



**COURSE CURRICULUM FOR THIRD PROFESSIONAL BAMS
(PRESCRIBED BY NCISM)**

शास्त्रं ज्योतिः प्रकाशार्थं दर्शनं बुद्धिरात्मनः।

**Kayachikitsa including Manasa Roga, Rasayana and Vajikarana
(Internal Medicine including Psychiatry Rejuvenative Medicine,
Reproductive Medicine and Epigenetics)**

(SUBJECT CODE : AyUG-KC)

(Applicable from 2021-22 batch, from the academic year 2024-25 onwards for 5 batches or until further notification by NCISM, whichever is earlier)



॥ आयुषे सर्वलोकानाम् ॥

**BOARD OF AYURVEDA
NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE
NEW DELHI-110026**





NCISM

III Professional Ayurvedacharya (BAMS)

Subject Code : AyUG-KC

Kayachikitsa including Manasa Roga, Rasayana and Vajikarana

(Internal Medicine including Psychiatry Rejuvenative Medicine, Reproductive Medicine and Epigenetics)

Summary

| Total number of Teaching hours: 450 | | | |
|--|----|------------|-----------------|
| Lecture (LH) - Theory | | 150 | 150(LH) |
| Paper I | 61 | | |
| Paper II | 43 | | |
| Paper III | 46 | | |
| Non-Lecture (NLHT) | | 90 | 300(NLH) |
| Paper I | 35 | | |
| Paper II | 24 | | |
| Paper III | 31 | | |
| Non-Lecture (NLHP) | | 210 | |
| Paper I | 64 | | |
| Paper II | 85 | | |
| Paper III | 61 | | |

| Examination (Papers & Mark Distribution) | | | | | |
|---|-------------------------------|----------------------------------|-------------|-----------------|-----------|
| Item | Theory Component Marks | Practical Component Marks | | | |
| | | Practical | Viva | Elective | IA |
| Paper I | 100 | 100 | 70 | - | 30 |
| Paper II | 100 | | | | |
| Paper III | 100 | | | | |
| Sub-Total | 300 | 200 | | | |
| Total marks | 500 | | | | |

Important Note :- The User Manual III BAMS is a valuable resource that provides comprehensive details about the curriculum file. It will help you understand and implement the curriculum. Please read the User Manual III before reading this curriculum file. The curriculum file has been thoroughly reviewed and verified for accuracy. However, if you find any discrepancies, please note that the contents related to the MSE should be considered authentic. In case of difficulty and questions regarding curriculum write to syllabus24ayu@ncismindia.org



PREFACE

The evolving landscape of healthcare necessitates a dynamic and integrative approach to medical education, particularly in Ayurveda. Kayachikitsa, the branch of internal medicine in Ayurveda, forms the clinical foundation for understanding, diagnosing, and managing diseases based on Ayurvedic principles. This revised competency-based syllabus ensures that students gain a holistic understanding of disease processes, blending traditional wisdom with modern advancements to provide effective, patient-centered care. The curriculum is designed to develop critical thinking, diagnostic skills, and clinical expertise, enabling students to interpret investigations, understand disease pathology (Samprapti), and apply individualized treatment strategies. Special emphasis is placed on emergency medicine (Atyayik Chikitsa), Rasayana, Vajikarana, and Apunarbhava Chikitsa, ensuring that students are well-equipped to handle both acute and chronic conditions.

Kayachikitsa builds upon the fundamentals learned in the first and second professional years, such as Kriya Sharira, Dosha-Dhatu-Mala Vijnana, and Roga Nidana Vikriti Vijnana. By the third professional year, students transition from understanding disease formation to Samprapti Vighatana (breaking the disease process) and applying treatment protocols based on Hetu, Linga, and Aushadha. The syllabus has been structured into three papers: Vyadhi Vishesh Chikitsa – I, Vyadhi Vishesh Chikitsa – II, and Vyadhi Vishesh Chikitsa Evam Rasayana-Vajikarana. The curriculum integrates ICD codes for disease classification, making it easier for students to correlate Ayurvedic and contemporary medical terminologies. Additionally, it includes the management of newly emerging diseases (Anukta Vyadhi), zoonotic infections (Kasherukajeeva-janya Vyadhi), and infectious conditions (Sankramika Jvara), reinforcing Ayurveda's relevance in addressing modern health challenges.

The new syllabus incorporates core Ayurvedic competencies, interdisciplinary integration, and hands-on clinical training to ensure students develop expertise in both Ayurvedic and contemporary medical approaches. Emphasis is also placed on research methodology, ethics, and professionalism, preparing students to contribute to evidence-based Ayurvedic practice. This curriculum is the result of collective efforts by experts in Ayurvedic education, clinical practice, and modern medicine, ensuring that students emerge as confident, skilled, and compassionate practitioners. By equipping them with practical knowledge, research acumen, and ethical grounding, this syllabus strengthens the role of Ayurveda in comprehensive healthcare, making it a vital contributor to global health and well-being.



INDEX

| | |
|--|-----|
| Course Code and Name of Course | 5 |
| Table 1 : Course learning outcomes and mapped PO | 5 |
| Table 2 : Contents of Course | 6 |
| Paper 1 | 6 |
| Paper 2 | 9 |
| Paper 3 | 11 |
| Table 3 : Learning objectives of Course | 15 |
| Paper 1 | 15 |
| Paper 2 | 55 |
| Paper 3 | 92 |
| Table 4 : NLHT Activity | 130 |
| Table 5 : List of Practicals | 138 |
| Table 6 : Assessment Summary: Assessment is subdivided in A to H points | 142 |
| 6 A : Number of Papers and Marks Distribution | 142 |
| 6 B : Scheme of Assessment (Formative and Summative) | 142 |
| 6 C : Calculation Method for Internal assessment Marks | 142 |
| 6 D : Evaluation Methods for Periodical Assessment | 143 |
| 6 E : Question Paper Pattern | 144 |
| 6 F : Distribution of theory examination | 145 |
| Paper 1 | 145 |
| Paper 2 | 145 |
| Paper 3 | 145 |
| 6 G : Instructions for UG Paper Setting & Blue print | 147 |
| 6 H : Distribution of Practical Exam | 148 |
| References Books/ Resources | 150 |
| Syllabus Committee | 154 |
| Abbreviations | 159 |



Course Code and Name of Course

| Course code | Name of Course |
|-------------|---|
| AyUG-KC | Kayachikitsa including Manasa Roga, Rasayana and Vajikarana |

Table 1 : Course learning outcomes and mapped PO

| SR1 CO No | A1 Course learning Outcomes (CO) AyUG-KC At the end of the course AyUG-KC, the students should be able to- | B1 Course learning Outcomes mapped with program learning outcomes. |
|--------------------------|---|---|
| CO1 | Appraise the knowledge of health and diseases along with principles and practices of kayachikitsa in various ailments of adult population in alignment with Trisutra concept. | PO1 |
| CO2 | Integrate the application of multidisciplinary sciences, tools and techniques for a biopsychosocial approach towards diagnosis, prognosis & management of diseases including anukta roga to restore dhatusamya. | PO2,PO3,PO5 |
| CO3 | Construct treatment plans/protocols applying yukti in accordance with the Chikitsa sutra including pathya apathya with appropriate documentation adhering to legal, safety and regulatory standards. | PO1,PO3,PO4,PO5 |
| CO4 | Demonstrate the application of Rasayana and Vajikarana as prophylactic, therapeutic, restorative and palliative medicine. | PO1,PO4,PO5 |
| CO5 | Perform various skills (Karma kaushalya) in dealing with atyayika avastha including first aid and primary management. | PO2,PO4,PO5 |
| CO6 | Demonstrate self directedness in pursuit of new advancements in the field of biomedical research and government health care policies. | PO7,PO9 |
| CO7 | Demonstrate agility, virtuous, ethical behaviour, compassion and communicate effectively with patients, relatives, and stakeholders about the prognosis and treatment including informed consent. | PO6,PO8,PO9 |

**Table 2 : Contents of Course**

| Paper 1 (Vyadhi Vishesha Chikitsa - 1) | | | | | | |
|---|--|--------------------|---------------------|---------------------------------|---|---|
| Sr. No | A2 List of Topics | B2 Term | C2 Marks | D2 Lecture hours | E2 Non- Lecture hours Theory | E2 Non- Lecture hours Practica I |
| 1 | Kaya, Chikitsa and Kayachikitsa - Nirukti, Paribhasha, Paryaya and Bheda Explanation of Kaya, Chikitsa and Kayachikitsa according to different Classical texts | 1 | 3 | 1 | 1 | 0 |
| 2 | Clinical ethics in the practice of Kayachikitsa <ul style="list-style-type: none">• Doctor patient relationship• Good communication skills• Ethical and legal issues in the practice of Kayachikitsa(Ayurveda Medicine) | 1 | 7 | 1 | 0 | 4 |
| 3 | Samprapti vighatana, Chikitsa sutra, Chikitsa, Aushadha yoga and Pathyaapathya of Jvara (SP51/TM2) <ul style="list-style-type: none">• Nava jvara chikitsa• Jeerna jvara chikitsa• Nija jvara and Sannipataja jvara chikitsa• Agantuja jvara chikitsa• Dhatugata jvara chikitsa• Vishama jvara chikitsa• Punaravartaka jvara chikitsa | 1 | 22 | 11 | 7 | 4 |
| 4 | Anuktaroga treatment principles based on Doshadushyadi vivechana <ul style="list-style-type: none">• Chikitsa yojana of Anukta roga• Anukta roga upadrava chikitsa | 1 | | 1 | 1 | 2 |
| 5 | Chikitsa of Sankramika jvara <ul style="list-style-type: none">• Vishama jvara(Malaria)• Antrika jvara(Typhoid)• Dandaka jvara(Dengue) | 1 | | 2 | 4 | 8 |



| | | | | | | |
|---|---|---|----|----|----|----|
| | <ul style="list-style-type: none">• Sandhiga sannipata jvara(Chikungunya)• Mastishkavarana shotha jvara(Meningitis)• Mastishka shotha(Encephalitis)• Shwasanaka jvara(Pneumonia) | | | | | |
| 6 | Chikitsa of Rasa pradoshaja vikara <ul style="list-style-type: none">• Pandu roga (SL80)• Hematopoietic diseases - Raktalpata(Anaemia), Kuposhanajanya raktalpata(Nutritional Anaemia)• Anuvanshika raktavikara- (Thalassemia, hemoglobinopathies, Sickle cell Anaemia), Raktakarka (Leukaemia), Haemolytic anaemia, Thrombocytopenia• Hridroga ,Hridshoola (SL61, SL6Z)• Uchcha raktachaapa (Hypertension), Hrudgata dhamanisanga vikara (Coronary artery disease-Ischemic heart disease and Myocardial Infarction), Hrudgata rakta -Sankulanjanya karya- akshamata(congestive cardiac failure). Hrudgati vaishamya(Conduction defects of heart)• Aamavata (SP11) (Rheumatoid Arthritis)• Madatyaya (SQ20) | 2 | 18 | 12 | 6 | 16 |
| 7 | Chikitsa of Rakta pradoshaja vikara <ul style="list-style-type: none">• Kaamala (SM41, SM42, SM43) Jaundice• Yakrut shotha(Hepatitis), , Yakrutdalyodara(Liver cirrhosis), Madyaatirek janya yakrut vikara(Alcoholic liver disease) and Madya-etar karana janya yakrut vikara(Non- Alcoholic Fatty Liver Disease -NAFLD), madya-etar vasamaya-janya yakrut shotha(Non-Alcoholic Steato-hepatitis -NASH), yakrut koshakiya arbuda (Hepatocellular Carcinoma)• Raktapitta (SL81)• Raktaskandana sambandhi vikara (Coagulation disorders) Vanshanugata adhiraktasrava pravrutti (Hereditary - Haemophilia), Acquired- Immune thrombocytopenia -ITP• Vatarakta (SP14) Gout• Parisariya sira dhamaniya vikara (Peripheral vascular diseases)• Mada, Murchha, Sanyasa (SQ22, SP98)• Visarpa (SN4T)Erysipelas, Shingles, | 2 | 24 | 22 | 11 | 18 |



| | | | | | | |
|---|---|---|----|---|---|---|
| | <ul style="list-style-type: none">• Kushtha and Kilasa/Shwittra (SN40, SN43, SN46, SN48, SN49, SN4A, SN4B SN4D, SN4P, SN4U)• Anurjatajanya tvak vikara(Allergic skin disorders - Atopic dermatitis/Eczyma, Urticaria), shalkayukta tvak vikara (Squamous lesions) - Psoriasis, Shewalikabha tvak vikara (Lichen planus), Visphota (Bullous lesion), Udasphotanvika tvak vikara (Pemphigus and Pemphigoid lesions)• Sheetapitta, Udarda, Kota and Utkota (SN4K, SN4L)• Daha | | | | | |
| 8 | Chikitsa of Kshudra roga <ul style="list-style-type: none">• Identification and chikitsa of - Yavaprakhya(SN5Y), Andhalaji(SN5Y), Vivritta(SN5Y), Kacchapika,(SN9Y) Indravridha, Gardabhi, Jalagardabha(SM0Y), Irivellika(SN5Y), Gandhanama(SN5Y), Kaksha(SN4T), Visphotaka(SN4P), Agnirohini, Vidarika(SP9Y), Sharkarabuda(SP71), Pama(SN46), Vicharchika(SN43), Rakasa(SN40), Padadari, Alasa(SN48), Masurika, Tilkalaka(SN4E), Masaka(SN4H), Nyaccha(SN5Y), Vyanga(SN4G), Nilika(SN41)• Identification and chikitsa of - Ajagallika(SN5Y), Valmika(SN5Y), Panasika, Pashanagardabha(SM1D), Chippa, Kunakha(SN6Y), Anushayi(SP9Y), Kadara(SN9Y), Indralupta(SN90), Darunaka(SN91), Arumshika(SN70), Palitya, Yuvanpidika(SN4V), Padminikantaka(SN5Y), Jatumani(SN4F), Charmakeela, Parivaritika(SN0A), Avapatika, Niruddhaprakasha(SN0A), Sannirudhaguda(SM5Y), Ahiputana(SN5Y), Vrishanakacchu(SN40), Gudabhramsha(SM55) | 3 | 5 | 2 | 1 | 2 |
| 9 | Chikitsa of Mamsapradoshaja and | 3 | 16 | 8 | 2 | 8 |



| | | | | | | |
|--------------------|---|---|------------|-----------|-----------|-----------|
| | Medopradoshaja vikara <ul style="list-style-type: none"> • Galaganda (SL0Y) • Gandamala (SL08) • Arbuda (SP72) • Shosha (SP2Y) • Karshya (SP61) • Sthaulya (SP64) • Prameha (SM8D) • Madhumeha(Diabetes mellitus) (SP60) • Medapachaya(Dyslipidaemia) (SP62) • Sthoulya(obesity) • Arbuda(Neoplasm) | | | | | |
| 10 | Shuddha-Ashuddha chikitsa, Chikitsajanita vikara <ul style="list-style-type: none"> • Concept of Shuddha chikitsa & Ashuddha chikitsa • Preventive protocol in the General principles of Drug administration, • Concept of Iatrogenic diseases • Chikitsa yojana of drug induced Iatrogenic diseases | 3 | 5 | 1 | 2 | 2 |
| Total Marks | | | 100 | 61 | 35 | 64 |

| Paper 2 (Vyadhi Vishesha Chikitsa - 2) | | | | | | |
|---|---|----------------|-----------------|-------------------------|------------------------------------|--|
| Sr. No | A2 List of Topics | B2 Term | C2 Marks | D2 Lecture hours | E2 Non-Lecture hours Theory | E2 Non-Lecture hours Practica I |
| 11 | Chikitsa of Vatavyadhi <ul style="list-style-type: none"> • Vatavyadhi samanya chikitsa • Snayugatavata • Akshepaka chikitsa (SK 30) • Pakshaghata chikitsa(SK22) (Cerebrovascular accident) • Ekangavata(SK22), Sarvangavata(SK22) • Kampavata(SK52) (Parkinson's Disease) | 1 | 24 | 16 | 6 | 26 |



| | | | | | | |
|----|---|---|----|---|---|----|
| | <ul style="list-style-type: none">• Ardita(SK20) (Bell's palsy)• Manyastambha(SP44)• Jihwastambha(SK22)• Avabahuka(SP15), Vishwachi(SK51)• Gridhrasi(SP20) (Sciatica)• Khanja(SK2Y), Pangu(SK21), Kalayakhanja• Padadaha(SK51), Padaharsha(SK54)• Parisareeya Nadishotha(Peripheral Neuropathy)• Urustambha(SP46)• Udarvarta(SM35)• Tantrikaanughata(Guillan Barre syndrome), Tantrighata(Motor Neuron Disease), Anuprasthiya-sitamajjachadda shotha(Transverse Myelitis), Peshi dourbalya(Myasthenia Gravis) | | | | | |
| 12 | Chikitsa of Asthi-Majja pradoshaja vikara (SR54) (SR55) <ul style="list-style-type: none">• Asthisoushrya (Osteoporosis), Asthikshaya (Osteopenia) (SP00)• Sandhigata vata (SP12) (Osteoarthritis), Vatakantaka(SP4Y)(Calcaneal Spur),• Kateegraha(SP42(Lumbar spondylosis), Greeva graha(SP45)• Kroshtuka sheersha• Raktaheenatajanya dhatunasha(AvascularNecrosis)• Katishoola(Lumbago), Kasheruka vyadhi(Spondylopathies),• Asthisankatarbuda(Osteosarcoma) | 2 | 14 | 8 | 4 | 11 |
| 13 | Chikitsa of Pranavaha Srotodushti Vikara (TM2:SL40-SL4Z) <ul style="list-style-type: none">• Shwasa (SL42), Hikka(SM74)• Kasa(SL41), Urahkshat• Rajayakshma• Tamaka Shwasa(Bronchial Asthma) (SL40)• Jirna Shwasakrichchhanika (Chronic Obstructive Pulmonary Disease)• Antaraalayi Phupphusa Vikara (Interstitial Lung Disease)• Vispharah (Bronchiectasis)• Phupphusasruti(Pleural effusion)• Phupphusa arbuda (Lung Cancer) | 2 | 24 | 6 | 4 | 24 |
| 14 | Chikitsa of Udakavaha srotodushti vikara | 3 | 10 | 5 | 2 | 8 |



| | | | | | | |
|--------------------|---|---|------------|-----------|-----------|-----------|
| | <ul style="list-style-type: none">• Trishna• Shotha(SP91)• Udara-Jalodara (Ascites) (SM32)• Jaliyovidyutansha vaishamya(Fluid & Electrolyte Imbalance) | | | | | |
| 15 | Chikitsa of Mootravaha srotodushti vikara <ul style="list-style-type: none">• Mootrakrichchha (SM82)• Mootraghata (SM81)• Ashmari (SM8C)• Mootranalika shotha(UTI), Vrikka koshika shotha(Nephritis),(SM84)• vrikka nishkriyata(Renal failure)• Mootraashmari(Urolithiasis)• Pourusha granthi vriddhi(Benign prostatic hyperplasia)• Apavrukkatva(Nephrotic Syndrome) | 3 | 12 | 4 | 4 | 8 |
| 16 | Chikitsa of Purishavaha srotodushti vikara (SR5A) <ul style="list-style-type: none">• Atisara(SM37)• Pravahika(Dysentery)(SM38)• Arsha (SM53)• Raktatisara(Ulcerative colitis)(SM37)• Krimi• Bruhadantra arbuda (Colorectal cancer) | 3 | 16 | 4 | 4 | 8 |
| Total Marks | | | 100 | 43 | 24 | 85 |

| Paper 3 (Vyadhi Vishesha Chikitsa Evam Rasayana, Vajikarana) | | | | | | |
|---|--|----------------|-----------------|-------------------------|------------------------------------|--|
| Sr. No | A2 List of Topics | B2 Term | C2 Marks | D2 Lecture hours | E2 Non-Lecture hours Theory | E2 Non-Lecture hours Practica I |
| 17 | Chikitsa of Annavaha srotodushti vikara <ul style="list-style-type: none">• Agnimandya, Aruchi/ Arochaka• Ajeerna/ Alasaka/ Vishuchika, Vilambika(SM 3A 3B)• Aanaha/ Aatopa/ Aadhmana(SM31)• Amlapitta(SM-39), Bhasmaka | 1 | 16 | 12 | 4 | 14 |



| | | | | | | |
|----|---|---|----|---|---|---|
| | <ul style="list-style-type: none">• Parinama shoola, Annadrava shoola- (SM 3A,3B,3C,3D,3E), Shoola (SM33)• Chhardi(SM-3L)• Gulma(SM 3K)• Grahani(SM -36)• Annadravashoola-Parinamashoola(Acid peptic disease)• Amlapitta(Gastro esophageal reflux disease)• Grahani(Irritable bowel syndrome)• Udarastha karkatarbuda-Malignancies of abdomen (Ca Pancreas, Ca Duodenum/Stomach) | | | | | |
| 18 | Chikitsa of Manovaha srotas dushti vikara <ul style="list-style-type: none">• Manasika vikara like Kaama, krodha, Lobha, Mada, Maatsarya, Shoka, Bhaya, Dainya, Harsha• Unmada roga (SQ03)• Apasmara roga(SK30)• Atattvabhinivesha(SQ04)• Chittodvega & Vishada• Chinta(General Anxiety Disorder)• Nidra vikara(Sleep Disorder)• Bhaavodvega(Somatoform and mood disorder)• Pratyabalajanya vikara(Stress induced disorder)• Kaamonmada(Psychosexual disorders)• Atattvabhinivesha(Obsessive compulsive disorder,Nurotic disorder)• Vyaktatva evum swabhav viparyaya(Personality and behavioral disorder)• Manoavasada(Depression)• Medhya rasayana in Manoroga• Identification of Bhutonmada and its basic management | 2 | 10 | 8 | 4 | 8 |
| 19 | Chikitsa of of Antahsravi Granthi vyadhi <ul style="list-style-type: none">• Avatuka Granthi(Thyroid) Disorders: Manda vatuka(Hypothyroidism) & Tivra vatuka(Hyperthyroidism)(SP9Y)• Pravaravatuka Granthi Vyadhis (Parathyroid) Disorders: | 2 | 10 | 4 | 4 | 4 |



| | | | | | | |
|----|---|---|---|---|---|---|
| | <p>Hypoparathyroidism & Hyperparathyroidism</p> <ul style="list-style-type: none">• Piyusha Granthi vikara(Pituitary Disorders): <p>Hypopituitarism-vamanata(Dwarfism)(SP9Y) Atihrisvata & Hyperpituitarism- Dirghakayata(Gigantism) (Atidirgha) and Vikayata(Acromegaly)</p> <p>Udakameha(Diabetes Insipidus)</p> <ul style="list-style-type: none">• Adhivrikka granthi vikara(Adrenal gland Disorders): <p>Hyperaldosteronism- Tivra upavrikkasrava(Addison's disease) & Hypoaldosteronism-Upavrikkasrava mandya(Cushing's Syndrome)</p> | | | | | |
| 20 | <p>Chikitsa of Vyadhikshamatva vikara</p> <ul style="list-style-type: none">• Vyadhikshamatva heenata vikara (Immunodeficiency diseases -Primary and secondary immune deficiency disorders)• Atmapratirodha-Kshamatva Vikara (Auto immune disorders)• Prativrikshaja(Systemic Lupus Erythematosus-SLE)• Vamshakasheru ruk(Ankylosing Spondylitis-AS)• Drutotak(Multiple Sclerosis-MS)• Aamavata(Rheumatoid Arthritis)• Atisamvedanasheelata-janya vyadhi (Hypersensitivity Reactions) | 2 | 8 | 3 | 4 | 3 |
| 21 | <p>Chikitsa of Shukravaha srotasa vikara</p> <ul style="list-style-type: none">• Klaibya (SN02)• Shukralpata (SN03)• Shukradosha• Kshinashukra• Dhvajabhang• Kapourushya(Male hypogonadism)• Napunsakatva(Impotence)• Vandhyatva(Infertility) | 3 | 8 | 3 | 4 | 4 |
| 22 | <p>Chikitsa of Guhya roga</p> <ul style="list-style-type: none">• Phiranga(SN31) Upadamsha(SN30) | 3 | 8 | 2 | 2 | 2 |



| | | | | | | |
|--------------------|--|---|------------|-----------|-----------|-----------|
| | <ul style="list-style-type: none">• Phiranga(Syphilis)(SN31)• Puyameha(Gonorrhoea)(SN30)• Vankshaneeya lasika granthikanarbud(Lymphomagranuloma Inguinale)• Phirangiya vrana(Soft Chancroid)• Visarpa(Herpes Simplex)(SN4T) | | | | | |
| 23 | Vajikarana <ul style="list-style-type: none">• Principles, benefits & need for Vajikarana• Shuddha Shukra, Vajikarana dravya in Shukravaha srotodushti vikara• Vajikarana dravya in Klaibya(Infertility) & Shandhatva(impotency)• Interpretation of investigation in Shukravaha srotodushti vikara• Phalashruti, Sevana kala, Matra & Anupana of various Vajikarana yoga | 3 | 12 | 6 | 3 | 6 |
| 24 | Rasayana <ul style="list-style-type: none">• Principles, indications & dosage of Rasayana according to the ayu(age)• Aachara Rasayana in clinical practice• Evidence based Rasayana• Naimittika rasayana• Medhya rasayana• Kanthya rasayana• Varnya rasayana• Keshya rasayana• Chikitsa karmukatva, Matra, Sevana kala & Anupana of various Vyadhihara rasayana | 3 | 20 | 6 | 4 | 8 |
| 25 | Chikitsa of Jarajanya vikara and Indriyapradoshaja vikara <ul style="list-style-type: none">• Jarajanya vikara(Geriatric Disorders)• Indriyapradoshaja vikara(sensory & cranial nerve disorders)• Smritilopa(Alzheimer's disease) | 3 | 8 | 2 | 2 | 12 |
| Total Marks | | | 100 | 46 | 31 | 61 |



Table 3 : Learning objectives of Course

| Paper 1 (Vyadhi Vishesha Chikitsa - 1) | | | | | | | | | | |
|---|---|---|------------------------------------|---------------------|------------------------------|--------------------------|-----------------------------------|--------------------|---------------------------|--------------------|
| A3 Course outcome | B3 Learning Objective (At the end of the session, the students should be able to) | C3 Domain/sub | D3 MK / DK / NK | E3 Level | F3 T-L method | G3 Assessment | H3 Assessment Type | I3 Term | K3 Integration | L3 Type |
| Topic 1 Kaya, Chikitsa and Kayachikitsa - Nirukti, Paribhasha, Paryaya and Bheda (LH :1 NLHT: 1 NLHP: 0) | | | | | | | | | | |
| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
| CO1 | Explain the Nirukti, Paribhasha, Paryaya and Bheda of the term 'Kaya', 'Chikitsa' and 'Kayachikitsa'. | CC | MK | KH | L&PPT, REC | M-POS, VV-Viva, PRN, QZ | F&S | I | - | LH |
| CO1 | Advice the appropriate type of Chikitsa to the simulated case | CAP | MK | KH | RP, DIS | CBA, Log book, VV-Viva | F&S | I | - | NLHT1.1 |
| Non Lecture Hour Theory | | | | | | | | | | |
| S.No | Name of Activity | Description of Theory Activity | | | | | | | | |
| NLHT 1.1 | Selection of the appropriate treatment for a simulated case, enacted role play | Role play - 1 hour <ul style="list-style-type: none"> • The Mentor assigns the role (Vaidya, Rogi, and bystander) to 3 students of the allotted batch on a rotation basis for the role-play • Students prepare themselves to perform their assigned roles in the role-play • The mentor instructs other students(viewers) in the batch to draft an appropriate Chikitsa for the enacted role play based on the Chikitsa bheda (Dvididha, Trividha, etc) • The mentor concludes the session with remarks | | | | | | | | |
| Non Lecture Hour Practical | | | | | | | | | | |



| S.No | Name of Practical | Description of Practical Activity | | | | | | | | |
|--|--|---|----|----|-------|-----------------------------------|-----|----|----|---------|
| Topic 2 Clinical ethics in the practice of Kayachikitsa (LH :1 NLHT: 0 NLHP: 4) | | | | | | | | | | |
| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
| CO7 | Explain the ethical principles, effective communication and professionalism in clinical practice | CC | MK | KH | L&PPT | M-POS,VV -Viva,DEB, COM,PRN | F&S | I | - | LH |
| CO7 | Practice good communication skills and professionalism in healthcare | AFT- RES | MK | SH | SIM | P-EXAM,P- PRF,PM | F&S | I | - | NLHP2.1 |
| CO7 | Perform the ethical decision-making skills in clinical practice | AFT- RES | MK | SH | CBL | P-RP,P-EX AM,CBA | F&S | I | - | NLHP2.2 |
| Non Lecture Hour Theory | | | | | | | | | | |
| S.No | Name of Activity | Description of Theory Activity | | | | | | | | |
| Non Lecture Hour Practical | | | | | | | | | | |
| S.No | Name of Practical | Description of Practical Activity | | | | | | | | |
| NLHP 2.1 | Communication skill and professionalism | Simulation - bedside 2 hours <ul style="list-style-type: none"> • The mentor selects few students from the allotted batch, takes them to the simulation bedside and assigns the role of Doctor and Patient • The mentor provides the instructions to be followed by each one (doctor, patient and viewers) and advises them to play their roles efficiently • The Viewers (Students) need to be vigilant and notify any discrepancy/breech during the process of communication/professionalism between doctor and patient • The mentor concludes the session with final remarks | | | | | | | | |



| | | |
|----------|---|---|
| NLHP 2.2 | Ethical Principles in Clinical Practice | <p>Case based learning - 2 hours</p> <p>The Mentor provides case scenarios pertaining to</p> <ul style="list-style-type: none"> • Patient's Autonomy (informed consent vs Coercion) • Balancing Beneficence and Non- Maleficence • Ethical handling of end-of-life decisions • Resource allocation in a crisis • Confidentiality • Ethical handling of medical errors <p>Students enact the scenario, discuss and present the given case scenario incorporating the concept of clinical ethics</p> <p>The mentor observes the ethical decision making skills of the students</p> <p>The mentors serve as observers and facilitators</p> <p>The mentors provide the concluding remarks</p> |
|----------|---|---|

Topic 3 Samprapti vighatana, Chikitsa sutra, Chikitsa, Aushadha yoga and Pathyaapathya of Jvara (SP51/TM2) (LH :11 NLHT: 7 NLHP: 4)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|----------|---|----|----|----|-------------------|------------------------|-----|----|----|----|
| CO1, CO3 | Detail the treatment algorithm for Jvara according to stages of Shadkriyakala | CC | MK | KH | L&PPT, L&GD | P-REC, T-C S, VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Create a treatment plan for Saama stages in Jvara and explain Taruna jvara Chikitsa (Nava jvara Chikitsa/Pachana-upaya Chikitsa in Jvara) | CS | MK | KH | REC, L &PPT, L&GD | T-CS, P-RE C, VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Create a treatment plan for Nirama stages in Jvara and explain Purana jvara chikitsa (Jeerna jvara chikitsa) | CS | MK | KH | DIS, REC, L&PPT | P-EXAM, V V-Viva, T-CS | F&S | I | - | LH |
| | | | | | | | | | | |



| | | | | | | | | | | |
|---------------------|---|-----|----|----|---------------------------|---------------------------------|-----|---|------|---------|
| CO1, CO3 | Describe the management of Nija jvara and Sannipata jvara | CC | MK | KH | L&PPT ,REC,L &GD | T-CS,VV- Viva,P- EXAM | F&S | I | - | LH |
| CO1, CO3 | Describe the management of Agantuja jvara | CC | MK | KH | PER,L& PPT ,L&GD | PRN,T-CS, VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Detail the Dhatugata jvara Chikitsa | CC | MK | KH | L,L&G D,L&PP T ,DIS | T-CS,PRN, VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Describe the management of Vishama jvara | CC | MK | KH | L&PPT ,REC,L | INT,VV-Vi va,P-EXA M,T-CS | F&S | I | - | LH |
| CO1, CO3 | Plan the treatment according to the status of Ojus in Punaravartaka jvara | CS | MK | KH | REC,L, L&PPT | VV-Viva,P RN,DEB,T- CS | F&S | I | - | LH |
| CO1, CO3 | Differentiate the appropriate Shodhana and Shamana Chikitsa in Jvara | CK | MK | KH | L&PPT ,L,L&G D | PRN,INT,V V-Viva | F&S | I | H-KB | LH |
| CO1, CO3 | Explain the Bahirparimarjana chikitsa and Daivavyapasraya chikitsa in the management of Jvara | CAN | MK | KH | L&PPT ,L&GD | T-CS,VV- Viva,INT | F&S | I | - | LH |
| CO1, CO3, CO4 | Prescribe the Pathyapathya and Rasayana in the management of Jvara | CS | MK | KH | L,DIS,L &PPT | DEB,PRN,I NT,T-CS | F&S | I | - | LH |
| CO1, CO2 | Discuss the Avastha and construct the Chikitsa yojana of Jvara | CC | MK | KH | CBL,DI S,TBL | P-CASE,P RN,P- VIVA | F&S | I | - | NLHT3.1 |



| | | | | | | | | | | |
|-------------------------------------|--|-------------|----|----|--------------------------|----------------------------------|-----|---|---|---------|
| CO1, CO2 | Discuss the clinical understanding of Nija jvara,Sannipata jvara and Aagantuja jvara and construct the Chikitsa yojana. | CC | MK | KH | PER,CB L,BS,SI M | P-VIVA,IN T,P-EXAM | F&S | I | - | NLHT3.2 |
| CO1, CO3 | Discuss the importance of Langhana Chikitsa in Jvara | CC | MK | KH | L&GD, FC,CBL | T-CS,CL- PR | F&S | I | - | NLHT3.3 |
| CO1, CO3 | Point out the importance of Ksheera prayoga and Ghrita prayoga in Jvara | CAN | MK | KH | CBL,L &GD,F C | INT,T- CS,PRN | F&S | I | - | NLHT3.4 |
| CO1, CO3 | Discuss the clinical understanding of Dhatugata jvara,Vishama jvara, Punaravartaka jvara and construct the Chikitsa yojana | CC | MK | KH | REC,L &GD,D IS | PRN,T- CS,DEB | F&S | I | - | NLHT3.5 |
| CO1, CO3 | Discuss the clinical understanding and management of various varieties of Jvara. | CC | MK | KH | L&GD, PBL,BS | P-EXAM,P RN,T-CS | F&S | I | - | NLHT3.6 |
| CO1, CO3 | State the Phalashruti,Sevanakala,Matra,Anupana of the given Aushadha kalpana | CK | MK | K | SDL,PE R,L&G D | INT,DEB,P RN | F&S | I | - | NLHT3.7 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate and write a case and construct the Chikitsa of Jvara | PSY- GUD | MK | SH | CBL,C D,D-BE D,LRI | PRN,P-VIV A,P-CASE, P-EXAM | F&S | I | - | NLHP3.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|----------|---|---------------------------------|
| NLHT 3.1 | Clinical understanding and treatment of Jvara according to its different stages(Avasthanusara Jvara chikitsa) | Team based learning, Discussion |



| | | |
|----------|--|---|
| | | <ul style="list-style-type: none">• A few students are selected and divided into 3 teams.• Each team is allotted a specific stage of Jvara (Ama, Pachyamana, and Pakva) along with its management.• The teams refer to and compile material from library sources and prepare a presentation.• Each team presents the allotted topic.• Other students are encouraged to interact and discuss the presentations under the supervision of the mentor.• The mentor provides concluding remarks on the presentations. |
| NLHT 3.2 | Clinical understanding of Nija jvara, Sannipataja jvara and Agantuja jvara and its Chikitsa yojana | Case Based Learning, Simulation <ul style="list-style-type: none">• The mentor allots simulated cases on the topic to the students.• The students are expected to diagnose and chart out an appropriate Chikitsa yojana along with its Pathyapathya.• A discussion is generated among the students on the given topic.• The mentor concludes the class with remarks. |
| NLHT 3.3 | Importance of Langhana Chikitsa in Jvara | Flipped class room, Group discussion <ul style="list-style-type: none">• Students are asked to prepare a presentation on the role of Langhana Chikitsa in Jvara.• The next day, students present the allotted topic.• Students are encouraged to participate in the discussion.• The mentor supervises the process and provides guidance. |
| NLHT 3.4 | Importance of Ksheera prayoga and Ghrita prayoga in Jvara | Group Discussion, Flipped class room <ul style="list-style-type: none">• The students are divided into 2 groups.• Topic is assigned to two groups as follows:-• One group refers to the topic of Ksheera Prayoga in Jvara.• The other group is allotted the topic of Ghrita Prayoga in Jvara. |



| | | |
|----------|---|---|
| | | <ul style="list-style-type: none">• Both groups present their respective topics in the class using PowerPoint.• A discussion is conducted among the students on the given topic.• The mentor supervises the discussion and concludes the class with remarks. |
| NLHT 3.5 | Clinical understanding and management of Dhatugata jvara, Vishama jvara and Punaravartaka jvara | Group Discussion, Recitation <ul style="list-style-type: none">• The students are instructed to refer to the management of Dhatugata jvara Vishama jvara and Punaravartaka jvara from Samhitas/Ayurvedic Literature• The students are asked to start a discussion on the topic.• The mentor supervises the process and provides guidance. |
| NLHT 3.6 | Understanding the Nidana panchaka and framing the management of various varieties of Jvara through case scenario. | Problem based learning, Brainstorming <ul style="list-style-type: none">• The students are divided into different groups.• Each group is allotted different varieties of Jvara through case scenario• All groups members discuss the problem and formulate a treatment protocol with its rationale• The students start interaction and discussion on the topic.• The mentor supervises the process and provides guidance. |
| NLHT 3.7 | Phalashruti, Sevanakala, Matra, Anupana of the given Aushadha kalpana <ul style="list-style-type: none">• Shadanga paneeya• Amritottaram Kashaya• Indukantam Kashaya• Vishamajvara nashaka kashaya• Sudarshana churna• Mrityunjaya rasa• Amritarishta• Pippalyadi Ghrita | Self directed learning, Presentation <ul style="list-style-type: none">• The students are divided into small groups.• Each group is allotted specific Aushadha yogas.• The students are asked to refer to the Aushada kalpana with its<ul style="list-style-type: none">◦ Phalashruti◦ Sevanakala◦ Matra◦ Anupana• The students compile the material, prepare a presentation, and present it to the class.• Students are encouraged to interact with the presenter under the supervision of the mentor. |



- Aparajita dhoopa

- The mentor provides concluding remarks on the presentations.

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|----------|---|--|
| NLHP 3.1 | Diagnose and constuct the Chikitsa yojana of Jvara(Nava jvara/Purana jvara/Nija jvara/Sannipata jvara/Agantuja jvara/Dhatugata jvara/Vishama jvara/Punaravartaka jvara) | <p>Cases in the IPD 2 Bedside cases = 4 hours</p> <p>Demonstration bedside</p> <ul style="list-style-type: none">• The Mentor takes students to the ward/OPD of Kayachikitsa, dividing them into small groups.• Mentor assigns each group a case OR Students in the clinical batch select a case.• Mentor shows the construction of the Chikitsa yojana and documenting it in the following steps:<ul style="list-style-type: none">• The students shall introduce themselves to the patient and take verbal consent.• The students shall interrogate the patient and document the clinical history.• The students further brief the patient about the steps in examination that will be performed on him/her.• The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination.• The necessary investigations are proposed by the students.• The investigation reports are interpreted.• The students analyze the Nidana panchaka and the extent of alteration in Samprapti ghataka.• The students interpret the collected information and state the Vyadhi nama (arrive at a tentative clinical diagnosis) following the method of Vyavachedaka nidana (differential diagnosis)• The students determine the Sadhyaasadyata (prognosis) of the disease in the patient.• The students construct the chikitsa yojana for the diagnosed disease.• The students recommend Pathyaapathya to the patient.• Finally, the students address the patient's doubts & acknowledge his/her cooperation in the case taking. |



- The students present and discuss the documented case.
- The mentor facilitates the case presentation.
- The mentor evaluates the student's performance, knowledge, psychomotor and communication skills using rubrics or checklists and gives feedback.
- Remedial measures should be implemented if found necessary.

Topic 4 Anuktaroga treatment principles based on Doshadushyadi vivechana (LH :1 NLHT: 1 NLHP: 2)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|----------|---|---------|----|----|-----------------------|--------------------------|-----|----|----|---------|
| CO1, CO2 | Formulate the Chikitsa yojana of Anukta Roga considering its Nidana panchaka | CS | MK | KH | L&PPT | M-POS,QZ,DEB,PRN,T-CS | F&S | I | - | LH |
| CO1, CO2 | Understand the Dosha-dushyadi vivechana in the management of Anukta roga | CC | MK | K | LS,TBL,IBL,RP,LRI | CL-PR,OSPE,M-POS,QZ,OSCE | F | I | - | NLHT4.1 |
| CO1, CO2 | Construct the Chikitsa yojana in a case on Anukta roga along with its complications | PSY-MEC | NK | KH | PBL,SIM,CBL,LRI,D-BED | PUZ,P-CASE,SP,P-EXAM | F&S | I | - | NLHP4.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|----------|---|--|
| NLHT 4.1 | Understanding of Samprapti vighatana in Anukta roga | Student should illustrate the treatment of Anukta Roga based on Dosha-dushyaadi vivechana in the given situation through Poster presentation |



- The Mentor instructs the students to refer tutorials, library resources, and reading materials on the allotted common situation of clinical findings of Anukta roga
- The students in groups are instructed to present their knowledge and ideas on treating Anukta yoga based on Dosha-dushyaadi vivechan by preparing posters, charts, or e-posters.
- Students will accordingly present the discussed topics through poster
- The Mentor encourages the activity & gives concluding remarks

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|----------|--|--|
| NLHP 4.1 | Chikitsa yojana of Anukta roga & its complications | <p>Students are able to plan the Chikitsa yojana for the Anukta roga & its Upadrava understanding the Doshadushya sammurchhana in a given clinical case/case scenario Case based learning - 2 Short cases x 1hour = 2 hours per batch</p> <ul style="list-style-type: none">• The Mentor takes students to the ward/OPD of Kayachikitsa & assigns a case of Anukta Roga.• Mentor shows the art of writing a rational treatment prescription and documenting it in the following steps:• The students shall introduce self to the patient and take verbal consent.• The students shall interrogate the patient and document the clinical history.• The students further brief the patient about the steps in examination that will be performed on him/her.• The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination of the involved system• The available investigation reports are interpreted by the students.• The students interpret the collected information and state the vyadhi nama (arrive at a tentative clinical diagnosis) following the method of vyavachedaka nidana (differential diagnosis)• The students determine the sadhyaasadhyata (prognosis) of the disease in the patient.• The students formulate a rational treatment prescription for the diagnosed disease & plan the appropriate chikitsa yojana for the upadrava of anukta vyadhi if any .• The students recommend pathyaapathya to the patient.• Finally, the students address the doubts of the patient & acknowledge his/her cooperation in |



the case taking.

- The students present and discuss the documented short case.
- The mentor facilitates the case presentation.
- The mentor evaluates the student's performance, knowledge, psychomotor and communication skills using rubrics or checklist and gives the feedback.
- Remedial measures should be implemented if found necessary.

Topic 5 Chikitsa of Sankramika jvara (LH :2 NLHT: 4 NLHP: 8)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|---------------------|--|-----|----|----|------------------------|-------------------|-----|----|----|---------|
| CO1, CO2, CO3 | Describe Sankramika jvara and Kasheruka-jeeva-janya vyadhi(zoonotic diseases). Explain the Ayurveda management of Vishama jvara(Malaria) and Antrika jvara(Typhoid) by comprehending the contemporary therapeutic modalities | CC | MK | K | L&PPT ,L_VC | QZ ,PRN | F&S | I | - | LH |
| CO1, CO2, CO3 | Explain the ayurveda management of Vata-shlaishmika jvara(Influenza), Shwasanaka jvara(Pneumonia), COVID and H1N1 by comprehending the contemporary therapeutic modalities | CC | MK | K | L&PPT ,L_VC, L | QZ ,PRN | F&S | I | - | LH |
| CO1, CO2, CO3 | Apply the Ayurveda concepts in the management of Mastishkavarana shotha jvara(Meningitis) Mastishka shotha(Encephalitis) and Dhanurvaata(Tetanus) by assessing the contemporary therapeutic approaches | CAP | DK | KH | L&GD, PER,DI S | CL-PR,PR N,QZ | F&S | I | - | NLHT5.1 |
| CO1, CO2, CO3 | Discuss the contemporary therapeutic modalities and frame ayurveda management of Granthika sannipata jvara(Plague), and Leptospirosis | CC | NK | K | BL,L& GD,DIS ,BS | QZ ,PRN,C L-PR | F | I | - | NLHT5.2 |
| CO1, CO2, CO3 | Apply the Ayurveda concepts in the management of Beejanu jvara(Anthrax), and Peeta jvara(Yellow fever) by assessing the contemporary therapeutic approaches | CAP | NK | KH | DIS,BS, L&GD, FC | CL-PR,PR N,QZ | F | I | - | NLHT5.3 |
| CO1, CO2, | Summarize the Ayurveda management of Sandhiga sannipata jvara(Chikungunya), Dandaka jvara(Dengue) and | CS | DK | K | L&GD, RP | PRN,QZ | F | I | - | NLHT5.4 |



| | | | | | | | | | | |
|---------------|---|---------|----|----|------------------------|----------------------------------|-----|---|---|---------|
| CO3 | Shleepada(Filariasis) by assessing the contemporary therapeutic approaches | | | | | | | | | |
| CO1, CO2, CO3 | Demonstrate the Chikitsa yojana & prepare case record in cases of Sankramika jvara after performing relevant clinical examination | PSY-MEC | MK | SH | D-BED, DL,CB L,PT,P BL | CBA,Mini-CEX,P-VI VA,OSCE, P-PRF | F&S | I | - | NLHP5.1 |
| CO1, CO2, CO3 | Commemoration of International days | PSY-MEC | DK | SH | PBL,RP ,RLE,F V | P-RP,Log book,P-SUR, P-PS,INT | F | I | - | NLHP5.2 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|----------|--|--|
| NLHT 5.1 | Approach to the diagnosis and management of Mastishkavarana shotha jvara(Meningitis) Mastishka shotha(Encephalitis) and Dhanurvaata(Tetanus) | <p>Team based learning</p> <ul style="list-style-type: none"> • The students are divided into different teams • One team is asked to present etiopathogenesis and diagnosis of Mastishkavarana shotha jvara(Meningitis), • The second team presents about the topic related to etiopathogenesis and diagnosis of Mastishka shotha(Encephalitis), • The third team presents a detailed presentation about the topic related to etiopathogenesis and diagnosis of Dhanurvaata (Tetanus) • The fourth team does a presentation on the investigations and Principles of management of all • Followed by group discussion • Mentor clears the doubts, answers the queries and gives the concluding remarks. |
| NLHT 5.2 | Approach to the diagnosis and management of Granthika sannipata jvara(Plague) and Leptospirosis | <p>Blended learning</p> <ul style="list-style-type: none"> • Students are given online learning material like description of the online link and scientific |



| | | |
|-----------------------------------|--|---|
| | | <p>research articles</p> <ul style="list-style-type: none"> • Students are divided into various small groups, and they will be allotted topics related to etiopathogenesis, diagnosis, principles of management of Granthika sannipata jvara (Plague) and Leptospirosis • Each group is asked to do a presentation related to the topic given • Group discussion follows • Mentor clears the doubts, answers the queries and gives the concluding remarks |
| NLHT 5.3 | Approach to the diagnosis and management of Beejanu jvara (Anthrax), and Peeta jvara (Yellow fever) | <p>Flipped classroom</p> <ul style="list-style-type: none"> • Student are asked to prepare notes and PPT after referring all the available books and online study material • On the coming day they are asked to lead the class • Followed by Group Discussion • Mentor clears the doubts, answers the queries and gives the concluding remarks |
| NLHT 5.4 | Approach to the diagnosis and management of Sandhiga sannipata jvara (Chikungunya) Dandaka jvara(Dengue) and Shleepada (Filariasis), | <p>Role play</p> <ul style="list-style-type: none"> • The students are divided into many teams • Each team will be assigned the role of doctor, Patient and bystander • They should do the role of the doctor patient and bystander • The other members of team watch the role play and contribute for its refinement • Mentor gives the concluding remarks |
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 5.1 | Bedside case taking of the given Sankramika jvara | <ul style="list-style-type: none"> • The Mentor takes students to the ward/OPD of Kayachikitsa, dividing them into the clinical batch, selecting a case. • Mentor shows the art of writing a rational treatment prescription and documenting it in the |



| | | |
|--|--|--|
| | | <p>following steps:</p> <ul style="list-style-type: none"> • The students shall introduce themselves to the patient and take verbal consent. • The students shall interrogate the patient and document the clinical history. • The students further brief the patient about the steps in the examination that will be performed on him/her. • The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination of the involved system • The necessary investigations are proposed by the students. • The investigation reports are interpreted. • The students interpret the collected information and state the Vyadhi nama (arrive at a tentative clinical diagnosis) following the method of Vyavachedaka nidana (differential diagnosis) • The students determine the Sadhyaasadhyata (prognosis) of the disease in the patient. • The students formulate a rational treatment prescription for the diagnosed disease. |
|--|--|--|

| | | |
|----------|--|--|
| NLHP 5.2 | Public awareness activity related to Malaria/hepatitis/epidemic preparedness/vaccination/meningitis/encephalitis | <ul style="list-style-type: none"> • World malaria day /World dengue day /World hepatitis day /day of Epidemic preparedness /National vaccination day /World meningitis day /World encephalitis day(6 Hours) • Kinesthetic learning students are asked to make posters on various aspects of the illness and do an exhibition of the same for the public OR • Role play- The students are encouraged to perform a role-play depicting the importance of preventing these diseases and swift action on witnessing the early symptoms. OR • Public outreach program- Conduct a survey among the public to assess the susceptibility of infectious diseases and educate them. OR • Organize a rally to create awareness about Prevention OR • conduct medical camps for these disease • Prepare a report with a Geotagged photograph |
|----------|--|--|

Topic 6 Chikitsa of Rasa pradoshaja vikara (LH :12 NLHT: 6 NLHP: 16)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|----------|--|----|----|----|------------|---------------------|-----|----|----|----|
| CO1, CO3 | Describe the Chikitsa sutra of Rasavaha sroto dushti and explain the Samprapti vighatana, Chikitsa sutra and chikitsa of Pandu | CC | MK | KH | REC,L &PPT | VV-Viva,T -OBT,S-LA | F&S | II | - | LH |



| | | | | | | | | | | |
|---------------------|--|-----|----|----|------------------------|---|-----|----|---|---------|
| | roga (SL80) | | | | | Q,P-VIVA | | | | |
| CO1, CO3 | Design a treatment algorithm for Pandu roga according to the stages of Shadkriyakala | CS | MK | KH | L&PPT | QZ ,P-VIV A,VV-Viva | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana (treatment plan) including Rasayana and Pathyaapathya for Pandu roga.State the Phalashruti, Aushadha Sevana-kala, matra, Anupana of the Aushadha yoga in Pandu roga <ul style="list-style-type: none"> • Navayasa churna • Tapyadi Lauha • Lohasava • Punarnava mandoora • Dadimadi ghrita • Drakshavalehya | CAP | MK | KH | L&PPT | QZ ,VV-Vi va,P-VIVA, T-OBT | F&S | II | - | LH |
| CO1, CO2, CO6 | Explain the etiopathogenesis, diagnosis, treatment of Raktalpata (Anaemia) and Kuposhanajanya Raktalpata (Nutritional Anaemia) | CC | DK | K | L&PPT ,L_VC | QZ ,P-VIV A,VV-Viva | F&S | II | - | LH |
| CO2, CO6 | Chart the etiopathogenesis, morphological changes in the Rudhiravarnika(RBC), clinical diagnosis and treatment of Anuvanshika rakta vikara. (Haematopoietic diseases)a. Thalassemia b. Sickle cell Anaemia c. Haemolytic anaemia | CAP | NK | K | SDL,DI S,PER,P L | QZ ,M-CH T,M-POS,P RN,VV- Viva | F | II | - | NLHT6.1 |
| CO1, CO2, CO6 | Discuss the etiopathogenesis, diagnosis and treatment of Raktakarkah (Leukemia) | CC | NK | K | PER,DI S,PL | VV- Viva,WP | F | II | - | NLHT6.2 |
| CO1, CO2, | Discuss the etiopathogenesis, diagnosis, treatment of Rudhiravarnika vikara (Haemoglobinopathies). | CC | NK | K | PL,SDL ,DIS,FC | QZ ,WP,V V-Viva | F | II | - | NLHT6.3 |



| | | | | | | | | | | |
|---------------|--|-----|----|----|--------------|-------------------------------|-----|----|---|---------|
| CO6 | | | | | | | | | | |
| CO1, CO3 | Explain the Samprapti vighatana and chikitsa of Hridroga and Hridshoola (SL61, SL6Z) | CC | MK | K | L&PPT | VV-Viva,T-CS | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana including the Rasayana and Pathyaapathya for Hridroga and state the Phalashruti, Aushadha sevana kala, Matra, Anupana of the following Aushadha yoga in Hridshoola/Hridroga. (SL61, SL6Z) <ul style="list-style-type: none">• Prabhakara vati• Hridayarnava rasa• Arjunarishta• Drakshasava• Nagarjunabhra rasa | CAP | MK | KH | L&PPT | VV-Viva,T-OBT,P-VI VA,PUZ,Q Z | F&S | II | - | LH |
| CO1, CO2, CO6 | Explain the etiopathogenesis, diagnosis and treatment of Uchha Raktachapa (Hypertension) and Nyuna Raktachapa (Hypotension) | CC | MK | K | L&PPT ,L_VC | QZ ,T-CS, VV-Viva | F&S | II | - | LH |
| CO2, CO6 | Demonstrate an algorithm for etiopathogenesis and diagnosis of Samanya parisancharana- tantragata- roga (common cardiovascular diseases) and discuss the treatment strategies in brief | CAP | DK | KH | DIS,PL, SDL | VV-Viva,QZ , M-CHT,M-MOD | F&S | II | - | NLHT6.4 |
| CO1, CO2, CO6 | Discuss the etiopathogenesis, diagnosis along with treatment of Raktapravaha-hinata-janya hridroga - Hritshoola, Hritpeshiraktalata, and Hritpeshirodhah (Coronary Artery Diseases- Angina Pectoris, Ischemic heart disease and Myocardial Infarction). | CC | DK | K | TBL,DI S,PBL | PUZ,QZ ,VV-Viva | F&S | II | - | NLHT6.5 |
| CO1, | Discuss the etiopathogenesis, diagnosis along with principles of | CC | DK | K | DIS,TB | T-OBT,VV- | F&S | II | - | NLHT6.6 |



| | | | | | | | | | | |
|-------------|---|----|----|----|---------|------------------------|-----|----|---|----|
| CO2, CO6 | management in Raktaja Hridghaatah (Congestive Cardiac failure) and Hritpaatah (Cardiac arrest and conductive disorders of the cardia). | | | | L,PBL | Viva,T-CS | | | | |
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsa sutra incorporating the applicable Shadvidhopakrama in Aamavata (Rheumatoid Arthritis) (SP11). | CC | MK | K | L&PPT | VV-Viva,S-LAQ | F&S | II | - | LH |
| CO1, CO3 | Design a treatment algorithm according to the stages of Shadkriyakala and construct a chikitsa yojana including Pathyapathya for Aamavata. | CS | MK | KH | L&PPT | T-OBT,T-CS | F&S | II | - | LH |
| CO1, CO3 | State the Phalashruti, Sevana kala, Matra, and Anupana of the Aushadha yoga in Aamavata. <ul style="list-style-type: none">• Panchakola kvatha• Amavatari rasa• Ajamodadi churna• Maharasnadi kvatha• Yogaraja guggulu• Simhanada guggulu• Eranda taila• Brihat saindhavadi taila | CK | MK | K | L&PPT | QZ ,T-OBT ,VV-Viva,PUZ | F&S | II | - | LH |
| CO1, CO3 | Describe the Samprapti vighatana of Madatyaya and explain the Chikitsa-sutra along with Chikitsa, Pathya-apathya of Madatyaya. | CC | DK | K | L,L&PPT | VV-Viva | F | II | - | LH |
| CO1, CO3 | State the Phalashruti, Aushadha sevana kala, Matra and Anupana of the following aushadha yoga in Madatyaya (SQ20) <ul style="list-style-type: none">• Shrikhandasava• Kharjuradi mantha | CK | DK | K | L,L&PPT | VV-Viva | F | II | - | LH |



| | | | | | | | | | | |
|-------------------------|--|---------|----|----|-------------------------|------------------------------------|-----|----|---|---------|
| | <ul style="list-style-type: none"> • Madiphala rasayana • Drakshadi kashaya • Ashtanga lavana | | | | | | | | | |
| CO2, CO5, CO6 | Demonstrate the steps of Cardio Pulmonary Resuscitation (CPR) on a mannequin (Simulator) in a simulating laboratory. | PSY-MEC | MK | SH | W,D-M, SIM,PT | P-EXAM,Log book,SA,O SPE,CHK | F | II | - | NLHP6.1 |
| CO1, CO2, CO3, CO6, CO7 | Sketch a rational treatment prescription for the diagnosed case of Rasa pradoshaja vikara | PSY-GUD | MK | SH | D-BED, LRI,CD ,PER,PS M | DOAP,P-V IVA,CBA, CHK,CWS | F&S | II | - | NLHP6.2 |
| CO1, CO2, CO3, CO6, CO7 | Design a Chikitsa yojana for the clinical case of Rasa pradoshaja vikara. | PSY-GUD | MK | SH | CD,PER ,PSM,L RI,CBL | CBA,P-CA SE,CWS ,R K,PP- Practical | F&S | II | - | NLHP6.3 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|----------|--|--|
| NLHT 6.1 | An insight into Anuvanshika rakta vikara (Haematopoietic diseases) and their chikitsa. | <p>Presentation of e-posters/ posters/charts</p> <p>The students gain an insight into the etiopathogenesis, morphological changes in the RBC, clinical diagnosis of Haematopoietic diseases along with their chikitsa through the activity of e-poster/poster/charts presentation.</p> <ul style="list-style-type: none"> • The mentor allots the topics to a few students in class. |



| | | |
|----------|----------------------------|---|
| | | <ul style="list-style-type: none">• The students are instructed to collect adequate information and materials related to the topic by utilizing library facility and e-resources.• Student prepare e-posters/posters/ charts related to their topics.• On the day of presentation, the students are given a brief introduction on the topic by the mentor as a set induction.• It is followed by students presenting their e-posters/posters/charts during the allotted class.• All students involve in a discussion on the topics presented.• The students clarify their doubts with the presenter and the mentor.• The mentor gives the concluding remarks |
| NLHT 6.2 | Leukemia and its treatment | <p>Oral presentation using Audio-visual aids</p> <p>An audio-visual presentation on different varieties of Leukemia along with its treatment to have a gross understanding about the disease.</p> <ul style="list-style-type: none">• The mentor allots the topics to a randomly picked group of students on a prior date.• The students refer the related material utilizing institutional library facilities and e-resources and prepare their oral presentations using audio visual aids.• The students in the class are given a brief introduction on the topic by the mentor as a set induction on the day of presentation.• The students proceed with their oral presentations followed by a classroom discussion.• Students clarify their doubts with the presenter/ mentor.• The mentor gives the concluding remarks. |
| NLHT 6.3 | Haemoglobinopathies | <p>Flipped classroom</p> <ul style="list-style-type: none">• Students learn the varieties of etiopathogenesis, diagnosis, and treatment for Haemoglobinopathies.• The students learn and come prepared for the given topic.• The mentor gives an introduction about Haemoglobinopathies as a set induction.• Students discuss their views on the given topic and put forth their queries to the mentor. |



| | | |
|-----------------------------------|--|--|
| | | <ul style="list-style-type: none">• The Mentor answers the queries and motivates a healthy interactive session.• The mentor concludes with an appreciation to the students for their interactive participation. |
| NLHT 6.4 | Common Cardiovascular Diseases | <p>Making of charts/ Model making Student learn to classify different Cardio vascular diseases and discuss about their treatment principles in brief, using charts and models.</p> <ul style="list-style-type: none">• Mentor introduces the topic and gives sufficient time for students to prepare the materials.• Students present charts/ models either individually or in groups.• Students are encouraged to discuss on the topic.• The Mentor concludes the topic. |
| NLHT 6.5 | Diagnosis and treatment of Raktapravaha-hinata-janya hridroga with special reference to Coronary Artery Diseases | <p>Problem based learning/ Case scenario Students are encouraged to recognise the abnormality in ECG and interpret the changes related to Coronary artery diseases and plan the suitable treatment.</p> <ul style="list-style-type: none">• The students are given a brief introduction to the topic by their mentor.• The mentor presents various case scenarios along with abnormal patterns of ECG.• The mentor discusses the probable diagnosis and possible treatment plans.• The students discuss in small groups and present their findings mentioning the treatment.• Finally Mentor concludes the topic. |
| NLHT 6.6 | Diagnosis and management of Raktaja Hridghaatah and Hritpaatah (Congestive Cardiac failure, Cardiac arrest and Conductive disorders of the Cardia) | <p>Problem-based learning/ Case scenario Students are encouraged to recognize the abnormality in ECG and interpret the changes related to Congestive Cardiac failure, Cardiac arrest, and Conductive disorders of the Cardia. Suitable planning of treatment is also studied. Refer to the steps mentioned in NLHT 6.5</p> |
| Non Lecture Hour Practical | | |



| S.No | Name of Practical | Description of Practical Activity |
|----------|---|---|
| NLHP 6.1 | Cardio Pulmonary Resuscitation (CPR) Description | <p>Workshop - Hands on training program on CPR (Utilisation of 8 NLHP)) Preferable occasion shall be WORLD HEART DAY (If not possible, any convenient time in the given term must be utilised).</p> <ul style="list-style-type: none">• Students are made into small groups and sent to the simulation laboratory.• A pre-test analysis of students' knowledge on CPR is done by sharing a questionnaire to each student.• Demonstrator demonstrates the procedure of CPR on the mannequin.• Each student shall perform the CPR technique on the mannequin.• Student's skill evaluation is done by the mentor through any suitable assessment method like following OSPE stations.• A post-test analysis of students' knowledge on CPR is done by sharing a questionnaire to each student and compared with pre-test scores.• Remedial measures are suggested if needed. |
| NLHP 6.2 | Short cases presentation in Rasa pradoshaja vikara | <ul style="list-style-type: none">• Case taking, documentation and presentation of short clinical cases from any of the Rasa Pradoshaja Vikara, selected from the OPD of Kayachikitsa of the attached treatment hospital.• 2 short cases = 2 NLHP per batch• Type of cases to be selected:• Pandu Roga (Any variety), Hridroga, Hritshoola, Madatyaya, Uchcha raktachapa, Bhrama.• Requirement: Students must document and demonstrate a minimum of 2 short cases per clinical batch in their clinical diary/ clinical observation book. Later short cases may be chosen from the list to document in the case record.• Refer the short case framework as in NLHP 5.1 |
| NLHP 6.3 | Long cases presentation in Rasapradoshaja vikara | <ul style="list-style-type: none">• Case taking, documentation and presentation of Long clinical cases from any of the Rasa Pradoshaja Vikara, selected from the IPD of Kayachikitsa of the attached treatment hospital. (3 Long cases = 6 NLHP per batch)• Type of cases: Any variety of Pandu Roga, Aamavata, Hridroga, Hritshoola, Madatyaya |



- Requirement: Students must document and demonstrate a minimum of **3 Long cases** per clinical batch in their clinical diary/ clinical observation book. Later long cases may be chosen from the list to document into the case record.
- Refer the Long case framework as mentioned in NLHP 3.1

Topic 7 Chikitsa of Rakta pradoshaja vikara (LH :22 NLHT: 11 NLHP: 18)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|----------|--|-----|----|----|---------------|------------------------|-----|----|----|----|
| CO1, CO3 | Explain the Chikitsa sutra of Rakta Pradoshaja vikara. Differentiate the Samprapti vighatana, Chikitsa sutra and chikitsa of Koshtashrita Kaamala with Shakhashrita Kaamala. (SM41, SM42, SM43) | CC | MK | K | L&PPT, REC | T-OBT, VV-Viva | F&S | II | - | LH |
| CO1, CO3 | Design a treatment algorithm for Koshtashrita Kaamala and Shakhashrita Kaamala as per the stages of Shadkriyakala. Describe the Chikitsa of Kumbha Kaamala, Halimaka (laaghavaka, alasa) | CS | MK | KH | L&PPT, L, DIS | T-OBT, VV-Viva, P-VIVA | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana including the Pathyaapathya in Koshtashrita Kaamala & Shakhashrita Kaamala and state the Phalashruti, Aushadha sevana kala, Matra, Anupana of the Aushadha yoga in Kaamala roga. <ul style="list-style-type: none">• Vasaguduchyadi kashaya• Patoladi kvatha• Yakrutplihari lauha• Arogayavardhini vati• Drakshavalehya• Mahatiktaka ghrita• Triphala kashaya | CAP | MK | KH | L&PPT | VV-Viva, T-OBT, WP | F&S | II | - | LH |



| | | | | | | | | | | |
|---------------------|---|-----|----|----|------------------|--------------------------|-----|----|---|---------|
| CO1, CO2, CO6 | Discuss the etiopathogenesis, diagnosis, principles of management of Yakrut shotha (Infective and Non-Infective Hepatitis) | CC | DK | K | PBL,L&GD,CB L | WP,VV-Viva,P-VIVA,QZ | F&S | II | - | NLHT7.1 |
| CO1, CO2, CO6 | Discuss the etiopathogenesis, diagnosis, and principles of management of Yakrutdalyodara/ Yakrutadhitantrujah (Liver cirrhosis) . | CC | DK | K | L&PPT | QZ ,VV-Viva | F&S | II | - | LH |
| CO1, CO2, CO6 | Discuss the etio-pathogenesis, diagnosis and principles of management of Madyaatirek-janya yakrut-vikara (Alcoholic Fatty Liver Disease), Madyetar karana-janya yakrut-vikara (Non-Alcoholic Fatty Liver Disease -NAFLD) and Madyetar vasamaya-janya yakrut-shotha (Non-Alcoholic Steato-hepatitis -NASH). | CC | DK | K | CD,PER ,PBL | QZ ,PUZ,WP | F&S | II | - | NLHT7.2 |
| CO2, CO6 | Describe the etiopathogenesis, diagnosis and principles of management of Yakrut koshaikiya arbuda (Hepato cellular Carcinoma) | CC | DK | K | L&PPT | P-VIVA,V V-Viva | F&S | II | - | LH |
| CO1, CO3 | Elaborate the Samprapti vighatana, Chikitsa sutra, Chikitsa and Pathyaapathya of Raktapitta and design a treatment algorithm for Raktapitta (SL81) according to the stages of Shadkriyakala . | CC | MK | KH | L&PPT | VV-Viva,QZ | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana including the Pathyaapathya in Vividha margagata Raktapitta | CAP | MK | KH | L&PPT | VV-Viva,P-VIVA | F&S | II | - | LH |
| CO1, CO3 | State the Phalashruti, Aushadha sevana kala, Matra, Anupana of the Aushadha yoga in Raktapitta. <ul style="list-style-type: none"> • Vasa putapaka swarasa • Bolabaddha rasa • Lodhrasava • Vasaguduchyadi kashaya • Chandrakala rasa • Vasa ghrta | CK | MK | K | L&PPT | VV-Viva,T-OBT,QZ ,P-VIVA | F&S | II | - | LH |



| | | | | | | | | | | |
|-------------|---|-----|----|----|---------------|---|-----|----|---|---------|
| CO2, CO6 | Discuss the etiopathogenesis, diagnosis, and principles of management of Raktaskandana sambandhi vikara (Coagulation disorders) and Vanshanugata adhiraktasrava pravrutti (Hereditary - Haemophilia) | CC | NK | K | PER,DI S | QZ ,VV-Vi va,CL-PR | F | II | - | NLHT7.3 |
| CO2, CO6 | Discuss the etiopathogenesis, diagnosis and treatment of Uparjit ghanasra kosha nyunata (Acquired- Immune thrombocytopenia -ITP), Vyapak antah siradhamani raktaskandata (Disseminated Intravascular Coagulation -DIC) | CC | NK | K | PER,DI S | VV- Viva,QZ ,CL-PR | F | II | - | NLHT7.4 |
| CO1, CO3 | Explain the Samprapti vighatana, Avastha anusara (Uttana Gambheera) Chikitsa sutra of Vatarakta (SP14) | CC | MK | K | L&PPT ,REC | S-LAQ,P-V IVA,VV- Viva | F&S | II | - | LH |
| CO1, CO3 | Design a treatment algorithm stating Samanya and Doshanusara chikitsa in Vatarakta according to Shadkriyakala. | CS | MK | KH | REC,L &PPT | P-VIVA,T- OBT,S-LA Q,VV- Viva,QZ | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana along with Pathyaapathya for Vatarakta | CAP | MK | KH | REC,L &PPT | QZ ,T-OBT ,P-VIVA,V V-Viva | F&S | II | - | LH |
| CO1, CO3 | State the Phalashruti, Aushadha sevana kala, Matra, Anupana for the Aushadha yoga in Vatarakta <ul style="list-style-type: none">• Kaishora guggulu• Amruta guggulu• Gruhadhumadi pralepa• Madhuyashtyadi taila• Pinda taila• Kokilakshadi kvatha | CK | MK | K | REC,L &PPT | VV- Viva,QZ | F&S | II | - | LH |



| | | | | | | | | | | |
|---------------------|---|-----|----|----|--------------------------------|-----------------------------|-----|----|---|---------|
| CO1, CO2, CO6 | Discuss the various clinical presentations of Gout and discuss the etiopathogenesis, diagnosis and principles of management of Gouty arthritis in parlance with Vatarakta. | CC | DK | KH | L&GD, DIS,PE R,SDL | M-POS,VV- Viva | F&S | II | - | NLHT7.5 |
| CO1, CO2, CO6 | Describe the etiopathogenesis, diagnosis, principles of management of Parisariya sira dhamaniya vikara (Peripheral vascular disorders). | CC | NK | K | L&PPT | VV-Viva | F | II | - | LH |
| CO1, CO2, CO3 | Illustrate the various Parisariya sira dhamaniya vikara (Peripheral vascular disorders). | CAP | NK | KH | BS,TP W,PER, TBL,DI S | M-CHT,V V-Viva,M- MOD | F | II | - | NLHT7.6 |
| CO1, CO2, CO3 | Explain the Samprapti vighatana, Samanya chikitsa and Vegakaleena chikitsa of Mada, Murchha and Sanyasa (SQ22, SP98). | CC | DK | K | L&PPT | VV-Viva | F | II | - | LH |
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsa sutra, Chikitsa of Visarpa.Design a treatment algorithm for it according to the stages of Shadkriyakala.Appraise the applicable Shadvidhopakrama in the Chikitsa of Visarpa (SN4T) | CC | MK | K | L&PPT ,REC | T-OBT,VV -Viva,S- LAQ | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana along with Aushadha yoga and Pathyapathya in Visarpa.State the Phalashruti, Sevana kala, Matra, Anupana of the following Aushadha yoga in Visarpa <ul style="list-style-type: none">• Mahatiktaka kashaya• Pravala pishti• Tiktaka ghruta• Amrutadi kvatha/kashaya• Shirisha lepa• Manjishthadi kashaya | CAP | MK | KH | L&PPT | T-OBT,VV- Viva,T-CS | F&S | II | - | LH |



| | | | | | | | | | | |
|---------------------|---|-----|----|----|-------------------------|---|-----|----|---|---------|
| CO1, CO2, CO6 | Discuss the various clinical presentations of Visarpa (Shingles, Erysipelas) along with their management. | CC | NK | K | PER,SD L,TBL, DIS | M-CHT,V V-Viva,M- POS | F | II | - | NLHT7.7 |
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsa sutra, Samanya chikitsa and design a treatment algorithm for Kushtha and Kilasa according to the stages of Shadkriyakala (SN40, SN43, SN46, SN48, SN49, SN4A, SN4B SN4D, SN4P, SN4U) | CC | MK | K | REC,L &PPT | S-LAQ,VV- Viva | F&S | II | - | LH |
| CO1, CO3 | Appraise the concept of repeated Shodhana and Bahirparimarjana Chikitsa in Kushtha. Outline the applicable Doshopakrama in Doshanusara chikitsa of Kushtha roga | CE | MK | KH | L&PPT | P-VIVA,C R-W,T-OB T,VV-Viva | F&S | II | - | LH |
| CO1, CO3 | Construct a Chikitsa yojana with Pathyaapathya, Naimittika rasayana in Kushtha and Kilasa and state the Phalashruti, Aushadha sevana kala, Matra, Anupana of the Aushadha yoga in Kushtha <ul style="list-style-type: none">• Patolamooladi kashaya• Khadirarishta• Madhusnuhi rasayana• Gandhaka rasayana• Panchatikta ghrita guggulu• Avalgujadi lepa• Marichadi Taila• Rasamanikya• Arogyavardhini vati• Tugaraka rasayana | CAP | MK | KH | L&PPT | QZ ,VV-Vi va,T-OBT, P-VIVA,T- CS | F&S | II | - | LH |
| CO1, | Compare the different types of Kshudra and Mahakushtha and | CAN | DK | KH | PER,TB | WP,P-POS, | F&S | II | - | NLHT7.8 |



| | | | | | | | | | | |
|---------------------|--|-----|----|----|---------------------------------|------------------------------|-----|----|---|----------|
| CO3 | discuss their treatment modalities. | | | | L,SDL, PL,DIS | M-CHT,M- POS | | | | |
| CO1, CO3 | Compare the similarities and differences in the treatment of Sheetapitta, Udarda, Kota, Utkota, (SN4K, SN4L) construct a Chikitsa yojana (treatment plan) including the Pathyaapathya for these diseases and state the Phalashruti, Aushadha sevana kala, Matra, Anupana of the following Aushadha yoga- <ul style="list-style-type: none"> • Haridra khanda • Ardraka khanda • Eladi tailam • Eladi gana churna | CAN | MK | KH | L&PPT ,L | VV-Viva,T- CS | F&S | II | - | LH |
| CO1, CO2, CO6 | Explain the etiopathogenesis, diagnosis, principles of management of Tvak vikara (Common dermatological conditions in clinical practice). | CC | DK | K | L&PPT | QZ ,PUZ,V V-Viva | F | II | - | LH |
| CO1, CO2, CO6 | Review case reports from indexed journals on Tvak vikara. | CK | DK | K | DIS,IBL ,PER,S DL,PL | CR-RED | F | II | - | NLHT7.9 |
| CO1, CO2, CO6 | Discuss the diagnosis and treatment of the Tvak vikara - Tvak anurjatiya vikara (Allergic disorders of the skin, Atopic dermatitis- Eczyma, Urticaria), Shalkayukta tvak vikara (Squamous lesions) - Psoriasis, Shewalikabha tvak vikara (Lichen planus), Visphota (Bullous lesion), Udasphotanvika tvak vikara (Pemphigus and Pemphigoid lesions), Kavkad tvak vikara (mycotic skin diseases). | CC | DK | K | PER,TP W,PL,T BL,L& GD | PUZ,VV- Viva,QZ ,M-POS | F | II | - | NLHT7.10 |
| CO1, CO2, CO6 | Discuss the treatment of Galit Kushtha (leprosy), Shvitra (Vitiligo/ Leukoderma) | CC | MK | KH | TBL,PL ,D,DIS, PER | QZ ,VV- Viva | F&S | II | - | NLHT7.11 |



| | | | | | | | | | | |
|-------------------------------------|--|-------------|----|----|----------------------------------|---|-----|----|---|---------|
| CO1, CO3 | Explain the Samprapti vighatana and Chikitsa of Daha according to its types. Construct a Chikitsa yojana incorporating the applicable Doshopakrama and Pathyaapathya in Daha and state the Phalashruti, Aushadha sevana kala, Matra, Anupana of the Aushadha yoga in Daha <ul style="list-style-type: none"> • Mukta- shukti pishti • Guduchyadi Kashaya • Kamadudha rasa • Chinchadi lehya | CC | DK | K | L,L&PP T | VV-Viva | F&S | II | - | LH |
| CO1, CO2, CO3, CO6, CO7 | Sketch a rational treatment prescription for the diagnosed case of Rakta Pradoshaja vikara. | PSY- GUD | MK | SH | PSM,L RI,CD, D-BED, CBL | P-EXAM,R K,P-REC,O SCE,P- VIVA | F&S | II | - | NLHP7.1 |
| CO1, CO2, CO3, CO6, CO7 | Design a Chikitsa yojana on demonstration of a clinical case of Rakta Pradoshaja Vikara | PSY- GUD | MK | SH | CBL,C D,PER, D-BED, LRI | OSCE,PM, DOPS,DOP S,VV-Viva | F&S | II | - | NLHP7.2 |
| CO7 | Associate with the purpose of commemorating the day of medical importance. | AFT- VAL | NK | K | FV | Log book | F&S | II | - | NLHP7.3 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|----------|---|---|
| NLHT 7.1 | A diagnostic and treatment approach to Yakrut shotha w.s.r to Infective and Non-Infective | An approach to a patient presenting with peeta varnata, with an insight into Yakrut shotha (Hepatitis) and its management through case scenarios, Liver Function Test, and imaging techniques |



| | | |
|----------|---|---|
| | Hepatitis. | interpretations. <ul style="list-style-type: none">• Activity to be done: Case Scenario/Problem based learning• The mentor introduces the approach to diagnosis using clinical features.• The students are divided into small groups.• The mentor gives a case scenario with LFT and/or USG reports to each group of students.• The students discuss the problem within their small groups and get ready for a presentation based on their interpretation.• The mentor guides each group through the approach of diagnosis and planning of the treatment after their presentation.• The mentor gives concluding remarks. |
| NLHT 7.2 | An Insight into Yakrut vikara (common liver disorders) and their management | Case Scenario/ Problem based learning An approach to a patient with a diagnosis of Yakrut vikara and its management; learning the art of diagnosis and treatment through case scenarios and investigations interpretations. Refer the framework as mentioned in NLHT 7.1 |
| NLHT 7.3 | Disorders of Coagulation | Oral presentation using Audio visual aids. The students are selected to make an audio visual presentation on the etiopathogenesis, diagnosis, and principles of management of Raktaskanda sambandhi vikara (Coagulation disorders) and Vanshanugata adhiraktasrava pravrutti (Hereditary - Haemophilia). Refer to the description of the activity as in NLHT 6.2 |
| NLHT 7.4 | Acquired disorders of coagulation | Oral presentation using Audio visual aids. The selected students shall make an audio visual presentation on the etiopathogenesis, diagnosis and principles of management of Acquired- Immune thrombocytopenia and Disseminated Intravascular Coagulation which will be followed by a discussion. Refer the framework as in NLHT 6. 2 |



| | | |
|----------|---|---|
| NLHT 7.5 | Maladies and remedies of Gout with special reference to Vatarakta | Presentation of e-posters/ posters The students gain an insight into the various manifestations and clinical presentations of Gout including Gouty arthritis. A correlative study is made with special reference to Vatarakta (SP14) through the activity of e-poster/ poster presentations. Refer the framework as in NLHT 6.1 |
| NLHT 7.6 | Management of peripheral vascular disorders | Brain storming and Making of Charts/ Models on Peripheral vascular disorders An attempt will be made by the students to understand various Peripheral vascular disorders and their management. Students shall present their ideas through making of Charts/ models. <ul style="list-style-type: none">• The mentor divides the students into small groups and instructs them to refer tutorials, library resources, reading materials on the given topic.• The students ponder on their ideas related to the topic.• The student groups are instructed to present their knowledge and ideas on the clinical aspects including treatment modalities of Peripheral vascular diseases by preparing charts/ models.• The mentor encourages the activity and gives concluding remarks. |
| NLHT 7.7 | Contemporary understanding of Visarpa along with its management | Presentation of e-posters/posters/charts The students gain an insight into the clinical presentation of Shingles, Erysipelas through the activity of e-poster/ poster presentations/ Charts. Refer the framework as in NLHT 6.1 |
| NLHT 7.8 | Kushtha bheda and doshahara chikitsa | E-Poster presentation Comparison of the different types of Kshudra and Mahakushtha with their treatment descriptions using the principles of Doshopakrama. Refer, as mentioned in NLHT6.1 |
| NLHT 7.9 | Article review on Tvak vikara | Journal reading and presentation |



| | | |
|-----------|--|--|
| | | <p>The students are expected to select and present case reports/ research articles/ review articles on Tvak vikara from peer reviewed indexed journals.</p> <ul style="list-style-type: none">• Students are divided into small groups.• Each group is directed to utilise library resources and search for peer reviewed indexed journals to find a case report/ research article/ review article published on Tvak vikara.• Each team presents one article during the class hour.• The mentor teaches the students how to review a scientific/research article.• The mentor summarises the presentations and concludes with remarks. |
| NLHT 7.10 | Diagnosis and treatment of Tvak vikara (Common Dermatological conditions in clinical practice) | <p>Photography presentation</p> <p>Comparison of the different types of Tvak vikara with their treatment descriptions - Tvak anurjatiya vikara (Allergic disorders of the skin, Atopic dermatitis-Eczema, Urticaria), Shalkayukta tvak vikara (Squamous lesions) - Psoriasis, Shewalikabha tvak vikara (Lichen planus), Visphota (Bullous lesion), Udasphotanvika tvak vikara (Pemphigus and Pemphigoid lesions), Kavkad tvak vikara (mycotic skin diseases)</p> <ul style="list-style-type: none">• The students are divided into small groups and instructed to click photographs of available types of Tvak vikara in the attached hospital; after taking informed consent of patients and following clinical ethics guidelines.• The students present their prepared material during an allotted class hour.• The mentor supervises the photograph presentations made by the students.• The mentor evaluates the presentations made by the various teams of students.• The mentor concludes the activity with remarks on the topic and activity |
| NLHT 7.11 | Diagnosis and treatment of Leprosy and Vitiligo/Leukoderma | <p>Oral presentation using Audio visual aids</p> <p>Few students are selected to make an oral presentation using audio visual aids on the diagnosis and treatment of Leprosy and Vitiligo/ Leukoderma.</p> <p>Refer framework as in NLHT 6.2</p> |



| Non Lecture Hour Practical | | |
|-----------------------------------|---|---|
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 7.1 | Short cases presentation in Rakta Pradoshaja Vikara | Short Case taking Case taking, documentation, and presentation of short clinical cases from any of the Rakta pradoshaja vikara, selected from the OPD of Kayachikitsa of the attached treatment hospital. (2 short cases = 2 NLHP per batch) Type of cases- Koshthashrita Kamala/ Nasagata raktapitta/ Uttana Vatarakta/ Gambhira vatarakta/ Siraja granthi/ Sheetapitta/ Udarda/ Kota/ Kushtha (any variety)/ Kilasa/ Visarpa (any variety) Requirement: Students must document and demonstrate a minimum of two Short cases per clinical batch in their clinical diary/ clinical observation book. Short cases may be chosen from this list to document into the case record. Refer short case framework as mentioned in NLHP 5.1 |
| NLHP 7.2 | Long cases presentation in Rakta Pradoshaja Vikara | Long clinical case taking: Case taking, documentation and presentation of Long clinical cases from any of the Rakta pradoshaja vikara, selected from the IPD of Kayachikitsa of the attached treatment hospital. (5 Long cases = 10 NLHP per batch)) Type of cases to be selected - Koshthashrita Kamala/ Shakhashrita Kamala/ Haleemaka/ Kumbha Kamala/ Raktapitta (any marga)/ Uttana Vatarakta/ Gambhira Vatarakta/ Sheetapitta/ Kushtha (any variety)/ Visarpa (any variety). Requirement: Students must document and demonstrate a minimum of 5 Long cases per clinical batch in their clinical diary/ clinical observation book. Cases may be chosen from the list to document in the case record. Refer the long case framework as mentioned in NLHP 3.1 |
| NLHP 7.3 | Commemoration of day of medical importance | Public awareness program: Commemoration of World Liver Day OR World Hepatitis Day by a public awareness activity. (If not, any convenient time in the given term can be utilised). |



Utilization of 6 NLHP hours

Organize an **outreach activity** for public awareness - Awareness and sensitization resource talk along with a medical camp for the local population involving the students in the activity.

Topic 8 Chikitsa of Kshudra roga (LH :2 NLHT: 1 NLHP: 2)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|-----------------------------|---|----|----|----|----------------|--------------------------------|-----|-----|---------------|---------|
| CO1, CO2, CO3, CO6 | Identifying the following Kshudra roga and explain their treatment :Yavaprakhya (SN5Y), Andhalaji (SN5Y), Vivritta (SN5Y), Kacchapika(SN9Y), Indravridhha, Gardabhi, Jalagardabha (SM0Y), Irivellika (SN5Y), Gandhanama (SN5Y), Kaksha (SN4T), Visphotaka (SN4P), Agnirohini, Vidarika (SP9Y), Sharkararbuda (SP71), Pama (SN46), Vicharchika (SN43), Rakasa (SN40), Padadari, Alasa (SN48), Masurika, Tilkalaka (SN4E), Masaka (SN4H), Nyaccha (SN5Y), Vyanga (SN4G), Nilika (SN41) | CC | DK | KH | L&PPT ,L_VC | QZ ,VV- Viva | F&S | III | - | LH |
| CO1, CO2, CO3, CO6 | Identifying the following Kshudra roga and explain their treatment :Ajagallika (SN5Y), Valmika (SN5Y), Panasika, Pashanagardabha (SM1D), Chippa, Kunakha (SN6Y), Anushayi (SP9Y), Kadara (SN9Y), Indralupta (SN90), Darunaka (SN91), Arumshika (SN70), Palitya, Yuvanpidika (SN4V), Padminikantaka (SN5Y), Jatumani (SN4F), Charmakeela, Parivaritika (SN0A), Avapatika, Niruddhaprakasha (SN0A), Sannirudhaguda (SM5Y), Ahiputana (SN5Y), Vrishanakacchu (SN40) & Gudabhramsha (SM55). | CK | NK | K | L&PPT ,L_VC | VV- Viva,QZ | F | III | H-SH,H- KB | LH |
| CO1, CO2, CO3, CO6 | Recognize the Kshudra roga and describe its Chikitsa | CK | DK | K | SDL | M-POS,QZ ,VV-Viva, M-CHT | F | III | - | NLHT8.1 |



| | | | | | | | | | | |
|-------------------------------------|---|-------------|----|----|-----|--------------------|---|-----|---|---------|
| CO1, CO2, CO3, CO6, CO7 | Demonstrate a short case on Kshudra roga and write an OPD prescription of the diagnosed case. | PSY- SET | DK | SH | CBL | VV-Viva,P- CASE | F | III | - | NLHP8.1 |
|-------------------------------------|---|-------------|----|----|-----|--------------------|---|-----|---|---------|

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|----------|---|--|
| NLHT 8.1 | Photography competition to familiarize the students with diagnosis and treatment of Kshudra roga. | <p>Self-Directed Learning</p> <ul style="list-style-type: none"> • The mentor announces the photography competition on Kshudra roga. • Students are asked to take the photograph of cases of Kshudra roga patients after seeking written consent of patient and following guidelines of clinical ethics. • Students compile the photograph and prepare chart/poster specifying the diagnosis and treatment of the photographed case. • Students display their chart/poster on the day of competition. • Mentor declares the winner. |

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|----------|--------------------------------------|--|
| NLHP 8.1 | Clinical case study on Kshudra roga. | <p>Case Based Learning(2 NLHP)</p> <p>Refer the case taking framework as described in NLHP 4.1</p> |

Topic 9 Chikitsa of Mamsapradoshaja and Medopradoshaja vikara (LH :8 NLHT: 2 NLHP: 8)



| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|-------------|--|----|----|----|----------------------|-------------------|-----|-----|----|----|
| CO1, CO3 | Describe the Samanya chikitsa of Mamsapradoshaja vikara (SR52) and Medopradoshaja vikara (SR53) and explain the Vishesh chikitsa of Gandamala (SL08) and Galaganda (SL0Y) with its types | CK | MK | K | L,L&PPT | QZ ,PRN,C L-PR | F&S | III | - | LH |
| CO1, CO3 | Summarize the etiopathogenesis, diagnosis and principles of management of Galaganda (Goitre) (SL0Y) and state the Phalashruti, Matra, Anupana, and Sevana kala of the following Yoga <ul style="list-style-type: none"> • Kanchanara guggulu • Tiktaka ghrita • Mahatikta ghrita • Amritadi taila • Hamsapathyadi kashaya | CC | DK | K | L&PPT ,L | PRN,QZ | F | III | - | LH |
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsa sutra, Chikitsa of Arbuda(SP72).and Apachi | CC | DK | K | L&PPT ,L | QZ ,PRN | F&S | III | - | LH |
| CO1, CO3 | Review the etiopathogenesis, diagnosis, principles of management and ayurvedic perspective of neoplasm and discuss the undesirable(untoward) effects of radiotherapy & chemotherapy in cancer management with the role of ayurvedic management as supportive/adjuvant therapy based on principles of Anukta roga chikitsa | CC | NK | K | L_VC,L &PPT ,L | PRN,QZ | F | III | - | LH |
| CO1, CO3 | Develop the Samprapti vighatana, Chikitsa sutra, Chikitsa, and Pathyaapathya for Shosha (SP2Y) and Karshya (SP61) | CS | MK | KH | L_VC,L ,L&PPT | QZ ,PRN | F&S | III | - | LH |



| | | | | | | | | | | |
|---------------|--|---------|----|----|-------------------------|--|-----|-----|---|---------|
| CO1, CO3 | Describe Samprapti vighatana, Chikitsa sutra, Chikitsa yojana along with Pathyaapathya of Sthoulya | CC | MK | K | L,L&PPT ,L_VC | QZ ,PRN | F&S | III | - | LH |
| CO1, CO3 | Explain Samprapti vighatana, Chikitsa sutra and Chikitsa yojana along with Pathyaapathya of Prameha (SM8D) and design a treatment algorithm for Prameha according to its stages of Shadkriyakala | CC | MK | K | L&PPT ,L_VC, L | QZ ,PRN | F&S | III | - | LH |
| CO1, CO3 | Plan the treatment according to the status of Ojus in Madhumeha and discuss the etiopathogenesis, diagnosis,principles of management of Diabetes mellitus (SP60) | CS | MK | KH | L&PPT ,L_VC, L | PRN,QZ ,CL-PR | F&S | III | - | LH |
| CO1, CO3 | State the Phalashruti, Matra, Anupana, and Sevana kala of Aushadha yoga in Sthoulya (SP64) and Prameha | CK | DK | KH | DIS,RE C,L&G D,PER, TBL | CL-PR,O-Q Z,PRN,QZ | F&S | III | - | NLHT9.1 |
| CO1, CO2, CO3 | Discuss the etiopathogenesis, diagnosis and principles of management of Medapachaya (Dyslipidaemia) (SP62) and Sthoulya (obesity)(SP64) | CC | NK | KH | PER,DI S,BL,L &GD | PRN,QZ | F | III | - | NLHT9.2 |
| CO1, CO3, CO5 | Demonstrate the Chikitsa yojana & prepare case record in cases of given Mamsavaha and Medovaha srotas vikara after performing relevant clinical examination | PSY-MEC | MK | KH | LRI,D-BED,C BL,PBL ,PT | PP-Practical,OSCE,PR N,VV-Viva ,P-VIVA | F&S | III | - | NLHP9.1 |
| CO1, CO3, CO5 | Commemoration of International days | PSY-MEC | NK | KH | DIS,RL E,KL,B S,RP | PRN,INT | F | III | - | NLHP9.2 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|------|------------------|--------------------------------|
|------|------------------|--------------------------------|



| | | |
|----------|--|---|
| NLHT 9.1 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga for Sthoulya and Prameha | <p>Group Discussion and Team based learning The students are divided in groups of 3-5 students</p> <ul style="list-style-type: none">• Each Group is allotted Aushada yogas from the given yoga• Navaka guggulu• .Vidangadi lauha,• .Shiva gutika• Ayaskriti• Trimurti rasa• Nishakatakadhi kashayam• Chandraprabha vati,• Vasant Kusumakar rasa• Phalatrikadhi kasayam(Prameha adhikara)• .Asanadi kashayam• Students refer and compile the material from library sources and prepare a presentation• Each group will present the allotted topic in class• Students will be encouraged to interact with the presenter under the supervision of the mentor• Mentor gives concluding remarks on the topic |
| NLHT 9.2 | Detailed understanding of dyslipidemia and Obesity and its ayurvedic management | <p>Blended learning</p> <ul style="list-style-type: none">• Students are given online learning material like description of the internet links and scientific articles• Students are divided into various small groups, and they will be allotted topic related dyslipidemia and Obesity• Mentor gives an introduction to the topic as a set induction• Each group is asked to do a presentation related to the topic given• Group discussion will be followed• Mentor answers the queries raised by students• Mentor gives concluding remarks on the presentations |



| Non Lecture Hour Practical | | |
|-----------------------------------|--|---|
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 9.1 | Bedside case taking of of Galaganda / Gandamala /Sthoulya / Karshya/ Prameha | <p>Interpretation of the blood, and imaging reports of patients in IP related mamsa- medovaha srotas and its avasthika chikitsa. Students are asked to take cases in the IPD (5 Hours) (2 long casesX2 hours = 4 hours) each batch and one other activity</p> <p>Demonstration Bedside Refer case taking framework as described in NLHP3.1 use for details</p> <p>Group Discussion/Class Presentation(1 Hour)</p> <ul style="list-style-type: none">• The students are divided in groups of 3-5 students• Each group is allotted topics related to blood, urine examination and imaging reports in specific disease related to mamsa- medovaha Srotas• they will go through various sources and prepare a presentation.• Each group will present its presentation in class.• Other students will be free to ask the questions and presenting team will answer queries.• Group discussion will be proceeded• Mentor gives concluding remarks. |
| NLHP 9.2 | Public awareness activity related to World cancer day / Obesity Day/Diabetes Day | <p>World cancer day / Obesity Day/Diabetes Day (Any one)(3 hours)</p> <p>Kinesthetic learning-The students are asked to make posters on various aspect of the illness and do an exhibition of the same for the public OR</p> <p>Role play-The students are encouraged to perform a role play depicting the importance of prevention of these diseases and swift action on witnessing the early symptoms. OR</p> <p>Public outreach program-Conduct a survey among the public to assess the susceptibility of cancer/ Obesity /Diabetes and educate them about the same. OR</p> <p>Organize a rally to create awareness about Prevention OR</p> <p>conduct medical camps for these disease</p> <p>Prepare a report with a Geotagged photograph</p> |



Topic 10 Shuddha-Ashuddha chikitsa, Chikitsajanita vikara (LH :1 NLHT: 2 NLHP: 2)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|---------------|--|---------|----|----|-------------------------|----------------------------------|-----|-----|----|----------|
| CO1, CO2, CO3 | Paraphrase Shuddha - Ashuddha chikitsa & Explain Iatrogenic Disease | CC | MK | KH | L&PPT, PER | VV-Viva, COM, T-OBT, Log book | F&S | III | - | LH |
| CO1, CO2, CO3 | Develop a protocol for the general principles of Drug administration to prevent Iatrogenic Diseases Assess the benefits of Shuddha chikitsa & ill effects of Ashuddha chikitsa | CS | DK | KH | PBL, DIS, SIM, BS, IBL | P-CASE, PRN, P-EXAM, DEB, P-VIVA | F | III | - | NLHT10.1 |
| CO1, CO2, CO3 | Integrate the treatment protocol of Drug induced Iatrogenic Disease in the given case | AFT-SET | MK | SH | SDL, DM, SIM, LRI, CB L | WP, P-EN, P-VIVA, P-CASE, SP | F&S | III | - | NLHP10.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|--|
| NLHT 10.1 | Identifying the occurrence of Iatrogenic Disease & assessment of the benefits of Shuddha chikitsa & ill effects of Ashuddha chikitsa | <p>Students demonstrate in a blended learning the occurrence of Iatrogenic disease in the given simulation & Students are able to understand the knowledge of Shuddha & Ashuddha chikitsa through a debate.</p> <p>2 activities x 1 hour each = 2 hours</p> <ul style="list-style-type: none"> • The students are given a brief introduction by the Mentor about Shuddha & Ashuddha chikitsa • The mentor assigns a simulation based scenario to students to demonstrate the occurrence of Iatrogenic disease • Student collects information from different sources and discusses on the given topic. • The Mentor encourages the other students in the classroom for framing the guidelines for prevention & treatment of iatrogenic diseases |



- The mentor divides the students into two groups allotting benefits of Shuddha chikitsa & ill effects of Ashuddha chikitsa to respective groups
- Each group is instructed to search study material on the given topic, students discuss and debate their respective topics
- Post debate, the mentor evaluates the points presented during debate by the students.
- The Mentor discusses aspects of Shuddha-ashuddha chikitsa and gives concluding remarks.

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|---|--|
| NLHP 10.1 | Chikitsa yojana for Drug induced Iatrogenic Disease | <p>Student will be able to plan a Chikitsa yojana in the given case of Drug induced Iatrogenic Disease. Case based learning - 2 Short cases x 1 hour = 2hours per batch The Mentor takes students to the ward/OPD of Kayachikitsa & assigns a case of Ashuddha chikitsajanya Iatrogenic disease. Mentor shows the art of writing a rational treatment prescription and documenting it in the following steps:</p> <ul style="list-style-type: none">• The students shall introduce self to the patient and take verbal consent.• The students shall interrogate the patient and document the clinical history.• The students further brief the patient about the steps in examination that will be performed on him/her.• The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination of the involved system• The available investigation reports are interpreted by the students.• The students interpret the collected information and state the vyadhi nama (arrive at a tentative clinical diagnosis) following the method of vyavachedaka nidana (differential diagnosis)• The students determine the sadhyaasadyata (prognosis) of the disease in the patient.• The students formulate a rational treatment prescription for the diagnosed disease & plan the nidan parivarjan for the drug induced disease .• The students recommend pathyaapathya to the patient.• Finally, the students address the doubts of the patient & acknowledge his/her cooperation in |



| | | |
|--|--|---|
| | | <p>the case taking.</p> <ul style="list-style-type: none"> • The students present and discuss the documented short case. • The mentor facilitates the case presentation. • The mentor evaluates the student's performance, knowledge, psychomotor and communication skills using rubrics or checklist and gives the feedback. • Remedial measures should be implemented if found necessary. |
|--|--|---|

| Paper 2 (Vyadhi Vishesha Chikitsa - 2) | | | | | | | | | | |
|--|---|-------------------------|---------------------------|--------------------|-------------------------|-------------------------|------------------------------|-------------------|--------------------------|-------------------|
| A3 Course outcome | B3 Learning Objective (At the end of the session, the students should be able to) | C3 Domain/sub | D3 MK / DK / NK | E3 Level | F3 T-L method | G3 Assessment | H3 Assessment Type | I3 Term | K3 Integration | L3 Type |
| Topic 11 Chikitsa of Vatavyadhi (LH :16 NLHT: 6 NLHP: 26) | | | | | | | | | | |
| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
| CO1, CO3 | Detail the Chikitsa sutra, Chikitsa, and role of Sneha sweda in Nirupastambhita Vatavyadhi. | CC | MK | K | L&PPT | VV-Viva,T-CS | F&S | I | - | LH |
| CO1, CO3 | Describe the Chikitsa and the role of Shodhana in Upastambhita vata. | CC | MK | K | L&PPT | T-CS,S-LAQ,VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Summarize the Samprapti Vighatana, Chikitsa sutra & Chikitsa of Akshepaka vyadhi | CC | MK | K | L&PPT | VV-Viva,T-CS | F&S | I | - | LH |
| CO1, CO3 | <ul style="list-style-type: none"> • Describe the Samprapti vighatana, Chikitsasutra of snayugata vata • Construct Chikitsayojana including Rasayana and Pathyaapathya of Snayugatavata | CAP | MK | KH | L&PPT | VV-Viva,T-CS | F&S | I | - | LH |



| | | | | | | | | | | |
|-----------------------------|--|-----|----|----|-------|------------------------------|-----|---|---|----|
| CO1, CO3, CO4 | Explain the Samprapti vighatana, Chikitsa sutra, Chikitsa of Pakshaghata(SK22) | CC | MK | KH | L&PPT | VV-Viva,T- CS | F&S | I | - | LH |
| CO1, CO3, CO4 | Explore the Chikitsa Yojana including Rasayana & Pathyaapathya of Ekangavata, Sarvanga vata & Sarvanga roga | CAP | MK | KH | L&PPT | CBA,T-CS, S-LAQ,T- OBT | F&S | I | - | LH |
| CO1, CO3 | Describe the Samprapti vighatana , Chikitsa sutra and chikitsa of Jihwastambha | CC | MK | KH | L&PPT | T-OBT,VV- Viva,T-CS | F&S | I | - | LH |
| CO1, CO2, CO3, CO4 | Detail the Samprapti Vighatana, Chikitsa sutra and Chikitsa of Ardita (Bell's Palsy) and Construct chikitsa yojana including Rasayana & Pathyaapathya | CAP | MK | KH | L&PPT | T-CS,T-OB T,VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Express the Samprapti Vighatana, Chikitsa sutra & Chikitsa of Manyastambha | CC | MK | K | L&PPT | T-CS,VV- Viva,T- OBT | F&S | I | - | LH |
| CO1, CO3 | Describe Samprapti vighatana, Chikitsa sutra, Chikitsa, of Vishwachi(SK51) | CC | MK | K | L&PPT | T-OBT,T-C S,VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Explain Samprapti vighatana, Chikitsa sutra, and Chikitsa of Avabahuka(SK15) | CC | MK | K | L&PPT | VV-Viva,T- CS,T-OBT | F&S | I | - | LH |
| CO1, CO2, CO3, CO4 | Describe the Etiopathogenesis,Diagnosis , Samprapti Vighatana, Chikitsa sutra, Chikitsa of Gridhrasi (Sciatica)(SP20) and Construct the Chikitsayojana including Rasayana and Pathyaapathya. | CAP | MK | KH | L&PPT | T-CS,T-OB T,VV-Viva | F&S | I | - | LH |
| CO1, CO3, | Derive Samprapti vighatana, Chikitsa sutra ,Chikitsa of Khanja (SK2Y) ,Kalaya khanja Pangu(SK21) and Construct Chikitsa | CAP | MK | KH | L&PPT | T-CS,VV- Viva | F&S | I | - | LH |



| | | | | | | | | | | |
|---------------|---|-----|----|---|---------------------|---------------------------|-----|---|---|----------|
| CO4 | yojana including Rasayana & Pathyapathya. | | | | | | | | | |
| CO1, CO3, CO4 | Explain Samprapti vighatana, Chikitsa sutra, Chikitsa of Padadaha (SK51) and Padaharsha(SK54) and Construct Chikitsa yojana including Rasayana & Pathyapathya. | CAP | MK | K | L&PPT | T-CS,VV-Viva,T-OBT | F&S | I | - | LH |
| CO1, CO3 | Outline Samprapti vighatana, Chikitsa sutra ,Chikitsa of Kaphavruta vata, Medogata vata and Medoavruta vata | CK | DK | K | L&PPT | T-CS,T-OBT | F&S | I | - | LH |
| CO1, CO2, CO3 | Elaborate the Etiopathogenesis, Diagnosis and Ayurvedic Perspective including principles of Management of Parisareeya nadi shotha(Peripheral Neuropathy) | CC | DK | K | L&PPT ,L_VC | T-OBT,T-CS,VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Discuss Samprapti vighatana, Chikitsa sutra & Chikitsa of Urustambha(SP 46) | CC | MK | K | REC,SY ,BS,IBL ,DIS | T-CS,VV-Viva,T-OBT | F&S | I | - | NLHT11.1 |
| CO1, CO3, CO4 | Discuss the Samprapti Vighatana, Chikitsasutra and Chikitsa of Udavarta(SM35) & Construct the Chikitsayojana including Rasayana and Pathyaapathya | CAP | MK | K | TBL,IBL,LS,PS M,DIS | SA,VV-Viva,QZ ,T-CS,CL-PR | F&S | I | - | NLHT11.2 |
| CO1, CO2, CO3 | Summarize the Etiopathogenesis, Diagnosis, and Ayurvedic perspective and principles of Management of Guillain- Barre Lakshana samuchchaya (Guillain- Barre syndrome), Ajnavaha nadikosha vikara (Motor Neuron Disease), Anuprasthiya-sitamajjachadda -shotha (Transverse Myelitis), Peshi dourbalya (Myasthenia Gravis) | CC | DK | K | EDU,FC,DIS | T-CS,T-OBT,VV-Viva | F&S | I | - | NLHT11.3 |
| CO1, CO2, CO3 | Differentiate between the various types of Strokes and apply the treatment principles of Vatavyadhi and Pakshaghata in its management | CC | MK | K | CBL,SDL,EDU,FC,TBL | T-OBT,T-CS,VV-Viva | F&S | I | - | NLHT11.4 |
| CO1, CO2, CO3 | Discuss the Chikitsa sutra of Gata vata | CC | MK | K | PER,DIS | T-OBT,VV-Viva | F&S | I | - | NLHT11.5 |



| | | | | | | | | | | |
|---|---|-------------|----|----|----------------------------------|------------------------------------|-----|---|---|----------|
| CO1, CO3, CO4 | Sketch the importance of Antahparimarjana and Bahirparimarjana chikitsa in Vata vyadhi | CAP | MK | KH | TPW,P BL,DIS | VV-Viva,C -INT,PUZ, QZ | F&S | I | - | NLHT11.6 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate the Chikitsa yojana & prepare case record in cases of Vatavyadhi after performing relevant contemporary and Ayurveda clinical examination. | PSY- MEC | MK | SH | D-BED | CBA,C-IN T,VV-Viva, INT,OSCE | F&S | I | - | NLHP11.1 |
| CO1, CO3 | Select the Matra, Sevana kala and Anupana in various clinical condition of Vatavyadhi (Any 10-yoga mentioned in Vatavyadhi adhikara of classical texts) | AFT- RES | DK | KH | D-BED, CBL,SD L,IBL,D A | QZ ,O-QZ, VV-Viva | F&S | I | - | NLHP11.2 |
| CO1, CO2, CO3, CO6, CO7 | Assess the importance of commemorating International Day on Stroke | AFT- RES | NK | SH | RLE,ED U,RP | DEB,QZ | F | I | - | NLHP11.3 |
| CO1, CO2, CO3, CO5, CO6, CO7 | Assess the importance of commemorating International Day on Arthritis | AFT- RES | NK | SH | EDU,D | QZ | F | I | - | NLHP11.4 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|-------------------------|--------------------------------|
| NLHT 11.1 | Symposium on Urustambha | Symposium |



| | | |
|-----------|---|--|
| | | <ul style="list-style-type: none">• The entire class is divided into a small group• Each group is allotted various aspects of Urustambha and its management like NIdana, Samprapti, Contemporary diagnostic approach, Treatment principle, Dravya chikitsa, and Adravya chikitsa• One person from each group is asked to do a presentation• Followed by a group discussion• Faculty moderate the Discussion and a senior faculty gives concluding remarks• Evaluation is done using quiz. |
| NLHT 11.2 | Understanding of Udavarta and its application | <p>Team-based learning and Library Session</p> <ul style="list-style-type: none">• Initially, the mentor gives a basic introduction to Udavarta• Each team is asked to analyze the role of Udavarta in Various systems like Neurology, gastroenterology, Ophthalmology, Psychiatry, Anorectal conditions, Respiratory disorders• To gather information, they are given a Library session• Each team does a presentation on their respective topic• Followed by Discussion and Quiz |
| NLHT 11.3 | Detailed understanding of Guillain- Barre Lakshana samuchchaya (Guillain -Barre syndrome),Ajna Nadi Vikara (Motor Neuron Disease),,Anuprasthiyasitamajjachadda shotha (Transverse Myelitis),Peshi dourbalya (Myasthenia Gravis) | <p>Flipped classroom</p> <ul style="list-style-type: none">• The topic is given and they are asked to prepare notes on etiopathogenesis, ayurvedic perspective, and management from medical books and online scientific articles(shared by mentor)• The next day the students are divided into groups and engage in group discussions.• Mentors facilitate the discussion and students are encouraged to ask questions• Mentors give answers to the queries• Evaluation is done by Quiz and Presentation |
| NLHT 11.4 | Understanding of Cerebrovascular Accident and its management | <p>Blended learning</p> |



| | | |
|-----------------------------------|--|---|
| | | <ul style="list-style-type: none">• Students are given online learning material (video link) and scientific articles• Students are divided into various small groups and they will be allotted topics related to CVA such as Circle of Willis, Ischemic stroke, Hemorrhagic Stroke, Stroke with Aphasia, and Cranial nerve lesions associated with stroke.• Mentor gives an introduction about the topic as a set induction.• Each group is asked to do a presentation related to the given topic.• The presentation is followed by a group discussion• The Mentor clarify the doubts.• Assessment is done using a quiz |
| NLHT 11.5 | Gata vata Chikitsa | <p>Class Presentation</p> <ul style="list-style-type: none">• Small groups of students are allotted different topics on gata vata• Student groups are asked to do a Presentation on their topic• Followed by a discussion on the Utility of gatavata chikitsa and its Clinical application• Evaluation is done using a quiz |
| NLHT 11.6 | Chikitsa yojana in Vatavyadhi | <p>Problem based learning</p> <ul style="list-style-type: none">• Students are divided into groups• Each group is given a case scenario• Group members discuss the problem and formulate a treatment protocol with special reference to Antahparimarjana and Bahirparimarjana Chikitsa and its rationale.• The mentor clarifies the doubts and modifies the protocol if needed• Evaluation is done using a quiz |
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 11.1 | Bedside casetaking of Pakshagatha, Ardita, | Refer Activity description 3.1 (total 16hrs) |



| | | |
|-----------|--|--|
| | Avabahuka/Viswachi,Kampavata, Gridhrasi, Manyasthmba,Khanja/ Pangu, Padadaha/ Padaharsha | |
| NLHP 11.2 | Selection of appropriate Aushadhi in Vatavyadhi | <p>PBL & Real-life Experience (2hours) Students go through the IP Case sheet and OP prescription and interact with the patient and assess the Vyadhyavastha and follow up with the patient.</p> <ul style="list-style-type: none">• Students are divided into groups and each group is assigned two or three Yoga from the given list. <p>Gandharvahastadi kashaya Ashtavargam kashaya Dhanadanayanaadi kashaya Sahacharaadi kashaya Prasarinyaadi kashaya Trayodashanga guggulu Mahayogaraja guggulu Rasna guggulu , Shaddharana choorna Ekangaveera rasa Bruhat vata chintamani rasa Bala taila Prasarinyaadi tailam Karapasasthyaadi taila, Vishagarbha taila Karpooradi taila Ksheerabala taila Dhanwantaram taila (avarti) Mahamasha taila</p> |



| | | |
|-----------|--------------------------------------|---|
| | | <ul style="list-style-type: none">• They do a project based on the respective Yoga .• They visit the Hospital dispensary to get acquainted with the medicine.• Followed by a class presentation.• The teacher answers the queries raised by the students on various aspects of drug administration.• The Evaluation is done using a quiz. |
| NLHP 11.3 | Commemoration of World Stroke Day | <p>Role play/Making of posters/Real life experience The students are asked to make posters on various aspects of the illness and do an exhibition of the same</p> <p>OR</p> <p>The students are encouraged to perform a role-play depicting the importance of prevention of disease using the ayurvedic principles and swift action on witnessing the early symptoms.</p> <p>OR</p> <p>Survey the public to assess the susceptibility of Stroke and educate them about the same.</p> <p>OR</p> <p>Conduct a rally to create awareness about Prevention/ conduct a medical camp</p> <p>Prepare a report with a Geotagged Photograph</p> <p>At the end, the students will be analyzed using a quiz,</p> |
| NLHP 11.4 | Commemoration of World arthritis day | <p>(4hrs)</p> <p>The students are asked to make posters on various aspects of the illness and do an exhibition of the same</p> <p>OR</p> <p>The students are encouraged to perform role-play that depicts the importance of disease prevention using Ayurvedic principles and swift action when witnessing early symptoms.</p> <p>OR</p> <p>Survey the public to assess the susceptibility of Arthritis and educate them about the same.</p> <p>OR</p> |



Conduct a rally to create awareness about Prevention/ conduct a medical camp
Prepare a report with a Geotagged Photograph
At the end, the students will be analyzed using a quiz.

Topic 12 Chikitsa of Asthi-Majja pradoshaja vikara (SR54) (SR55) (LH :8 NLHT: 4 NLHP: 11)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|-----------------------------|--|----|----|----|---------------|------------------------------------|-----|----|----|----|
| CO1, CO3, CO4 | <ul style="list-style-type: none"> Express the Chikitsa sutra of Asthivaha and Majjavaha srotodushti and Asthi kshaya. Construct the Chikitsayojana including Rasayana and Pathyaapathya of Asthisoushirya | CS | MK | KH | REC,L &PPT | S-LAQ,SA, T-CS,T- OBT | F&S | II | - | LH |
| CO1, CO3, CO4 | Compile the Samprapti vighatana, Chikitsa Sutra & Chikitsa of Sandhigata vata (SP12) and Construct a Chikitsa yojana including Rasayana and Pathyapathya | CS | MK | KH | REC,L &PPT | T-OBT,T-C S,VV-Viva | F&S | II | - | LH |
| CO1, CO2, CO3, CO4 | <ul style="list-style-type: none"> Explain the Samprapti Vighatana, Chikitsa sutra, and Chikitsa Yojana, including the Rasayana and Pathyaapathya of Vatakantaka(SP4Y). Summarize the Etiopathogenesis, Diagnosis, and | CC | MK | KH | L&PPT | QZ ,T-CS,T -OBT,S-LA Q,CL-PR | F&S | II | - | LH |



| Ayurvedic Perspective of Plantar fasciitis/Calcaneal Spur | | | | | | | | | | |
|---|---|-----|----|----|------------|---------------------|-----|----|---|----------|
| CO1, CO3, CO4 | Explore the Samprapti vighatana, Chikitsa sutra & Chikitsa of Kateegraha(SP42) and Construct a Chikitsa yojana including Rasayana and Pathyapathya | CAN | MK | KH | L&PPT | T-CS,VV-Viva | F&S | II | - | LH |
| CO1, CO2, CO3 | Describe the Samprapti vighatana Chikitsa sutra & Chikitsa of Greevagraha(SP45) and Generate the Chikitsa yojana including Rasayana and Pathyaapathya | CS | MK | KH | L&PPT | T-CS,VV-Viva | F&S | II | - | LH |
| CO1, CO3, CO4 | Explore the Samprapti vighatana Chikitsa sutra & Chikitsa of Kroshtuka sheersha and Develop the Chikitsa yojana including Rasayana and Pathyaapathya | CS | MK | KH | L&PPT | VV-Viva,T-CS | F&S | II | - | LH |
| CO1, CO2, CO3, CO4 | Describe the Etiopathogenesis, Diagnosis, Ayurvedic perspective and Principles of management of Osteoporosis(SP00) and Osteopenia | CC | DK | KH | L&PPT | VV-Viva,T-CS,T-OBT | F&S | II | - | LH |
| CO1, CO2, CO3, CO4 | Detail the Etiopathogenesis, Diagnosis, Ayurvedic perspective and Principles of management of Raktaheenatajanya dhatunasha(AvascularNecrosis) | CC | DK | KH | L&PPT | T-OBT,T-C S,VV-Viva | F&S | II | - | LH |
| CO1, CO2, CO3, CO4 | Consolidate the Etiopathogenesis, Diagnosis, Ayurvedic perspective, and Principles of management of Sandhi gatavata(Osteoarthritis(SP12)) and Construct a Chikitsa yojana based on Ayurvedic principles | CS | MK | KH | DIS,IBL,FC | T-OBT,T-C S,VV-Viva | F&S | II | - | NLHT12.1 |
| CO1, CO2, CO3 | Summarize the Etiopathogenesis, Diagnosis, Ayurvedic perspective and Principles of management of Kasheruka vyadhi(Spondylopathies) and Kateeshoola (Lumbago) | CC | DK | KH | TBL | T-OBT,VV-Viva | F | II | - | NLHT12.2 |



| | | | | | | | | | | |
|-------------------------------------|--|---------|----|----|------------------------|---------------|-----|----|---|----------|
| CO1, CO2, CO3, CO4 | Construct the Chikitsa yojana based on the interpretation of various investigations utilized in the diagnosis of Asthimajjavaha srotodushti vikara | CAP | DK | K | TUT,X-Ray,DIS,IBL,LR I | QZ ,CL-PR,PUZ | F&S | II | - | NLHT12.3 |
| CO1, CO2 | Discuss the Etiopathogenesis, Diagnosis, Ayurvedic perspective and Management of Asthisankatarbuda(Osteosarcoma) | CC | DK | K | PER | CL-PR,QZ | F | II | - | NLHT12.4 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate the Chikitsa yojana including Rasayana and Pathyaapathya & prepare the case record of Asthivahasrothodushti vikara after performing a relevant clinical examination. | PSY-MEC | MK | SH | D-BED | QZ | F&S | II | - | NLHP12.1 |
| CO1, CO2, CO3, CO4 | Assess the importance of commemorating World Spinal Day. | AFT-RES | NK | SH | D | QZ | F | II | - | NLHP12.2 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|--|
| NLHT 12.1 | Discussion on the etiopathogenesis, Diagnosis and Management of Osteoarthritis | Flipped classroom The topic is given and they are asked to prepare notes on etiopathogenesis, ayurvedic perspective, and management from medical books and online scientific articles(shared by mentor) The next day the students are divided into groups and engage in group discussions. Mentors facilitate the discussion and students are encouraged to ask questions Mentors give answers to the queries Evaluation is done by Quiz and Presentation |
| NLHT 12.2 | Detailed understanding of the Diagnosis, Clinical examination, ayurvedic perspective and | Team-based learning, Presentation The students are divided into different teams |



| | | |
|-----------------------------------|--|--|
| | management of Lumbar spondylosis and Cervical Spondylosis | One team is asked to present a case on Lumbar spondylosis and Cervical Spondylosis The second team does a detailed presentation about the topic The third team performs a clinical examination in a simulated case The fourth team does a presentation on the investigations Followed by a group discussion on Ayurveda diagnosis and Management Mentors answer the queries and give feedback |
| NLHT 12.3 | Ayurvedic management of Asthimajjavaha srotodushti vikara based on interpretation of Radiological Investigations | Tutorial A mentor gives a brief introduction about the various investigations advised in a clinical case of Asthi /Majja vikruti Students are encouraged to be involved in small group discussion Each group is given an X-ray, CT scan, or MRI film Students observe and interpret the radiological findings and plan the Ayurvedic Management accordingly. Discussion is followed |
| NLHT 12.4 | Discussion on Asthisankatarbuda(Osteosarcoma) | Class Presentation The students are encouraged to collect information on the etiopathogenesis, Diagnosis, Investigations Prognosis and Management of Osteosarcoma The students do a presentation Discussion is followed The Mentor gives answers to the queries The Evaluation is done using a Quiz, Puzzle |
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |



| | | |
|-----------|--|---|
| NLHP 12.1 | Bedside case taking of 1.Sandhigata vata 2 Kateegraha 3.Greeva graha 4.Raktaheenatajanya dhatunasha(AvascularNecrosis)/ Kroshtuka sheersha/Asthikshaya | Refer the case-taking framework as detailed in the NLHP Activity 3.1 Total 8 hrs |
| NLHP 12.2 | Commemoration of World spine day(Oct 16) | Inhouse OR Outreach activity(3hrs) The Students are encouraged to conduct public awareness programs using suitable mass communication, and audio-visual aids showing the importance of spinal health, Preventive and therapeutic aspect of spinal disorders.Public outreach activity can be conducted during the Syllabus teaching of asthimajjavaha sroto-dushti vikara |

Topic 13 Chikitsa of Pranavaha Srotodushti Vikara (TM2:SL40-SL4Z) (LH :6 NLHT: 4 NLHP: 24)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|-------------|---|----|----|----|----------------------|---|-----|----|----|----|
| CO1, CO3 | Describe Chikitsa Sutra of Pranavaha Srotodushti, Samprapti vighatana of Shwasa roga(SL42) & Hikka roga (SM74) with a treatment algorithm according to its stages of shadkriyakala and appropriate plan of Shadvidopkrama & Doshopakrama. | CE | MK | KH | L,L&G D,L&PP T | S-LAQ,VV -Viva,OSC E,CBA,P- VIVA | F&S | II | - | LH |
| CO1, CO3 | Explain Chikitsa Sutra and Samprapti Vighatana of Kasa roga with a treatment algorithm according to its stages of Shadkriyakala and appropriate plan of Shadvidopkrama & Doshopkrama. | CE | MK | KH | L&GD, L&PPT ,L | S-LAQ,QZ ,P-VIVA,C BA,VV- Viva | F&S | II | - | LH |
| CO1, CO3 | Explain Chikitsa sutra and Samprapti vighatana of Rajayakshma with a treatment algorithm according to its stages of Shadkriyakala, status of Ojus and appropriate plan of Doshopakrama. | CE | MK | KH | L,L&PP T ,L&GD | P-VIVA,C BA,P-CAS E,M-POS,S- LAQ | F&S | II | - | LH |



| | | | | | | | | | | |
|---------------------|--|----|----|----|---------------------------------|---|-----|----|---|----------|
| CO1, CO3 | Define Chikitsa sutra and Samprapti vighatana of Urahkshat with a treatment algorithm according to its stages of Shadkriyakala and status of Ojus. | CE | MK | KH | L&PPT ,L,PSM, CBL,PE R | CBA,PRN, P-VIVA,C OM,M- POS | F&S | II | - | LH |
| CO2, CO6 | Explain the Etiopathogenesis, Diagnosis & Principles of management and Ayurvedic perspective of Tamaka shwas(Bronchial Asthma) (SL40), Jirna shwasakrichchhanika (ChronicObstructive Pulmonary Disease), Vispharah (Bronchiectasis). | CC | DK | KH | CBL,L &GD,L S,DIS,L | T-CS,COM ,M-POS,SB A,PRN | F&S | II | - | LH |
| CO1, CO2, CO3 | Explain the Etiopathogenesis, Diagnosis, Principles of management, and Ayurvedic perspective of Antaraaleeya Phupphusa Vikara (Interstitial lung Disease), Phupphusa arbuda (Lung Cancer), Phupphusaasruti(Pleural effusion) | CC | NK | KH | FC,SDL ,L_VC, L&GD, D | CBA,VV-V iva,S-LAQ, P-VIVA,O SCE | F&S | II | - | LH |
| CO1, CO3, CO4 | Construct a chikitsa yojana (treatment plan) of Shwasa (SL42)& Hikka (SM74) | CS | MK | KH | PSM,PB L,FC,P ER,BS | S-LAQ,CB A,QZ ,VV- Viva,P- VIVA | F&S | II | - | NLHT13.1 |
| CO1, CO3, CO4 | Formulate Chikitsa yojana (treatment plan) of Kaasa Roga (SL41) | CS | MK | KH | FC,L& GD,CB L,BS,P ER | P-VIVA,C BA,RK,Mi ni-CEX,S- LAQ | F&S | II | - | NLHT13.2 |
| CO1, CO3, CO4 | Sketch Chikitsa-yojana (treatment plan) of Trirupa , Shadrupa, Ekadasha rupa Rajyakshama , Anuloma Kshaya & Pratiloma Kshaya | CS | MK | KH | FC,BS, PER,SD L,CBL | VV-Viva,M ini-CEX,P- VIVA,PRN ,S-LAQ | F&S | II | - | NLHT13.3 |
| CO1, CO3, CO4 | Construct Chikitsa yojana (treatment plan) of Urahkshat roga. | CS | MK | KH | PER,L& GD,BS, FC,CBL | VV-Viva,P RN,COM,S -LAQ,P- | F&S | II | - | NLHT13.4 |



| | | | | | | VIVA | | | | |
|-------------------------------------|---|---------|----|----|------------------------------------|--|-----|----|---|----------|
| CO1, CO2, CO3, CO6, CO7 | Demonstrate clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Mahashwasa, Urdhwa shwasa, Chhinna Shwasa, Kshudra Shwasa. | PSY-GUD | MK | SH | CBL,C D,X-Ra y,D-BE D,LRI | Mini-CEX, CBA,VV-V iva,P-VIVA ,OSCE | F&S | II | - | NLHP13.1 |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Kaasa Roga (SL41) | PSY-GUD | MK | SH | CBL,C D,X-Ra y,D-BE D | P-VIVA,R K,VV-Viva ,CBA,CHK | F&S | II | - | NLHP13.2 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Tamaka Shwasa (SL42) | PSY-MEC | MK | SH | CBL,C D,D-BE D,LRI, X-Ray | P-VIVA,C OM,QZ ,P- CASE,VV- Viva | F&S | II | - | NLHP13.3 |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Rajayakshma (~Pulmonary Tuberculosis) | PSY-GUD | MK | SH | X-Ray, CBL,C D,D-BE D,LRI | QZ ,P-CAS E,VV-Viva, OSCE,CO M | F&S | II | - | NLHP13.4 |
| CO1, CO2, CO3, CO6, CO7 | Conduct clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Jirna Shwasakrichchhanika (Chronic Obstructive Pulmonary Disease) | PSY-GUD | MK | KH | LRI,D- BED,X- Ray,CB L,CD | P-VIVA,R K,VV-Viva ,Mini- CEX,OSCE | F&S | II | - | NLHP13.5 |
| CO1, CO2, | Perform clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Vispharah | PSY-MEC | DK | SH | CD,CB L,D-BE | QZ ,Mini-C EX,COM,O | F&S | II | - | NLHP13.6 |



| | | | | | | | | | | |
|---|--|-------------|----|----|------------------------------------|--|-----|----|---|-----------|
| CO3, CO6, CO7 | (Bronchiectasis) | | | | D,X- Ray,LRI | SCE,P- VIVA | | | | |
| CO1, CO2, CO3, CO6, CO7 | Practice clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Phupphusaasruti (Pleural effusion) | PSY- GUD | DK | SH | CBL,C D,X-Ra y,LRI,D- BED | VV-Viva,C OM,QZ ,C L- PR,OSCE | F&S | II | - | NLHP13.7 |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Antaraalayi Phupphusa Vikara (Interstitial Lung Disease) | PSY- MEC | NK | KH | CD,CB L,X-Ra y,D-BE D,LRI | CL-PR,QZ ,RK,VV-Vi va,Mini- CEX | F | II | - | NLHP13.8 |
| CO1, CO2, CO3, CO5, CO6, CO7 | Describe the working of DOTs Centre | CC | MK | KH | FV | RK,CL-PR, VV-Viva,P- VIVA,PRN | F&S | II | - | NLHP13.9 |
| CO1, CO2, CO5 | Practice nebulization and administer oxygen therapy | PSY- GUD | MK | SH | CBL,D, D-BED, TUT | CBA,VV-V iva,SP,P- RP,DOPS | F&S | II | - | NLHP13.10 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|---|---|
| NLHT 13.1 | Chikitsa yojana (treatment plan) of Shwasa (SL42)& Hikka (SM74) by | Lecture with group discussion The teacher lays down ground rules of discussion and delivers a primer lecture to introduce the topic and points to be discussed during the course of discussion by putting up open ended questions and |



encouraging students to share meaningful thoughts and ideas.

If discussion is lingering on one talking point, the teacher intervenes by putting up a new dimension / idea for discussion by asking questions.

At the end of the discussion the teacher summarises the important concepts & ideas.

Teacher may use powerpoint slides to navigate the discussion)

Brainstorming:

The teacher sets up a context of brainstorming and explains the process of brainstorming and defines a clear objective and expected outcome from the session. The students are divided into teams.

After students are divided, the teacher appoints facilitator(s) for the whole process.

Ground rules are set for the process in consultation with facilitators and a time limit is set for the whole process.

All the teams work separately and then capture all possible ideas. After all the ideas have been captured, it's time to discuss them. The team needs to be productive in choosing a creative idea that suits the problem, or they can try combining a few ideas to come up with a holistic solution. To make decisions as a group and come to an agreement, teams can use the voting method. Team leaders capture all ideas and presents before the whole class.

Case Based learning

Case-based Learning is an inquiry-based approach to learning medicine through clinical case scenarios in a collaborative small group setting.

The teacher divides class into small groups and a case history/ case study to each group

The students thoroughly go through the case history/case study and available supplementary material.

While going through case study students annotate the parts of the case that they feel are the most relevant. They can also use a highlighter or a pen to highlight, underline or circle important pieces of information.

The students sum up the essence of the case/case study and summarise it.

Flipped Classroom

It is implemented in three steps

Pre-class learning :Teacher assigns readings, videos, podcasts and other available materials which students go through on themselves. After going through these students are required to respond to a series of quizzes or simple questions based on the concept discussed. The teacher can ask the students to post their own questions and attempt to answer other ones on a shared online platform.



In class activities : Within the classroom, students check with the teacher whether they have truly understood the subject through activities that require the skills they have acquired to develop. The students work together in small groups to analyze a problem, come up with their own solution, and evaluate other possible courses of action.

Post class reinforcement : Then students go to the OPDs/IPDs to experience/ learn in a real world scenario.

Presentation

The class is divided in groups of 3-5 students

Each student is allotted a specific component of the topic to go through from various sources and prepare a presentation.

Each group gives its presentation in class .

Other students ask the questions and the presenting team answers queries.

Teacher makes a concluding remark after each presentation including following points

- Assessment for suitability (yogya- ayogya) for

- a. Shodhana Chikitsa
- b. Shamana Chikitsa

- Aushadha yojna for shamana chikitsa :

A. Ekala Aushadha Yoga (single drug therapy) for Shwasa & Hikka with appropriate anupana: 1. Kushmanda shifa churna 2. Pippali churna 3. Shuddha Gandhaka 4. Bharangi kvatha 5. Kanaka(Dhattura Phala) Dhoomrasaayana

B. Aushadha Kalpas with appropriate sevana kala matra, anupana of the following Aushadh yoga in Shwasa & Hikka : 1. Shwashara Mahakashaya & Hikkani-grahana Mahakashaya 2. Bharangi- Nagara Kwatha 3. Gojihwadi kwatha 4. Shwasa Kutara rasa 5. Shringarabhra rasa 6. Shwasa Kasa Chintamani rasa



| | | |
|-----------|--|---|
| | | C. Naimittika Rasayan for Shwasa & Hikka D. Pathyaapathya |
| NLHT 13.2 | Chikitsa yojana (treatment plan) of Kaasa Roga (SL41) | <p>For Details refer NHLT 13.1</p> <ul style="list-style-type: none">• Asessment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha yojna for shaman chikitsa : <p>A. Ekala Aushadha (Single Drug) Yoga with appropriate anupana: 1. Shringavera (Ardraka) swarasa 2. Kantakari Kwatha 3. Bibhitaka Churna 4. Vasa swarasa 5. Maricha Churna B. Ausadha Kalpa Prayog with appropriate matra, anupana , sevana kala : 1. Kasahara Mahakashaya 2. Bharangi- Nagara Kwatha 3. Gojihwaadi kwath 4. Chandramrita rasa 5. Naardeeya Laxmivilaas rasa 6. Aanada bhairava rasa 7. Sitopaladi Choorna 8. Taalishaadi churna 9. Chitraka Haritaki Avleha 10. Marichadi Gutika 11. Lavangadi gutika 12. Vyoshadi vati. C. Naimittika Rasayana for Kaasa roga. D. Pathyaapathya recommendation</p> |
| NLHT 13.3 | Chikitsa yojana (treatment plan) of or Trirupa , Shadrupa, Ekadasha rupa rajyakshama , Anuloma kshaya & Pratiloma kshaya | <p>Refer NHLT13.1</p> <ul style="list-style-type: none">• Asessment for suitability (yogya- ayogya) for |



| | | |
|-----------|--|---|
| | | <p>a. Shodhana chikitsa b. Shamana chikitsa</p> <ul style="list-style-type: none">• Aushadha yojana for Shaman chikitsa : <p>A. Ekala aushadha yoga with appropriate anupana: 1. Nagbala Churna 2. Kakjangha Churna 3. Laksha Churna 4. Vasa Panchanga 5. Haritaki Churna 6. Pippali churna. B. Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following : 1. Balya Mahakashaya 2. Brinhaneeya Mahakashaya 3. Trailokya chintamani rasa 4. Loknath rasa 5. Swarnabhupati rasa 6. Hemgarbha pottali rasa 7. Yavani Shadav Churna 8. Pippali vardhmana rasayana 9. Vaasa Avleha 10. Drakshasava C. Naimittika Rasaayana for Rajayakshma & Shosha D. Pathyaapathya recommendation for Raajyakshma & Shosha</p> |
| NLHT 13.4 | Construct Chikitsa yojana (treatment plan) of Urahkshat roga. | <p>For details refer NHLT13.1</p> <ul style="list-style-type: none">• Assesment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha yojna for shaman chikitsa : <p>A. Ekala Aushadha Yoga with appropriate anupana:1. Laksha Churna 2. Nagbala Kalpa 2. Brahmi Kalpa 3. Madhuyashti Kalpa 4. Nagar Kalpa 5. Laja churna B. Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following1. Elaadi</p> |



| | | gutika 2. Amritpraash Avleha 3. Ajaamaamsa Rasaayan C. Naimittika Rasayana for Kshata-ksheena/Urahkshat D. Pathya -Apathya Recommendation for Urahkshata |
|-----------------------------------|---|--|
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 13.1 | Bedside demonstration of a case of Mahashwasa, Urdhwa shwasa, Chhinna Shwasa, Kshudra Shwasa. (Any one case) | Refer the case taking framework as described in NHLP 3.1 (2 hours) |
| NLHP 13.2 | Bedside case demonstration of case of Kaasa Roga (SL41) | Refer the case taking framework as described in NHLP 3.1 (2 hours) |
| NLHP 13.3 | Bedside demonstration of case of Tamaka Shwasa (SL42) | Refer the case taking framework as described in NHLP 3.1 |
| NLHP 13.4 | Bedside case demonstration of a case of Rajayakshma (~Pulmonary Tuberculosis) (2 hours) | Refer NHLP 3.1 |
| NLHP 13.5 | Bedside demonstration of a case of Jirna Shwasakrichchhanika (ChronicObstructive Pulmonary Disease) | Refer the case taking framework as described in NHLP 3.1 (2 hours) |
| NLHP 13.6 | Bedside demonstration of case of Vispharah (Bronchiectasis) | Refer the case taking framework as described in NHLP 3.1 (2hours) |
| NLHP 13.7 | Bedside Case demonstration of case of Phupphusaasruti (Pleural effusion) | Refer the case taking framework as described in NHLP 3.1 (2 hours) |



| | | |
|------------|--|--|
| NLHP 13.8 | Bedside demonstration of case of Antaraalayi Phupphusa Vikara (Interstitial Lung Disease) | Refer the case taking framework as described in NHLP 3.1 (2 hours) |
| NLHP 13.9 | Field visit to DOTs Centre | The students will visit with mentor to nearest DOTs centre and understand the four pillars of NTEP (Revised National TB Eradication Program) 1. Detect 2. Treat 3. Prevent 4. Build (6 hours) |
| NLHP 13.10 | Demonstration of Nebulization & oxygen therapy (2 hours) | Nebulization The nebulizers should be used according to manufacture's instructions The mentor will demonstrate the basic steps to set up and use nebulizer are as follows: <ul style="list-style-type: none">• To Wash hands.• To Connect the hose to an air compressor.• To Fill the medicine cup with your medicine.• To avoid spills, close the medicine cup tightly and always hold the mouthpiece straight up and down.• To attach the other end of the hose to the mouthpiece and medicine cup.• To turn on the nebulizer machine.• To place the mouthpiece in mouth.• To keep lips firmly around the mouthpiece so that all of the medicine goes into lungs. If using a facemask, to place it over the mouth and nose.• To breathe through mouth until all the medicine is used. (This takes 5 to 20 minutes, depending on the device and medicine used. If needed, use a nose clip)• To turn off the machine when done.• Wash the medicine cup and mouthpiece with water and air dry until next treatment. |



To administer Oxygen therapy

The mentors will demonstrate

- Assessment of need of oxygen therapy (suspected or confirmed hypoxemia)
- Assess if high flow and low flow oxygen therapy is needed. (A prescription is required for oxygen therapy. The prescription should include the oxygen-delivery device, the flow rate, and the amount of oxygen to deliver)
- Set the target peripheral oxygen saturation (SpO₂) (for most acutely ill patients is 94% to 98%. Patients with chronic obstructive pulmonary disease should have a target of 85% to 92%.)
- Set up the oxygen delivery system.
- Attach the oxygen flowmeter to the oxygen source. (Verify that the flowmeter is connected to oxygen, not air or another gas. Connecting the flowmeter to a gas other than oxygen can have fatal consequences.)
- Attach the humidifier to the oxygen flowmeter, if needed.
- Attach the oxygen delivery device (i.e., cannula, mask) via the oxygen tubing to the humidifier or directly to the oxygen flowmeter via the flowmeter adaptor.
- Adjust the oxygen flowmeter to the prescribed flow rate
- Position the oxygen delivery device on the patient's face and adjust the elastic headband (or behind-ear loops and under-chin lanyard of the cannula) to achieve a comfortably snug fit. Maintain enough slack on the oxygen tubing.
 - *Nasal cannula*: Ensure proper positioning of the cannula tips in the patient's nares. If the cannula tips are curved, ensure that they point downward.
 - *Simple face mask*: Ensure that the mask is over the patient's mouth and nose, forming a seal
 - *Partial rebreathing mask*: Ensure that the mask is over the patient's mouth and nose, forming a tight seal. Also ensure that the reservoir bag remains partially inflated on inspiration
 - *Non-rebreathing mask*: Ensure that the mask is over the patient's mouth and nose, forming a tight seal. Ensure that both one-way valves at the side ports are in place to maintain a full non-rebreather system. Also ensure that the reservoir bag remains partially inflated on inspiration



- *Venturi mask*: Ensure that the mask is over the patient's mouth and nose, forming a tight seal, and that the appropriate port has been selected
- *Face tent*: Ensure that the tent fits under the patient's chin and over the mouth and nose
- Verify that the oxygen delivery device is functioning properly

HFNC OXYGEN THERAPY

1. Position the nasal cannula on the patient's face and adjust the head strap to achieve a comfortably snug fit . Follow the manufacturer's instructions for application.
2. Ensure proper positioning of the cannula tips in the patient's nares. If the cannula tips are curved, ensure that they point downward.
3. Maintain enough slack on the oxygen tubing.
4. Review the high-flow oxygen delivery device settings, use of humidifier and heater, and alarms with the respiratory therapist.
5. Verify that the oxygen delivery device is functioning properly.
6. Observe the oxygen delivery device frequently to ensure proper placement. Readjust as necessary.
7. Monitor the patient's vital signs and SpO2 level and when making changes in oxygen therapy.
8. Consider adding continuous SpO2 monitoring for patients newly placed on oxygen
9. Check the humidifier when taking vital signs.
 - Low-flow oxygen therapy: Replace the humidifier when it is empty.
 - High-flow oxygen therapy: Notify the respiratory therapist when it is almost empty.
10. Observe the skin of the patient's outer ears, back of the head, bridge of the nose, nares, and nasal mucous membranes for evidence of pressure injuries or drying.

Topic 14 Chikitsa of Udakavaha srotodushti vikara (LH :5 NLHT: 2 NLHP: 8)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|------|---|----|----|----|-------|-----------|-----|-----|----|----|
| CO1, | Appraise Chikitsa sutra and Samprapti vighatana of Trishna with | CE | MK | KH | L&GD, | QZ ,CBA,P | F&S | III | - | LH |



| | | | | | | | | | | | |
|---------------------|---|----|----|----|--------------------------------|---|-----|-----|---|----------|--|
| CO3 | a treatment algorithm according to its stages of Shadkriyakala and appropriate Chikitsa yojana of Trishna Roga. | | | | L&PPT ,L | -VIVA,T-C S,VV-Viva | | | | | |
| CO1, CO3 | Explain Chikitsa sutra and Samprapti vighatana of Shotha roga with a treatment algorithm according to its stages of Shadkriyakala and appropriate plan of Shadvidhopakrama & Doshopakrama. | CE | MK | KH | L&PPT ,L,L&G D | M-POS,CH K,QZ ,P- CASE,RK | F&S | III | - | LH | |
| CO1, CO3 | Describe Chikitsa sutra and Samprapti vighatana of Jalodara roga with a treatment algorithm according to its stages of Shadkriyakala and appropriate plan of Shadvidhopakrama & Doshopakrama. | CE | MK | KH | L&GD, L&PPT ,L | VV-Viva,S- LAQ,T-CS, CL-PR,M- CHT | F&S | III | - | LH | |
| CO2, CO6 | Explain the Etiopathogenesis, Diagnosis, Principles of management and Ayurvedic perspective of Ascites & Jaliyovidyutansh vaishamya (Fluid- electrolyte imbalance) | CC | NK | KH | L&PPT ,L&GD, L | PRN,CL-P R,OSCE,V V-Viva,P- VIVA | F | III | - | LH | |
| CO1, CO3 | Appraise Chikitsa sutra and Samprapti vighatana of Ekdesheeya roga with a treatment algorithm according to its stages of Shadkriyakala and appropriate plan of Shadvidhopakrama & Doshopakrama. | CE | DK | KH | L,L&G D,L&PP T | T-CS,QZ , CBA,COM, P-VIVA | F&S | III | - | LH | |
| CO1, CO3, CO4 | Construct Chikitsa yojana for Shotha roga. | CE | MK | KH | DIS,SD L,D,CB L,FC | VV- Viva,QZ ,S -LAQ,CHK ,CBA | F&S | III | - | NLHT14.1 | |
| CO1, CO3, CO4 | Construct chikitsa yojana of Udar roga & Jalodara | CE | MK | KH | BS,CBL ,PER,F C,L&G D | Mini-CEX, P- VIVA,QZ , VV- Viva,CHK | F&S | III | - | NLHT14.2 | |
| | | | | | | | | | | | |



| | | | | | | | | | | |
|-------------------------------------|---|-------------|----|----|------------------------------------|--|-----|-----|---|----------|
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Vatodar- Pittodara- Kaphodara- Dushyodara. | PSY- MEC | MK | SH | CD,D-B ED,X-R ay,LRI, CBL | OSPE,VV- Viva,Mini- CEX,CBA, P-VIVA | F&S | III | - | NLHP14.1 |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Yakritodara & Pleehodara, Chhidrodara, Baddha gudodara. | PSY- MEC | MK | SH | CD,X-R ay,LRI, CBL,D- BED | CBA,RK,M ini-CEX,P- VIVA,QZ | F&S | III | - | NLHP14.2 |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Jalodara | PSY- MEC | MK | SH | LRI,X- Ray,CD ,CBL,D- BED | OSCE,VV- Viva,P-VIV A,CBA,Mi ni-CEX | F&S | III | - | NLHP14.3 |
| CO1, CO3, CO4, CO6, CO7 | Perform clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Shotha roga . | PSY- MEC | MK | SH | CBL,D- BED,L RI,X- Ray,PT | Mini-CEX, VV-Viva,P- VIVA,RK, CBA | F&S | III | - | NLHP14.4 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|--|
| NLHT 14.1 | Constructing chikitsa yojana for Shotha roga | Refer the framework as described in NHLT 13.1 <ul style="list-style-type: none"> • Assesment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa</p> |



| | | |
|-----------|--|---|
| | | <p>b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha योजना for shaman chikitsa :1. Bilva patra svaras 2. Punarnavamoola churna /Kwatha 3. Maankand Churna 4. Gudardraka Kalpa 5. Eranda taila <p>A. Ekala Aushadha Yoga with appropriate anupana:1. Shothahar Mahakashaya 2. Gudardraka Yog 3. Punarnavashtaka Kwaatha 4. Kansa Hareetaki 5. Dashmoola haritaki 6. Punarnaavasava 7.Patoladi Kwaath 8. Punarnavaadi Guggulu 9. Punarnavaadi Madura</p> <p>B.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following</p> <p>C. Naimittika Rasayana for Shotha roga</p> <p>D. Pathya -Apathya Recommendation for shotha roga</p> |
| NLHT 14.2 | Constructing Chikitsa yojana of Udar roga & Jalodara | <p>Refer the framework as described in NHLT 13.1</p> <ul style="list-style-type: none">• Assessment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa</p> <p>b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha योजना for shaman chikitsa : <p>A. Ekala Aushadha Yoga with appropriate anupana:1. Guggulu Kalpa 2. Haritaki Kalpa 3. Shilajatu Kalpa 4. Pippali Vardhmana Kalpa 5. Gomutra</p> <p>B.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following:1. Arogayavardhini Vati 2. Jalodarari rasa 3. Ichchhabhedi rasa 4. Abhayadi Modaka 5. Sahasra hareetaki yog 6. Narayan Choorna 7. Narach Ghrita</p> <p>C. Naimittika Rasayana for for udara roga</p> |



D. Pathya -Apathya Recommendation for udara roga

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|--|---|
| NLHP 14.1 | Bedside demonstration of a case of Vatodara- Pittodara- Kaphodara- Dushyodara | Refer the case taking framework as described in NHLP3.1 (2 hours) |
| NLHP 14.2 | Bedside demonstration of case of Yakritodara & Pleehodara, Chhidrodara, Baddha gudodara. | Refer the case taking framework as described in NHLP3.1 (3 hours) |
| NLHP 14.3 | Bedside demonstration of case of Jalodara | Refer the case taking framework as described in NHLP3.1 (2 hours) |
| NLHP 14.4 | Bedside demonstration of case of Shotha roga | Refer the case taking framework as described in NHLP3.1 (2 hours) |

Topic 15 Chikitsa of Mootravaha srotodushti vikara (LH :4 NLHT: 4 NLHP: 8)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|---------------|---|----|----|----|-------------------|-----------------------------|-----|-----|----|----|
| CO1, CO3, CO4 | Describe Chikitsa sutra and Samprapti vighatana of Mootrakriccha roga with a treatment algorithm according to its stages of Shadkriyakala and appropriate plan of Shadvidhopakrama & Doshopakrama.. | CE | MK | KH | L&GD, L&PPT, L_VC | VV-Viva,P-VIVA,CO M,QZ, CBA | F&S | III | - | LH |
| CO1, CO3, CO4 | Detail Chikitsa sutra and Samprapti vighatana of Mootraghat (SM81) with a treatment algorithm according to its stages of Shadkriyakala and appropriate plan of Shadvidhopakrama & | CE | MK | KH | L,L&PP T, L&GD | S-LAQ,VV -Viva,COM, QZ, CBA | F&S | III | - | LH |



| | Doshopakrama | | | | | | | | | |
|---------------|---|---------|----|----|------------------------|-----------------------------------|-----|-----|------|----------|
| CO1, CO3 | Explain the Etiopathogenesis, Diagnosis, Principles of management and Ayurvedic perspective of Ashu Vrikka -nishkriyata (Acute Renal Failure) & Chirakaari vrikka -nishkriyata (Chronic Renal Failure) | CE | DK | KH | L,L&PPT ,L&GD | M-POS,P-VIVA,S-LAQ,VV-Viva,CBA | F&S | III | - | LH |
| CO1, CO3 | Explain the Etiopathogenesis, Diagnosis, Principles of management and Ayurvedic perspective of Mutra Gaveenika shotha (UTI), Vrikka Koshika Shotha (Nephritis)(SM84), Pourusha Granthi Shotha (Prostitis), and Mutranalika- Basti shotha (Urethritis-Cystitis), | CC | MK | KH | L&PPT ,L,L&GD | T-CS,Mini-CEX,P-VIVA,M-POS ,S-LAQ | F&S | III | - | LH |
| CO1, CO3, CO4 | Construct Chikitsa yojana for Samprapti vighatana of Mootrakrichchha roga (SM82) | CS | MK | KH | PER,SDL,PBL, L&GD, CBL | CBA,P-VIVA,VV-Viva,QZ ,S-LAQ | F&S | III | - | NLHT15.1 |
| CO1, CO3, CO4 | Construct Chikitsa yojana for Samprapti vighatana of Mootraghaata roga (SM81) | CS | DK | KH | L&PPT ,L&GD, L | CBA,S-LAQ,CHK,VV-Viva,QZ | F&S | III | H-SH | NLHT15.2 |
| CO1, CO3, CO4 | Construct Chikitsa yojana for Samprapti vighatana of Ashmari roga (SM82). | CS | MK | KH | FC,PER ,CBL,L &GD,BS | S-LAQ,P-VIVA,QZ , VV-Viva,CBA | F&S | III | - | NLHT15.3 |
| CO1, CO3 | Explain the Etiopathogenesis, Diagnosis, Principles of management and Ayurvedic perspective of Pourusha Granthi vridhhi (BPH) , Pourusha Granthi Arbuda (Ca Prostate) & Apavrukkatva (Nephrotic Syndrome) | CC | NK | KH | FC,BS, PER,CBL,L&GD | RK,QZ ,V V-Viva,CBA,P-VIVA | F | III | - | NLHT15.4 |
| CO1, CO2, | Perform clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Mootraghata. | PSY-MEC | MK | SH | LRI,D-BED,C | VV-Viva,QZ ,O | F&S | III | - | NLHP15.1 |



| | | | | | | | | | | |
|-------------------------------------|---|-------------|----|----|------------------------------------|---|-----|-----|------|----------|
| CO3, CO6, CO7 | | | | | D,CBL, X-Ray | SCE,P- VIVA,RK | | | | |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate , write treatment & prepare case record in a case of Vrikka-nishkriyata (Chronic Kidney Disease) | PSY- MEC | MK | SH | CBL,LR I,D-BE D,CD,X- Ray | CBA,VV-V iva,P-VIVA ,OSCE,RK | F&S | III | - | NLHP15.2 |
| CO1, CO2, CO3, CO6, CO7 | Perform clinical examination to diagnose & prognosticate, write treatment & prepare case record in a case of Mootrakrichcha. | PSY- MEC | MK | SH | LRI,D- BED,C BL,X- Ray,CD | CBA,VV-V iva,COM,M ini-CEX,P- VIVA | F&S | III | - | NLHP15.3 |
| CO1, CO2, CO5 | Demonstrate Indwelling Urethral Catheter Insertion, manage problems due to Indwelling Catheters and remove Indwelling Urethral catheters. | PSY- GUD | MK | SH | SIM,SD L,D-BE D,CD,X- Ray | DOPS,P-PS ,SP,VV-Viv a,Mini- CEX | F | III | H-SH | NLHP15.4 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|---|--|
| NLHT 15.1 | Constructing Chikitsa Yojana for Samprapti vighatana of Mootrakrichchha roga (SM82) | Refer the framework as described in NHLT 13.1 <ul style="list-style-type: none"> Assessment for suitability (yogya- ayogya) for <ol style="list-style-type: none"> Shodhana Chikitsa Shamana Chikitsa |



| | | |
|-----------|--|--|
| | | <ul style="list-style-type: none">• Aushadha yojna for shaman chikitsa : <p>A. Ekala Aushadha Yoga with appropriate anupana:1. Gokshur kwaatha 2. Ela churna 3. Daruhaldi churna 4. Narikela Pushpa 5. Amalaki Kwatha B.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following:1. Mootrarechaneeya Mahakashaya 2. Trinpanchmula Kashaya 3. Shatavaryadi Kashaya 4. Pashanbhedadi Choorna 5. Gokshuradi Guggulu 6. Chandanasava 7. Chandrakala rasa C. Naimittika Rasayana for Mootrakriccha D. Pathya -Apathya Recommendation for Mootrakrichchha.</p> |
| NLHT 15.2 | Constructing Chikitsa Yojana for Samprapti Vighatana of Mootraghaata roga (SM81) | <p>Refer the framework as described in NHLT 13.1</p> <ul style="list-style-type: none">• Assessment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha Yojna for Shaman Chikitsa : <p>A. Ekala Aushadha Yoga with appropriate anupana: B.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following C. Naimittika Rasayana for D. Pathyaapathya Recommendation for Mootraghata</p> |
| NLHT 15.3 | Constructing chikitsa yojana for samprapti vighatana of Ashmari roga (SM82) | <p>Refer the framework as described in NHLT 13.1</p> |



| | | |
|-----------|---|--|
| | | <ul style="list-style-type: none">• Asessment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha yojna for shaman chikitsa : <p>A. Ekala Aushadha Yoga with appropriate anupana:1. Varuna Kwaatha 2. Narikela Pushpa 3. Taalmooli churna 4. Yavakshar 5. Kulatttha yusha /kwatha B.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following:1. Varunadi kashaya 2. Veertarvadi Kashaya 3. Shigrumooladi Kashaya 4. Trivikram rasa C. Naimittika Rasayana for Ashmari roga D. Pathyaapathya Recommendation for Ashmari roga</p> |
| NLHT 15.4 | Detailed understanding of management of Pourusha Granthi Vriddhi (BPH) , Pourusha Granthi Arbuda (Ca Prostate) & Apavrukkatva (Nephrotic Syndrome) | Refer the framework as described in NHLT 13.1 |
| | | <ul style="list-style-type: none">• Asessment for suitability (yogya- ayogya) for <p>a. Shodhana Chikitsa b. Shamana Chikitsa</p> <ul style="list-style-type: none">• Aushadha yojna for shaman chikitsa : <p>A. Ekala Aushadha Yoga with appropriate anupana. B.Aushadha Kalpa prayoga . C. Naimittika Rasayana D. Pathya -Apathya Recommendation</p> |



| Non Lecture Hour Practical | | | | | | | | | | |
|---|--|---|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| S.No | Name of Practical | Description of Practical Activity | | | | | | | | |
| NLHP 15.1 | Bedside demonstration of a case of Mootraghata | Refer the case taking framework as described in NHLP 3.1 | | | | | | | | |
| NLHP 15.2 | Bedside demonstration of a case of CKD | Refer the case taking framework as described in NHLP 3.1 | | | | | | | | |
| NLHP 15.3 | Bedside demonstration of a case of Mootrakrichcha | Refer the case taking framework as described in NHLP 3.1 | | | | | | | | |
| NLHP 15.4 | Bedside demonstration of indwelling Urethral Catheter Insertion, managing problems due to Indwelling Catheters and removing Indwelling Urethral catheters. | <p>Mentor will demonstrate</p> <ul style="list-style-type: none"> • Scope of practice.,Informed consent.Cultural safety. • Key consideration in decision to catheterise. • Key considerations in choice of indwelling catheter Equipment. • Infection prevention,Catheter care, Catheter bag emptying,Catheter bag Change,Urine Sampling for an Indwelling catheter. • Indwelling Urethral Catheter Insertion (Female & Male) Procedure. • Problem Management for Indwelling Catheters. • Decision to Remove Indwelling Urethral catheters, Potential problems During Removal of urethral catheter. • Complications and Monitoring Following Removal of Indwelling Urethral catheters. • The students will practice same under guidance of same through simulation models or patients. | | | | | | | | |
| Topic 16 Chikitsa of Purishavaha srotodushti vikara (SR5A) (LH :4 NLHT: 4 NLHP: 8) | | | | | | | | | | |
| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |



| | | | | | | | | | | |
|---------------------|--|----|----|----|---------------------------|------------------|-----|-----|------|----------|
| CO1, CO3 | Describe the treatment plan for Sama and Nirama stages of Atisara (SM37) and Explain Samanya chikitsa sutra and Chikitsa along with Pathyaapathya | CC | MK | KH | L&PPT ,L | PRN,QZ | F&S | III | - | LH |
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsa sutra and Chikitsa including Pathyaapathya of Pravahika (SM38) and Raktatisara | CC | DK | KH | L,L&PP T | PRN,QZ | F&S | III | - | LH |
| CO1, CO3 | Summarize the Samprapti vighatana, Chikitsa sutra, Chikitsa and Pathyaapathya of Krimi roga(SQ50) | CC | MK | KH | L&PPT ,L | QZ ,PRN | F&S | III | - | LH |
| CO1, CO3 | Detail the Samprapti vighatana, Chikitsa sutra and Chikitsa including Rasayana and Pathyaapathya of Arsha according to its types. | CC | MK | KH | L,L&PP T | PRN,CL- PR,QZ | F&S | III | H-SH | LH |
| CO1, CO3 | State Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga mentioned in atisara and pravahika <ul style="list-style-type: none">• Kutajaghana vati• Dadimashtaka choorna• Mustarishtam• Bilwadhiloha• Gangadhara vati | CK | DK | KH | TBL,L &GD,D IS | QZ ,PRN | F&S | III | - | NLHT16.1 |
| CO1, CO3, CO5 | Discuss the etiopathogenesis, diagnosis, and principles of management of Pravahika (dysentery) ,Raktatisara (ulcerative colitis), Bruhadantra arbuda (colorectal cancer) | CC | DK | KH | L_VC,T BL,PER ,L&GD | QZ ,O- QZ,PRN | F&S | III | - | NLHT16.2 |
| CO1, CO3 | State Phalashruti, mention the Matra, Anupana and Sevana kala of Yoga mentioned in various classical text for Krimi roga <ul style="list-style-type: none">• Krimikuthara rasa• Krimighna vati | CK | DK | KH | REC,TB L,DIS,L &GD | PRN,QZ | F&S | III | - | NLHT16.3 |



| | | | | | | | | | | |
|---------------|---|---------|----|----|-----------------------|-------------------------------------|-----|-----|---|----------|
| | <ul style="list-style-type: none"> Nimbamrita kashaya Vidangarishtam | | | | | | | | | |
| CO1, CO3 | <p>Describe the Phalashruti, Matra, Anupana and Sevana kala of commonly used Yoga in Arsha</p> <ul style="list-style-type: none"> Arshakuthara rasa Kankayana vati Abhayarishta Takrarishta (Arshaadhikara) | CC | DK | KH | TBL,DIS,L&GD,REC | O-QZ,PRN,QZ | F&S | III | - | NLHT16.4 |
| CO1, CO3, CO5 | <p>Demonstrate the chikitsa yojana & prepare case record in cases of Pureeshavaha sroto vikara after performing relevant clinical examination</p> | PSY-MEC | MK | SH | DIS,LRI,L&GD,TBL,PE R | PRN,VV-Viva,PP-Practical,P-PRF,OSCE | F&S | III | - | NLHP16.1 |
| CO1, CO5 | <p>Commemoration of International days</p> | PSY-MEC | NK | SH | RLE,PE R,PBL,TBL,RP | P-POS,P-PS,P-RP,QZ | F | III | - | NLHP16.2 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|---|
| NLHT 16.1 | <p>Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga for Atisara and Pravahika</p> | <p>Group Discussion and Team based learning</p> <ul style="list-style-type: none"> The students are divided in groups of 3-5 students Each Group is allotted specific Aushadha yoga Students refer and compile the material from library sources and prepare a presentation |



| | | |
|-----------|--|---|
| | | <ul style="list-style-type: none">• Each group will present the allotted topic in class• Students are encouraged to interact with the presenter under the supervision of the mentor• Mentor clears the doubts, answers the queries and gives the concluding remarks |
| NLHT 16.2 | Detailed understanding of Pravahika (dysentery), Raktatisara (ulcerative colitis), Bruhadantra arbuda (colorectal cancer) and its ayurvedic management | Team based learning <ul style="list-style-type: none">• The students are divided into different teams• One team is asked to present a case on dysentery (Pravahika), ulcerative colitis(Raktatisara), colorectal cancer (Bruhadantra arbuda)• The second team present a detailed presentation about the topic on etiopathogenesis, diagnosis• The third team perform clinical examination in a simulated case• The fourth team does a presentation on the investigations and plan of treatment• Followed by group discussion• Mentor clears the doubts, answers the queries and gives the concluding remarks |
| NLHT 16.3 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha for Krimi roga | Group Discussion <ul style="list-style-type: none">• The students are divided in groups of 3-5 students• Each Group is allotted specific Aushadha yoga• Students refer and compile the material from library sources and prepare a presentation• Each group will present the allotted topic in class• Students are encouraged to interact with the presenter under the supervision of the mentor• Mentor clears the doubts, answers the queries and gives the concluding remarks. |
| NLHT 16.4 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha for Arsha | Group Discussion <ul style="list-style-type: none">• The students are divided in groups of 3-5 students• Each Group is allotted specific Aushada yoga• Students refer and compile the material from library sources and prepare a presentation• Each group will present the allotted topic in class |



- Students are encouraged to interact with the presenter under the supervision of the teacher.
- Mentor clears the doubts, answers the queries and gives the concluding remarks

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|--|---|
| NLHP 16.1 | Bedside Case taking of Atisara , Pravahika ,Arsha, Raktatisara and Krimi | <p>Long case taking of Atisara,Pravahika and Arsha (2 cases X 2hours = 4 hours)each batch short case taking of Raktatisara and Krimi (2cases X 1hour= 2 hours) each batch. Interpretation of the Blood, Stools and Imaging reports of patients in IP related to Pureeshavaha srotas and its Avasthika chikitsa Students are asked to take cases in the IPD (6 Hours) Demonstration Bedside Refer case taking framework as described in NLHP3.1 and NLHP5.1 use for details Team based learning</p> <ul style="list-style-type: none">• The students will be divided into different teams• One team will be asked to present Blood reports of patients in IP related to Pureeshavaha srotas• The second team will present a presentation about Stools report of patients in IP related to Pureeshavaha srotas• The third team will be asked to present on Imaging reports of patients in IP related to Pureeshavaha srotas• The fourth team will do a presentation on avasthika chikitsa related to the lab reports• Followed by group discussion• Mentor clears the doubts, answers the queries and gives the concluding remarks |
| NLHP 16.2 | Public awareness activity related to World colorectal cancer awareness day/world IBS day/World piles day | <p>World colorectal cancer awareness day/ world IBS day/ World piles day (Any one) (2 hours) Kinesthetic learning-The students will be asked to make posters on various aspect of the illness and do an exhibition of the same OR Role play-The students will be encouraged to perform a role play depicting the importance of prevention of disease using the ayurvedic principles and swift action on witnessing the early</p> |



| | |
|--|--|
| | <p>symptoms. OR</p> <p>Public outreach program-Conduct a survey among the public to assess the susceptibility of Colorectal cancer and educate them about the same. OR</p> <p>Organise a rally to create awareness about Prevention OR</p> <p>conduct medical camps</p> <p>Prepare a report with a Geotagged Photograph</p> |
|--|--|

Paper 3 (Vyadhi Vishesha Chikitsa Evam Rasayana, Vajikarana)

| A3 Course outcome | B3 Learning Objective (At the end of the session, the students should be able to) | C3 Domain/sub | D3 MK / DK / NK | E3 Level | F3 T-L method | G3 Assessment | H3 Assessment Type | I3 Term | K3 Integration | L3 Type |
|----------------------|--|------------------|--------------------|-------------|------------------|------------------|-----------------------|------------|-------------------|------------|
|----------------------|--|------------------|--------------------|-------------|------------------|------------------|-----------------------|------------|-------------------|------------|

Topic 17 Chikitsa of Annavaha srotodushti vikara (LH :12 NLHT: 4 NLHP: 14)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|----------|--|----|----|----|-------|------------------------|-----|----|----|----|
| CO1, CO3 | Describe the Samprapti vighatana, Chikitsa sutra Chikitsa and Aushadha yoga of Agnimandya(SM3B) Aruchi/ Arochaka | CC | MK | KH | L&PPT | T-CS,T-OBT,QZ ,VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Articulate the Samprapti vighatana, Chikitsa sutra and Chikitsa of Gulma(SM3K) | CC | MK | KH | L&PPT | QZ ,T-CS,T-OBT,VV-Viva | F&S | I | - | LH |
| CO1, CO3 | Detail Chikitsa sutra and Chikitsa yojana including Aushadha yoga and Pathyaapathya of Doshaja Gulma(SM3K) | CC | MK | KH | L&PPT | T-OBT,QZ ,T-CS | F&S | I | - | LH |
| CO1, CO3 | <ul style="list-style-type: none"> Generate a treatment protocol for Sama Pitta and Nirama | CC | MK | KH | L&PPT | T-CS,VV-Viva,QZ ,T-OBT | F&S | I | - | LH |



| | | | | | | | | | | |
|---------------|--|-----|----|----|-------|--------------------------------|-----|---|---|----|
| | <p>Pitta.</p> <ul style="list-style-type: none"> • Illustrate Samprapti vighatana, Chikitsa sutra, and Chikitsa yojana including Aushadha yoga and Pathyaapathya of Amlapitta(SM39) | | | | | | | | | |
| CO1, CO3 | Describe Samprapti vighatana, Chikitsa sutra ,Chikitsa yojana including Aushadha yoga and pathyapathya of Parinaama shoola(SM3D), Annadrava shoola (SM3E) | CC | MK | KH | L&PPT | VV-Viva,T- CS,T- OBT,QZ | F&S | I | - | LH |
| CO1, CO3 | Explain Samprapti vighatana, Chikitsa sutra, Aushadha yoga, and Pathyaapathya of Chhardi(SM3L) | CC | MK | KH | L&PPT | VV-Viva,T- CS,T- OBT,QZ | F&S | I | - | LH |
| CO1, CO3 | Detail the Samprapti vighatana, Chikitsa sutra, Chikitsa of Grahani dosha (SM36) | CC | MK | KH | L&PPT | T-CS,T-OB T,VV- Viva,QZ | F&S | I | - | LH |
| CO1, CO3, CO4 | Construct Doshaja chikitsa , Chikitsa yojana including Aushadha yoga, Rasayana and Pathyaapathya of Grahani(SM36)) | CAP | MK | KH | L&PPT | T-OBT,QZ ,VV-Viva,T- CS | F&S | I | - | LH |
| CO1, CO3 | <ul style="list-style-type: none"> • Illustrate Sama dosha chiklitsa • Explain the Samprapti vighatana, Chikitsa sutra ,Chikitsa of Ajeerna(SM 3B), Alasaka(SM3C), Vishuchika, Vilambika(SM34) | CC | MK | KH | L&PPT | VV-Viva,T- CS,QZ ,T- OBT | F&S | I | - | LH |
| CO1, CO3 | Apply Samprapti vighatana, Chikitsa sutra and Chikitsa of Aatopa, Aadhmana(SM31) and Aanaaha | CC | MK | KH | L&PPT | QZ ,T-OBT ,VV-Viva,T- | F&S | I | - | LH |



| | | | | | | CS | | | | |
|-------------------------------------|--|-------------|----|----|----------------|--------------------------------|-----|---|---|----------|
| CO1, CO2, CO3 | Review the Etiopathogenesis,Diagnosis, Ayurvedic Perspective and Principles of Management of Udaraarbuda (Malignancy of Abdomen) | CC | DK | K | L&PPT ,L&GD | T-OBT,QZ ,VV-Viva,T- CS | F | I | - | LH |
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsa sutra, and chikitsa of Shoola(SM33) | CC | MK | K | L&PPT | VV-Viva,T- CS,QZ | F&S | I | - | LH |
| CO1, CO2, CO4 | Discuss the Etiopathogenesis, Diagnosis, Ayurvedic Mangement of Pittashaya Shotha(Cholecystitis),Agniashaya shotha(Pancreatitis), Diverticulitis and Gastroenteritis(Udara Shotha) | CC | DK | K | FC | T-CS,QZ , VV-Viva,T- OBT | F | I | - | NLHT17.1 |
| CO1, CO2, CO3 | Interpret the Etiopathogenesis, Diagnosis, and Ayurveda Management of Grahani (irritable bowel syndrome) | CC | DK | K | L&PPT | T-CS,P- VIVA | F | I | - | NLHT17.2 |
| CO1, CO2, CO3 | Differentiate the Etiopathogenesis, Diagnosis and Management of Urdhwaga Amlapitta(GERD) , Parinama shoola and Annadrava shoola(Acid Peptic Disease) | CC | DK | K | BS,DIS | QZ ,T-CS, VV-Viva,T- OBT | F | I | - | NLHT17.3 |
| CO1, CO3 | State the Phalashruti, Matra, Sevana kala and Anupana of various yoga mentioned in Annavaha srotodushti vikara | CC | MK | KH | LS,REC ,PER | VV- Viva,QZ | F&S | I | - | NLHT17.4 |
| CO1, CO2, CO3, CO6, CO7 | Identify Annavaha Srotodushti Lakshana in 5 cases of Annavahasroto vikaraDemonstrate the Chikitsa yojana including Pathyaapathya and Rasayana in 5 Annavahasrotodushti vikara | PSY- MEC | MK | KH | D-BED | C-INT,QZ , VV- Viva,SA | F&S | I | - | NLHP17.1 |
| CO1, CO2, CO3, CO6, | Appraise two Annavahasroto dushti vikara in the OPD and formulate a treatment plan based on the Dosha Dooshya vivechana | CS | MK | SH | D | QZ ,C-INT, VV-Viva | F&S | I | - | NLHP17.2 |



| | | | | | | | | | | |
|---------------------|--|-------------|----|----|---------------|---------|---|---|---|----------|
| CO7 | | | | | | | | | | |
| CO1, CO2, CO5 | Demonstrate the insertion of the Nasogastric Tube/ Ryles tube in a mannequin | PSY- MEC | MK | KH | SIM,D, EDU | QZ ,CHK | F | I | - | NLHP17.3 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|---|---|
| NLHT 17.1 | Discussion on Chikitsa of Agniyashaya Shotha(Pancreatitis) and Pittashaya Shotha(Cholecystitis) | <p>Flipped classroom</p> <ul style="list-style-type: none"> • The students are given the topic and they do a compilation on etiopathogenesis, ayurvedic perspective, and management from medical books and online scientific articles (shared by the mentor) • The following day the students get engaged in a discussion on the assigned topic • The students are encouraged to ask questions • The Mentor gives answers to the queries • Evaluation is done by Quiz and Presentation |
| NLHT 17.2 | Compilation of scientific research articles on Irritable Bowel Syndrome/ (Grahani) | <p>Journal Club</p> <ul style="list-style-type: none"> • The topic is allotted to the students and they are asked to read scientific articles in different Journals and prepare notes on etiopathogenesis, the Ayurvedic perspective, and management on the given topic • The next day the students are divided into groups. They share the information gathered with other groups and engage in group discussions. |



| | | |
|-----------------------------------|---|--|
| | | <ul style="list-style-type: none">• Mentors facilitate the discussion and students are encouraged to ask questions.• Mentors give answers to the queries• Evaluation is done by Quiz and Presentation |
| NLHT 17.3 | Brainstorming on Etiopathogenesis, Diagnosis & Management of Urdhwaga Amlapitha(GERD), , Parinama shoola and Annadrava shoola(Acid Peptic Diseases) | <p>Brainstorming</p> <ul style="list-style-type: none">• The topic is given and they are asked to prepare notes on etiopathogenesis, ayurvedic perspective, and management from medical books and online scientific articles (shared by mentor)• The next day the students are divided into groups and engage in group discussions and generate a conceptual framework on the Ayurveda perspective of the disease• Mentors facilitate the discussion and students are encouraged to ask questions• Mentors give answers to the queries• Evaluation is done by Quiz and Puzzles |
| NLHT 17.4 | Clinical application of Aushadha yoga based on different Kalpana in Annavaaha srotodushti vikara. | <p>Library session and Class Presentation</p> <ul style="list-style-type: none">• The Mentor gives a brief description of each Aushadha yoga• The students are divided into small groups of 2 or 3• Each group is given one Aushadha yoga• They are given a Library session and have to refer and collect information regarding each Aushadha yoga• Each group does a class presentation which is followed by a quiz |
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |



| | | |
|-----------|--|--|
| NLHP 17.1 | Bedside Case taking of Annavaaha srotodushti vikara. | Bedside Case taking of Annavaaha srotodushti vikara of Gulma(SM3K), Grahani (SM3), .Amlapitta(SM39), Parinaama shoola & Annadrava shoola/ Udarashoola(SM-3A, 3B,3C,3D,3E). Refer the case-taking format as explained in NLHP Activity Description 3.1 (Total 10hrs) |
| NLHP 17.2 | OP-based case taking of two Annavaahasrotodushti vikara | Refer to the case-taking format as mentioned in NLHP activity 5.1 (Total 2hrs) |
| NLHP 17.3 | Insertion of Nasogastric tube/ Ryles tube in a Mannequin | <p>Simulation/ Video-based learning (total 2hrs)</p> <ul style="list-style-type: none"> • The students will be taken to the simulation Lab • The mentor gives a brief description of the indications and contraindications of NG tube insertion • Then, the Mentor demonstrates the Procedure Step By step to the students • The students practice the procedure on their own • The mentor guides the students and clears their doubts • Assessment will be done using a checklist. <p>https://www.msmanuals.com/professional/gastrointestinal-disorders/how-to-do-gastrointestinal-procedures/how-to-insert-a-nasogastric-tube</p> |

Topic 18 Chikitsa of Manovaha srotas dushti vikara (LH :8 NLHT: 4 NLHP: 8)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|----------|--|-----|----|----|---------------------|-----------------------------|-----|----|----|----|
| CO1, CO3 | Summarize the Chikitsa Sutra of Manovaha sroto dushti and explain Samprapti vighatana, Chikitsa sutra and Chikitsa of Unmada roga.(SQ03) | CC | MK | K | L&PPT,DIS,RE C,L_VC | CL-PR,T-C S,S-LAQ,C R-W,INT | F&S | II | - | LH |
| CO1, CO3 | Explore the role of Adravayabhuta Chikitsa in Unmada roga. | CAP | MK | KH | L_VC,D IS,L&P | T-CS,T-OB T,CR- | F&S | II | - | LH |



| | | | | | PT | W,INT | | | | |
|---------------------|---|-----|----|----|---------------------|---------------------------|-----|----|---|----------|
| CO1, CO3 | Explain the Samprapti vighatana, Chikitsasutra and Chikitsa of Apasmara roga(SK30) | CC | MK | KH | DIS,L&PPT ,L_V C,RE | CR-W,T-OBT,T-CS,S-LAQ,PRN | F&S | II | - | LH |
| CO1, CO3 | Outline the Samprapti Vighatana, Chikitsasutra and Chikitsa of Atattvabhinivesha roga, Chittodvega and Vishada | CAN | MK | KH | L&PPT ,L,DIS | INT,CR-W,T-OBT,T-CS | F&S | II | - | LH |
| CO1, CO2, CO3 | Review the Etiopathogenesis,Diagnosis and Management of Chinta roga (General Anxiety Disorder) . | CC | MK | KH | L_V C,DIS,L&PPT ,L | CR-W,T-CS,INT, C-VC,T-OBT | F&S | II | - | LH |
| CO1, CO2, CO3 | Summarize the Etiopathogenesis,Diagnosis and Management of Vishada (Depression). | CS | MK | K | L&PPT ,L_V C,L,DIS | C-VC,T-C S,T-OBT,INT,CR-W | F&S | II | - | LH |
| CO1, CO2, CO3 | Describe the etiopathogenesis, diagnosis, treatment principles of Epilepsy (non-organic) | CC | DK | KH | DIS,L&PPT ,L,L_V C | T-OBT,PRN,INT,CR-W,T-CS | F&S | II | - | LH |
| CO1, CO3 | Describe the etiopathogenesis, diagnosis, treatment principles of Bhavodvega (Somatoform and mood disorder), Pratyabalajanya vikara (Stress induced disorder), Kamomada (Psychosexual disorders). | CC | DK | KH | L&PPT ,L_V C,L,DIS | T-OBT,T-CS,QZ ,INT,CL-PR | F&S | II | - | LH |
| CO1, CO3 | State the Ekala Aushadha prayoga, Aushadha Kalpa , Rasayana in Manasa roga. | CK | MK | KH | DIS,L&GD,TB L | SA,CBA,S-LAQ,INT | F&S | II | - | NLHT18.1 |
| CO1, CO2 | Explain the Bhutonmada and its basic management. | CC | NK | KH | EDU,PE R,DIS | QZ , C-VC,PRN | F | II | - | NLHT18.2 |



| | | | | | | | | | | |
|-------------------------------------|--|-------------|----|----|-----------------------------------|--|-----|----|---|----------|
| CO1, CO2, CO3 | Discuss clinical understanding of Atavabhinivesha(Obsessive compulsive disorder,Neurotic disorder) and Vyaktatva evum swabhav viparyaya(Personality and behavioral disorder) and its treatment plan. | CAP | NK | KH | DIS,BS | QZ ,INT,CR-W | F | II | - | NLHT18.3 |
| CO1, CO2, CO3 | Discuss clinical understanding of Vishada (Depression) and its treatment plan | CAP | MK | KH | TUT,TB L,DIS | QZ ,INT | F&S | II | - | NLHT18.4 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate the Chikitsa yojana and prepare case record in a case of Manovaha srotodushti after performing relevant clinical examination | PSY- MEC | MK | SH | L&GD, D-BED, TBL,C D,PER | VV-Viva,P RN,PP-Prac tical,OSCE | F&S | II | - | NLHP18.1 |
| CO1, CO2, CO3, CO7 | Identify various clinical conditions of mental disorders, changes in the higher mental functions and study the case management protocols in the establishment. | PSY- MEC | NK | SH | FV,D-B ED,RLE | C-VC,PP-P ractical,OS CE,Log book | F | II | - | NLHP18.2 |
| CO2, CO6 | Assess the importance of commemorating World Mental Health day | PSY- MEC | DK | SH | TUT,E DU | QZ | F | II | - | NLHP18.3 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|----------------------------------|--|
| NLHT 18.1 | Aushadha prayoga for Manasa roga | <p>Group Discussion and Team based learning</p> <ul style="list-style-type: none"> • The students are divided in groups of 3-5 students • Each Group is allotted specific Aushadha yoga • Students refer and compile the material from library sources and prepare a presentation • Each group will present the allotted topic in class |



- Students are encouraged to interact with the presenter under the supervision of the mentor
- Mentor clears the doubts, answers the queries and gives the concluding remarks

1. Ekala Aushadha Yoga (single drug therapy) for manasa roga with appropriate anupana:

- Bramhi,
- Kushmanda,
- Ashwagandha,
- Vacha
- Jyotishmati,
- Shankhapushpi

2. Aushadha Kalpas with appropriate sevana kala matra, anupana of manasa roga –

- Kalyanaka Ghrita,
- Saraswatarishta,
- Manasamitra Vataka,
- Panchagavya Ghrita,
- Smritisagara rasa,

3. Naimittika Rasayana for manasa roga

- Kushmanda avalehya
- Brahmi Ghrita
- Medhya rasayana



| | | |
|-----------|---|--|
| NLHT 18.2 | Bhutonmada and its basic management. | <p>Discussion on the lakshana of Bhutonmada and its basic management. Group Discussion</p> <ul style="list-style-type: none">• Small groups are formed in the class.• The group of students discuss and interact among themselves the panchnidana of bhutonmada along with its chikitsa.• Student and Mentor interaction takes place and queries are solved. |
| NLHT 18.3 | Detailed discussion on Obsessive compulsive disorder, Neurotic disorder, personality and behavioral disorder. | <p>Detailed discussion on the Diagnosis, Clinical examination and treatment of Atatvabhinivesha(Obsessive compulsive disorder,Neurotic disorder) and vyaktatva evum swabhav viparyaya(Personality and behavioral disorder). Group Discussion</p> <ul style="list-style-type: none">• Students are instructed to refer from available resources and prepare PPT.• On the following day they present the topic using audio visual aids followed by Group Discussion.• Mentor answers the queries raised by the students. |
| NLHT 18.4 | Detailed discussion on the Diagnosis, Clinical examination and treatment of Vishada (Depression). | <p>Team based learning</p> <ul style="list-style-type: none">• The students are divided into different teams.• One team is instructed to present a case on depression• The second team is instructed to present a detailed presentation about the topic related to etiopathogenesis, diagnosis.• The third team is as instructed to perform clinical examination in a simulated case.• The fourth team is instructed to do a presentation on the treatment. |



- Presentation is followed by group discussion
- Mentor answers the queries and gives the concluding remarks.

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|--|--|
| NLHP 18.1 | Case study/ case scenario to devise a treatment plan according to principles of Manovaha srotas Documentation of a case/condition requiring manovaha srotas | Clinical case study (2 Long cases x 2hours = 4 hours per batch) Refer the case taking format mentioned in NLHP activity description 3.1 <ul style="list-style-type: none">• |
| NLHP 18.2 | An insight into functionality of a mental hospital /de-addiction center/psycho social rehabilitation center. | Activity - Field visit (2 hours) Community based learning Students are taken to nearest mental health care facility. <ul style="list-style-type: none">• They observe the inmates of the facility and identify various mental health disorders and their management.• Students make a brief report about visit. <p>The report is be presented by the students and assessed by the Mentors followed by concluding remarks.</p> |
| NLHP 18.3 | Public awareness activity related to Mental health day. | Commemoration of World Mental Health day(Oct 10) (2 hours) Community based learning Students are encouraged to conduct public awareness programs using suitable mass communication, audio-visual aids showing the importance of Mental Health, Preventive and therapeutic aspect of |



psychiatric disorders.

Topic 19 Chikitsa of of Antahsravi Granthi vyadhi (LH :4 NLHT: 4 NLHP: 4)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|-----------------------------|---|-----|----|----|------------------------|--------------------------------|-----|----|----|----------|
| CO1, CO2, CO3, CO6 | Explain Chikitsa of Mandavatuk (Hypothyroidism) | CAP | MK | KH | L_VC,L &PPT ,LRI | M-CHT,V V-Viva,WP ,M-POS | F&S | II | - | LH |
| CO1, CO2, CO3, CO6 | Describe Chikitsa of Tivravatuk (Hyperthyroidism) (SP9Y). | CAP | MK | KH | LRI,L& PPT ,L_VC | VV-Viva,M -CHT,WP, M-POS | F&S | II | - | LH |
| CO1, CO2, CO3, CO6 | Explain Chikitsa of Adhivrikka granthi vikara (Adrenal gland Disorders): Hyperaldosteronism-Addison vyadhi (Addison's disease). | CAP | MK | KH | LRI,L_ VC,L& PPT | M-CHT,W P,M-POS,V V-Viva | F&S | II | - | LH |
| CO1, CO2, CO3, CO6 | Explain Chikitsa of Adhivrikka granthi vikara (Adrenal gland disorders): Hypoaldosteronism-Cushing roga samuchchaya (Cushing's Syndrome). | CAP | MK | KH | LRI,L& PPT ,L_VC | M-POS,VV -Viva,WP, M-CHT | F&S | II | - | LH |
| CO1, CO2, CO3, CO6 | Discuss Chikitsa of Piyusha granthi vikara (Pituitary disorders): Hypopituitarism-Vamanatva (Dwarfism) (SP9Y). | CAP | NK | KH | TUT,DI S,PER | VV- Viva,QZ | F | II | - | NLHT19.1 |
| CO1, CO2, CO3, | Explain Chikitsa of Piyusha granthi vikara (Pituitary disorders): Hyperpituitarism-Dirghakayata /Atidirgha (Gigantism) and Vikayata (Acromegaly). | CAP | NK | KH | DIS,PE R,TUT | QZ ,VV- Viva | F | II | - | NLHT19.2 |



| | | | | | | | | | | |
|-------------------------------------|--|-------------|----|----|--------------------------|--|-----|----|---|----------|
| CO6 | | | | | | | | | | |
| CO1, CO2, CO3, CO6 | Explain the Chikitsa of Piyusha granthi vikara : Udakameha (Diabetes insipidus). | CAP | NK | KH | PER,TU T,DIS | QZ ,VV- Viva | F | II | - | NLHT19.3 |
| CO1, CO2, CO3, CO6 | Explain the Chikitsa of Para-avatuka granthi vyadhi (Parathyroid disorders: Hypoparathyroidism and Hyperparathyroidism). | CAP | NK | KH | DIS,PE R,TUT | QZ ,VV- Viva | F | II | - | NLHT19.4 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate clinical case of an Endocrine disorder and discuss its Chikitsa with Pathyapathya. | PSY- SET | MK | KH | D,TBL, PER,CD ,LRI | QZ ,P-VIV A,OSCE,P RN,P- CASE | F&S | II | - | NLHP19.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|---|---|
| NLHT 19.1 | Hypopituitarism-Vamanatva (Dwarfism) (SP9Y) | <p>Students prepare a powerpoint presentation to read, learn and understand the topic.</p> <p>Group Discussion</p> <ul style="list-style-type: none"> • Mentor allots the topic to the student. • Student prepares a Power point presentation for the allotted topic by referring to the study material. • Student presents the topic in the class using power point. • A discussion is generated among the students on the given topic. • Mentor concludes the class with remarks. |



| | | |
|-----------|--|--|
| NLHT 19.2 | Hyperpituitarism-Dirghakayata /Atidirgha (Gigantism) and Vikayata (Acromegaly) | Students prepare a powerpoint presentation to read, learn and understand the topic. Refer the Activity Description of NLHT 19.1 |
| NLHT 19.3 | Udakameha (Diabetes insipidus) | Students prepare a powerpoint presentation to read, learn and understand the topic. Refer the Activity Description of NLHT 19.1 |
| NLHT 19.4 | Hypoparathyroidism and Hyperparathyroidism | Students prepare a powerpoint presentation to read, learn and understand the topic. Refer the Activity Description of NLHT 19.1 |

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|---|---|
| NLHP 19.1 | Case taking of Endocrine disorder. Case presentation of Endocrine disorder | Case based learning(4NLHP - 2 Cases) Please refer the case taking framework as described in NLHP 3.1. |

Topic 20 Chikitsa of Vyadhikshamatva vikara (LH :3 NLHT: 4 NLHP: 3)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|---------------------|--|----|----|----|----------------------|---------|-----|----|----|----|
| CO1, CO2, CO3 | Describe the Etiopathogenesis, Diagnosis and Ayurvedic management of Vyadhikshamata heenatajanya vikara (Immunodeficiency diseases -Primary and secondary immune deficiency disorders) | CC | MK | KH | DIS,L,L &PPT | QZ ,PRN | F&S | II | - | LH |
| CO1, CO2, CO3 | <ul style="list-style-type: none"> Explain the Etiopathogenesis, Diagnosis and Principles of management of Atmapratirodha Kshamatvajanya Vikara (Auto immune disorders) | CC | MK | KH | L_VC,L &PPT ,L | PRN,QZ | F&S | II | - | LH |



| | | | | | | | | | | |
|---------------|---|---------|----|----|-------------------------|---------------------------------|-----|----|---|----------|
| | <ul style="list-style-type: none"> Explain Samprapti vighatana and Chikitsa of Prativrakshija (Systemic Lupus Erythematosus) | | | | | | | | | |
| CO1, CO2, CO3 | Describe the Etiopathogenesis, Types, Diagnosis and Principles of management of Atisamvedanasheelata janya vyadhi (Hypersensitivity Reactions). | CC | MK | KH | L,L_VC ,L&PPT | QZ ,PRN | F&S | II | - | LH |
| CO1, CO2, CO3 | Discuss the Etiopathogenesis, Diagnosis, Principles of management and Ayurvedic understanding of Ankylosing Spondylitis | CC | NK | K | BL,L& GD,L_VC | QZ ,PRN | F | II | - | NLHT20.1 |
| CO1, CO2, CO3 | Summarizes the Etiopathogenesis, Diagnosis, Principles of management along with Ayurvedic perspective of Multiple sclerosis (MS) | CK | NK | K | DIS,L_VC,L& GD,LRI ,TBL | QZ ,PRN | F | II | - | NLHT20.2 |
| CO1, CO2, CO3 | Discuss the Etiopathogenesis, Diagnosis, Principles of management along with Ayurvedic perspective of Crohn's disease | CC | NK | K | L_VC,C D,L&G D,DIS,L RI | QZ ,PRN | F | II | - | NLHT20.3 |
| CO1, CO2, CO3 | Discuss the Etiopathogenesis, Diagnosis, Principles of management along with Ayurvedic perspective of Rheumatoid Arthritis | CC | NK | K | BL,BS, DIS,L& GD,LRI | PRN,QZ | F | II | - | NLHT20.4 |
| CO1, CO2, CO3 | Demonstrate the Chikitsa yojana & prepare case record in cases of Vyadhikshamatva vikara after performing relevant clinical examinations | PSY-MEC | MK | KH | LRI,D-BED,PT ,CD,DL | PRN,Mini-CEX,OSCE ,P-VIVA,P-PRF | F&S | II | - | NLHP20.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|------|------------------|--------------------------------|
|------|------------------|--------------------------------|



| | | |
|-----------|---|---|
| NLHT 20.1 | Approach to the Diagnosis, Ayurvedic perspective and management of Ankylosing Spondylitis | Blended learning and Group discussion <ul style="list-style-type: none">• Students are given online learning material like description of the internet link and scientific articles• Students are divided into various small groups and they will be allotted topic related to Ankylosing Spondylitis• Each group is asked to do a presentation related to the topics given• Group discussion will be followed• Mentor clears the doubts, answers the queries and gives the concluding remarks |
| NLHT 20.2 | Approach to the Diagnosis, Ayurvedic perspective and management of Multiple sclerosis | Team-based learning, Presentation <ul style="list-style-type: none">• The students are divided into different teams• One team is asked to present on etiopathogenesis and diagnosis of Multiple sclerosis• The second team does a detailed presentation about the Ayurvedic understanding of Multiple sclerosis• The third team does a presentation on the investigations related to multiple sclerosis• Followed by a group discussion on Ayurveda management• Mentors answers the queries and gives the concluding remarks. |
| NLHT 20.3 | Approach to the Diagnosis, Ayurvedic perspective and management of Crohn's disease | Class Presentation <ul style="list-style-type: none">• The students are encouraged to collect information on the etiopathogenesis, Diagnosis, |



| | | |
|---|---|--|
| | | <p>Investigations Prognosis and Management of Crohn's disease</p> <ul style="list-style-type: none">• The students do a presentation• Discussion is followed• Mentors answers the queries and gives the concluding remarks |
| NLHT 20.4 | Approach to the Etiopathogenesis, Diagnosis, Ayurvedic perspective and management of Rheumatoid Arthritis | <p>Blended learning and Group discussion</p> <ul style="list-style-type: none">• Students are given online learning material like description of the internet link and scientific research articles• Students are divided into various small groups, and they will be allotted topic related Rheumatoid Arthritis• Each group is asked to do a presentation related to the topic given• Group discussion will be followed• Mentor clears the doubts, answers the queries and gives the concluding remarks |
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 20.1 | Bed side Case Presentation on Immune system disorders | Case Presentation on Immune system disorders 2 cases per clinical batch One long case 2hrs & one short case 1 hr.) Total =3hrs Refer case taking framework as described in NLHP3.1 and NLHP5.1 use for details |
| Topic 21 Chikitsa of Shukravaha srotasa vikara (LH :3 NLHT: 4 NLHP: 4) | | |



| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|---------------|--|----|----|----|--------------------------|----------------|-----|-----|----|----------|
| CO1, CO3, CO4 | Describe the Samprapti vighatana, Chikitsa sutra and Chikitsa of Klaibya and Shukralpata | CC | MK | KH | L&PPT, L_VC, L | PRN, CL-PR, QZ | F&S | III | - | LH |
| CO1, CO2, CO3 | Elaborate the Samprapti vighatana, Chikitsa sutra and Chikitsa of Shukradosha and Kshinashukra | CC | MK | KH | L_VC, L, L&PPT | PRN, QZ | F&S | III | - | LH |
| CO1, CO3, CO4 | Detail the Samprapti vighatana, Chikitsa sutra and Chikitsa of Dhvajabhanga and Explain the causes of Impotency and Plan the treatment. | CC | MK | KH | DIS, L, L_VC, L & PPT | QZ, PRN | F&S | III | - | LH |
| CO2, CO4 | Discuss the Applied clinical anatomy and Endocrinology of male reproductive system in context of chikitsa of Shukravahasrotas Dushti Vikara | CC | NK | K | L&GD, DIS, L_VC, BL | PRN, QZ | F | III | - | NLHT21.1 |
| CO2, CO4 | Determine the Etiopathogenesis, Diagnosis, Principles of management and Ayurveda perspective in the treatment of Male hypogonadism, and Infertility | CE | NK | K | L_VC, TBL, DIS, BS, L&GD | PRN, QZ | F | III | - | NLHT21.2 |
| CO1, CO3, CO4 | State the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga in Shukravaha Srotas vikara <ul style="list-style-type: none"> • Vidarikanda churna • Vrishya ghrita • Madanakameswara lehya • Vrishya gutika | CK | DK | K | DIS, BS, L&GD, REC | PRN, QZ | F | III | - | NLHT21.3 |
| CO1, | | CE | NK | K | DIS, TB | PRN, QZ | F | III | - | NLHT21.4 |



| | | | | | | | | | | |
|-------------------------------------|--|-------------|----|----|---------------------------|--------|-----|-----|---|----------|
| CO2, CO3, CO4 | <ul style="list-style-type: none"> • Explain the concept of Beeja dushti janya vikara and correlate it with hereditary and congenital disorders. • Sketch a management plan for Beejadushti janya vikara • Explain Ayurvedic perspective and principles of management of Male hypogonadism, and Infertility | | | | L,L&G D,L_VC ,CBL | | | | | |
| CO1, CO2, CO3, CO4, CO5 | Demonstrate the Chikitsa yojana & prepare case record in cases of Shukravaha srotodushti vikara after performing relevant clinical examination | PSY- MEC | MK | SH | L&GD, L_VC,D IS,PER | PRN,QZ | F&S | III | - | NLHP21.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|---|
| NLHT 21.1 | Understanding the Applied clinical anatomy and endocrinology aspects for male reproduction | <p>Blended learning</p> <ul style="list-style-type: none"> • Students are given online learning material like description of the digital resources and scientific research articles • Students are divided into various small groups and they will be allotted topic related to Applied clinical anatomy and endocrinology aspects of male reproductive system • Each group is asked to do a presentation related to the topic given • Group discussion will be followed • Mentor clear the doubts and answer the queries to conclude with remarks on the topic |
| NLHT 21.2 | Understanding on the Diagnosis, Clinical | Team based learning |



| | | |
|-----------|---|--|
| | examination and Ayurvedic perspective and Principles of management of Male hypogonadism, and Infertility | <ul style="list-style-type: none">• The students are divided into different teams• One team is asked to present a case on Male hypogonadism and Infertility• The second team present a detailed presentation about the topic related to etiopathogenesis, diagnosis• The third team perform clinical examination in a simulated case• The fourth team does a presentation on the investigations• Followed by group discussion• Mentor will clear the doubts and answer the queries• Give the concluding remarks |
| NLHT 21.3 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga in Shukravaha Srotas vikara | Group Discussion <ul style="list-style-type: none">• The students are divided in groups of 3-5 students• Each Group is allotted specific Aushadha yoga• Students refer and compile the material from library sources and prepare a presentation• Each group presents the allotted topic in class• Students are encouraged to interact with the presenter under the supervision of the teacher.• Mentor gives concluding remarks on the presentations |
| NLHT 21.4 | Detailed understanding on the Diagnosis, Clinical examination and Ayurvedic perspective and principles of management of Male hypogonadism, Infertility and Beeja dushtijanya vikara | Team based learning <ul style="list-style-type: none">• The students are divided into different teams• One team is asked to present a case on Male hypogonadism and Infertility• The second team present a detailed presentation about the topic related to etiopathogenesis, diagnosis• The third team perform clinical examination in a simulated case• The fourth team does a presentation on the investigations• Followed by group discussion |



- Mentor will clear the doubts and answer the queries
- Give the concluding remarks

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|---|--|
| NLHP 21.1 | Bedside case taking of case of Klaihya (Male sexual dysfunction), Shukradosha | <p>Case Presentation on Immune system disorders Two cases per clinical batch (One long case 2 hours & one short case 1 hour.) Total =3 hours</p> <p>Demonstration bedside Refer casetaking framework as described in NLHP3.1 and NLHP5.1 use for details</p> |

Topic 22 Chikitsa of Guhya roga (LH :2 NLHT: 2 NLHP: 2)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|--------------------|--|-----|----|----|---------------------|--------------------------|-----|-----|----|----------|
| CO1, CO2, CO3, CO6 | Describe the Samprapti vighatana, Chikitsa and Aushadha yoga of Upadamsha (SN30), Phiranga (Syphilis) (SN31) and Puyameha (Gonorrhoea) (SN30). | CAP | DK | KH | L&PPT | VV-Viva | F | III | - | LH |
| CO1, CO2, CO3, CO6 | Describe the Samprapti vighatana, Chikitsa and Aushadha yoga of Vankshana lasika granthikanarbud (Lymphomagranuloma Inguinale), Phirangiya vrana (Soft Chancroid) and Visarpa (Herpes Simplex) (SN4T). | CAP | DK | KH | CBL,L_ VC,L,D IS,BS | VV-Viva | F&S | III | - | LH |
| CO1, CO2, CO3, | Differentiate between the Chikitsa of Guhya roga | CAP | DK | KH | L_ VC,D IS,TPW ,LS | M-POS,VV -Viva,M- CHT,QZ | F | III | - | NLHT22.1 |



| | | | | | | | | | | |
|-----------------------------|--|-------------|----|----|--------------------------|----------|-----|-----|---|----------|
| CO6 | | | | | | ,WP | | | | |
| CO1, CO2, CO3, CO6 | Discuss the Chikitsa yojana of Guhya roga along with Phalashruti, Aushadha sevana kala, Matra and Anupana of the following Aushadha yoga <ul style="list-style-type: none"> • Chopachinyadi churna • Ashtamurti rasa • Rasakarpoora • Triphala masee | CAP | DK | KH | PrBL,DI S,LRI,T BL | VV-Viva | F&S | III | - | NLHT22.2 |
| CO1, CO2, CO6, CO7 | Demonstrate awareness about Sexually transmitted diseases (STD) among the teenagers/ young adults in the educational institutes. | AFT- CHR | MK | K | TBL | Log book | F | III | - | NLHP22.1 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|--|
| NLHT 22.1 | Differentiating between the Chikitsa of Guhya roga | <p>Student should learn to differentiate the treatment of Guhya rogas based on their sign and symptoms. Student should prepare an algorithm of treatment plan according to the diagnosis.</p> <p>Team Project Work</p> <ul style="list-style-type: none"> • Students are assigned the task of collecting images/photos of the ulcer pattern of different Guhya rogas. • They are encouraged to prepare posters or charts. • They are also instructed to prepare flow charts of treatment in different Guhya rogas. |



| | | |
|-----------|------------------------|---|
| NLHT 22.2 | Chikitsa of Guhya roga | <p>Student should learn to treat various Guhya roga by making a clinical diagnosis supported by laboratory investigations and Prayoga of different Aushadha yoga with their Phalashruti, Aushadha sevana kala, Matra and Anupana.</p> <p>Small group discussion</p> <ul style="list-style-type: none"> • The Mentor divides the students into small groups. • Some groups are allotted different Guhya roga and other groups are allotted different aushadha yoga. • These groups discuss among themselves the treatment plan of given roga. • The groups which are allotted aushadha yoga should discuss different aspects of its use. • Each Group gives the presentation. • Mentor assesses the presentation of students and conclude with remarks. |
|-----------|------------------------|---|

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|--|--|
| NLHP 22.1 | Creating awareness about Sexually transmitted diseases during National STD Awareness week. | <p>Community Health Education/Public Outreach Program (2 NLHP)</p> <ul style="list-style-type: none"> • .Students are instructed to prepare awareness material regarding Sexually Transmitted Diseases like documentary, posters, slogans etc. • .A convenient day is selected from the National STD awareness week (Second week of April) • .Students are taken to nearby educational institute. • .Students display the awareness material and educate the audience under the guidance of the mentor. |

Topic 23 Vajikarana (LH :6 NLHT: 3 NLHP: 6)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|------|--|----|----|----|--------|---------|-----|-----|----|----|
| CO1, | Recall the principles of Vajikarana & summarize its need along | CC | MK | K | PER,TU | PRN,VV- | F&S | III | - | LH |



| | | | | | | | | | | | |
|---------------------|--|-----|----|----|---------------------------------|---|-----|-----|---|----------|--|
| CO3, CO4 | with the benefits | | | | T,L&PP T | Viva,QZ , M-POS,S- LAQ | | | | | |
| CO1, CO3, CO4 | Comprehend the concept of Shuddha Shukra and analyse its role in male fertility and reproductive health | CAN | MK | KH | L&PPT ,LRI,TU T | M-CHT,QZ ,VV-Viva,C OM,WP | F&S | III | - | LH | |
| CO1, CO3, CO4 | Explain the types of Vajikarana Dravya useful in different Shukravaha sroto dushti vikara | CC | DK | KH | PER,L& PPT ,FC ,L_VC | S-LAQ,QZ ,M-POS,PR N,PUZ | F | III | - | LH | |
| CO1, CO3, CO4 | Elaborate the role of Vajikarana in the management of Infertility(Klaibya) and Impotency(Shandhatva) | CC | MK | KH | PER,LR I,SY,L &PPT | DEB,QZ ,C OM,PRN,V V-Viva | F | III | - | LH | |
| CO1, CO3, CO4 | State the Therapeutic benefits of individual herbs in Shukra janana mahakashaya & Shukra shodhaka mahakashaya for the treatment of male/female Infertility | CC | DK | KH | L&PPT ,LS,TU T,BS | QZ ,PUZ,T -OBT,VV- Viva,M- CHT | F&S | III | - | LH | |
| CO1, CO3, CO4 | Classify the Phalashruti, Sevana kala, Matra & Anupana of the following Aushadha KalpanaSiddha makardwajamJatiphaladi vatiAmrita bhallataka | CK | NK | K | L&PPT ,TUT,F C,PER, LS | M-CHT,CL -PR,VV- Viva,QZ | F | III | - | LH | |
| CO1, CO3, CO4 | Discuss the Phalashruti of the following Aushadha Kalpana along with its Sevana kala, Matra & AnupanaShilajatuVanga bhasmaSuvarna bhasma | CK | DK | KH | L&GD, FC,PER ,TBL,L S | P-EXAM,C L-PR,COM ,VV- Viva,QZ | F&S | III | - | NLHT23.1 | |
| CO1, CO3, CO4 | Devise the Chikitsa Karmukatva, Sevana kala, Matra & Anupana of the following Aushadha KalpanaVajikarana ghrutaVrishya ghrutaVrishya gutikaShrigopal taila | CK | DK | KH | BL,TBL ,SY,LS, TUT | WP,M-POS ,VV-Viva,C OM,T-CS | F&S | III | - | NLHT23.2 | |



| | | | | | | | | | | |
|---------------------|---|-------------|----|----|-----------------------------------|---|-----|-----|---|----------|
| CO1, CO3, CO4 | Demonstrate the Phalashruti, Sevana kala, Matra & Anupana of the following Vajikarana YogaMadanakameswara lehyaNarasimha rasayanBrimhani gulika | CC | DK | KH | PER,PS M,LS,D IS,TBL | M-CHT,T- CS,CL-PR, VV-Viva,P- VIVA | F&S | III | - | NLHT23.3 |
| CO1, CO3, CO4 | Formulate the appropriate treatment applying the principles of management of Vajikarana in Shukra Dushti | PSY- MEC | DK | SH | LRI,D- BED,C BL,DIS, TBL | P-CASE,O SCE,CBA, C-VC,SP | F&S | III | - | NLHP23.1 |
| CO1, CO3, CO4 | Construct a Chikitsayojana based on the interpretation of Investigations related to Male & Female Infertility | PSY- MEC | NK | SH | CD,LRI ,CBL,SI M,DIS | P-VIVA,P- POS,SP, C- VC,CBA | F&S | III | - | NLHP23.2 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|--|---|
| NLHT 23.1 | Mono Drug Vajikarana therapy like - Shilajatu, Suvarna bhasma and Vanga bhasma | <p>Student discusses the phalashruti of a few ekala Vajikarana Dravya along with their sevana kala, matra, anupana & pathyaapathya.</p> <ul style="list-style-type: none"> • The students participate in Groups as per the instructions of the Mentor • Mentor allots one of mono drug vajikarana therapy like Shilajatu, Suvarna bhasma or Vanga bhasma to each group to discuss & construct a chikitsa yojana. • Each group discusses about indications, method of administration, phalashruti, Matra, Anupana & Pathyaapathya kalpana of the allotted herb. • Each group gives a powerpoint presentation on the allotted topic. • The Mentor concludes the session with remarks |



| | | |
|-----------|---|---|
| NLHT 23.2 | Vajikarana ghruta, Vrishya ghruta, Vrishya gutika & Shrigopal taila in Vajikarana Prayoga | <p>Students devise the Chikitsa karmukatva, Sevana kala, Matra, Anupana & Pathyaapathya of Vajeekarana aushadha Kalpana.</p> <p>Team Based Learning</p> <ul style="list-style-type: none">• The Mentor selects few students & divide them into 4 teams• Each team is allotted one of Vajeekaran ghruta, Vrishya ghruta, Vrishya gutika or Shrigopal taila & instructed to search information.• The teams refer to & collect the necessary information related to indications, method of administration, phalashruti, Matra, Anupana & Pathyaapathya of the given medicine from library sources• Each team discusses the contents and presents the summary.• Other students are encouraged to participate in the discussion under supervision of mentor.• The Mentor provides concluding remarks on the presentation. |
| NLHT 23.3 | Vajikarana Yoga - Madanakameshwara Lehya, Narasimha Rasayan & Brimhani Gulika. | <p>Students to demonstrate the Phalashruti, Sevana kala, Matra, Anupana & Pathyaapathya of Vajikarana Aushadha yoga</p> <p>Team based Learning</p> <ul style="list-style-type: none">• The Mentor divides the students into small groups & instructs them to refer tutorials, library resources, reading materials on the allotted Madanakameshwara lehya, Narasimha rasayana or Brimhani gulika• The students in groups are instructed to present their knowledge & ideas on the indications, method of administration, phalashruti, matra, anupana & pathyaapathya of the given medicine by preparing posters/charts/e-posters.• Students will accordingly present the discussed topics through poster• The Mentor encourages the activity & gives concluding remarks |



| Non Lecture Hour Practical | | |
|-----------------------------------|---|--|
| S.No | Name of Practical | Description of Practical Activity |
| NLHP 23.1 | Formulate a treatment plan according to principles of Vajikarana. | <p>The students will document:- A case of shukra dushti Structure an appropriate treatment plan Select the appropriate aushadha(aushadha yoga/mono drug therapy). Case based learning - 2 long cases x 2 hours = 4hours per batch The Mentor takes students to the ward/OPD of Kayachikitsa. Students in the clinical batch select a case requiring vajikarana. Mentor shows the construction of the chikitsa yojana and documenting it in the following steps:</p> <ul style="list-style-type: none">• The students shall introduce self to the patient and take verbal consent.• The students shall interrogate the patient and document the clinical history.• The students further brief the patient about the steps in examination that will be performed on him/her.• The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination of the involved system• students collect information from Blood analysis, semen analysis, radiological investigations and consider it for doshadushyadi vivechan• The students interpret the collected information and state the vyadhi nama (arrive at a tentative clinical diagnosis) following the method of vyavachedaka nidana (differential diagnosis)• The students determine the sadhyaasadyata (prognosis) of the disease in the patient.• The students formulate a chikitsa yojana of vajikaran medicines• The students recommend pathyaapathya to the patient.• Finally, the students address the doubts of the patient & acknowledge his/her cooperation in the case taking.• The students present and discuss the documented short case.• The mentor facilitates the case presentation.• The mentor evaluates the student's performance, knowledge, psychomotor and |



| | | |
|-----------|---|---|
| | | <p>communication skills using rubrics or checklist and gives the feedback.</p> <ul style="list-style-type: none">• Remedial measures should be implemented if found necessary |
| NLHP 23.2 | Constructing a Chikitsa yojana based on the Interpretation of the Investigations related to Male & Female Infertility | <p>Students will construct a chikitsa yojana in a case interpreting the available investigations like Blood analysis, semen analysis, radiological investigations.</p> <p>Case based learning - 2 short cases x 1hour = 2hours per batch</p> <p>Each student will be given two cases(one male & one female) by the mentor for interpretations of the available investigation reports in a male/female infertility patient for treatment purpose</p> <p>Mentor shows the art of writing a rational treatment prescription and documenting it in the following steps:</p> <ul style="list-style-type: none">• The students shall introduce self to the patient and take verbal consent.• The students shall interrogate the patient and document the clinical history.• The students further brief the patient about the steps in examination that will be performed on him/her.• The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination of the involved system• students collect information from Blood analysis, semen analysis, radiological investigations and consider it for doshadushyadi vivechan• The students interpret the collected information and state the vyadhi nama (arrive at a tentative clinical diagnosis) following the method of vyavachedaka nidana (differential diagnosis)• The students determine the sadhyaasadyata (prognosis) of the disease in the patient.• The students formulate a chikitsa yojana of vajikaran medicines• The students recommend pathyaapathya to the patient.• Finally, the students address the doubts of the patient & acknowledge his/her cooperation in the case taking.• The students present and discuss the documented short case.• The mentor facilitates the case presentation. |



- The mentor evaluates the student's performance, knowledge, psychomotor and communication skills using rubrics or checklist and gives the feedback.
- Remedial measures should be implemented if found necessary.

Topic 24 Rasayana (LH :6 NLHT: 4 NLHP: 8)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|---------------------|---|-----|----|----|-----------------------------------|----------------------------------|-----|-----|----|----|
| CO1, CO3, CO4 | Retrieve the Indications of Rasayana & Comprehend the Dose of Rasayana according to Ayu(age) of the patient/subject | CAN | DK | KH | L_VC,L &PPT | PRN,S- LAQ,QZ ,P UZ,M-CHT | F&S | III | - | LH |
| CO1, CO3, CO4 | Identify the role of Aachara Rasayana in clinical practice | CK | DK | KH | BS,L&P PT ,L_ VC,PL, PER | PA,M-CHT ,O-QZ,T- CS,WP | F | III | - | LH |
| CO1, CO3, CO4 | Elaborate the application & benefits of Naimittika Rasayana with examples. | CC | MK | KH | TUT,PE R,KL,B S,L&PP T | PRN,M-PO S,P-VIVA, PUZ,COM | F&S | III | - | LH |
| CO1, CO3, CO4 | Classify the given Vyadhihara Rasayana according to its Chikitsa karmukatva, Matra, Aushadha sevana kala & AnupanaAamalaki RasayanaBhallataka RasayanaVardhamana Pippali Rasayana | CC | NK | KH | FC,L&P PT ,BS,PE R | PRN,DEB, QZ ,COM, M-CHT | F&S | III | - | LH |
| CO1, CO3, CO4 | Explain the Chikitsa karmukatva, Matra, Aushadha sevana kala & Anupana of the following Vyadhihara Rasayana Tugaraka Rasayana | CC | NK | KH | FC,PER ,BS,L& PPT | WP,PRN,M -POS,VV- Viva,QZ | F | III | - | LH |



| | | | | | | | | | | |
|---------------------|---|-------------|----|----|----------------------------------|---|-----|-----|---|----------|
| | Shilajatu Rasayana Lasuna Rasayana | | | | | | | | | |
| CO1, CO3, CO4 | Elaborate the Aushadha sevana kala, Matra & Anupana along with the Chikitsa Karmukatva of the following Vyadhihara Rasayana Triphala Rasayana Chyavanprasha Agastya Haritaki Kushmanda Rasayana | CC | NK | KH | L&PPT ,FC,BS, PER | M-CHT,CO M,PUZ,QZ ,VV-Viva | F | III | - | LH |
| CO1, CO3, CO4 | Demonstrate the use of single herbs as Rasayana in Chikitsa | CAP | DK | KH | LS,TBL ,IBL,L &GD | SA,T-CS,C L-PR,PRN, M-POS | F&S | III | - | NLHT24.1 |
| CO1, CO3, CO4 | Integrate the Evidence based therapeutic effects of Rasayana | CAN | NK | KH | IBL,PE R,LRI,L S,PL | CL-PR,QZ ,PRN,CR- RED,PA | F&S | III | - | NLHT24.2 |
| CO1, CO3, CO4 | Illustrate a treatment protocol incorporating a Rasayana | CAP | NK | KH | CBL,SI M,FC,I BL,PER | Log book,V V-Viva,CL- PR,P- CASE,CBA | F&S | III | - | NLHT24.3 |
| CO1, CO3, CO4 | Devise an ideal Rasayana protocol as Apunarbhava Chikitsa | CS | NK | KH | SIM,DI S,LS,FC ,PER | VV-Viva,M -CHT,CL-P R,WP,P- CASE | F&S | III | - | NLHT24.4 |
| CO1, CO3, CO4 | Devise an appropriate treatment protocol in a case study/case scenario applying the principles of Rasayana | PSY- GUD | DK | SH | CBL,LR I,IBL,D -BED,C D | P-CASE,O SCE,SP,CB A,P-VIVA | F&S | III | - | NLHP24.1 |
| CO1, CO3, | Formulate appropriate Rasayana in the given case Kanthya Rasayana Varnya Rasayana Keshya Rasayana Medhya | PSY- SET | NK | SH | LRI,CB L,SIM, | CBA,SP,P- CASE,Log | F&S | III | - | NLHP24.2 |



| CO4 | RasayanaNaimittika Rasayana – ShwasaNaimittika Rasayana – Tvacha roga | | | | | CD,DIS | book, C-VC | | | | |
|--------------------------------|--|---|--|--|--|--------|------------|--|--|--|--|
| Non Lecture Hour Theory | | | | | | | | | | | |
| S.No | Name of Activity | Description of Theory Activity | | | | | | | | | |
| NLHT 24.1 | Application of the properties of the single herbs for using them as Rasayana | Discussion on justifying the use of single herbs as Rasayana in Chikitsa Group Discussion <ul style="list-style-type: none">• The students participate in Groups as per the instructions of the Mentor• Mentor allots single herb to each group to discuss their Rasayana properties.• Each group discusses about kalpana, matra & anupana of the allotted herb.• Each group gives a ppt presentation on the allotted topic.• The Mentor concludes the session with remarks | | | | | | | | | |
| NLHT 24.2 | Evidence based therapeutic effects of Rasayana | Utilization of Library resources by the students to collect information on Rasayana from peer-reviewed Indexed Journals Team based learning <ul style="list-style-type: none">• The Mentor selects few students & divide them into 4 teams• Each team is instructed to search articles related to rasayana in peer- reviewed indexed journals to gather information.• The teams refer to & collect the necessary information from the referred research article of library sources• Each team discusses the contents and presents the summary.• Other students are encouraged to participate in the discussion under supervision of mentor.• The Mentor provides concluding remarks on the presentation. | | | | | | | | | |



| | | |
|-----------------------------------|---|---|
| | | |
| NLHT 24.3 | Utility of Naimittika Rasayana in a treatment protocol | <p>Case Based Learning</p> <ul style="list-style-type: none">• The Mentor allots simulated disease condition to the students• The students are expected to chalk out an appropriate chikitsa yojana along with rasayana prayog for the given diagnosis.• A discussion is generated among the students for the given topics• Selected Students will present the given topic under the supervision of mentor.• The Mentor concludes the class with remarks |
| NLHT 24.4 | Planning of Apunarbhava Chikitsa applying the principles & procedures of Rasayana Therapy | <p>Flipped classroom</p> <ul style="list-style-type: none">• Students are divided into small groups by the mentor• students in the group are asked to prepare a presentation on the role of rasayana in apunarbhava chikitsa• In the following lecture, groups present the sequential procedures of rasayana therapy (purva & pradhana karma).• Other group students are encouraged to participate in the discussion• The Mentor supervises the presentations & provides guidance |
| Non Lecture Hour Practical | | |
| S.No | Name of Practical | Description of Practical Activity |



| | | |
|-----------|--|--|
| NLHP 24.1 | Devise a treatment plan according to principles of Rasayana. | <p>Bedside Demonstration- 3 Long cases x 2 hours = 6 hours per batch Documentation of a case/condition requiring Rasayana Selection of appropriate Rasayana dravya by the student. The Mentor takes students to the ward/OPD of Kayachikitsa. Students in the clinical batch select a case requiring rasayana. Mentor shows the construction of the chikitsa yojana and documenting it in the following steps</p> <ul style="list-style-type: none">• The students shall introduce self to the patient and take verbal consent.• The students shall interrogate the patient and document the clinical history.• The students further brief the patient about the steps in examination that will be performed on him/her.• The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination.• The available investigation reports are interpreted by the students.• The students analyze the nidana panchaka and extent of alteration in samprapti ghataka. The students interpret the collected information and state the vyadhi nama (arrive at a tentative clinical diagnosis) following the method of vyavachedaka nidana (differential diagnosis)• The students determine the sadhyaasadyata (prognosis) of the disease in the patient.• The students construct the chikitsa yojana & prescribes certain rasayana required for the diagnosed disease.• The students recommend pathyaapathya to the patient.• Finally, the students address the doubts of the patient & acknowledge his/her cooperation in the case taking. The students present and discuss the documented long case.• The mentor facilitates the case presentation.• The mentor evaluates the student's performance, knowledge, psychomotor and communication skills using rubrics or checklist and gives the feedback.• Remedial measures should be implemented if found necessary. |
| NLHP 24.2 | Formulate a treatment plan using appropriate enlisted Rasayana | <p>Case Based Learning - 2 Short cases x 1 hour = 2 hours per batch The Mentor takes students to the ward/OPD of Kayachikitsa & assigns them a case requiring rasayana</p> |



treatment.

Mentor shows the art of writing a rational treatment prescription and documenting it in the following steps:

- The students shall introduce self to the patient and take verbal consent.
- The students shall interrogate the patient and document the clinical history.
- The students further brief the patient about the steps in examination that will be performed on him/her.
- The students perform the relevant clinical examinations adopting the Ayurvedic and conventional clinical methods of examination of the involved system
- The available investigation reports are interpreted by the students.
- The students interpret the collected information and state the vyadhi nama (arrive at a tentative clinical diagnosis) following the method of vyavachedaka nidana (differential diagnosis)
- The students determine the sadhyaasadyata (prognosis) of the disease in the patient.
- The students formulate a rational treatment prescription for the diagnosed disease & plan the appropriate rasayana therapy enlisted below.
- Kanthya Rasayana, Varnya Rasayana, Keshya Rasayana, Medhya Rasayana, Naimittika Rasayana – Shwasa, Naimittika Rasayana – Tvacha roga.
- The students recommend pathyaapathya to the patient.
- Finally, the students address the doubts of the patient & acknowledge his/her cooperation in the case taking.
- The students present and discuss the documented short case.
- The mentor facilitates the case presentation.
- The mentor evaluates the student's performance, knowledge, psychomotor and communication skills using rubrics or checklist and gives the feedback.
- Remedial measures should be implemented if found necessary.

Topic 25 Chikitsa of Jarajanya vikara and Indriyapradoshaja vikara (LH :2 NLHT: 2 NLHP: 12)

| A3 | B3 | C3 | D3 | E3 | F3 | G3 | H3 | I3 | K3 | L3 |
|------|---|----|----|----|---------|-----------|-----|-----|----|----|
| CO1, | Explain Samprapti vighatana and Samanya chikitsa of Jarajanya | CC | MK | SH | L,DIS,L | S-LAQ,T-C | F&S | III | - | LH |



| | | | | | | | | | | |
|-------------------------|--|---------|----|----|--------------------|---------------------------|-----|-----|---|----------|
| CO3 | vikara and Indriyapradoshaja vikara . | | | | &PPT | S,CR-W,T-OBT,CL-PR | | | | |
| CO1, CO2, CO3 | Review the Etiopathogenesis, Diagnosis and Principles of Management of Smritilopa(Alzheimer's disease). | CC | MK | KH | L_VC,DIS,L&PPT | OSCE,T-C S,INT,CR-W,T-OBT | F&S | III | - | LH |
| CO1, CO3 | State the Ekala Aushadha prayoga, Aushadha Kalpa, Rasayana in Jarajanya vikara. | CK | MK | KH | DIS,L&GD,TBL | CBA,INT,S-LAQ,QZ | F&S | III | - | NLHT25.1 |
| CO1, CO3 | State the Ekala Aushadha prayoga, Aushadha Kalpa, Rasayana in Indriyapradoshaja vikara. | CK | MK | KH | DIS,L&GD,TBL | S-LAQ,PRN,CBA,INT | F&S | III | - | NLHT25.2 |
| CO1, CO2, CO3, CO6, CO7 | Demonstrate the Chikitsa yojna and prepare case record in a case of Jarajanya vikara and Indriyapradoshaja vikara after performing relevant clinical examination | PSY-MEC | MK | SH | CBL,DIS,D-BED,L&GD | Log book,OSCE,PRN | F&S | III | - | NLHP25.1 |
| CO1, CO2, CO3 | Identify various clinical conditions of elderly, age related physiological changes and their clinical significance and study the case management protocols in the establishment. | PSY-MEC | NK | SH | FV,D-BED,RLE,DIS | CBA, C-V C,OSCE,Log book | F | III | - | NLHP25.2 |
| CO2, CO7 | Create awareness on the Role of Ayurveda in the prevention and management of age related diseases. | PSY-MEC | DK | SH | TUT,DIS,EDU | QZ ,Log book | F | III | - | NLHP25.3 |

Non Lecture Hour Theory

| S.No | Name of Activity | Description of Theory Activity |
|-----------|-------------------------------------|--|
| NLHT 25.1 | Aushadha prayoga for Jarajanya roga | Group Discussion and Team based learning |



| | | |
|-----------|--|--|
| | | <ul style="list-style-type: none">• The students are divided in groups of 3-5 students• Each Group is allotted specific Aushadha yoga• Students refer and compile the material from library sources and prepare a presentation• Each group will present the allotted topic in class• Students are encouraged to interact with the presenter under the supervision of the mentor• Mentor clears the doubts, answers the queries and gives the concluding remarks <p>1. Ekala Aushadha Yoga (single drug therapy) for Jarajanya vikara with appropriate anupana:</p> <ul style="list-style-type: none">• Vidari• Shatavari• Ashvagandha• Jivanti• Madhuka <p>2.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following:</p> <ul style="list-style-type: none">• Yashtimadhu churna• Guduchi swarasa• Ashvagandhai churna• Shatavrayadi churna• Vidryadi churna <p>3.Naimittika Rasayana for Jarajanya vikara</p> |
| NLHT 25.2 | Aushadha prayoga for Indriyapradoshjoja vikara | <p>Group Discussion and Team based learning</p> <ul style="list-style-type: none">• The students are divided in groups of 3-5 students |



- Each Group is allotted specific Aushadha yoga
- Students refer and compile the material from library sources and prepare a presentation
- Each group will present the allotted topic in class
- Students are encouraged to interact with the presenter under the supervision of the mentor
- Mentor clears the doubts, answers the queries and gives the concluding remarks

1. Ekala Aushadha Yoga (single drug therapy) for Indriyapradoshaja vikara with appropriate anupana:

- Daruharidra
- Haritaki
- Vibhitaki
- Amalaki
- Pippali

2. Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following:

- Ksheerbala tail
- Sarivadi vati
- Chavayanprakash
- Bilva tail
- Triphala churna

3. Naimittika Rasayana for Indriyapradoshaja vikara.

Non Lecture Hour Practical

| S.No | Name of Practical | Description of Practical Activity |
|-----------|---|---|
| NLHP 25.1 | Case study/ case scenario to devise a treatment | Documentation of a case/condition requiring Jarajanya vikara and Indriyapradoshaja vikara |



| | | |
|-----------|---|--|
| | plan according to principles of Jarajanya vikara and Indriyapradoshaja vikara | Clinical case study (2 Long cases x 2 hours = 4 hours per batch) Case based learning Refer the case taking framework as described in NLHP 3.1 |
| NLHP 25.2 | An insight into functionality of a senior citizens' home/Geriatric care center. | Field visit (4 hours) Community based learning Students are taken to nearest senior citizens' home/Geriatric care center. . <ul style="list-style-type: none">• They observe the inmates of the facility and identify various age related disorders and their management.• Students make a brief report about visit.• The report is be presented by the students and assessed by the Mentors followed by concluding remarks. |
| NLHP 25.3 | Public awareness activity related to age related diseases. | Commemoration of International day of older people and Screening health camp (4 hours) Community based learning Students are encouraged to conduct public awareness programs using suitable mass communication, audio-visual aids consisting the information of age related disorders , Preventive and therapeutic aspect of age related diseases. |

**Table 4 : NLHT Activity**

(*Refer table 3 of similar activity number)

| Activity No* | CO No | Activity details |
|--------------|-------------|--|
| 1.1 | CO1 | Selection of the appropriate treatment for a simulated case, enacted role play |
| 3.1 | CO1,CO2 | Clinical understanding of Nija jvara,Sannipataja jvara and Agantuja jvara and its Chikitsa yojana |
| 3.2 | CO1,CO3 | Importance of Langhana Chikitsa in Jvara |
| 3.3 | CO1,CO2 | Clinical understanding and treatment of Jvara according to its different stages(Avasthanusara Jvara chikitsa) |
| 3.4 | CO1,CO3 | Clinical understanding and management of Dhatugata jvara,Vishama jvara and Punaravartaka jvara |
| 3.5 | CO1,CO3 | Understanding the Nidana panchaka and framing the management of various varieties of Jvara through case scenario. |
| 3.6 | CO1,CO3 | Importance of Ksheera prayoga and Ghrita prayoga in Jvara |
| 3.7 | CO1,CO3 | Phalashruti,Sevanakala,Matra,Anupana of the given Aushadha kalpana <ul style="list-style-type: none">• Shadanga paneeya• Amritottaram Kashaya• Indukantam Kashaya• Vishamajvara nashaka kashaya• Sudarshana churna• Mrityunjaya rasa• Amritarishta• Pippalyadi Ghrita• Aparajita dhoopa |
| 4.1 | CO1,CO2 | Understanding of Samprapti vighatana in Anukta roga |
| 5.1 | CO1,CO2,CO3 | Approach to the diagnosis and management of Mastishkavarana shotha jvara(Meningitis) Mastishka shotha(Encephalitis) and Dhanurvaata(Tetanus) |
| 5.2 | CO1,CO2,CO3 | |



| | | |
|-----|-------------|--|
| | | Approach to the diagnosis and management of Granthika sannipata jvara(Plague) and Leptospirosis |
| 5.3 | CO1,CO2,CO3 | Approach to the diagnosis and management of Beejanu jvara (Anthrax), and Peeta jvara (Yellow fever) |
| 5.4 | CO1,CO2,CO3 | Approach to the diagnosis and management of Sandhiga sannipata jvara (Chikungunya) Dandaka jvara(Dengue) and Shleepada (Filariasis), |
| 6.1 | CO2,CO6 | An insight into Anuvanshika rakta vikara (Haematopoietic diseases) and their chikitsa. |
| 6.2 | CO1,CO2,CO6 | Leukemia and its treatment |
| 6.3 | CO1,CO2,CO6 | Haemoglobinopathies |
| 6.4 | CO2,CO6 | Common Cardiovascular Diseases |
| 6.5 | CO1,CO2,CO6 | Diagnosis and treatment of Raktapravaha-hinata-janya hridroga with special reference to Coronary Artery Diseases |
| 6.6 | CO1,CO2,CO6 | Diagnosis and management of Raktaja Hridghaatah and Hritpaatah (Congestive Cardiac failure, Cardiac arrest and Conductive disorders of the Cardia) |
| 7.1 | CO2,CO6 | Disorders of Coagulation |
| 7.2 | CO2,CO6 | Acquired disorders of coagulation |
| | | |



| | | |
|------|-----------------|--|
| 7.3 | CO1,CO2,CO6 | Contemporary understanding of Visarpa along with its management |
| 7.4 | CO1,CO3 | Kushtha bheda and doshahara chikitsa |
| 7.5 | CO1,CO2,CO6 | Diagnosis and treatment of Leprosy and Vitiligo/Leukoderma |
| 7.6 | CO1,CO2,CO6 | A diagnostic and treatment approach to Yakrut shotha w.s.r to Infective and Non-Infective Hepatitis. |
| 7.7 | CO1,CO2,CO6 | An Insight into Yakrut vikara (common liver disorders) and their management |
| 7.8 | CO1,CO2,CO6 | Maladies and remedies of Gout with special reference to Vatarakta |
| 7.9 | CO1,CO2,CO3 | Management of peripheral vascular disorders |
| 7.10 | CO1,CO2,CO6 | Article review on Tvak vikara |
| 7.11 | CO1,CO2,CO6 | Diagnosis and treatment of Tvak vikara (Common Dermatological conditions in clinical practice) |
| 8.1 | CO1,CO2,CO3,CO6 | Photography competition to familiarize the students with diagnosis and treatment of Kshudra roga. |
| 9.1 | CO1,CO3 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga for Sthoulya and Prameha |



| | | |
|------|-----------------|---|
| 9.2 | CO1,CO2,CO3 | Detailed understanding of dyslipidemia and Obesity and its ayurvedic management |
| 10.1 | CO1,CO2,CO3 | Identifying the occurrence of Iatrogenic Disease & assessment of the benefits of Shuddha chikitsa & ill effects of Ashuddha chikitsa |
| 11.1 | CO1,CO2,CO3 | Gata vata Chikitsa |
| 11.2 | CO1,CO3,CO4 | Chikitsa yojana in Vatavyadhi |
| 11.3 | CO1,CO3 | Symposium on Urustambha |
| 11.4 | CO1,CO3,CO4 | Understanding of Udavarta and its application |
| 11.5 | CO1,CO2,CO3 | Detailed understanding of Guillain- Barre Lakshana samuchchaya (Guillain -Barre syndrome),Ajna Nadi Vikara (Motor Neuron Disease),,Anuprasthiyasitamajjachadda shotha (Transverse Myelitis),Peshi dourbalya (Myasthenia Gravis) |
| 11.6 | CO1,CO2,CO3 | Understanding of Cerebrovascular Accident and its management |
| 12.1 | CO1,CO2 | Discussion on Asthisankatarbuda(Osteosarcoma) |
| 12.2 | CO1,CO2,CO3,CO4 | Discussion on the etiopathogenesis, Diagnosis and Management of Osteoarthritis |
| 12.3 | CO1,CO2,CO3 | Detailed understanding of the Diagnosis, Clinical examination, ayurvedic perspective and management of Lumbar spondylosis and Cervical Spondylosis |
| 12.4 | CO1,CO2,CO3,CO4 | Ayurvedic management of Asthimajjavaha srotodushti vikara based on interpretation of Radiological Investigations |
| 13.1 | CO1,CO3,CO4 | Chikitsa yojana (treatment plan) of Shwasa (SL42)& Hikka (SM74) by |
| 13.2 | CO1,CO3,CO4 | Chikitsa yojana (treatment plan) of Kaasa Roga (SL41) |
| 13.3 | CO1,CO3,CO4 | Chikitsa yojana (treatment plan) of or Trirupa , Shadrupa, Ekadasha rupa |



| | | |
|------|-------------|--|
| | | rajyakshama , Anuloma kshaya & Pratiloma kshaya |
| 13.4 | CO1,CO3,CO4 | Construct Chikitsa yojana (treatment plan) of Urahkshat roga. |
| 14.1 | CO1,CO3,CO4 | Constructing chikitsa yojana for Shotha roga |
| 14.2 | CO1,CO3,CO4 | Constructing Chikitsa yojana of Udar roga & Jalodara |
| 15.1 | CO1,CO3,CO4 | Constructing Chikitsa Yojana for Samprapti vighatana of Mootrakrichchha roga (SM82) |
| 15.2 | CO1,CO3,CO4 | Constructing Chikitsa Yojana for Samprapti Vighatana of Mootraghaata roga (SM81) |
| 15.3 | CO1,CO3,CO4 | Constructing chikitsa yojana for samprapti vighatana of Ashmari roga (SM82) |
| 15.4 | CO1,CO3 | Detailed understanding of management of Pourusha Granthi Vriddhi (BPH) , Pourusha Granthi Arbuda (Ca Prostate) & Apavrukkatva (Nephrotic Syndrome) |
| 16.1 | CO1,CO3 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga for Atisara and Pravahika |
| 16.2 | CO1,CO3,CO5 | Detailed understanding of Pravahika (dysentery), Raktatisara (ulcerative colitis), Bruhadantra arbuda (colorectal cancer) and its ayurvedic management |
| 16.3 | CO1,CO3 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha for Krimi roga |
| 16.4 | CO1,CO3 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha for Arsha |
| 17.1 | CO1,CO3 | Clinical application of Aushadha yoga based on different Kalpana in Annavaha srotodushti vikara. |
| 17.2 | CO1,CO2,CO4 | Discussion on Chikitsa of Agniyashaya Shotha(Pancreatitis) and Pittashaya Shotha(Cholecystitis) |



| | | |
|------|-----------------|---|
| 17.3 | CO1,CO2,CO3 | Compilation of scientific research articles on Irritable Bowel Syndrome/ (Grahani) |
| 17.4 | CO1,CO2,CO3 | Brainstorming on Etiopathogenesis, Diagnosis & Management of Urdhwaga Amlapitha(GERD), , Parinama shoola and Annadrava shoola(Acid Peptic Diseases) |
| 18.1 | CO1,CO2 | Bhutonmada and its basic management. |
| 18.2 | CO1,CO3 | Aushadha prayoga for Manasa roga |
| 18.3 | CO1,CO2,CO3 | Detailed discussion on Obsessive compulsive disorder, Neurotic disorder, personality and behavioral disorder. |
| 18.4 | CO1,CO2,CO3 | Detailed discussion on the Diagnosis, Clinical examination and treatment of Vishada (Depression). |
| 19.1 | CO1,CO2,CO3,CO6 | Hyperpituitarism-Dirghakayata /Atidirgha (Gigantism) and Vikayata (Acromegaly) |
| 19.2 | CO1,CO2,CO3,CO6 | Udakameha (Diabetes insipidus) |
| 19.3 | CO1,CO2,CO3,CO6 | Hypoparathyroidism and Hyperparathyroidism |
| 19.4 | CO1,CO2,CO3,CO6 | Hypopituitarism-Vamanatva (Dwarfism) (SP9Y) |
| 20.1 | CO1,CO2,CO3 | Approach to the Diagnosis, Ayurvedic perspective and management of Crohn's disease |
| 20.2 | CO1,CO2,CO3 | Approach to the Diagnosis, Ayurvedic perspective and management of Ankylosing Spondylitis |
| 20.3 | CO1,CO2,CO3 | Approach to the Diagnosis, Ayurvedic perspective and management of Multiple sclerosis |



| | | |
|------|-----------------|---|
| 20.4 | CO1,CO2,CO3 | Approach to the Etiopathogenesis, Diagnosis, Ayurvedic perspective and management of Rheumatoid Arthritis |
| 21.1 | CO2,CO4 | Understanding the Applied clinical anatomy and endocrinology aspects for male reproduction |
| 21.2 | CO2,CO4 | Understanding on the Diagnosis, Clinical examination and Ayurvedic perspective and Principles of management of Male hypogonadism, and Infertility |
| 21.3 | CO1,CO3,CO4 | Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga in Shukravaha Srotas vikara |
| 21.4 | CO1,CO2,CO3,CO4 | Detailed understanding on the Diagnosis, Clinical examination and Ayurvedic perspective and principles of management of Male hypogonadism, Infertility and Beeja dushtijanya vikara |
| 22.1 | CO1,CO2,CO3,CO6 | Differentiating between the Chikitsa of Guhya roga |
| 22.2 | CO1,CO2,CO3,CO6 | Chikitsa of Guhya roga |
| 23.1 | CO1,CO3,CO4 | Mono Drug Vajikarana therapy like - Shilajatu, Suvarna bhasma and Vanga bhasma |
| 23.2 | CO1,CO3,CO4 | Vajikarana ghruta, Vrishya ghruta, Vrishya gutika & Shrigopal taila in Vajikarana Prayoga |
| 23.3 | CO1,CO3,CO4 | Vajikarana Yoga - Madanakameshwara Lehya, Narasimha Rasayan & Brimhani Gulika. |
| 24.1 | CO1,CO3,CO4 | Application of the properties of the single herbs for using them as Rasayana |
| 24.2 | CO1,CO3,CO4 | Evidence based therapeutic effects of Rasayana |
| 24.3 | CO1,CO3,CO4 | Utility of Naimittika Rasayana in a treatment protocol |
| 24.4 | CO1,CO3,CO4 | Planning of Apunarbhava Chikitsa applying the principles & procedures of |



| | | Rasayana Therapy |
|------|---------|---|
| 25.1 | CO1,CO3 | Aushadha prayoga for Jarajanya roga |
| 25.2 | CO1,CO3 | Aushadha prayoga for Indriyapradoshoja vikara |

**Table 5 : List of Practicals**

(*Refer table 3 of similar activity number)

| Practical No* | CO No | Practical Activity details |
|----------------------|----------------------|---|
| 2.1 | CO7 | Communication skill and professionalism |
| 2.2 | CO7 | Ethical Principles in Clinical Practice |
| 3.1 | CO1,CO2,CO3,CO6, CO7 | Diagnose and constuct the Chikitsa yojana of Jvara(Nava jvara/Purana jvara/Nija jvara/Sannipata jvara/Agantuja jvara/Dhatugata jvara/Vishama jvara/Punaravartaka jvara) |
| 4.1 | CO1,CO2 | Chikitsa yojana of Anukta roga & its complications |
| 5.1 | CO1,CO2,CO3 | Bedside case taking of the given Sankramika jvara |
| 5.2 | CO1,CO2,CO3 | Public awareness activity related to Malaria/hepatitis/epidemic preparedness/vaccination/meningitis/encephalitis |
| 6.1 | CO2,CO5,CO6 | Cardio Pulmonary Resuscitation (CPR) Description |
| 6.2 | CO1,CO2,CO3,CO6, CO7 | Short cases presentation in Rasa pradoshaja vikara |
| 6.3 | CO1,CO2,CO3,CO6, CO7 | Long cases presentation in Rasapradoshaja vikara |
| 7.1 | CO1,CO2,CO3,CO6, CO7 | Short cases presentation in Rakta Pradoshaja Vikara |
| 7.2 | CO1,CO2,CO3,CO6, CO7 | Long cases presentation in Rakta Pradoshaja Vikara |
| 7.3 | CO7 | Commemoration of day of medical importance |
| 8.1 | CO1,CO2,CO3,CO6, CO7 | Clinical case study on Kshudra roga. |
| 9.1 | CO1,CO3,CO5 | Bedside case taking of of Galaganda / Gandamala /Sthoulya / Karshya/ Prameha |



| | | |
|------|--------------------------|--|
| | | |
| 9.2 | CO1,CO3,CO5 | Public awareness activity related to World cancer day / Obesity Day/Diabetes Day |
| 10.1 | CO1,CO2,CO3 | Chikitsa yojana for Drug induced Iatrogenic Disease |
| 11.1 | CO1,CO2,CO3,CO6, CO7 | Bedside casetaking of Pakshagatha, Ardita, Avabahuka/Viswachi,Kampavata, Gridhrasi, Manyasthmba,Khanja/ Pangu, Padadaha/ Padaharsha |
| 11.2 | CO1,CO3 | Selection of appropriate Aushadhi in Vatavyadhi |
| 11.3 | CO1,CO2,CO3,CO6, CO7 | Commemoration of World Stroke Day |
| 11.4 | CO1,CO2,CO3,CO5, CO6,CO7 | Commemoration of World arthritis day |
| 12.1 | CO1,CO2,CO3,CO6, CO7 | Bedside case taking of 1.Sandhigata vata 2 Kateegraha 3.Greeva graha 4.Raktaheenatajanya dhatunasha(AvascularNecrosis)/ Kroshtuka sheersha/Asthikshaya |
| 12.2 | CO1,CO2,CO3,CO4 | Commemoration of World spine day(Oct 16) |
| 13.1 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of a case of Mahashwasa, Urdhwa shwasa, Chhinna Shwasa, Kshudra Shwasa. (Any one case) |
| 13.2 | CO1,CO2,CO3,CO6, CO7 | Bedside case demonstration of case of Kaasa Roga (SL41) |
| 13.3 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of case of Tamaka Shwasa (SL42) |
| 13.4 | CO1,CO2,CO3,CO6, CO7 | Bedside case demonstration of a case of Rajayakshma (~Pulmonary Tuberculosis) (2 hours) |
| 13.5 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of a case of Jirna Shwasakrichchhanika (ChronicObstructive Pulmonary Disease) |
| 13.6 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of case of Vispharah (Bronchiectasis) |
| 13.7 | CO1,CO2,CO3,CO6, CO7 | Bedside Case demonstration of case of Phupphusaasruti (Pleural effusion) |
| 13.8 | CO1,CO2,CO3,CO6, | Bedside demonstration of case of Antaraalayi Phupphusa Vikara (Interstitial |

| | C07 | Lung Disease)  |
|-------|-----------------------------|--|
| 13.9 | CO1,CO2,CO3,CO5, CO6,CO7 | Field visit to DOTs Centre |
| 13.10 | CO1,CO2,CO5 | Demonstration of Nebulization & oxygen therapy (2 hours) |
| 14.1 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of a case of Vatodara- Pittodara- Kaphodara- Dushyodara |
| 14.2 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of case of Yakritodara & Pleehodara, Chhidrodara, Baddha gudodara. |
| 14.3 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of case of Jalodara |
| 14.4 | CO1,CO3,CO4,CO6, CO7 | Bedside demonstration of case of Shotha roga |
| 15.1 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of a case of CKD |
| 15.2 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of a case of Mootrakrichcha |
| 15.3 | CO1,CO2,CO5 | Bedside demonstration of indwelling Urethral Catheter Insertion, managing problems due to Indwelling Catheters and removing Indwelling Urethral catheters. |
| 15.4 | CO1,CO2,CO3,CO6, CO7 | Bedside demonstration of a case of Mootraghata |
| 16.1 | CO1,CO3,CO5 | Bedside Case taking of Atisara , Pravahika ,Arsha, Raktatisara and Krimi |
| 16.2 | CO1,CO5 | Public awareness activity related to World colorectal cancer awareness day/world IBS day/World piles day |
| 17.1 | CO1,CO2,CO3,CO6, CO7 | Bedside Case taking of Annavaaha srotodushti vikara. |
| 17.2 | CO1,CO2,CO3,CO6, CO7 | OP-based case taking of two Annavaahasrotodushti vikara |
| 17.3 | CO1,CO2,CO5 | Insertion of Nasogastric tube/ Ryles tube in a Mannequin |
| 18.1 | CO1,CO2,CO3,CO6, CO7 | Case study/ case scenario to devise a treatment plan according to principles of Manovaha srotas Documentation of a case/condition requiring manovaha srotas |
| 18.2 | CO2,CO6 | Public awareness activity related to Mental health day. |



| | | |
|------|----------------------|---|
| | | |
| 18.3 | CO1,CO2,CO3,CO7 | An insight into functionality of a mental hospital /de-addiction center/psycho social rehabilitation center. |
| 19.1 | CO1,CO2,CO3,CO6, CO7 | Case taking of Endocrine disorder. Case presentation of Endocrine disorder |
| 20.1 | CO1,CO2,CO3 | Bed side Case Presentation on Immune system disorders |
| 21.1 | CO1,CO2,CO3,CO4, CO5 | Bedside case taking of case of Klaibya (Male sexual dysfunction), Shukradosha |
| 22.1 | CO1,CO2,CO6,CO7 | Creating awareness about Sexually transmitted diseases during National STD Awareness week. |
| 23.1 | CO1,CO3,CO4 | Formulate a treatment plan according to principles of Vajikarana. |
| 23.2 | CO1,CO3,CO4 | Constructing a Chikitsa yojana based on the Interpretation of the Investigations related to Male & Female Infertility |
| 24.1 | CO1,CO3,CO4 | Devise a treatment plan according to principles of Rasayana. |
| 24.2 | CO1,CO3,CO4 | Formulate a treatment plan using appropriate enlisted Rasayana |
| 25.1 | CO1,CO2,CO3,CO6, CO7 | Case study/ case scenario to devise a treatment plan according to principles of Jarajanya vikara and Indriyapradoshaja vikara |
| 25.2 | CO1,CO2,CO3 | An insight into functionality of a senior citizens' home/Geriatric care center. |
| 25.3 | CO2,CO7 | Public awareness activity related to age related diseases. |



Table 6 : Assessment Summary: Assessment is subdivided in A to H points

6 A : Number of Papers and Marks Distribution

| Subject Code | Papers | Theory | Practical/Clinical Assessment (200) | | | | | Grand Total |
|--------------|--------|--------|-------------------------------------|------|----------|----|-----------|-------------|
| | | | Practical | Viva | Elective | IA | Sub Total | |
| AyUG-KC | 3 | 300 | 100 | 70 | - | 30 | 200 | 500 |

6 B : Scheme of Assessment (Formative and Summative)

| PROFESSIONAL COURSE | FORMATIVE ASSESSMENT | | | SUMMATIVE ASSESSMENT |
|---------------------|-------------------------|---------------------------|---------------------------|----------------------|
| | First Term (1-6 Months) | Second Term (7-12 Months) | Third Term (13-18 Months) | |
| Third | 3 PA & First TT | 3 PA & Second TT | 3 PA | UE** |

PA: Periodical Assessment; **TT:** Term Test; **UE:** University Examinations; **NA:** Not Applicable.

**University Examination shall be on entire syllabus

6 C : Calculation Method for Internal assessment Marks

| TERM | PERIODICAL ASSESSMENT* | | | | | TERM TEST** | TERM ASSESSMENT | |
|-----------------|--|--------------|--------------|-------------------|---------------------------------|-----------------------------------|---------------------|--------------------------|
| | A 11 | B | C | D | E | F | G | H |
| | 1 (15 Marks) | 2 (15 Marks) | 3 (15 Marks) | Average (A+B+C/3) | Converted to 30 Marks (D/15*30) | Term Test (Marks converted to 30) | Sub Total /60 Marks | Term Assessment (.../30) |
| FIRST | | | | | | | E+F | (E+F)/2 |
| SECOND | | | | | | | E+F | (E+F)/2 |
| THIRD | | | | | | NIL | | E |
| Final IA | Average of Three Term Assessment Marks as Shown in 'H' Column. | | | | | | | |
| | Maximum Marks in Parentheses *Select an Evaluation Method which is appropriate for the objectives of Topics from the Table 6 D for Periodic assessment. Conduct 15 marks assessment and enter marks in A, B, and C. ** Conduct Theory (100 Marks)(MCQ(20*1 Marks), SAQ(8*5), LAQ(4*10)) and Practical (100 Marks) Then convert to 30 marks. | | | | | | | |



6 D : Evaluation Methods for Periodical Assessment

| S. No. | Evaluation Methods |
|--------|--|
| 1. | Practical / Clinical Performance |
| 2. | Viva Voce, MCQs, MEQ (Modified Essay Questions/Structured Questions) |
| 3. | Open Book Test (Problem Based) |
| 4. | Summary Writing (Research Papers/ Samhitas) |
| 5. | Class Presentations; Work Book Maintenance |
| 6. | Problem Based Assignment |
| 7. | Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion (CBD) |
| 8. | Extra-curricular Activities, (Social Work, Public Awareness, Surveillance Activities, Sports or Other Activities which may be decided by the department). |
| 9. | Small Project |
| 10. | Activities Indicated in Table 3 - Column G3 as per Indicated I, II or III term in column I3. |

Topics for Periodic Assessments

| PA | Paper 1 | Paper 2 | Paper 3 |
|-------------|---------------------------------------|----------|--------------|
| PA 1 | Topic 1,2 | Topic 11 | - |
| PA 2 | Topic 3,4 | - | - |
| PA 3 | Topic 5 | - | Topic 17 |
| Term test 1 | Entire Syllabus of Term 1 of 3 papers | | |
| PA 4 | Topic 6 | Topic 12 | Topic 18 |
| PA 5 | - | Topic 13 | Topic 19 |
| PA 6 | Topic 7 | - | Topic 20 |
| Term test 2 | Entire Syllabus of Term 2 of 3 papers | | |
| PA 7 | Topic 8 | Topic 14 | Topic 21,22. |
| PA 8 | Topic 9 | Topic 15 | Topic 23 |
| PA 9 | Topic 10 | Topic 16 | Topic 24,25 |

**III PROFESSIONAL BAMS EXAMINATIONS****AyUG-KC****PAPER-I**

Time: 3 Hours Maximum Marks: 100

INSTRUCTIONS: All questions compulsory

| | | Number of Questions | Marks per question | Total Marks |
|-----|---------------------------------|----------------------------|---------------------------|--------------------|
| Q 1 | MULTIPLE CHOICE QUESTIONS (MCQ) | 20 | 1 | 20 |
| Q 2 | SHORT ANSWER QUESTIONS (SAQ) | 8 | 5 | 40 |
| Q 3 | LONG ANSWER QUESTIONS (LAQ) | 4 | 10 | 40 |
| | | | | 100 |

Similar for Paper II & III



6 F : Distribution of theory examination

| Paper 1 (Vyadhi Vishesha Chikitsa - 1) | | | | | |
|---|---|--------------------|------------|------------|------------|
| Sr. No | A List of Topics | B Marks | MCQ | SAQ | LAQ |
| 1 | Kaya, Chikitsa and Kayachikitsa - Nirukti, Paribhasha, Paryaya and Bheda | 3 | Yes | No | No |
| 2 | Clinical ethics in the practice of Kayachikitsa | 7 | Yes | Yes | No |
| 3 | Samprapti vighatana, Chikitsa sutra, Chikitsa, Aushadha yoga and Pathyaapathya of Jvara (SP51/TM2) | 22 | Yes | Yes | Yes |
| 4 | Anuktaroga treatment principles based on Doshadushyadi vivechana | | Yes | Yes | No |
| 5 | Chikitsa of Sankramika jvara | | Yes | Yes | Yes |
| 6 | Chikitsa of Rasa pradoshaja vikara | 18 | Yes | Yes | Yes |
| 7 | Chikitsa of Rakta pradoshaja vikara | 24 | Yes | Yes | Yes |
| 8 | Chikitsa of Kshudra roga | 5 | Yes | Yes | No |
| 9 | Chikitsa of Mamsapradoshaja and Medopradoshaja vikara | 16 | Yes | Yes | Yes |
| 10 | Shuddha-Ashuddha chikitsa, Chikitsajanita vikara | 5 | Yes | Yes | No |
| Total Marks | | 100 | | | |

| Paper 2 (Vyadhi Vishesha Chikitsa - 2) | | | | | |
|---|---|--------------------|------------|------------|------------|
| Sr. No | A List of Topics | B Marks | MCQ | SAQ | LAQ |
| 11 | Chikitsa of Vatavyadhi | 24 | Yes | Yes | Yes |
| 12 | Chikitsa of Asthi-Majja pradoshaja vikara (SR54) (SR55) | 14 | Yes | Yes | Yes |
| 13 | Chikitsa of Pranavaha Srotodushti Vikara (TM2:SL40-SL4Z) | 24 | Yes | Yes | Yes |
| 14 | Chikitsa of Udakavaha srotodushti vikara | 10 | Yes | Yes | Yes |
| 15 | Chikitsa of Mootravaha srotodushti vikara | 12 | Yes | Yes | Yes |
| 16 | Chikitsa of Purishavaha srotodushti vikara (SR5A) | 16 | Yes | Yes | Yes |
| Total Marks | | 100 | | | |

| Paper 3 (Vyadhi Vishesha Chikitsa Evam Rasayana, Vajikarana) | | | | | |
|---|-----------------------------|--------------------|------------|------------|------------|
| Sr. No | A List of Topics | B Marks | MCQ | SAQ | LAQ |



| | | | | | |
|--------------------|--|------------|-----|-----|-----|
| 17 | Chikitsa of Annavaha srotodushti vikara | 16 | Yes | Yes | Yes |
| 18 | Chikitsa of Manovaha srotas dushti vikara | 10 | Yes | Yes | Yes |
| 19 | Chikitsa of of Antahsravi Granthi vyadhi | 10 | Yes | Yes | Yes |
| 20 | Chikitsa of Vyadhikshamatva vikara | 8 | Yes | Yes | No |
| 21 | Chikitsa of Shukravaha srotasa vikara | 8 | Yes | Yes | No |
| 22 | Chikitsa of Guhya roga | 8 | Yes | Yes | No |
| 23 | Vajikarana | 12 | Yes | Yes | Yes |
| 24 | Rasayana | 20 | Yes | Yes | Yes |
| 25 | Chikitsa of Jarajanya vikara and Indriyapradoshaja vikara | 8 | Yes | Yes | No |
| Total Marks | | 100 | | | |



6 G : Instructions for UG Paper Setting & Blue print

1. All questions shall be compulsory.
2. Questions shall be drawn based on Table 6F, which provides the topic name, types of questions (MCQ(Multiple Choice Question), SAQ(Short Answer Question), LAQ(Long Answer Question)).
3. The marks assigned in Table 6F for each topic/group of topics shall be considered as the maximum allowable marks for that topic/group of topics.
4. Ensure that the total marks allocated per topic/group of topics do not exceed the limits specified in Table 6F.
5. Refer to Table 6F before setting the questions. Questions shall be framed only from topics where the type is marked as “YES”, and avoided if marked as “NO”.
6. Each 100-mark question paper shall contain:
 - 20 MCQs
 - 8 SAQs
 - 4 LAQs
7. MCQs:
 - Majority shall be drawn from the Must to Know part of the syllabus.
 - Questions from the Desirable to Know part of syllabus shall not exceed 3.
 - Questions from the Nice to Know part of syllabus shall not exceed 2.
8. SAQs:
 - Majority shall be drawn from the Must to Know part of the syllabus.
 - Questions from the Desirable to Know part of syllabus shall not exceed 1.
 - No questions shall be drawn from the Nice to Know part of syllabus.
 - SAQs shall assess understanding, application, and analysis, rather than simple recall.
9. LAQs:
 - All LAQs shall be drawn exclusively from the Must to Know part of the syllabus.
 - No questions shall be taken from the Desirable to Know or Nice to Know part of the syllabus.
 - Number of LAQs should not exceed one per topic unless maximum marks exceed 20 for the topic.
10. Long Answer Questions shall be structured to assess higher cognitive abilities, such as application, analysis, and synthesis.
11. Follow the guidelines in User Manual III for framing MCQs, SAQs, and LAQs.



6 H : Distribution of Practical Exam

| S.No | Heads | Marks |
|------|--|-------|
| 1 | Long case 15 marks for case writing + 15 marks for case presentation + 15 marks for bedside viva-voce | 45 |
| 2 | Short case 10 marks for Case writing + 5 marks for case presentation + 10 marks for bedside viva-voce | 25 |
| 3 | Spotting (Assessing Skills - Any 5) <ul style="list-style-type: none">• Ryle's tube• Rubber catheter• Foley's catheter• Nebulizer• HFNC mask• Ambu bag• Urine bag• Life-saving medicines• Defibrillator• Distilled water• Syringe• Insulin syringe• Intravenous Infusion set• Scalp vein set/ Intravenous cannula• 1 mark each for Identification + 1 mark each for mentioning the important clinical use | 10 |
| 4 | Case records <ul style="list-style-type: none">• 20 Long cases (at least one case from each srotas + Antahsravi granthi vikara) +3 Rasayana cases + 2 Vajikarana cases• 20 Short cases (at least one case from each srotas + Kshudra roga)• 5 marks Neatness + 15 marks Case writing skills | 20 |
| 5 | Viva-Voce (The examiner is expected to utilize sufficient time to check students' knowledge across all topics of the syllabus) Distribution of viva Marks across 3 papers Paper 1 - 20 Marks | 70 |



- Derivation, definition, synonyms, and classification of Kaya, Chikitsa, and Kayachikitsa
- Clinical Ethics in the practice of Kayachikitsa
- Samprapti vighatana, Chikitsa sutra, Chikitsa of Jvara
- Anuktaroga treatment principles
- Sankramika jvara
- Chikitsa of Rasa-pradoshaja vikara
- Chikitsa of Rakta-pradoshaja vikara
- Chikitsa of Kshudra roga
- Chikitsa of Mamsapradoshaja and Medopradoshaja vikara
- Concept of Shuddha-ashuddha chikitsa(Iatrogenic diseases)

Paper 2 - 20 marks

- Chikitsa of Vatavyadhi
- Chikitsa of Asthi-majja-pradoshaja vikara
- Chikitsa of Pranavaha srotodushti vikara
- Chikitsa of Udakavaha srotodushti vikara
- Chikitsa of Mootravaha srotodushti vikara
- Chikitsa of Purishavaha srotodushti vikara

Paper 3 - 20 marks

- Chikitsa of Annavaha srotodushti vikara
- Chikitsa of Manovaha srotodushti vikara
- Chikitsa of Antahsravi Granthi vikara
- Chikitsa of Vyadhikshamata vikara
- Chikitsa of Shukravaha srotodushti vikara
- Chikitsa of Guhya roga
- Vajikarana
- Rasayana
- Chikitsa of Jarajanya and Indriyapradoshaja vikara

Communication Skills - 10 Marks

| | | |
|--------------------|---------------------|------------|
| 6 | Internal Assessment | 30 |
| Total Marks | | 200 |



References Books/ Resources

| S.No | Resources |
|------|---|
| 1 | Acharya Sharangadhara Bhisagvar Sarangadhara Samhita by Adhamalla Virachita Deepika Commentary, Dr Brahmananda Tripathi, Chaukhambha Surbharti Prakashan, 2019 |
| 2 | Acharya Sushruta Sushruta Samhita, Nibandha Sangraha Commentary Of Dalhana And Nyayachandrika Of Gayadasa On Nidana Sthana-7th Edition, Varanasi Choukhambha Orientalia- 2022 |
| 3 | Agnivesha. Charaka Samhita. Reducted By Charaka And Drudhabala With Ayurveda Dipika Commentory. Vaidya Yadavji Trikamji Acharya. 5th Edition Varanasi. Chaukhamba Sanskrit Samsthana 2001 |
| 4 | Madhavakara, Madhavanidana, Madhukosa Commentary Of Vijayarakshita And Srikanthadatta And With Extracts From Atankadarpana By Vachaspathi Vaidya Edited By Ananta Rama Sharma, Varanasi. Chaukhambha Orientalia, 2007 |
| 5 | Vagbhata “Ashtanga Hridayam” commentary:Arunadatta- sarvangasundari; Hemadri-payurvedarasayana. Chaukhamba Orientalia,Varanasi, India,Reprint 2000 |
| 6 | Vaidya, Laxmi pati shastri vidyotini Hindi Commentary Of Yogaratnakara. 2nd. Varanasi Chaukhambha Sanskrit Series, 2018 |
| 7 | Acharya Sidhinandan Mishra, Yogratnakara, Varanasi Chaukhamba Orientalia, |
| 8 | Vaidya Laxmipati sastri, vidyotini Hindi Commentary Yogaratnakar, Edited by Bhisagratna Brahmasankar sastri , Edition Varanasi.chaukhambha prakashan , 2018 |
| 9 | Das Govind, Bhaisajyaratnavali, Eighteen Revised Edition, vidyotini hindi commentary analysis with Appendixes, Varanasi chaukhambha Sanskrit sansthan, 2005 |
| 10 | Trikamji Yadavji sidhyog sangrah Shree Baidyanath Ayurved Bhavan 2013 |
| 11 | Singh Ramharsh, Ayurvediya manas vigyan, Varanasi Chaukhambha Sanskrit pustakalaya 2009 |
| 12 | Shastri AD, editor, Bhaishajya Ratnavali. 19th Varanasi: Chaukhambha Prakashan; 2008 |



| | |
|----|--|
| 13 | Dash Bhagavan, Concept of Agni in ayurveda with special reference to Agnibala pareeksha , Varanasi,Choukamba Sanskrit Series, 2015 |
| 14 | Ayurveda Sarasangraha, Shree Baidyanath Ayurveda Bhavan Limited, Nainee, Allahabad 2015 |
| 15 | Shastry J, Niteshwar K. Vajeekaran Tantra. Varanasi: Chaukhambha Orientalia; 2018. |
| 16 | Puri H S, Ayurveda Books for Longevity and Rejuvenation, CRC Press Taylor and Francis group Google Books 2002 |
| 17 | Choudhary Ravindra Chandra, Abhinav manas Roga vijnan. Varanasi,Choukamba Orientalia, 2014 |
| 18 | Shukla Vidyadhar, Kayachikitsa: A Textbook of Ayurvedic medicine. Varanasi: Chaukhamba Surbharati; 2021 |
| 19 | Shastri JLN, Niteshwar K. Ayurvedic Management of Heart Diseases. Varanasi: Choukamba Orientalia; 2017 |
| 20 | Puri HS. Ayurveda Books for Longevity and Rejuvenation. London: CRC Press Taylor and Francis group; 2002 |
| 21 | Shrikant Murthy K. Clinical Methods in Ayurveda. Chaukhambha Orientalia : Chaukhambha Orientalia ; 2018 |
| 22 | Choudhary RC. Abhinav Manas Roga vijnan. Varanasi: Choukamba Orientalia,; 2014. |
| 23 | Agarwal S. Practical approach to Diet and Dietetics from Ayurveda to contemporary Science. Varanasi: Choukamba Orientalia; 2018. |
| 24 | Babu S, Madhavi M. Geriatrics in Ayurveda,. Varanasi: Choukamba Orientalia,; 2018. |
| 25 | Shastry J. Introduction to oncology(Cancer) In ayurveda. Chaukhmbha Orientalia. |
| 26 | Athavale PB. Basic Principles of Ayurveda,. Varanasi: Choukamba Sanskrit Pratishtan. |



| | |
|----|--|
| 27 | Ranade S, Ranade S. A Textbook of Kaya Chikitsa. 2005. |
| 28 | Babu S, Madhavi M. Geriatrics in Ayurveda,. Varanasi: Choukambha Orientalia,; 2018. |
| 29 | Dwivedi V. Vaidya Sahchar. Shree Baidyanath Bhawan Pvt. Ltd.1991. |
| 30 | Mishra LC. Scientific basis for Ayurvedic therapies. Boca Raton: Crc Press; 2004. |
| 31 | Rastogi S. Translational Ayurveda. Springer; 2018. |
| 32 | Sanjeev Rastogi, Chiappelli F. Evidence-based practice in complementary and alternative medicine : perspectives, protocols, problems, and potential in Ayurveda. Berlin: Springer; 2012. |
| 33 | Tripathi P. A textbook of Psychiatry. 1st ed. New Delhi: Jaypee Brothers; 2023 |
| 34 | Kumar P, Clark M. Clinical Medicine. 3rd ed. London UK: Bailliere Tindal publication. |
| 35 | Chugh SN. Textbook of Medicine. 4th ed. Delhi: Arya publication; 2019. |
| 36 | Jameson JL. Harrison's principles of internal medicine. 21st ed. Vol. 1. New York Mcgraw-Hill Education; 2022. |
| 37 | Penman ID, Ralston S, Strachan MWJ, Hobson RP. Davidson's principles and practice of medicine. 24th ed. [Edinburgh]: Elsevier; 2023. |
| 38 | C.Dwarakanath, Digestion and Metabolism in Ayurveda, Varanasi, Chaukhamba Krishnadas Academy, 1997 |
| 39 | ICD - 11 TM 2, International Classification of Diseases, Eleventh Revision (ICD-11) - World Health Organization 2024 |
| 40 | Acharya Balkrishn, Ayurvedic Treatise og Diagnosis, Saumitrya Nidanam, Vol. 1 & 2, Haridwar, Divya Prakashana, 2024 |
| 41 | Illustrated Synopsis of Dermatology and Sexually Transmitted Disease, 7th edition,Elseveir publication, 2024 |



| | |
|----|--|
| 42 | Manual For the Investigation and Diagnosis of the Infertile Couple, World Health Organization |
| 43 | Harrison's, Wiener, Kasper, Fauch, Hauser, Longo, Jameson. Principle of Internal Medicine, Vol 2nd, 18th Edition, New York, Published by Mcgraw-Hill |



Syllabus Committee

KAYACHIKITSA

Eminent Recourse Panel - Kayachikitsa UG

| | |
|----|---|
| 1. | Vaidya Jayant Deopujari, Chairperson NCISM |
| 2. | Dr. B.S. Prasad, President, Board of Ayurveda, NCISM |
| 3. | Dr Atul Babu Varshney, Member, Board of Ayurveda, NCISM |
| 4. | Dr. K. K. Dwivedi, Member, Board of Ayurveda, NCISM |

Curriculum Coordination Team

| | |
|----|--|
| 1. | Chief Co-ordinator Dr Mohan R. Joshi, Associate Dean, Professor, Samhita Siddhant and Sanskrit Dept. All India Institute of Ayurveda, Goa.- |
| 2. | Jt-Coordinator Dr. Yogini R. Kulkarni, Professor and Head, Department of Research, P.G. Director, P.D.E.A. s College of Ayurveda and Research Centre, Nigdi, Pune, |

Chairman

| | |
|----|---|
| 1. | Dr Muralikrishna P, Principal (Retd.), S.V. Ayurveda College, Tirupati, |
|----|---|

Co-Chairman

| | |
|----|--|
| 1. | Dr Mrityunjaya Sharma, Associate Professor, Shri Ayurved Mahavidyalaya, Nagpur |
|----|--|

Consultant Experts

| | |
|-----|--|
| 1. | Prof. Dr. B.L. Mehra, Member, Medical Assessment and Rating Board, NCISM |
| 2. | Prof. Dr. Narayan Jadhav, Member, Board of Ethics and Registration, NCISM |
| 3. | Prof. Dr. Arathi P S, Member, Medical Assessment and Rating Board, NCISM |
| 4. | Dr Umesh Shukla, Principal, Pandit Khushilal Sharma Govt. Ayurveda, Bhopal |
| 5. | Dr. Sameer Naik, Professor, SBG Ayurvedic Medical College and Hospital, Belgavi, Karnataka |
| 6. | Dr. Vijay Chaudhary, Professor, Rajiv Gandhi Government Post-graduate Ayurvedic College, Paprola, Himachal Pradesh |
| 7. | Dr J S Tripathi, Professor, Faculty of Ayurveda Institute Of Medical Science Banaras Hindu University, Varanasi, UP |
| 8. | Dr. Sanjeev Rastogi, Associate Professor, HOD, State Ayurvedic College and Hospital, Lucknow |
| 9. | Dr. Prashant A S, Professor, Ayurveda Mahavidyalaya Hubli, Dharwad, Karnataka |
| 10. | Dr. Jayanta Kumar Sharma, Professor, Shri J.G. Cooperative Hospital Society s Ayurved Medical College, Ghataprabha, Dist. Belgaum, Karnataka |
| 11. | Dr Jonah S, Professor, AIIA, New Delhi |
| 12. | Dr. Lakshminarayana Shenoy, Assistant Professor, Government Ayurveda and Research Centre, K.R.S.Road. Mysuru |

Expert Members

| | |
|----|---|
| 1. | Dr Madhusudhanan I K, Professor, P.N Panicker Souhruda Ayurveda Medical College |
| 2. | Dr James, Professor, Rajiv Gandhi Ayurveda Medical College and Hospital, Mahe |
| 3. | Dr. Zenica Dsouza, Professor, Yenepoya Ayurveda Medical College, Kollarakodi, Karnataka |
| 4. | Dr Ratheesh P, Professor, PNNM Ayurveda Medical College, |
| 5. | Dr. Yogesh Pandey, Associate Professor, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, |

| | |
|--|--|
| 6. | Dr Mithun Bondre, Associate Professor, Bhasa, Yoga Sanskriti Prabodhinis Gomantak Ayurveda Mahavidyalaya, Goa, |
| 7. | Dr Neha Sharma, Associate Professor, Kayachikitsa, M.S.M Institute of Ayurveda, Haryana |
| 8. | Dr Nitin Sharma, Assistant Professor, S.R.M. Government Ayurvedic College and Hospital, Bareilly, UP |
| 9. | Dr Bindu P R, Assistant Professor, Government Ayurved College, Trippunithura, Kerala |
| Health Science Education Technology (HSET) Expert | |
| 1. | Dr Aparna Sole, Assistant Professor, Asthang Ayurved Mahavidyalaya, Pune |

| | |
|---|---|
| INTERNATIONAL MULTIDISCIPLINARY ADVISORY COMMITTEE | |
| Chairman | |
| Vaidya Jayant Deopujari, Chairperson, NCISM, New Delhi | |
| Members | |
| 1. | Dr. B.S. Prasad, President, Board of Ayurveda, NCISM |
| 2. | Dr. K. Jagannathan, President, BUSS, NCISM |
| 3. | Dr. Raghugamma Bhatta U. President, MARBISM, NCISM |
| 4. | Vd. Rakesh Sharma President, BOER, NCISM |
| 5. | Dr. B.L. Mehra, Member, MARBISM, NCISM |
| 6. | Dr Atul Varshney, Member, BoA, NCISM |
| 7. | Dr KK Dwivedi, Member, BoA, NCISM |
| 8. | Dr Mathukumar, Member, BUSS, NCISM |
| 9. | Dr. P.S. Arathi, Member, MARBISM, NCISM |
| 10. | Prof. (Dr.) Sushrut Kanaujia, Member, MARBISM, NCISM |
| 11. | Dr. Narayan S. Jadhav. Member, BERISM, NCISM |
| 12. | Dr. Siddalingesh M. Kudari, Member, BERISM, NCISM |
| 13. | Dr. Rajani A. Nayar, Member, BERISM, NCISM |
| 14. | Prof. (Hakim) Mohammed Mazahir Alam, Member, BERISM, NCISM |
| 15. | Dr. Manoj Nesari Advisor to the Government of India, Ministry of AYUSH |
| 16. | Dr. Kousthubha Upadhyaya Advisor to the Government of India, Ministry of AYUSH |
| 17. | Prof. Sanjeev Sharma, The Director/Vice Chancellor, National Institute of Ayurveda, (Deemed to be University) Jaipur, Rajasthan |
| 18. | Dr Kartar Singh Dhiman, Vice Chancellor, Shri Krishna Ayush University, Umri Road, Sector 8, Kurukshetra, Haryana |
| 19. | Dr Mukul Patel, Vice-Chancellor, Gujarat Ayurved University, Jamnagar, Gujarat, |
| 20. | Prof. Rabinarayan Acharya, Director General, Central Council for Research in Ayurvedic Sciences (CCRAS), New Delhi 58 |
| 21. | Dr Pradeep Kumar Prajapati, Vice Chancellor, Dr Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur. |
| 22. | Prof. Tanuja Manoj Nesari, Director, ITRA, Jamnagar |
| 23. | Dr Kashinath Samagandhi, Director, Morarji Desai National Institute of Yoga, Ministry of Ayush, Govt. of India, New Delhi 01 |
| 24. | Dr. A Raghu, Deputy DG, Health service |

| | |
|-----|---|
| 25. | Dr. Viswajanani J. Sattigeri, Head, CSIR-TKLE Unit, New Delhi 67 |
| 26. | Dr Mitali Mukarji, Professor and HOD, Department of Bioscience & Bioengineering, Indian Institute of Technology, Jodhpur |
| 27. | Prof. Mahesh Kumar Dadhich, Chief Executive Officer, National Medicinal Plants Board, Ministry of Ayush Government of India, New Delhi 01 |
| 28. | Director, North Eastern Institute on Ayurveda and Homoeopathy, Shillong |
| 29. | Dr Sujata Dhanajirao Kadam. Director, All India Institute of Ayurveda, New Delhi. |
| 30. | Dr. Raman Mohan Singh, Director, Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H), Ghaziabad. |
| 31. | Prof. B.J. Patgiri, Director Incharge, Institute of Teaching and Research in Ayurveda |
| 32. | Dr. Ahalya S, Vice Chancellor, Karnataka Samskrit University |
| 33. | Dr. Vandana Siroha, Director Rashtriya Ayurveda Vidyapeeth (National Academy of Ayurveda) New Delhi 26 |
| 34. | Dr. Sangeeta Kohli, Professor, Department of Mechanical Engineering, Indian Institute of Technology, Delhi, |
| 35. | Dr. Payal Bansal, Chair Professor, Medical Education, Maharashtra University of Health Sciences, Nashik, Maharashtra |

International Experts

| | |
|-----|--|
| 36. | Dr. Geetha Krishnan, Unit Head, Evidence and Learning, WHO Global Treatment Center, Jamnagar |
| 37. | Dr. Pawan Kumar Ramesh Godatwar, Technical Officer (Traditional Medicine) Department of UHC/Health Systems, Regional Office for South-East Asia (SEARO) World Health Organization (WHO), |
| 38. | Dr. Pradeep Dua, Technical Officer at the World Health Organization s (WHO) headquarters in Geneva, |
| 39. | Dr Shantala Priyadarshini, Ayurveda Chair, University of Latvia, LATVIA |
| 40. | Dr. Rajagopala S., Academic Chair in Ayurvedic Science at Western Sydney University, Australia, |
| 41. | Dr Venkata Narayan Joshi, Director, Association Ayurveda Academy UK. |
| 42. | Dr. Suresh Swarnapuri, Director of Association Europe Ayurveda Academy, NIMES France |
| 43. | Dr Prathima Nagesh, Director, Gurukula (United Kingdom), |
| 44. | Prof. Dr. Asmita Wele, Former Ayurveda Chair, University of Debrecen, Hungary |
| 45. | Dr. Shekhar Annambotla, Practitioner, USA, |

Curriculum Expert

| | |
|-----|--|
| 46. | Dr Mohan Joshi, Associate Dean, Professor, Samhita Siddhant and Sanskrit Dept. All India Institute of Ayurveda, Goa. |
|-----|--|

HSET Training committee

Master Trainer- Dr Mohan R. Joshi, Associate Dean, Professor, Samhita Siddhant and Sanskrit Dept. All India Institute of Ayurveda, Goa.

| | |
|----|---|
| 1. | Dr. Madhumati S. Nawkar, Associate Professor, HOD, Department of Samhita –Siddhant, R. T. Ayurved Mahavidyalay, Akola, Maharashtra. |
| 2. | Dr. Priya Vishal Naik Assistant professor Dept of Sanskrit Samhita Siddhant, R A Podar medical College Worli Mumbai, Maharashtra |
| 3. | Dr. Aparna Prasanna Sole, Associate Professor, Kayachikitsa, Ashtang Ayurved Mahavidyalaya, Pune |
| 4. | Dr. Gaurav Sawarkar, Professor, Mahatma Gandhi Ayurved College Hospital and Research centre, Wardha, Maharashtra, |



| | |
|-----|--|
| 5. | Dr. Gurumahantesh TM, Associate Professor, Dept of Panchakarma, Shree jagadguru gavisiddheshwara ayurvedic medical College and hospital, Koppal, Karnataka |
| 6. | Dr. Robin J Thomson, Professor, Principal & Medical Director, Mannam Ayurveda Co-operative Medical College, Pandalam, Pathanamthitta, Kerala |
| 7. | Dr. Amrita Mishra, Associate professor, Department of Prasuti tantra and Stree Rog, RA Podar College Worli Mumbai, |
| 8. | Dr. Pradeep S. Shindhe, Professor and HoD department of Shalyatantra, KAHER S Sri BMK Ayurveda Mahavidyalaya, Shahapur, Belagavi |
| 9. | Dr. Renu Bharat Rathi, Professor , Head, Kaymarbhritya Dept., Mahatma Gandhi Ayurved College Hospital and Research centre, Salod, Wardha, Maharashtra |
| 10. | Dr. Priti Desai, Professor, Dept of Rachana Sharir, Sardar Patel Ayurved Medical College & Hospital, Balaghat (MP) |
| 11. | Dr. Manpreeth Mali Patil, Assistant professor, Department of Kaumarabhritya, Poornima Ayurvedic Medical College hospital and research centre, Raichur, Karnataka |
| 12. | Dr. Puja CN Pathak , Assistant Professor, Department of Kaumarabhritya, Shri Ramchandra Vaidya Ayurvedic Medical College and Hospital, Lucknow, Uttar Pradesh |
| 13. | Dr. Nilakshi Shekhar Pradhan, Professor & HOD Shalakya, SSAM, Hadapsar Pune, Maharashtra |
| 14. | Dr. Vaishali Pavan Mali, Assistant Professor, Department of Samhita –Siddhant, Ch. Brahm Prakash Ayurved Charak Sansthan, New Delhi |
| 15. | Dr Maya V. Gokhale, HOD, Professor Department of Panchakarma, SSAM, Hadapsar, Pune Maharashtra |

| | |
|---|--|
| Curriculum Development Software Coordination Committee | |
| Chairman :- | |
| Dr. B.S. Prasad, President, Board of Ayurveda, NCISM | |
| Dr. K. Jagannathan, President, BUSS, NCISM | |
| Coordinator | |
| Dr Mohan R. Joshi, Associate Dean, Professor, Samhita Siddhant and Sanskrit Dept. All India Institute of Ayurveda, Goa. | |
| Members | |
| 1. | Dr. Nitesh Raghunath Joshi, Associate Professor, Dept. of Swasthavritta & Yoga, MAM s Sumatibhai Shah Ayurveda Mahavidyalaya, Hadapsar, Pune., |
| 2. | Dr. Vilobh Vijay Bharatiya, Assistant Professor, Vidarbha Ayurved Mahavidyalaya, Amrawati, Maharashtra, |
| 3. | Dr. Sumith Kumar M, Associate Professor, Guru Gorakshnath Institute of Medical Sciences, Gorakhpur, Uttar Pradesh |
| 4. | Mr Niteen P Revankar, Managing Director, Belgaum. |

| | |
|--|--|
| Phase Coordination Committee | |
| Chief Coordinator Dr Mohan R. Joshi, Associate Dean, Professor, Samhita Siddhant and Sanskrit Dept. All India Institute of Ayurveda, Goa. | |
| | |
| Subjects: Rachana Sharira (PG), Kriya Sharira (PG), Ayurveda Biology (PG), DravyagunaVijnana (PG), Rasashastra & Bhaishajyakalpana (PG), Agada Tantra evam Vidhi Vaidyaka (PG), Roganidana – Vikriti Vijnana (PG), Swasthavritta (PG) | |



| | |
|--|--|
| 1. | Co-ordinator:-Dr. Yogini R. Kulkarni, Professor and Head, Department of Research, P.G. Director, P.D.E.A. s College of Ayurveda and Research Centre, Nigdi, Pune |
| 2. | Member: - Dr. Anand Katti, Professor, Department of Ayurved Samhita & Siddhant, Government, Ayurvedic Medical College, Bangalore, Karnataka, |
| Subjects: Shalya Tantra (UG & PG), Shalakya Tantra (UG), Shalakya Tantra (PG)-Karna Naasa & Mukha, Shalakya Tantra (PG)-Netra, Streeroga & Prasuti Tantra (UG & PG), Samhita Adhyayana-III (UG), Samhita & Siddhanta (PG) | |
| 1. | Co-ordinator:- Dr. Byresh A, Principal, Adichunchanagiri Ayurvedic Medical College Hospital & Research Centre, Bengaluru North, Karnataka, |
| 2. | Member:- Dr. Reena K, Professor & Head, Department of Kaumarabhritya, SDM Institute of Ayurveda and Hospital, Bengaluru, Karnataka |
| 3. | Member:- Dr. Aditaya Nath Tewari, Associate Professor, PG Department of RNVV, Ch Brahm Prakash Ayurved Charak Sansthan, New Delhi, |
| Subjects: Kayachikitsa (UG) including atyaika chikitsa, Kayachikitsa (PG) including atyaika chikitsa, Manasaroga (PG), Rasayana & Vajikarana (PG), Kaumarabhritya (UG & PG), Panchakarma (UG & PG) | |
| 1. | Co-ordinator Dr. Aziz Arbar, Professor, KAHER s Shri BM Kankanawadi Ayurveda Mahavidyalaya, Post Graduate Studies and Research Centre, Belagavi, Karnataka, |
| 2. | Member: Vd. Kiran Nimbalkar, Professor, Ayurved & Unani Tibbia College and Hospital, New Delhi, |
| 3. | Member: Dr. Shivanand Patil, Assistant Professor, Department of Agada Tantra, All India Institute of Ayurveda, Goa, |



Abbreviations

| Domain | | T L Method | | Level | | Assessment | | Integration | |
|---------|-------------------------------------|------------|--------------------------------------|-------|-----------|------------|------------------------------|-------------|-----------|
| CK | Cognitive/Knowledge | L | Lecture | K | Know | T-CS | Theory case study | V-RS | V RS |
| CC | Cognitive/Comprehension | L&PPT | Lecture with PowerPoint presentation | KH | Knows how | T-OBT | Theory open book test | V-KS | V KS |
| CAP | Cognitive/Application | L&GD | Lecture & Group Discussion | SH | Shows how | P-VIVA | Practical Viva | H-KC | H KC |
| CAN | Cognitive/Analysis | L_VC | Lecture with Video clips | D | Does | P-REC | Practical Recitation | H-SH | H SH |
| CS | Cognitive/Synthesis | REC | Recitation | | | P-EXAM | Practical exam | H-PK | H PK |
| CE | Cognitive/Evaluation | SY | Symposium | | | PRN | Presentation | H-SHL | H SHL |
| PSY-SET | Psychomotor/Set | TUT | Tutorial | | | P-PRF | Practical Performance | H-SP | H SP |
| PSY-GUD | Psychomotor/Guided response | DIS | Discussions | | | P-SUR | Practical Survey | H-KB | H-KB |
| PSY-MEC | Psychomotor/Mechanism | BS | Brainstorming | | | P-EN | Practical enact | H-Samhita | H-Samhita |
| PSY-ADT | Psychomotor Adaptation | IBL | Inquiry-Based Learning | | | P-RP | Practical Role play | V-DG | V DG |
| PSY-ORG | Psychomotor/Origination | PBL | Problem-Based Learning | | | P-MOD | Practical Model | V-RN | V RN |
| AFT-REC | Affective/ Receiving | CBL | Case-Based Learning | | | P-POS | Practical Poster | V-RS | V RS |
| AFT-RES | Affective/Responding | PrBL | Project-Based Learning | | | P-CASE | Practical Case taking | V-AT | V AT |
| AFT-VAL | Affective/Valuing | TBL | Team-Based Learning | | | P-ID | Practical identification | V-SW | V SW |
| AFT-SET | Affective/Organization | TPW | Team Project Work | | | P-PS | Practical Problem solving | | |
| AFT-CHR | Affective/characterization | FC | Flipped Classroom | | | QZ | Quiz | | |
| PSY-PER | Psychomotor/perception | BL | Blended Learning | | | PUZ | Puzzles | | |
| PSY-COR | Psychomotor/ Complex Overt Response | EDU | Edutainment | | | CL-PR | Class Presentation | | |
| | | ML | Mobile Learning | | | DEB | Debate | | |
| | | ECE | Early Clinical Exposure | | | WP | Word puzzle | | |
| | | SIM | Simulation | | | O-QZ | Online quiz | | |
| | | RP | Role Plays | | | O-GAME | Online game-based assessment | | |
| | | SDL | Self-directed learning | | | M-MOD | Making of Model | | |
| | | PSM | Problem-Solving Method | | | M-CHT | Making of Charts | | |
| | | KL | Kinaesthetic Learning | | | M-POS | Making of Posters | | |



| | | | | | | | | | |
|--|--|-------|---------------------------|--|--|--------------|--|--|--|
| | | W | Workshops | | | C-INT | Conducting interview | | |
| | | GBL | Game-Based Learning | | | INT | Interactions | | |
| | | LS | Library Session | | | CR-RED | Critical reading papers | | |
| | | PL | Peer Learning | | | CR-W | Creativity Writing | | |
| | | RLE | Real-Life Experience | | | C-VC | Clinical video cases | | |
| | | PER | Presentations | | | SP | Simulated patients | | |
| | | D-M | Demonstration on Model | | | PM | Patient management problems | | |
| | | PT | Practical | | | CHK | Checklists | | |
| | | X-Ray | X-ray Identification | | | Mini-CEX | Mini-CEX | | |
| | | CD | Case Diagnosis | | | DOPS | DOPS | | |
| | | LRI | Lab Report Interpretation | | | CWS | CWS | | |
| | | DA | Drug Analysis | | | RS | Rating scales | | |
| | | D | Demonstration | | | RK | Record keeping | | |
| | | D-BED | Demonstration Bedside | | | COM | Compilations | | |
| | | DL | Demonstration Lab | | | Portfolios | Portfolios | | |
| | | DG | Demonstration Garden | | | Log book | Log book | | |
| | | FV | Field Visit | | | TR | Trainers report | | |
| | | | | | | SA | Self-assessment | | |
| | | | | | | PA | Peer assessment | | |
| | | | | | | 360D | 360-degree evaluation | | |
| | | | | | | PP-Practical | Practical | | |
| | | | | | | VV-Viva | Viva | | |
| | | | | | | DOAP | Demonstration Observation Assistance Performance | | |
| | | | | | | SBA | Scenario Based Assessment | | |
| | | | | | | CBA | Case based Assessment | | |
| | | | | | | S-LAQ | Structured LAQ | | |
| | | | | | | OSCE | Observed Structured Clinical Examination | | |
| | | | | | | OSPE | Observed Structured Practical Examination | | |
| | | | | | | DOPS | Direct observation of procedural skills | | |