UNIVERSITY OF JAMMU

(NAAC ACCREDITED A++ GRADE UNIVERSITY)
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NOTIFICATION
(25/April/Adp/03)

It is hereby notified for the information of all concerned that the Vice-Chancellor in anticipation of the approval of the Academic Council is pleased to authorize the adoption of Course Curriculum/Syllabi for **Third Professional (3rd Prof.) (BAMS) Bachelor of Ayurvedic Medicine and Surgery** (as given in the annexure) issued by the Board of Ayurveda, National Commission for Indian System of Medicine (NCISM), New Delhi applicable for the batch **2021-22 from the Academic Year 2024-25 onwards** for 5 batches or until further notification by NCISM, whichever is earlier of the following subjects:

S. No.	Subject/Title	Subject Code
1.	Kayachikitsa including Manasa Roga, Rasayana and Vajikarana	AyUG-KC
2.	Panchakarma & Upakarma	AyUG-PK
3.	Samhita Adhyayan-3	AyUG-SA3
4.	Shalakya Tantra	AyUG-SL
5.	Research Methodology and Medical-Statistics	AyUG-RM
6.	Prasuti Tantra evam Stree Roga	AyUG-PS
7.	Atyaikachikitsa	AyUG-EM
8.	Kaumarabhritya	AyUG-KB
9.	Shalya Tantra	AyUG-ST

16/04/25
DEAN ACADEMIC AFFAIRS

Encl. - 1134 pages

No. F.Acd/III/25/ 798-820
Dated: 22/4/25

Sumita 16/04/25 SS 15/4 Rala 15/04/2025

Copy for information & necessary action to:-

1. Principal / Dean Faculty of Medical Science for information please.
2. Sr. P.A to the Controller of Examinations for information please.
3. Principal of all concerned Colleges.
4. Director, Centre for ITES **with the request to kindly upload the same on the University website.**
5. Joint Registrar / Deputy Registrar (Exams Prof./Eval. Prof./ Confidential)

Minutes of the Meeting of Board of Studies, Faculty of Ayurveda was held on 19/03/2025 at 9:30 a.m. at Jammu Institute of Ayurveda and Research, Jammu-181123

In reference to the University of Jammu Notification No. F.Acd/III/25/19042-071 dated 17/03/2025, the meeting of the Board of Studies in Ayurveda was held under the Chairpersonship of Dr. Nitin Mahajan Principal/Convenor, Jammu Institute of Ayurveda & Research. The Convenor welcomed all the members present (Attendance copy enclosed) at Annexure -I and thereafter the agenda items were taken into consideration, discussed and resolved unanimously.

The following Agenda items were presented by Convenor, Board of Studies in Ayurveda as under:-

1. The Minutes of Meeting of the Board of Studies in Ayurveda held on 07/10/2024 were confirmed.

2. Adoption ~~Adaptation~~ **discussion & Implementation on the New MD/MS Syllabus and Curriculum of research methodology and biostatistics for the academic session 2024-2025 and subsequent years issued by NCISM ref no BOA/Syllabus 31.03.2024 dated 24.10.2024:** It was resolved that the adaptation and implementation of the new MD/MS syllabus and curriculum for research methodology and biostatistics for semester 1 of academic session 2024-2025, as notified by the NCISM, has been unanimously approved in the BOS meeting."

3. Adoption ~~Adaptation~~ **discussion & Implementation on the New Curriculum and syllabus of Third Professional BAMS subjects:** "It was discussed and agreed to implement the syllabus for BAMS 3rd Prof. (UG) students for the session 2021-2022 and onwards, as issued by NCISM, New Delhi, and already circulated to all universities for implementation, as per BOA/Syllabus/31/3/2025 dated 01/03/2025.

4. **Implementation of Academic Calendars for the MD/MS batch (2024-2025) and the Undergraduate (UG) batch (2024-2025) issued by the NCISM dated 20.09.2024 :** The issue of the academic calendar formulated by the National Commission for Indian System of Medicine (NCISM) was also discussed to ensure uniformity in Ayurveda education across the country. The BOS has decided to instruct the University of Jammu to implement it in its entirety.

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5. **Issuance of MD/MS marks sheets for the relevant academic sessions:** It was discussed and resolved in the BOS meeting that marks cards will be issued for MD/MS (Ayd) students, as mandated by the apex body, NCISM. This has already been communicated to the Controller of Examination, University of Jammu, for implementation through office letter no. JIAR/2022/953 dated 25/06/2022. We kindly request the Controller of Examination to review the matter and implement it at the earliest.

6. **Issuance of printed mark cards for UG:** It was resolved & discussed in the meeting that printed marks cards for UG should be issued to avoid any human error while issuing the marks cards. The request has been submitted to the controller of Examination, University of Jammu vide office letter no JIAR/2020/684 dated 08/10/2020. We kindly request the Controller of Examination to look into the matter and implement the same at the earliest.

7. **Implementation of semester system for MD/MS for academic session 2024-2025 batch & onwards, issued in gazette notification dated 01.10.2024:** It was resolved and agreed in the BOS meeting that the semester system for MD/MS, starting from the academic session 2024-2025 and onwards, should be implemented. This has been notified by the NCISM through its Gazette notification no. F.NO BOA/2-I/2024 dated 01/10/2024.

8. **Any other item with the permission of the chair.**

   a) Results should be declared within one month of the completion of the examination so that the students can be promoted to next Prof Well in time.

The meeting concluded with the vote of thanks.

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CONVENOR
Board of Studies

Annexure

COURSE CURRICULUM FOR THIRD PROFESSIONAL BAMS
(PRESCRIBED BY NCISM)

शास्त्रं ज्योतिः प्रकाशार्थं दर्शनं बुद्धिसात्मनः।

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)

ncism

।। आयुषे सर्वलोकानाम् ।।

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

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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**

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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.

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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

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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 Practical**
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** • 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)** • 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** • Chikitsa yojana of Anukta roga • Anukta roga upadrava chikitsa	1		1	1	2
5	**Chikitsa of Sankramika jvara** • Vishama jvara(Malaria) • Antrika jvara(Typhoid) • Dandaka jvara(Dengue)	1		2	4	8

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	• Sandhiga sannipata jvara(Chikungunya) • Mastishkavarana shotha jvara(Meningitis) • Mastishka shotha(Encephalitis) • Shwasanaka jvara(Pneumonia)					
6	**Chikitsa of Rasa pradoshaja vikara** • 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** • 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 (Heriditary - 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

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	• Kushtha and Kilasa/Shwitra (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** • Identification and chikitsa of - Yavaprakhya(SN5Y), Andhalaji(SN5Y), Vivritta(SN5Y), Kacchapika,(SN9Y) Indravriddha, 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) • 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

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	Medopradoshaja vikara • 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** • Concept of Shuddha chikitsa & Ashuddha chiktsa • 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 Practical**
11	**Chikitsa of Vatavyadhi** • 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

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	• 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)** • Asthisoushirya (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)** • Shwasa (SL42), Hikka(SM74) • Kasa(SL41), Urahkshat • Rajayakshma • Tamaka Shwasa(Bronchial Asthma) (SL40) • Jirna Shwasakrichchhanika (Chronic Obstructive Pulmonary Disease) • Antaraalayi Phuphphusa Vikara (Interistitial Lung Disease) • Vispharah (Bronchiectasis) • Phuphphusasruti(Pleural effusion) • Phuphphusa arbuda (Lung Cancer)	2	24	6	4	24
14	**Chikitsa of Udakavaha srotodushti vikara**	3	10	5	2	8

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	• Trishna • Shotha(SP91) • Udara-Jalodara (Ascites) (SM32) • Jaliyovidyutansha vaishamya(Fluid & Electrolyte Imbalance)					
15	**Chikitsa of Mootravaha srotodushti vikara** • 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)** • Atisara(SM37) • Pravahika(Dysentery)(SM38) • Arsha (SM53) • Raktatisara(Ulcerative colitis)(SM37) • Krimi • Bruhadaantra 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 Practical
17	**Chikitsa of Annavaha srotodushti vikara** • Agnimandya, Aruchi/ Arochaka • Ajeerna/ Alasaka/ Vishuchika, Vilambika(SM 3A 3B) • Aanaha/ Aatopa/ Aadhmana(SM31) • Amlapitta(SM-39), Bhasmaka	1	16	12	4	14

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	• 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** • 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** • Avatuka Granthi(Thyroid) Disorders: Manda vatuka(Hypothyroidism) & Tivra vatuka(Hyperthyroidism)(SP9Y) • Pravaravatuka Granthi Vyadhis (Parathyroid) Disorders:	2	10	4	4	4

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	Hypoparathyroidism & Hyperparathyroidism • Piyusha Granthi vikara(Pituitary Disorders): Hypopitutarism-vamanata(Dwarfism)(SP9Y) Atihrisvata & Hyperpitutarism-Dirghakayata(Gigantism) (Atidirgha) and Vikayata(Acromegaly) Udakameha(Diabetes Insipidus) • Adhivrikka granthi vikara(Adrenal gland Disorders): Hyperaldosteronism- Tivra upavrikkasrava(Addison's disease) & Hypoaldosteronism-Upavrikkasrava mandya(Cushing's Syndrome)					
20	**Chikitsa of Vyadhikshamatva vikara** • Vyadhikshamatva heenata vikara (Immunodeficiency diseases -Primary and secondary immune deficiency disorders) • Atmapratirodha-Kshamatva Vikara (Auto immune disorders) • Pratirakshaja(Systemic Lupus Erythematosis-SLE) • Vamshakasheru ruk(Ankylosing Spondylitis-AS) • Drutotak(Multiple Sclerosis-MS) • Aamavata(Rheumatoid Arthritis) • Atisamvedanasheelata-janya vyadhi (Hypersensitiviy Reactions)	2	8	3	4	3
21	**Chikitsa of Shukravaha srotasa vikara** • Klaibya (SN02) • Shukralpata (SN03) • Shukradosha • Kshinashukra • Dhwajabhang • Kapourushya(Male hypogonadism) • Napunsakatva(Impotence) • Vandhyatva(Infertility)	3	8	3	4	4
22	**Chikitsa of Guhya roga** • Phiranga(SN31) Upadamsha(SN30)	3	8	2	2	2

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	• Phiranga(Syphilis)(SN31) • Puyameha(Gonorrhoea)(SN30) • Vankshaneeya lasika granthikanarbud(Lymphomagranuloma Inguinale) • Phirangiya vrana(Soft Chancroid) • Visarpa(Herpes Simplex)(SN4T)					
23	**Vajikarana** • 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** • 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** • 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**

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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 • 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 (Dvividha, Trividha,etc) • THe mentor concludes the session with remarks

Non Lecture Hour Practical

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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-EXAM,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 • 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

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NLHP 2.2	Ethical Principles in Clinical Practice	Case based learning - 2 hours The Mentor provides case scenarios pertaining to • 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 Students enact the scenario, discuss and present the given case scenario incorporating the concept of clinical ethics The mentor observes the ethical decision making skills of the students The mentors serve as observers and facilitators The mentors provide the concluding remarks

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-CS,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-REC,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,VV-Viva,T-CS	F&S	I	-	LH

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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-Viva,P-EXAM,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,PRN,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,VV-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,INT,T-CS	F&S	I	-	LH
CO1, CO2	Discuss the Avastha and construct the Chikitsa yojana of Jvara	CC	MK	KH	CBL,DIS,TBL	P-CASE,PRN,P-VIVA	F&S	I	-	NLHT3.1

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CO1, CO2	Discuss the clinical understanding of Nija jvara,Sannipata jvara and Aagantuja jvara and construct the Chikitsa yojana.	CC	MK	KH	PER,CBL,BS,SIM	P-VIVA,INT,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,FC	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,DIS	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,PRN,T-CS	F&S	I	-	NLHT3.6
CO1, CO3	State the Phalashruti,Sevanakala,Matra,Anupana of the given Aushadha kalpana	CK	MK	K	SDL,PER,L&GD	INT,DEB,PRN	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,CD,D-BED,LRI	PRN,P-VIVA,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**

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		• 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** • 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** • 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** • 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.

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		• 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** • 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** • 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
	• Shadanga paneeya
	• Amritottaram Kashaya
	• Indukantam Kashaya
	• Vishamajvara nashaka kashaya
	• Sudarshana churna
	• Mrityunjaya rasa
	• Amritarishta
	• Pippalyadi Ghrita
		Self directed learning, Presentation
		• 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
		  ◦ 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.

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	• 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)	Cases in the IPD 2 Bedside cases = 4 hours **Demonstration bedside** • 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: • 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 Sadhyaasadhyata (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.

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		• 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,OS PE,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,SI M,CBL, LRI,D-BED	PUZ,P-CA SE,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

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		• 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	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 • 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

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		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

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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,CBL,PT,PBL	CBA,Mini-CEX,P-VIVA,OSCE, P-PRF	F&S	I	-	NLHP5.1
CO1, CO2, CO3	Commemoration of International days	PSY-MEC	DK	SH	PBL,RP,RLE,FV	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	**Team based learning** • 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	**Blended learning** • Students are given online learning material like description of the online link and scientific

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		research articles • 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)	**Flipped classroom** • 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),	**Role play** • 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	• 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

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		following steps: • 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	• 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

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	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-VIVA,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 • Navayasa churna • Tapyadi Lauha • Lohasava • Punarnava mandoora • Dadimadi ghrita • Drakshavalehya	CAP	MK	KH	L&PPT	QZ ,VV-Viva,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-VIVA,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,DIS,PER,PL	QZ ,M-CHT,M-POS,PRN,VV-Viva	F	II	-	NLHT6.1
CO1, CO2, CO6	Discuss the etiopathogenesis, diagnosis and treatment of Raktakarkah (Leukemia)	CC	NK	K	PER,DIS,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,VV-Viva	F	II	-	NLHT6.3

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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)** • Prabhakara vati • Hridayarnava rasa • Arjunarishta • Drakshasava • Nagarjunabhra rasa	CAP	MK	KH	L&PPT	VV-Viva,T-OBT,P-VIVA,PUZ,QZ	F&S	II	-	LH
CO1, CO2, CO6	Explain the etiopathogenesis, diagnosis and treatment of Uchcha 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, Hritpeshiraktalpata, and Hritpeshirodhah (Coronary Artery Diseases- Angina Pectoris, Ischemic heart disease and Myocardial Infarction).	CC	DK	K	TBL,DIS,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

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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. • 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)** • Shrikhandasava • Kharjuradi mantha	CK	DK	K	L,L&PPT	VV-Viva	F	II	-	LH

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	• 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.	**Presentation of e-posters/ posters/charts** 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. • The mentor allots the topics to a few students in class.

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		• 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 alloted 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	**Oral presentation using Audio-visual aids** An audio-visual presentation on different varieties of Leukemia along with its treatment to have a gross understanding about the disease. • 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	**Flipped classroom** • 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.

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		• 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	**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. • 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	**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. • 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)	**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
Non Lecture Hour Practical		

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S.No	Name of Practical	Description of Practical Activity
NLHP 6.1	Cardio Pulmonary Resuscitation (CPR) Description	**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). • 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	• 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	• 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

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		• 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 Koshthashrita 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 Koshthashrita 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 Koshthashrita Kaamala & Shakhashrita Kaamala and state the Phalashruti, Aushadha sevana kala, Matra, Anupana of the Aushadha yoga in Kaamala roga. • 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

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CO1, CO2, CO6	Discuss the etiopathogenesis, diagnosis, principles of management of Yakrut shotha (Infective and Non-Infective Hepatitis)	CC	DK	K	PBL,L&GD,CBL	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 koshakiya arbuda (Hepato cellular Carcinoma)	CC	DK	K	L&PPT	P-VIVA,VV-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. • Vasa putapaka swarasa • Bolabaddha rasa • Lodhrasava • Vasaguduchyadi kashaya • Chandrakala rasa • Vasa ghrita	CK	MK	K	L&PPT	VV-Viva,T-OBT,QZ ,P-VIVA	F&S	II	-	LH

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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,DIS	QZ ,VV-Viva,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,DIS	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-VIVA,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-LAQ,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,VV-Viva	F&S	II	-	LH
CO1, CO3	State the Phalashruti, Aushadha sevana kala, Matra, Anupana for the Aushadha yoga in Vatarakta • 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

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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,PER,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,TPW,PER, TBL,DIS	M-CHT,VV-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 • Mahatiktaka kashaya • Pravala pishti • Tiktaka ghrita • Amrutadi kvatha/kashaya • Shirisha lepa • Manjishthadi kashaya	CAP	MK	KH	L&PPT	T-OBT,VV-Viva,T-CS	F&S	II	-	LH

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CO1, CO2, CO6	Discuss the various clinical presentations of Visarpa (Shingles, Erysipelas) along with their management.	CC	NK	K	PER,SDL,TBL, DIS	M-CHT,VV-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,CR-W,T-OBT,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 • Patolamooladi kashaya • Khadirarishta • Madhusnuhi rasayana • Gandhaka rasayana • Panchatikta ghrita guggulu • Avalgujadi lepa • Marichadi Taila • Rasamanikya • Arogyavardhini vati • Tuvaraka rasayana	CAP	MK	KH	L&PPT	QZ ,VV-Viva,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

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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- • 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,VV-Viva	F	II	-	LH
CO1, CO2, CO6	Review case reports from indexed journals on Tvak vikara.	CK	DK	K	DIS,IBL ,PER,SDL,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,TPW,PL,TBL,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

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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 • Mukta- shukti pishti • Guduchyadi Kashaya • Kamadudha rasa • Chinchadi lehya	CC	DK	K	L,L&PPT	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,LRI,CD, D-BED, CBL	P-EXAM,RK,P-REC,OSCE,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,CD,PER, D-BED, LRI	OSCE,PM, DOPS,DOPS,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

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	Hepatitis.	interpretations. • **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

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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. • 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**

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		The students are expected to select and present case reports/ research articles/ review articles on Tvak vikara from peer reviewed indexed journals. • Students are divided into small groups. • Each group is directed to utilise library resourses 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)	**Photography presentation** Comparison of the different types of Tvak vikara with their treatment descriptions - Tvak anurjatiya vikara (Allergic disorders of the skin, Atopic dermatitis-Eczyma, Urticaria), Shalkayukta tvak vikara (Squamous lesions) - Psoriasis, Shewalikabha twak vikara (Lichen planus), Visphota (Bullous lesion), Udasphotanvika tvak vikara (Pemphigus and Pemphigoid lesions), Kavkad tvak vikara (mycotic skin diseases) • 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	**Oral presentation using Audio visual aids** Few students are selected to make an oral presentation using audio visual aids on the diagnosis and treatment of Leprosy and Vitiligo/ Leukoderma. Refer framework as in NLHT 6.2

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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).

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		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), Indravriddha, 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

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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.	Self-Directed Learning • 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.	Case Based Learning(2 NLHP) Refer the case taking framework as described in NLHP 4.1

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

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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 Vishesha chikitsa of Gandamala (SL08) and Galaganda (SL0Y) with its types	CK	MK	K	L,L&PPT	QZ ,PRN,CL-PR	F&S	III	-	LH
CO1, CO3	Summarize the etipathogenesis, diagnosis and principles of management of Galaganda (Goitre) (SL0Y) and state the Phalashruti, Matra, Anupana, and Sevana kala of the following Yoga • 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

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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,REC,L&GD,PER, TBL	CL-PR,O-QZ,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,DIS,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,CBL,PBL ,PT	PP-Practical,OSCE,PRN,VV-Viva ,P-VIVA	F&S	III	-	NLHP9.1
CO1, CO3, CO5	Commemoration of International days	PSY-MEC	NK	KH	DIS,RLE,KL,BS,RP	PRN,INT	F	III	-	NLHP9.2

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity

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NLHT 9.1	Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga for Sthoulya and Prameha	**Group Discussion and Team based learning** The students are divided in groups of 3-5 students • 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	**Blended learning** • 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

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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	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 **Demonstration Bedside** Refer case taking framework as described in NLHP3.1 use for details **Group Discussion/Class Presentation(1 Hour)** • 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	World cancer day / Obesity Day/Diabetes Day (Any one)**(3 hours)** **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 **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 **Public outreach program**-Conduct a survey among the public to assess the susceptibility of cancer/ Obesity /Diabetes and educate them about the same. OR Organize a rally to create awareness about Prevention OR conduct medical camps for these disease Prepare a report with a Geotagged photograph

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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,C OM,T-OBT,Log book	F&S	III	-	LH
CO1, CO2, CO3	Develop a protocol for the general principles of Drug administration to prevent Iatrogenic DiseasesAssess the benefits of Shuddha chikitsa & ill effects of Ashuddha chikitsa	CS	DK	KH	PBL,DI S,SIM, BS,IBL	P-CASE,P RN,P-EXA M,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,D-M,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	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. 2 activities x 1 hour each = 2 hours • 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

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		• 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	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: • 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 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

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		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.

Paper 2 (Vyadhi Vishesha Chikitsa - 2)

A3 Course out come	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	• Describe the Samprapti vighatana, Chikitsasutra of snayugata vata • Construct Chiktsayojana including Rasayana and Pathyaapathya of Snayugatavata	CAP	MK	KH	L&PPT	VV-Viva,T-CS	F&S	I	-	LH

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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-OBT,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-CS,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-OBT,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

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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, Medogatavata 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 Managemnet 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,PSM,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

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CO1, CO3, CO4	Sketch the importance of Antahparimarjana and Bahirparimarjana chikitsa in Vata vyadhi	CAP	MK	KH	TPW,PBL,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-INT,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,SDL,IBL,DA	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,EDU,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

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		• 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	Team-based learning and Library Session • 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)	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 11.4	Understanding of Cerebrovascular Accident and its management	Blended learning

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		• 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	Class Presentation • 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	Problem based learning • 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)

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	Avabahuka/Viswachi,Kampavata, Gridhrasi, Manyasthmba,Khanja/ Pangu, Padadaha/ Padaharsha	
NLHP 11.2	Selection of appropriate Aushadhi in Vatavyadhi	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. • Students are divided into groups and each group is assigned two or three Yoga from the given list. 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

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		• 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	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 OR 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. OR Survey the public to assess the susceptibility of Stroke and educate them about the same. OR 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,
NLHP 11.4	Commemoration of World arthritis day	(4hrs) The students are asked to make posters on various aspects of the illness and do an exhibition of the same OR 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. OR Survey the public to assess the susceptibility of Arthritis and educate them about the same. OR

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		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	• 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-CS,VV-Viva	F&S	II	-	LH
CO1, CO2, CO3, CO4	• 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-LAQ,CL-PR	F&S	II	-	LH

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	Ayurvedic Perspective of Plantar fasciitis/Calcaneal Spur									
CO1, CO3, CO4	Explore the Samprapti vighatana, Chikitsa sutra & Chikitsa of Kateegraha(SP42) andConstruct 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) andGenerate 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 andDevelop 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 ofRaktaheenatajanya dhatunasha(AvascularNecrosis)	CC	DK	KH	L&PPT	T-OBT,T-CS,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-CS,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

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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,LRI	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

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	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**

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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&GD,L&PPT	S-LAQ,VV-Viva,OSCE,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,CBA,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&PPT ,L&GD	P-VIVA,CBA,P-CASE,M-POS,S-LAQ	F&S	II	-	LH

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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 Phuphphusa Vikara (Interstitial lung Disease), Phuphphusa arbuda (Lung Cancer), Phuphphusaasruti(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

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						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,CD,X-Ray,D-BED,LRI	Mini-CEX, CBA,VV-Viva,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,CD,X-Ray,D-BED	P-VIVA,RK,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,CD,D-BED,LRI, X-Ray	P-VIVA,COM,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,CD,D-BED,LRI	QZ ,P-CASE,VV-Viva, OSCE,COM	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,CBL,CD	P-VIVA,RK,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,CBL,D-BE	QZ ,Mini-CEX,COM,O	F&S	II	-	NLHP13.6

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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 Phuphphusaasruti (Pleural effusion)	PSY-GUD	DK	SH	CBL,CD,X-Ray,LRI,D-BED	VV-Viva,COM,QZ ,CL-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 Phuphphusa Vikara (Interstitial Lung Disease)	PSY-MEC	NK	KH	CD,CBL,X-Ray,D-BED,LRI	CL-PR,QZ ,RK,VV-Viva,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-Viva,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

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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 themself. 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.

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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 & Hikkanigrahana Mahakashaya 2. Bharangi- Nagara Kwatha 3. Gojihwadi kwatha 4. Shwasa Kutara rasa 5. Shringarabhra rasa 6. Shwasa Kasa Chintamani rasa

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		C. Naimittika Rasayan for Shwasa & Hikka D. Pathyaapathya
NLHT 13.2	Chikitsa yojana (treatment plan) of Kaasa Roga (SL41)	For Details refer NHLT 13.1 • Asessement for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa • Aushadha yojna for shaman chikitsa : 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
NLHT 13.3	Chikitsa yojana (treatment plan) of or Trirupa , Shadrupa, Ekadasha rupa rajyakshama , Anuloma kshaya & Pratiloma kshaya	**Refer NHLT13.1** • Asessement for suitability (yogya- ayogya) for

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		a. Shodhana chikitsa b. Shamana chikitsa • Aushadha yojana for Shaman chikitsa : 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
NLHT 13.4	Construct Chikitsa yojana (treatment plan) of Urahkshat roga.	**For details refer NHLT13.1** • Asessement for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa • Aushadha yojna for shaman chikitsa : 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

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		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 Phuphphusaasruti (Pleural effusion)	Refer the case taking framework as described in NHLP 3.1 (2 hours)

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NLHP 13.8	Bedside demonstration of case of Antaraalayi Phuphphusa 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: • 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.

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To administer Oxygen therapy
The mentors will demonstrate

- Assesment 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

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- *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

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CO3	a treatment algorithm according to its stages of Shadkriyakala and appropriate Chikitsa yojana of Trishna Roga.				L&PPT ,L	-VIVA,T-CS,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&GD	M-POS,CHK,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-PR,OSCE,VV-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&GD,L&PPT	T-CS,QZ , CBA,COM, P-VIVA	F&S	III	-	LH
CO1, CO3, CO4	Construct Chikitsa yojana for Shotha roga.	CE	MK	KH	DIS,SDL,D,CBL,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,FC,L&GD	Mini-CEX, P-VIVA,QZ , VV-Viva,CHK	F&S	III	-	NLHT14.2

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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-BED,X-Ray,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-Ray,LRI, CBL,D-BED	CBA,RK,Mini-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-VIVA,CBA,Mini-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,LRI,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 • Asessement for suitability (yogya- ayogya) for a. Shodhana Chikitsa

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		b. Shamana Chikitsa • Aushadha yojna for shaman chikitsa :1. Bilva patra svaras 2. Punarnavamoola churna /Kwatha 3. Maankand Churna 4. Gudardraka Kalpa 5. Eranda taila 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 B.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following C. Naimittika Rasayana for Shotha roga D. Pathya -Apathya Recommendation for shotha roga
NLHT 14.2	Constructing Chikitsa yojana of Udar roga & Jalodara	Refer the framework as described in NHLT 13.1 • Assessment for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa • Aushadha yojna for shaman chikitsa : A. Ekala Aushadha Yoga with appropriate anupana:1. Guggulu Kalpa 2. Haritaki Kalpa 3. Shilajatu Kalpa 4. Pippali Vardhmana Kalpa 5. Gomutra 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 C. Naimittika Rasayana for for udara roga

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		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,COM,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&PPT ,L&GD	S-LAQ,VV-Viva,COM ,QZ ,CBA	F&S	III	-	LH

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	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 vriddhi (BPH) , Pourusha Granthi Arbuda (Ca Prostate) & Apavrukkatva (Nephrotic Syndrome)	CC	NK	KH	FC,BS, PER,CBL,L&GD	RK,QZ ,VV-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

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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,LRI,D-BED,CD,X-Ray	CBA,VV-Viva,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 Mootrakrichccha.	PSY-MEC	MK	SH	LRI,D-BED,CBL,X-Ray,CD	CBA,VV-Viva,COM,Mini-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,SDL,D-BED,CD,X-Ray	DOPS,P-PS,SP,VV-Viva,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 • Assessment for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa

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		• Aushadha yojna for shaman chikitsa : 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.
NLHT 15.2	Constructing Chikitsa Yojana for Samprapti Vighatana of Mootraghaata roga (SM81)	Refer the framework as described in NHLT 13.1 • Assessment for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa • Aushadha Yojna for Shaman Chikitsa : 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
NLHT 15.3	Constructing chikitsa yojana for samprapti vighatana of Ashmari roga (SM82)	Refer the framework as described in NHLT 13.1

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		• Asessement for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa • Aushadha yojna for shaman chikitsa : 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
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 • Asessement for suitability (yogya- ayogya) for a. Shodhana Chikitsa b. Shamana Chikitsa • Aushadha yojna for shaman chikitsa : A. Ekala Aushadha Yoga with appropriate anupana. B.Aushadha Kalpa prayoga . C. Naimittika Rasayana D. Pathya -Apathya Recommendation

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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.	Mentor will demonstrate • 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

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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&PPT	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&PPT	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 • Kutajaghana vati • Dadimashtaka choorna • Mustaarishtam • Bilwadhi leha • Gangadhara vati	CK	DK	KH	TBL,L&GD,DIS	QZ ,PRN	F&S	III	-	NLHT16.1
CO1, CO3, CO5	Discuss the etiopathogenesis, diagnosis, and principles of management of Pravahika (dysentery) ,Raktatisara (ulcerative colitis), Bruhadaantra arbuda (colorectal cancer)	CC	DK	KH	L_VC,TBL,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 • Krimikuthara rasa • Krimighna vati	CK	DK	KH	REC,TBL,DIS,L&GD	PRN,QZ	F&S	III	-	NLHT16.3

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	• Nimbamrita kashaya • Vidangarishtam									
CO1, CO3	Describe the Phalashruti, Matra, Anupana and Sevana kala of commonly used Yoga in Arsha • 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	Demonstrate the chikitsa yojana & prepare case record in cases of Pureeshavaha sroto vikara after performing relevant clinical examination	PSY-MEC	MK	SH	DIS,LRI,L&GD,TBL,PER	PRN,VV-Viva,PP-Practical,P-PRF,OSCE	F&S	III	-	NLHP16.1
CO1, CO5	Commemoration of International days	PSY-MEC	NK	SH	RLE,PER,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	Presenting the Phalashruti, Matra, Anupana and Sevana kala of Aushadha yoga for Atisara and Pravahika	**Group Discussion and Team based learning** • 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

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		• 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** • 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** • 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** • 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

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		• 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	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** • 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	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

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

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	• 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

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	Pitta. • 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 Pathyaapthya 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-OBT,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	• 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

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						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, Chiktsa 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

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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	Flipped classroom • 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)	Journal Club • 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.

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		• 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)	Brainstorming • 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 Annavaha srotodushti vikara.	Library session and Class Presentation • 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**

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NLHP 17.1	Bedside Case taking of Annavaha srotodushti vikara.	Bedside Case taking of Annavaha 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 Annavahasrotodushti 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	Simulation/ Video-based learning (total 2hrs) • 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. https://www.msdmanuals.com/professional/gastrointestinal-disorders/how-to-do-gastrointestinal-procedures/how-to-insert-a-nasogastric-tube

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 Adravyabhuta Chikitsa in Unmada roga.	CAP	MK	KH	L_VC,D IS,L&P	T-CS,T-OB T,CR-	F&S	II	-	LH

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					PT	W,INT				
CO1, CO3	Explain the Samprapti vighatana, Chikitsasutra and Chikitsa of Apasmara roga(SK30)	CC	MK	KH	DIS,L&PPT ,L_VC,REC	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_VC,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_VC, L,DIS	C-VC,T-CS,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_VC	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), Kamonmada (Psychosexual disorders).	CC	DK	KH	L&PPT ,L_VC, 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,TBL	SA,CBA,S-LAQ,INT	F&S	II	-	NLHT18.1
CO1, CO2	Explain the Bhutonmada and its basic management.	CC	NK	KH	EDU,PER,DIS	QZ , C-VC,PRN	F	II	-	NLHT18.2

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CO1, CO2, CO3	Discuss clinical understanding of Atatvabhinivesha(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,TBL,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,CD,PER	VV-Viva,PRN,PP-Practical,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-BED,RLE	C-VC,PP-Practical,OSCE,Log book	F	II	-	NLHP18.2
CO2, CO6	Assess the importance of commemmorating World Mental Health day	PSY-MEC	DK	SH	TUT,EDU	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	**Group Discussion and Team based learning** • 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

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		• 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: • **B**ramhi, • 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

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NLHT 18.2	Bhutonmada and its basic management.	Discussion on the lakshana of Bhutonmada and its basic management. Group Discussion • Small groups are formed in the class. • The group of students discuss and interact among themseleves 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.	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 • 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).	**Team based learning** • 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.

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		• 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 •
NLHP 18.2	An insight into functionality of a mental hospital /de-addiction center/psycho social rehabilitation center.	Activitiy - Field visit (2 hours) Community based learning Students are taken to nearest mental health care facility. • They observe the inmates of the facility and identify various mental health 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 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

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		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,WP,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

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CO6										
CO1, CO2, CO3, CO6	Explain the Chikitsa of Piyusha granthi vikara : Udakameha (Diabetes insipidus).	CAP	NK	KH	PER,TUT,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,PER,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-VIVA,OSCE,PRN,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)	Students prepare a powerpoint presentation to read, learn and understand the topic. **Group Discussion** • 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	• 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

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	• Explain Samprapti vighatana and Chikitsa of Pratirakshija (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,Pprinciples 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

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NLHT 20.1	Approach to the Diagnosis, Ayurvedic perspective and management of Ankylosing Spondylitis	**Blended learning and Group discussion** • 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** • 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** • The students are encouraged to collect information on the etiopathogenesis, Diagnosis,

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		Investigations Prognosis and Management of Crohn's disease • 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	**Blended learning and Group discussion** • 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)		

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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 Dhwajabhanga 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,T BL,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 • 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

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CO2, CO3, CO4	• Explain the concept of Beeja dushti janya vikara and corelate 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&GD,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,DIS,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	**Blended learning** • 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**

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	examination and Ayurvedic perspective and Principles of management of Male hypogonadism, and Infertility	• 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** • 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** • 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

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		• 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 Klaibya (Male sexual dysfunction), Shukradosha	**Case Presentation on Immune system disorders** Two cases per clinical batch (One long case 2 hours & one short case 1 hour.) Total =3 hours **Demonstration bedside** Refer casetaking framework as described in NLHP3.1 and NLHP5.1 use for details

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,DIS,BS	VV-Viva	F&S	III	-	LH
CO1, CO2, CO3,	Differentiate between the Chikitsa of Guhya roga	CAP	DK	KH	L_VC,DIS,TPW,LS	M-POS,VV-Viva,M-CHT,QZ	F	III	-	NLHT22.1

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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 • Chopachinyadi churna • Ashtamurti rasa • Rasakarpoora • Triphala masee	CAP	DK	KH	PrBL,DIS,LRI,TBL	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	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. **Team Project Work** • 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.

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NLHT 22.2	Chikitsa of Guhya roga	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. **Small group discussion** • The Mentor divides the students into small groups. • Some groups are alloted different Guhya roga and other groups are alloted different aushadha yoga. • These groups discuss among themselves the treatment plan of given roga. • The groups which are alloted 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.	**Community Health Education/Public Outreach Program** (2 NLHP) • .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

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CO3, CO4	with the benefits				T,L&PPT	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,TUT	M-CHT,QZ ,VV-Viva,COM,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,PRN,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,LRI,SY,L&PPT	DEB,QZ ,COM,PRN,VV-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,TUT,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,FC,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,LS	P-EXAM,CL-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,COM,T-CS	F&S	III	-	NLHT23.2

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CO1, CO3, CO4	Demonstrate the Phalashruti, Sevana kala, Matra & Anupana of the following Vajikarana YogaMadanakameswara lehyaNarasimha rasayanBrimhani gulika	CC	DK	KH	PER,PSM,LS,DIS,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,CBL,DIS, TBL	P-CASE,OSCE,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,SIM,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	Student discusses the phalashruti of a few ekala Vajikarana Dravya along with their sevana kala, matra, anupana & pathyaapathya. • 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 alloted herb. • Each group gives a powerpoint presentation on the allotted topic. • The Mentor concludes the session with remarks

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NLHT 23.2	Vajikarana ghruta, Vrishya ghruta, Vrishya gutika & Shrigopal taila in Vajikarana Prayoga	Students devise the Chikitsa karmukatva, Sevana kala, Matra, Anupana & Pathyaapathya of Vajeekarana aushadha Kalpana. Team Based Learning • 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.	Students to demonstrate the Phalashruti, Sevana kala, Matra, Anupana & Pathyaapathya of Vajikarana Aushadha yoga Team based Learning • The Mentor divides the students into small groups & instructs them to refer tutorials, library resources, reading materials on the allotted Madanakameswara 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

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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.	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: • 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 sadhyaasadhyata (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

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		communication skills using rubrics or checklist and gives the feedback. • Remedial measures should be implemented if found necess
NLHP 23.2	Constructing a Chikitsa yojana based on the Interpretation of the Investigations related to Male & Female Infertility	Students will construct a chikitsa yojana in a case interpreting the available investigations like Blood analysis, semen analysis, radiological investigations. Case based learning - 2 short cases x 1hour = 2hours per batch 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 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 • 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 sadhyaasadhyata (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.

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		• 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 Tuvaraka Rasayana	CC	NK	KH	FC,PER ,BS,L& PPT	WP,PRN,M -POS,VV-Viva,QZ	F	III	-	LH

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	Shilajatu RasayanaLasuna Rasayana									
CO1, CO3, CO4	Elaborate the Aushadha sevana kala, Matra & Anupana along with the Chikitsa Karmukatva of the following Vyadhihara RasayanaTriphala RasayanaChyavanprashaAgastya HaritakiKushmanda 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 caseKanthya RasayanaVarnya RasayanaKeshya RasayanaMedhya	PSY-SET	NK	SH	LRI,CB L,SIM,	CBA,SP,P-CASE,Log	F&S	III	-	NLHP24.2

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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 • 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 alloted 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 • 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.

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NLHT 24.3	Utility of Naimittika Rasayana in a treatment protocol	Case Based Learning • 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 will remarks
NLHT 24.4	Planning of Apunarbhava Chikitsa applying the principles & procedures of Rasayana Therapy	Flipped classroom • 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

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NLHP 24.1	Devise a treatment plan according to principles of Rasayana.	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 • 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 sadhyaasadhyata (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	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

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		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 sadhyaasadhyata (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

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CO3	vikara and Indriyapradoshaja vikara .				&PPT	S,CR-W,T-OBT,CL-PR				
CO1, CO2, CO3	Review the Etiopathogenisis, Diagnosis and Principles of Management of Smritilopa(Alzheimer's disease).	CC	MK	KH	L_VC,DIS,L&PPT	OSCE,T-CS,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-VC,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**

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		• 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 Jarajanya vikara with appropriate anupana: • Vidari • Shatavari • Ashvagandha • Jivanti • Madhuka 2.Aushadha Kalpa prayoga with appropriate matra, anupana , sevana kala for following: • Yashtimadhu churna • Guduchi swarasa • Ashvagandhai churna • Shatavrayadi churna • Vidryadi churna 3.Naimittika Rasayana for Jarajanya vikara
NLHT 25.2	Aushadha prayoga for Indriyapradoshoja vikara	Group Discussion and Team based learning • The students are divided in groups of 3-5 students

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		• 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 • Triiphala 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

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	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. . • 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.

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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 • 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	

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		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

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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

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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

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		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

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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

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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

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

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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

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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 Phuphphusaasruti (Pleural effusion)
13.8	CO1,CO2,CO3,CO6,	Bedside demonstration of case of Antaraalayi Phuphphusa Vikara (Interstitial

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	CO7	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 Annavaha srotodushti vikara.
17.2	CO1,CO2,CO3,CO6, CO7	OP-based case taking of two Annavahasrotodushti 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.

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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.

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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.							

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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

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6 E : Question Paper Pattern

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

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: 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**

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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**			

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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.

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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) • 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 • 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

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	• 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**

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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
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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

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