicals	45	5	-	50
Total			100	

#### 10. FORMATIVE / INTERNAL ASSESSMENT

The continuing assessment examination (both Theory/Practical) held at least 3times in a particular year and best of two examinations shall be considered. The Internal Assessment marks to be submitted to the university, once in every three months. The marks scored by the students shall be displayed on the Notice board and a copy forwarded by HOD shall be sent to the University once in every 3 months.

Theory – 5 marks Practical – 5 marks Total - 10 marks

Topics for each Assessment

- 1. Cell & chemistry of carbohydrates, lipids and proteins
- 2. Enzymes, vitamins and minerals
- 3. Metabolism of carbohydrates, lipids and proteins
- 4. Hemoglobin, immunoglobulin, Nutrition and acid base disorders
- 5. Hormones, connective tissue, metabolism of xenobiotics and oxygen toxicity
- 6. Molecular biology

#### 11. RECORD NOTE / LOG BOOK

Record shall be maintained and assessed periodically by faculty and HOD. Institution shall provide adequate number of cases/teaching materials as specified in Dental Council of India regulation for the students during clinical/practical training and examinations.

#### 12. Recommended Books:

- 1. D.M Vasudevan ,Text book of Biochemistry for Dental students
- 2. Ambika Shanmugam's Text book of Biochemistry

#### 13. Referrence Books:

- 1. Harper's Illustrated Biochemistry
- 2. Lippincotts Illustrated reviews
- 3. Text book of Biochemistry with clinical correlations 1997, T.N. Pattabiraman
- 4. Basic and applied Dental Biochemistry, 1979, R.A.D. Williams & J.C.Elliot.

#### 3. DENTAL ANATOMY, EMBRYOLOGY AND ORAL HISTOLOGY

#### 1. GOAL

To produce a dental graduate and clinician who is competent in examining, understanding and treating common oral disorders/diseases, alleviate pain, swelling, stomatodynia, stomatopyrosis, dysphagia and dysarthrosis using the best available evidence as per current knowledge and understanding of common oral diseases process; to employ reliable diagnostic modalities including but not limited to radiology, sialogram and to refer to a competent specialist in case of oral diseases with uncommon presentations, signs and symptoms.

#### 2. OBJECTIVES

#### KNOWLEDGE AND UNDERSTANDING:

- To acquire an understanding of how cells, tissues, and organs develop and function in order to gain a clear perspective of these structures as a basis for understanding oral biology/ecology
- To develop a comprehension of the principles of embryogenesis and human development with emphasis on the face and structures of the oral cavity
- To understand, comprehend, describe, compare, and illustrate the histologic characteristics of oral tissues in health and diseased states
- To develop a professional vocabulary of terminology related to the head and neck, the oral complex, and the teeth so as to apply in clinical scenario
- To identify, locate, and relate the gross anatomical structures of the head and neck to include various teeth, the bones of the skull, musculature, major nerves, glands and the circulatory and lymphatic systems.
- To identify the histologic and anatomic features of the extra-oral and intraoral structures.
- To compare and contrast the human dentition in relationship to location, function, and morphology
- To identify, comprehend, describe the sequence and eruption patterns of primary and permanent teeth and their implications on future oral and overall health
- To understand the oral physiology, unique biochemical basis behind of oral musculature, glands and movements
- To be able to clinically apply and incorporate knowledge of tooth morphology, dental occlusion, head and neck anatomy, histology, and embryology into patient assessment, preventive management, treatment planning, and patient education in future

#### SKILLS:

- Able to carve and reproduce the morphology of human permanent teeth in wax blocks
- Able to identify different oral hard tissues in clinical situations
- Able to differentiate normal from abnormal and diseased states
- Able to identify various types of human teeth based on their morphology
- Able to appreciate the influence of age, gender and race on oral and para-oral structures
- Able to locate the different areas/surfaces of the teeth
- Able to understand the implications of the disease process and ageing on normal oral structures
- Able to appreciate the eruption and shedding pattern of human teeth
- Able to appreciate and integrate the concept of occlusion, range of human jaw movements in preclinical and clinical situations
- Able to use effectively the terminologies and anatomical terms for clinical and patient communications

#### KNOWLEDGE ABOUT INFECTION AND CROSS INFECTION IN DENTISTRY

Knowledge about asepsis – disinfection and sterilization of instruments, clinical area / personal care as per universal protection, and disposal of medical wastes in the appropriate modes. Students should be aware of the rules and regulations pertaining to maintenance of clinical set up and waste disposal.

#### COMPUTER PROFICIENCY

Basic knowledge of Computers, MS Office, Window 2000, Statistical Programmes. Basic operative skills in analysis of data and knowledge of multimedia. Students should utilize a combination of traditional classroom courses, and online courses. The following validation is required and must be completed during the first year of study.

- i. Technological Requirements for all Graduate Students
- ii. A laptop or desktop computer that supports the following requirements
  - a. Operating system requirements
  - b. Internet browser requirements
  - c. Reliable and consistent access to the internet
  - d. Antivirus software which is current and consistently updated
  - e. Microsoft Office
  - f. Adobe Reader (or equivalent to view PDF files)

#### 3. COMPETENCIES

- i. General skills:
- Apply knowledge& skills in day to day practice
- Apply principles of ethics
- Analyze the outcome of treatment
- Evaluate the scientific literature and information to decide the treatment
- Participate and involve in professional bodies
- Self-assessment & willingness to update the knowledge & skills from time to time
- Involvement in simple research projects
- Minimum computer proficiency to enhance knowledge and skills
- Refer patients for consultation and specialized treatment
- Basic study of forensic odontology and geriatric dental problems
- ii. <u>Practice Management :</u>
- Evaluate practice location, population dynamics & reimbursement mechanism
- Co-ordinate & supervise the activities of allied dental health personnel
- Maintain all records
- Implement & monitor infection control and environmental safety programs
- Practice within the scope of one's competence
- iii. <u>Communication and Community Resources:</u>
- Assess patients goals, values and concerns to establish rapport and guide patient care
- Able to communicate freely, orally and In writing with all concerned
- Participate in improving the oral health Of the individuals through community activities.
- iv. <u>Patient Care Diagnosis:</u>
- Obtaining patient's .history in a methodical way
- Performing thorough clinical examination
- Selection and interpretation of clinical, radiological and other diagnostic information
- Obtaining appropriate consultation
- Arriving at provisional, differential and final diagnosis

- v. <u>Patient Care Treatment Planning:</u>
- Integrate multiple disciplines into an individual comprehensive sequence treatment plan using diagnostic and prognostic information
- Ability to order appropriate investigations
- Recognition and initial management of medical emergencies that may occur during dental treatment
- Perform basic cardiac life support
- Management of pain including post operative
- Administration of all forms of local anaesthesia
- Administration of intra muscular and venous injections
- Prescription of drags, pre operative, prophylactic and therapeutic requirements
- Uncomplicated extraction of teeth
- Transalveolar extractions and removal of simple impacted teeth
- Minor oral surgical procedures
- Management of oro-facial infections
- Simple orthodontic appliance therapy,
- Taking, processing and interpretation of various types of intra oral radiographs
- Various kinds of motivative procedures using different materials available
- Simple endodontic procedures
- Removable and fixed prosthodontics
- Various kinds of periodontal therapy

#### vi. Competencies specific to the subject

To gain knowledge about the microscopic configuration of normal histological structure of both soft and hard tissues.

#### 4. TEACHING HOURS

Lecture hours – 105 hours Practical/clinical hours – 250 hours

#### 5. TEACHING METHODOLOGY

I. LECTURE

- II. DEMONSTRATION
- **III. GROUP DISCUSSION**
- IV. SEMINAR PRESENTATION BY THE STUDENTS

#### 6. THEORY SYLLABUS

TOPIC	MUST KNOW	DESIRABLE TO KNOW	NICE TO KNOW
Introduction to tooth morphology	<ul> <li>Human dentition : types and functions</li> <li>Notation systems : Palmer's, FDI system, Universal and Victor-Haderup system</li> <li>Tooth surfaces, their junctions – line angles and point angles</li> <li>Definition in terms used in dental morphology</li> <li>Contact areas and embrasures – clinical significance</li> </ul>	Dental formula	Evolution of human dentition
Morphology of permanent teeth	<ul> <li>Description of individual teeth, along with their endodontic anatomy and including a note on their chronology of development, differences between similar classes of teeth and identification of individual teeth.</li> <li>Variations and anomalies commonly seen in individual teeth.</li> </ul>		
Morphology of deciduous teeth	<ul> <li>Difference between deciduous and permanent teeth</li> <li>Description of individual deciduous teeth, including their chronology and development</li> <li>Differences between deciduous and permanent dentition</li> </ul>	Endodontic anatomy	

	> Identification of individual deciduous teeth		
Occlusion	Definition, factors influencing occlusion – basal bon, arch, individual teeth, external and internal forces and sequence of eruption	<ul> <li>Inclination of individual teeth – compensatory curves</li> <li>Centric relation and centric occlusion – protrusive, retrusive and lateral occlusion</li> </ul>	<ul> <li>Introduction to and classification of malocclusion</li> <li>Clinical significance of normal occlusion</li> </ul>
ORAL EMBRYOLOGY	Brief review of development of face, jaws, lips, palate and tongue with applied aspect		
Development of teeth	<ul> <li>Epithelial mesenchymal interaction,</li> <li>Detailed study of different stages of development of crown, root and supporting tissue of teeth and detailed study of formation of calcified tissues.</li> <li>Applied aspects of disorders in development of teeth.</li> </ul>	Deviation or aberration in tooth formation	Exposure to microscopic slides
Eruption of deciduous and permanent teeth	<ul> <li>Mechanisms in tooth eruption</li> <li>Theories and histology of eruption, formation of Dentogingival junction, role of gubernacular chord in eruption of permanent teeth. Clinical or applied aspect of disorders of eruption.</li> </ul>	Physiological tooth movement – Preeruptive, Eruptive and Posteruptive tooth movements	
Shedding of teeth	<ul> <li>Factors and mechanism of shedding of deciduous teeth</li> <li>Complications of shedding</li> </ul>	Root resorption and resorptive cell	

ORAL HISTOLOGY Enamel	Detailed microscopic study	Age changes	<ul> <li>Fluoride</li> <li>applications</li> <li>Etching</li> <li>Clinical and</li> <li>forensic significance</li> </ul>
Dentin	<ul> <li>Detailed microscopic study</li> <li>Dentin hypersensitivity</li> <li>Reaction of pulp tissue to varying insults on exposed dentin</li> </ul>		Clinical and forensic significance
Cementum	Detailed microscopic study	<ul> <li>Hypercement</li> <li>osis</li> <li>Repair</li> </ul>	Clinical and forensic significace
Pulp	<ul> <li>Detailed microscopic study</li> <li>Functions</li> <li>Age changes and Pulp calcification</li> </ul>	Pulp anatomy – pulp cavity, pulp chamber, pulp horn, pulp canal, apical and lateral foramen	Clinical significance
Periodontal ligament and Alveolar bone	<ul> <li>Detailed microscopic study</li> <li>Functions</li> <li>Age changes</li> </ul>	Histological changes in periodontal ligament and bone in normal and orthodontic tooth movement	Applied aspects of alveolar bone resorption
Oral mucosa	<ul> <li>Detailed microscopic study</li> <li>Variation in structure in relation to functional requirements</li> <li>Mechanisms of keratinisation</li> <li>Clinical parts of gingiva</li> <li>Dentogingival and Mucocutaenous junctions</li> <li>Lingual papillae</li> </ul>	Age changes and clinical considerations	

Salivary glands	<ul> <li>Detailed microscopic study of acini and ductal system.</li> <li>Age changes and clinical considerations.</li> </ul>		
TM Joint	Review of basic anatomical aspects, microscopic study and clinical considerations.		
ORAL PHYSIOLOGY • Saliva	<ul> <li>Composition of saliva – variations, formation of saliva</li> <li>Functions</li> <li>Role of saliva in dental caries and applied aspects of hyper and hypo salivation.</li> </ul>	Mechanism of secretion, salivary reflexes, brief review of secretomotor pathway	
Mastication	Peculiarities of masticatory muscles	Masticatory cycle, masticatory reflex and neural control of mastication	Masticatory force and its measurement, need of mastication
Deglutition	Stages of deglutition, swallow in infants	neural control of deglutition and dysphagia	
<ul> <li>Calcium, phosphorous and fluoride metabolism</li> </ul>	Source, requirements, absorption, distribution, function and excretion, clinical considerations	hypocalcemia and hypercalcemia, hyper-phosphatemia and hypophosphatemia and fluorosis	
<ul> <li>Theories of mineralisation</li> </ul>	Definition, mechanism, theories and their drawbacks	Applied aspects of physiology of mineralisation	Pathological considerations – calculus formation
Physiology of taste	Innervation of taste buds and taste pathway,	Physiological basis of taste sensation, age changes	Applied aspects – taste disorders

<ul> <li>Physiology of</li> </ul>	Review of	<ul><li>Voice production,</li></ul>
speech	basic anatomy of larynx and vocal chords	resonators, production of vowels and different consonants – role of palate, teeth and tongue. Effects of dental prosthesis and appliances of speech and basic speech disorders

#### Bioethics

Bioethics is the application of ethics to the field of medicine and healthcare. Bioethics includes medical ethics, which focuses on issues in health care; research ethics, which focuses issues in the conduct of research; environmental ethics, which focuses on issues pertaining to the relationship between human activities and the environment, and public health ethics. Cadaver ethics.

#### 7. PRACTICALS:

Drawing and wax carving of permanent tooth except maxillary second, mandibular first, maxillary second and third molars. Microscopic study of tooth germ, enamel, dentin, pulp, cementum, periodontal ligament, alveolar bone, salivary glands and oral mucosa including papillae and taste buds.

#### 8. THEORY EXAMINATION (3 Hours)

- I. Elaborate on  $: 2 \times 10 = 20$  marks
- II. Write Notes on: $10 \times 5 = 50$  marks

70 marks

#### 9. PRACTICAL / CLINICAL EXAMINATIONS

Scheme for practical examination-spotters/carving/microscopic identification of slides - 90 marks.

Carving - 30 Marks Spotters and microscopic identification of slides - 60 Marks.

Total - 90 Marks

#### Viva – 20 marks

**Viva** – emphasis on tooth numbering systems, chronology of eruption, nerve and blood supply, mechanism of dental pain and dentine sensitivity, calcium and phosphate metabolism, bone, shedding and eruption of teeth with molecular basis.

	Examination	Internal Assessment	Viva	Total
Theory	70	10	20	100
Practicals	90	10	-	100
Total				200

#### 10. FORMATIVE / INTERNAL ASSESSMENT

The continuing assessment examination (both Theory/Practical) held at least 3times in a particular year and best of two examinations shall be considered. The Internal Assessment marks to be submitted to the university, once in every three months. The marks scored by the students shall be displayed on the Notice board and a copy forwarded by HOD shall be sent to the University once in every 3 months.

Theory-10 MarksPracticals-10 MarksTotal-20 Marks

#### 11. RECORD NOTE / LOG BOOK :

Record shall be maintained and assessed periodically by faculty and HOD. Institution shall provide adequate number of cases/teaching materials as specified in Dental Council of India regulation for the students during clinical/practical training and examinations.

#### 12. TEXT BOOKS :

- (i) Recommended books (Orban's Oral histology & embryology) and (Wheeler's Dental anatomy, physiology and occlusion). Suggested books (Ten Cate's Oral Histology).
- (ii) Orban's oral histology and embryology S.N. Bhaskar 10thEd
- (iii) Ten Cate's Oral histology \_A Nanci 8<sup>th</sup> ed
- (iv) Oral development and histology James and Avery
- (v) Wheeler's dental anatomy, physiology and occlusion Major.M. Ash
- (vi) Dental anatomy -its relevance to dentistry Woelfel and Scheid
- (vii) Applied physiology of mouth Lavelle
- (viii) Physiology and biochemistry of mouth Jenkins

#### 13. REFERENCE BOOKS :

- (i) Fundamentals of Oral Histology and Physiology.
- (ii) Sicher and DuBrul's Oral Anatomy.
- (iii) Orban's Oral Histology & Embryology S.N.Bhaskar
- (iv) Oral Development & Histology James & Avery
- (v) Wheeler's Dental Anatomy, physiology & Occlusion Major.M.Ash
- (vi) Dental Anatomy its relevance to dentistry Woelfel & Scheid
- (vii) Applied Physiology of the mouth Lavelle
- (viii) Physiology & Biochemistry of the mouth Jenkins