Roga Nidanam

1. Terms & periodical exams

It is proposed to divide the $1-\frac{1}{2}$ years of professional course into three terms as envisaged by DAME. The three terms, study leave & periodical exams can be as follows:

Term 1 : Classes for 6 months, including examination & result

Term 2 : Classes for 6 months, including examination & result

Term 3 : Classes for 4 months including model examination & result.

Study leave + University Exam for 2 months

University Examination process 2 months

Total: 18 months

- Terminal exams should include viva.
- Examinations should be completed within the period of 18 months as stipulated by CCIM
- Third terminal exam may be conducted as model exam.

2. Rearrangement of Theory for three terms

The subject roga vijnana consist of Roga vijnana paper 1, paper 2 & Charakasamhitha Poorvardham.

Topics-paper 1	Topics-paper 2	Charakasamhitha
Term 1	Syllabus No	Syllabus No - 1,7,9 Soothram (chapters)1 to 10
	1 to 8	Jwaram, Amavatham (Relevent to II Prof.)
	13 to 17	Sandhigathavatham
	66 to 69	Vathakandakam
	78 to 80	Avarana vatham, Akshepakam
		Sthambhakam, Arditham, Gridhrasy
		Pakwasayagatha vatham
		Amasayagatha vatham

Indriyagatha vatham

Dhathugatha vatham

Sarvangasraya vatham

Jihwasthambham

Pakshaghatam, Apabahukam

Viswachi, Khanjam, Pangu

Kalayakhanjam, Khalwi

Urushtambham, Padaharsham Padadaham, Manyasthambham

Sira graham, Mookam, Minminam

Gadgadam, Vepadhu.

Term 2 Syllabus No Syllabus No - 2,3,4,5,12

Soothram (chapters) 11 to 20

25 to 31 Rektha pitham, Pandu Vimana sthanam 56 to 65 Kamala, Kumbhakamala (all chapters)

Haleemakam, Vatharektham

Kroshtukaseersham

Seethapitham, Udardam

Koddam, Seethala, Masoorika Romanthika, Yakruth vikaram Pleeha vikaram, Snayukam,

Sleepadam, Phirangam Upadamsam, Sodham,

Kasam, Swasam, Rajayekshma

Hikka, Hrit roga

Hrit soola, Parswa soola **Urasthoyam** (Pleuresy)

Hridayabhighatam (Heart attack)

Swarasadam,

Athisaram, Pravahika, Vishoochika

Vilambika, Grahani, Trishna

Chardi, Agnimandyam, Ajeernam

Anaham, Adhmanam, Adopam

Amlapitham, Soola, Udara roga

Arochakam, Gulmam

		Kushtam, Swithram, Visarpam
Term 3	Syllabus No	Syllabus No - 6,8,10,11,13 Soothram (chapters)
	9 to 12	Prameham, Medo rogam 21 to 30
	18 to 24	Moorcha, Sanyasam, Apasmaram Indriya sthanam
	32 to 55	Unmadam, Athathwabhinivesam (all chapters)
	70 to 77	Moothrakrichram, Mootraghatham
		Asmari
		Vitamin deficiency diseases
		Vyadhikshamathwam

8 chapters of Charakasamhitha Nidana sthanam should be taught along with diseases in paper 2 and need not be delt separately.

3. Arrangement of Lab investigations & Clinical training for three terms

a. Lab investigations

- Blood Collection of blood, T.C, D.C, Hb%, ESR, Cholesterol, RBS, RA factor, ASO titre, S. Bilirubin, S. Creatinine, HbsAg, Elisa, Blood Urea, Uric acid, Platelet count, LFT, Peripheral smear, PCV, BUN, CRP, Bleeding time, Clotting time, T3, T4, TSH, Blood gas studies. Bio chemical examinations like serum electrolytes, Sodium, Potassium, HCO3, Ca, Mg, Alkaline Phosphatase, Acid phosphates. Examination of blood films for parasites as malarial parasites. I term (8 hours)
- 2. Urine Physical examination, Chemical examinations like Sugar, Acetone, Albumin, Bile salts, Bile pigments, Occult blood & Microscopical examinations.
- 3. Faeces Routine examinations, Parasites, Occult blood.
- 4. Respiratory Pulmonary function test, Tidal volume, vital capacity, residual volume, forced vital capacity, peak expiratory flow rate, blood gas studies, sputum AFB

2 to 4 II term (6 hours)

- 5. Semen analysis
- 6. CSF examination (theory)

- 7. Nerve conduction studies (theory)
- 8. ECG, EMG, EEG, CT Scan, MRI Scan (theory)
- 9. X-ray –Bone & soft tissues (theory & practical)
- 10. Biopsy Skin & FNAC

5 to 10 - III term (6 hours)

(Hormonal and immunological assays may be considered as preferable)

b. Clinical training

The following topics may be covered in clinical training in three terms. Students must be trained to examine a patient from the Ayurvedic point of view and modern point of view. A guideline for roga – rogi pareeksha and system examination is provided later on.

Term 1: General case taking, CNS, GIT, Geneto-Urinary system

Term 2: Respiratory, Cardiovascular, Locomotor, Integumentary

Term 3: Psychiatry, Bedside & case presentations

4. Distribution of teaching hours (theory & practical)

a. Theory

Total hours for teaching Roga Nidana is 280hrs as per CCIM (180hrs for paper 1 & 2, 100hrs for Charaka samhitha)

Subjects in each paper should be covered in 30hrs in each term.

Hence 6hrs per week should be allotted (2hrs for each paper)

b. Practical

Total hours for clinical / lab training is 90hrs as per CCIM.

This is quite inadequate. In a week atleast 3 days should be ear marked for practical training. Posting must be from 9am to 11am (2hrs). So it is expected that atleast 96hrs will be utilized for clinical training in each term. To ensure this a uniform timetable should be implemented.

Practicals should be completed within 1st two terms.

Clinical record work should contain a minimum of 20 different cases in which atleast 2 cases of psychiatry should be included.

Record should be written in English.

Clinical posting is not uniform in all the colleges in Kerala. In some colleges 2hrs (9am to 11am) per 3 days per week is allotted. Where as in some other colleges students are divided into various groups and posted under different departments for months together. This disparity should be avoided.

- 1. In one week 3 days in continuous (2hrs each 9am to 11 am) will be utilized for clinical training.
- 2. All the students in one profession should be posted under Roga Vijnana at a time.
- These students must be divided into various groups and posted to out patient department, male ward, female ward, lab etc. and will be rotated.

5. Distribution of marks (theory & practical)

Mark distribution for theory and practical is mentioned in syllabus prescribed by CCIM. Anyway for better clarity the following pattern must be followed.

a.	Theory	Roga Vijnana paper 1		-	100 marks
		Roga Vijnana paper 2		-	100 marks
		Charaka samh	nitha Poorvardham	-	100 marks
b.	Practicals	Daily work		-	10 marks
		Record of Lab	& Clinical work	-	10 marks
		Lab practicals			
		1. Writing & p	rocedure	-	10 marks
		2. Oral in lab		-	10 marks
		Instruments (Spotting)	-	10 marks
		Bed side	1. Case sheet	-	10 marks
			2. Bed side oral	-	15 marks
		Oral (Viva)		-	25 marks

Total – 100 marks

Marks should be recorded by the internal & external examiners separately as per the model mark sheet given in the next page.

6. Restructuring of question paper

The present system of questions with equal marks (20 questions with 5 marks each) in case of theory examinations should be changed. This system is an out dated one and is not helpful in assessing a student exactly. So the following pattern is recommended in theory examinations.

Objective type questions (1 mark each)	- 10	10
Short answer questions (2 marks each)	- 10	20
Short answer questions (5 marks each)	- 10	50
Essay questions (10 marks each)	- 02	20
Total		100

Guidelines

- 1. Determine the learning outcome to be measured and prepare questions appropriately.
- 2. If a student is expected to answer a question from a particular text, it should be specified in the question paper itself.
- 3. Ayurvedic & modern questions should be asked separately
- 4. 30% of questions should be asked from modern in paper 1 & 2.
- 5. Write out questions carefully using precise language. The questions should have the same meaning to all the students.
- 6. Start questions with such phrases as "explain and why", "present arguments for and against", "give reasons for", etc. Avoid questions starting with "give an account", "describe", "discuss in detail" and the like.
- 7. Break the questions into components.
- 8. Allot marks to each component.

9.	Question	paper	should	be in	English.

10. Technical words should be written in Devanagari lipi itself in brackets wherever necessary.

Examples for various objective types of questions

1.	According to A	charya Charaka	Gridrasi is divided	into —— types.
	a.2	b.3	c.6	d.7
2.	Butterfly rashe	s are observed	in ————	
3.	Poorvaroopa m	nanifest during t	the sthanasamsray	a stage.
	(State True/ Fa	alse)		
4.	Match the follo	wing:		
	Pakshaghata		Ekangaro	ogam
	Arditam		Ekangav	atam
	Vatashonitam		Adyavata	am
	Urusthambhan	า	Adyaroga	am
	Ekayamam			
7. Model qu	estion paper			
Reg.No				Name

SECOND PROFESSIONAL AYURVEDACHARYA (B.A.M.S) DEGREE EXAMINATION, SEPTEMBER/OCTOBER 2004

ROGAVIJNAN AND VIKRUTI VIJNAN - II

Time: Three Hours Maximum: 100 Marks

Parts A and B should be written in separate answer books

PART - A

Marks

	1.	Explain the sadya sadyata of pakshagata	2			
	2.	List the types of Kamala according to charaka samhita	2			
	3.	List shadrupa of Rajayakshma				
	4.	Define Apasmara	2			
	5.	List the Nidana of Pandu according to Madhava Nidana	2			
	6.	Explain the samprapthi of Jwara according to Ashtanga Sangraha	5			
	7.	List the cause and symptoms of Abhigataja sobjam	5			
	8.	List the poorva rupa of kushta 5				
	9.	Explain medoroga according to Madhavanidana	5			
	10.	List the cause and symptoms of Madhumeha	5			
	11.	Describe vyadhikshamatva				
		a) Define vyadhi kshamatva	1			
		b) List the symptoms of Ojovyapat, Ojovisramsa and				
		Ojakshaya according to Charaka Samhita	3			
		c) List Balavridhi kara bhava	3			
		d) What is an antigen and antibody	2			
		e) List two diseases with immune deficiency	1			
PART-B						
	1.	List the symptoms of Kaphavruta vata	2			
	2.	List the cause of Brain attach	2			
	3.	List pramehapitaka according to charakasamhita	2			
	4.	Explain khallwi	2			
	5.	Define vishamajwara	2			
	6.	Explain the samprapthi of vatarakta	5			
	7.	Explain krimija hridroga	5			
	8.	Explain the samprapthi of Atisara	5			
	9.	Explain the symptoms of obstructive jaundice and list the				

		investigations required.					5	
	10.	List the diagnostic criteria of Rheumatoid arthritis					5	
	11.	Expl	ain Sanni	pata Jwara.				
		a)	a) Definition and synonyms.					
		b)	List the	types accor	ding to N	4adh	avakara.	3
		c)	List the	signs and sy	ymptoms	acc	ording to Vagbhata	4
		d)	Explain	the prognosi	is			2
Objective (questi	ons						
	1.	Acco	ording to	charaka ghrid	drasi is di	vide	d into	1
		a.2		b.3	c.4		d.7	
	2.	In R	ajayaksh	ma jwara is	observed	l , wl	nen dosha resides in	
		a.Ko	shta 1	b.Sandhi	c.Dhat	u	d.Twak	
	State	e True	or False	!				
	3.	Bahı	umutrata	is observed	in Amajv	vara		1
	4.	Rakta is the main dooshya in Hridroga				1		
	5.	Vishamagni is present in Medoroga			1			
	Fill u	p the	blanks					
	6.	Butt	erfly rash	nes are seen	in ——		diseases	1
	7.	Sady	yasadhya	ta of Adhoga	a raktapi	tta is	5 ———	1
	8.	Seru	ım ——	is e	elevated	in Go	out.	1
	9.	Mat	ch the fo	llowing				
			Α			В		
		1)	Paksha	ghata		a)	Ekangarogam	
		2)	Arditam	l		b) E	Ekangavatam	
		3)	Vatasho	onitam		c) A	dyavatam	

1

4) Urusthambhamd) Adyarogame) Ekayamam

10.

Α В 1) Krodhaja jwara a) Nidrakshaya 2) Vishajajwara b) Pralapa 3) Bhayajwara c) Athisara 4) Oushadigandha d) Kampa 5) Kamajwara e) Vepadhu

8. Topics for assignments (Modern)

Assignment should contain atleast 5 pages.

- 1. Pyrexia Viral fever, Types of fever, Malaria, Typhoid, Dengue fever, Leptospirosis, Meningitis, Mumps, and their investigations.
- Rheumatic fever Aetiology, clinical features John's criteria (major & minor), complications, and their investigations.
- 3. Bleeding disorders Disorders of primary haemostasis, vessel wall abnormalities, platelet functional disorders, coagulation disorders, congenital bleeding disorders, acquired bleeding disorders, causes of Epistaxis, Haematemisis, Haemoptysis, Haematuria, Malena, and their investigations.
- 4. Anemia Definition, classification (morphological & aetiological), Iron deficiency anemia, Megaloblastic anemia, Hemolytic anemia, congenital hemolytic anemia, haemoglobinopathies, acquired hemolytic anemia, Aplastic anemia, Anemia in chronic disorders, Leukemia and their investigations.
- 5. Hepato biliary disorders Jaundice: Classification, clinical features, complications, and investigations. Cirrhosis of liver, acute & chronic liver failure.
- 6. Portal circulation and portal hypertension Draw figure & describe clinical features, complications (e.g. Ascitis)

- 7. Inflammatory joint diseases Rheumatoid arthritis, Psoriatic arthritis, Juvenile arthritis, Infective arthritis, SLE, Gouty arthritis, Reiter's disease.
- 8. Allergy Inflammation, cellular response, cellular players, Urticaria.
- 9. Filariasis Lymphatic filariasis: Pathology, clinical features and investigations
- Sexually transmitted diseases Approach to the patient with suspected STD, Syphilis – classification, Neuro syphilis, and investigations. Gonorrhea – clinical features and investigations, prognosis. Non-gonococcal infection, Herpes simplex, Hepatitis.
- 11. Electrolytes & acid base disorders Physiology of electrolytes, water & acid base, normal distribution of water & electrolytes, regulation of electrolytes, regulation of water excretion, maintenance of normal acid base balance, major electrolytes & acid base disorders.
- 12. Oedema Classification (elaborate each one), differential diagnosis
- 13. Diseases of lower air ways Acute & chronic Bronchitis, Bronchiactasis, Emphysema, Pulmonary collapse, Pulmonary fibrosis
- 14. Asthma Bronchial asthma Atopic & non-atopic, clinical features, and their investigations.
- 15. Hiccup Causes, local causes, metabolic causes, diaphragmatic flutter.
- Cardiac disorders Heart failure, congenital heart disease, chronic valvular disease, Ischeamic heart disease, Infective endocarditis, and Systemic hypertension.
- 17. Pulmonary disorders Pneumonia, Pleurisy, Lung abscess.
- 18. Pulmonary Tuberculosis Aetiology, clinical features, diagnosis, primary Pulmonary TB, extra Pulmonary TB, Miliary TB.
- Laryngeal disorders Chronic laryngitis, Laryngeal paralysis, Hysterical hoarseness & Aphonia.
- 20. Diarrhea Acute & chronic diarrhea, Malabsorption diarrhea

- 21. Irritable bowel syndrome (IBS), Inflammatory bowel disease
- 22. Dysentery, Food poisoning
- 23. Vomiting Causes, and their investigations.
- 24. Gastro esophageal reflex disease (GORD) Gastritis, Peptic ulcer
- 25. Ascitis Pathogenesis, clinical features, and their investigations.
- 26. Motility disorders Colon & Rectum, Diverticulitis
- 27. Diabetes Mellitus Aetiology, Patho physiology, clinical features & and their investigations. Diabetes Incipidus
- 28. Metabolic disorders Lipo protein disorders, hyper lipidemias, Hypo lipo protienamias.
- 29. Degenerative joint disorders Osteo Arthritis Etiology, pathogenesis. Nodal OA; Errosive OA and their investigations.
- 30. Coma Causes, classifications, assessment of conscious level; Syncope Common causes, Differential diagnosis. Neurogenic syncope; Cardiac Syncope.
- 31. Epilepsy Types, classification, Causes, and their investigations. Seizures and its pathophysiology.
- 32. Mania Causes, symptoms, Hamilton's diagnostic criteria.
- 33. Depression Causes, symptoms, Hamilton's diagnostic criteria.
- 34. Psychosomatic disorders Mechanism, Causes, symptoms and general signs.
- 35. Parkinson's disease Aetiology Pathology Clinical features and investigations.
- 36. Disorders of spine and spinal cord Compression of spinal cord with clinical features, causes of spinal cord compression, signs and symptoms, investigations; Cervical spondylosis and radiculopathy, mylopathy; Lumbar disc herniation, lumbar canal stenosis, Syringomyelia.
- 37. Cerebrovascular accidents (CVA) Embolism, Thrombosis,

Hemorrhage – Aetiology, Pathology, Clinical features, and Investigations. Transient Ischaemic attacks (TIA)

- 38. AIDS
- 39. Concepts of Infections Patterns of infections, Microorganism Host Interaction, Major manifestations of Infections, Bacteremia and Septicemia.
- 40. Viral Infections Classification; Measles, Herpes Zoster and Simplex.
- 41. Bacterial Infections Staphylococcus, Salmonella.
- 42. Helminths Infections Classifications; Tenia saginatum, Tenia solium, Entrobius vermicularis, Ascaris lumbricoids, Trichuris trichuria, Ancylostomiasis.
- 43. Oncology Incidence, Age, Diagnosis, Aetiology, Tumor markers, Clinical features, assessment of tumors by staging.
- 44. Hypothalamus pituitary gland Disorders Clinical syndromes associated with hypo and hyper activity, Investigations.
- 45. Thyroid gland Clinical syndromes associated with hypo and hyper activity, Investigations; Grave's disease.
- 46. Parathyroid Clinical syndromes associated with hypo and hyper activity; Hyper and hypo calceamias; Investigations.
- 47. Adrenal gland Clinical syndromes associated with hypo and hyper activity, Investigations.
- 48. Reproduction Hypogonadism, Erectile impotence, Male infertility, Cryptorchidisam, Hirsuitism.
- 49. Peripheral vascular disorders TAO
- 50. Demyelinating diseases Guillanbarry Syndrome.

9. TOPICS for paper PRESENTATION (Ayurveda)

Charakam

- 1. Pancha panchakas
- 2. Pada chathushtayas

- 3. Thrividha roga margas
- 4. Throyopasthambhas
- 5. Threeni ayathanas
- 6. Vathakalakaleeyam
- 7. Dosha gathi
- 8. Sankhya samprapthi of rogas as per asthodariya
- 9. Sthoulya and karsya
- 10. Shadvidha vpakramas
- 11. Sanndtharpana/apatarpanaja vikaras
- 12. Nanathmaja and samanya vyadhis
- 13. Mada, moorcha and saniyas
- 14. Dhathu pradoshaja vyadhis
- 15. Sakha koshtagathi of doshas
- 16. Janapadodwaska vyadhis
- 17. Thrivida pareeksha
- 18. Srotho dushti nidanas
- 19. Arishta lakshnas
- 20. Dasavidha pareekshya and pareeksha

R.v.I

- 21. Nidana panchakas
- 22. Vyadhi avasthas
- 23. Upadrava, vyadhisankara and nidanarthakara rogas
- 24. Vyadhikshamathwa
- 25. Ashtasthana pareeksha
- 26. Genetics in ayurveda

R.v.II

27. Importance of ama in jwaraulpatti

- 28. Vishamajwaras
- 29. Classification of jwaras
- 30. Doshagati in the disease raktapitta
- 31. Importance of pitta in the samprapti of panduroga
- 32. Ashyapakarsha gati in kamala
- 33. Symptom formation in doshik varities of vathasonitham
- 34. Srotodushti in swasam
- 35. Kriyakala in premeha
- 36. Critical analysis of urine in different premehas
- 37. Upadravas in premeham
- 38. Soola
- 39. Ajeernam
- 40. Amlapittam
- 41. Differential diagnosis of udara
- 42. Dermetological manifestations in kushta
- 43. Concept of avarana (defention, mechanism, signs and symptoms, upadravam, sequels of avarana)
- 44. Sthanika manifestation of vathadosha
- 45. Diseases charecterised by abnormal movements
- 46. Differential diagnosis of sopha
- 47. Dhatuparinama in rajayakshma
- 48. Differential diagnosis of visarpa.

10 List of equipments

- 1. Laryngeal mirror 11. Ophthalmoscope
- 2. St. clains Thomson post nasal mirror 12. Stethoscope
- 3. Tuning fork 13. Magnifying lens
- 4. Spiro meter 14. Head mirror

15. Knee hammer

	6. Peak flow meter	16. Thermo	ometer
	7. Thudicum's nasal specul	um 17. Tongue	depressor
	8. Siegle's speculum	18. Relever	nt X ray films
	9. Gonio meter	19. E.C.G N	1achine
	10. B.P Apparatus	20. Autosco	ope
A short n	ote about the above instr	ruments and its utility w	ill be provided
		Case Sheet	
Case N	0.		
Name	:	O.P.D. No	o. :
Age	:	I.P.D. No	o. :
Sex	:	War	rd :
Religion	:	Bed No	o. :
Educati	on:	DO	A :
Occupa	tion:	DO	D :
Econom	nic Status:	Marital Statu	ıs :
Address	5 :	Nearest Relative/Informar	nt :
Present	ing Complaints:	Duratio	n :
History of	presenting complaints:		

5. Dressing forceps

History of pa	st illness:	
Personal Hist	ory:	
F	ood	Micturition
H	labit	Sleep
В	lowel	Addiction
	llergy	Exercise
А	ppetite:	Menstrual
Family Histor	у	
F	amilial	
H	lereditary	
General Exan	nination	
S	tature	Respiration
Ν	lutrition	Built
Р	ulse Rate	Blood Pressure
Т	emperature	
Sara Pareeks	sha	
Ashtasthana	Pareeksha	
	Nadi	Sabdam
	Moothram	Sparsam
	Malam	Drik
	Jihwa	Akrithi
Physical Exar	nination	
H	lead	
N	leck	

Pittam
Deham

	4.	Kalam	
		Ritu	
		Vyadhyavastha	
	5.	Analam :	
	6.	Prakrithi	
	7.	Vayah	
	8.	Satvam	
	9.	Satmyam	
	10.	Aharam	Abhyavaharana Shakti Jarana Shakti
Provisional	Diagno	osis	
Investigation	ons		
	Requi	ired	
	rtequi		
	D	To a second seco	
	Repo	rts:	
Rogavijnan			
	Nidar	nam	
	Camara		
	Samp	лари	
	Door	va roopa	
	r oui v	τα τουμα	

Roopa		
Upashaya		
Anupashaya		
Vyavachedaka Nidanam	(Differential Diagnosis)	
Roga Nirnayam (Final Di	agnosis)	
Dosha predo	minance	
Туре		
Upadravam (Complications)		
Sadhyasadhyatha (Prog	nosis)	

Signature of Student

Tutor/Lecturer

12. Methods of evaluation

The present method for evaluation is inadequate. Various techniques have been adopted in other professional courses. An attempt has been made in following lines to adopt such techniques. OSCE & OSPE are the two methods that can be adapted to Ayurvedic academy.

Model 1 Clinics

Objective Structured Clinical Examination (OSCE)

Example. Station questions

- 1. Take history for the possible cause for joint pain
- 2. Palpate the Abdomen.
- 3. Examine the knee joint.
- 4. Measure BP
- 5. Exam the facial nerve.
- 6. Elicit Biceps jerk
- 7. Find out the dosha dominance.
- 8. Find out Agni. Give reason in one sentence.
- 9. List the essential investigations required for this patient.
- 10. What is the prognosis of this patient? Give reason in two sentences.

Biceps jerk – structured evaluation.

- 1. Made a rapport with the patient
- 2. The procedure was explained to the patient.
- 3. Uncovered the Biceps muscle with the consent of the patient.

- 4. Elbow semi flexed
- 5. Forearm semi pronated
- 6. Arm rest on the abdomen of the patient/Left hand of the student
- 7. Biceps tendon firmly pressed with thump.
- 8. Taped sharply over the thump.
- 9. Looked on the Biceps.
- 10. Procedure repeated on the other limb.
- 11. Showed friendly attitude after the procedure.

Model 2 - Practical

Objective Structured Practical Examination (OSPE)

Performing station

- 1. Urine examination for sugar
- 2. Collection of blood
- 3. Preparation of a slide

Question station

1. X- Ray chest

Exposure?

Rotation?

Cardiac diameter?

2. Gonio meter

Identify and mention its use?

3. Histology

Identify and list three features.

13. Instruction for writing clinical record