

Teaching & Evaluation Scheme:	Atyaikachikitsa
Semester/Year:	Third Year B.A.M.S.
Program Name:	Bachelor of Ayurvedic Medicine and Surgery
Effective from Academic Year:	2023-24
Subject Code:	AyUG- EM

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

**Atyaikachikitsa
(Emergency Medicine)**

(SUBJECT CODE : AyUG-EM)

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

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

III Professional Ayurvedacharya

(BAMS)

Subject Code : AyUG-EM

Atyaikachikitsa
(Emergency Medicine)

Summary

Total number of Teaching hours: 40			
Lecture (LH) - Theory		0	0(LH)
Paper I	0		
Non-Lecture (NLHT)		12	40(NLH)
Paper I	12		
Non-Lecture (NLHP)		28	
Paper I	28		

Examination (Papers & Mark Distribution)					
Item	Theory Component Marks	Practical Component Marks			
		Practical	Viva	Elective	IA
Paper I		0	0	-	0
Sub-Total	0				
Total marks	0				

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

PREFACE

Emergency treatment is a crucial aspect of every medical science, including Ayurveda. The Ashtanga Hridaya describes Ayurveda as being capable of saving lives by "cutting the noose of death," emphasizing its potential in managing life-threatening conditions. The Brihat Trayee—the foundational triad of Ayurvedic texts—provides comprehensive details on various emergency conditions such as Teevra Udakakshaya (severe dehydration), Shiro Marmabhighata (head injury), Hridroga (cardiac emergencies), and Sanyasa (coma), among others.

Despite the significant advancements in modern emergency medicine, limitations still exist in certain areas and patient populations. This underscores the necessity of exploring, mastering, and applying Ayurvedic principles in emergency care. Many Vaidyas have documented encouraging results in Ayurvedic emergency treatment, demonstrating its effectiveness in various critical conditions.

To ensure competency in handling emergencies, structured and rigorous training is essential. It is imperative that every Ayurveda graduate possesses foundational knowledge and practical training in the primary management of emergencies using Ayurvedic principles, alongside an understanding of relevant contemporary medical approaches.

This syllabus is designed with the objective of equipping students with the skills required for the effective integration of Ayurvedic emergency treatment. Through a balanced approach incorporating theoretical learning, hands-on practicals, and clinical exposure, students will be empowered to address emergency conditions with confidence and expertise.

INDEX

Course Code and Name of Course	5
Table 1 : Course learning outcomes and mapped PO.....	5
Table 2 : Contents of Course	6
Paper 1	6
Table 3 : Learning objectives of Course.....	11
Paper 1	11
Table 4 : NLHT Activity	27
Table 5 : List of Practicals	28
Table 6 : Assessment Summary: Assessment is subdivided in A to H points	30
6 A : Number of Papers and Marks Distribution	30
6 B : Scheme of Assessment (Formative and Summative)	30
6 C : Calculation Method for Internal assessment Marks.....	30
6 D : Evaluation Methods for Periodical Assessment.....	31
6 E : Question Paper Pattern.....	32
6 F : Distribution of theory examination	33
6 G : Instructions for UG Paper Setting & Blue print.....	34
6 H : Distribution of Practical Exam	35
References Books/ Resources.....	36
Syllabus Committee	37
Abbreviations	42

Course Code and Name of Course

Course code	Name of Course
AyUG-EM	Atyaikachikitsa

Table 1 : Course learning outcomes and mapped PO

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

Table 2 : Contents of Course

Paper 1 (Atyayika Chikitsa)						
Sr. No	A2 List of Topics	B2 Term	C2 Marks	D2 Lecture hours	E2 Non- Lecture hours Theory	E2 Non- Lecture hours Practica I
1	Concept of Atyaya, and Atyayika Chikitsa Definition and Ayurvedic perspective of Atyaya and Atyayika Vyadhi Clinical significance and types of Atyayika conditions Arishta Lakshana (Signs of impending death)	1	0	0	1	0
2	Important factors related to Atyayika conditions Role of Prana, Agni, Oja, Indriya, Bala, and Marma in Atyayika Avastha Significance of Trimarma (Shira, Hridaya, Basti) in emergencies Pathophysiology of these factors in life-threatening conditions	1		0	2	0
3	Teevra Jwara Vega (Hyperpyrexia) Classification: Swatantra Jwara and Paratantra Jwara Clinical examination and differentiation of fever in emergency conditions Ayurvedic and modern management, including Abhyantar Aushadhi, Basti, Dhoopana, Swedana, and Lepa	1		0	0	2
4	Raktapitta- Teevra Raktasrava (Acute Hemorrhage) Types of Raktapitta: Swatantra and Paratantra Raktapitta Clinical assessment of hemorrhagic conditions like	1		0	0	2

	Nasagata Raktapitta (Epistaxis) and Gudagata Raktapitta (Rectal bleeding)				
	Management using Ayurvedic interventions (Bandha, Peedana, Parisheka, Lepa) and conventional emergency care				
5	Teevra Udarashoola- {Acute abdomen, Acute abdominal pain} Ayurvedic and modern approaches for acute abdominal pain assessment Key conditions: Renal colic, biliary colic, gastritis, pancreatitis, peritonitis, appendicitis Management using Basti, Nabhi Poorana, Agnikarma, Viddha, cupping, and Lepa	1	0	2	2
6	Mutraghata- Mutrakricchra {including Anuria/Oliguria, retention of urine} Types and causes of Mutraghata and Mutrakricchra Clinical differentiation of anuria, oliguria, and urinary retention Ayurvedic treatment modalities (Dhara, Parisheka, Lepa, Nabhi Poorana) and modern approaches	2	0	0	2
7	Hridroga Atyayika Avastha (Management of Acute cardiac emergency conditions (including Acute coronary syndrome, Myocardial infarction, LVF, Arrhythmia) Pathophysiology of Svatantra and Paratantra Hridroga in emergency conditions Recognition of acute coronary syndrome, myocardial infarction (MI), left ventricular failure (LVF), and arrhythmias Management using Ayurvedic drugs (Trailokyachintamani, Hemagarbha Pottali, Suvarna Sootashekhara), Hridbasti, Basti, and Lepa	2	0	0	3
8	Stabdhata (Shock), Teevra Asahatva (Anaphylaxis) and Acute Hypersensitivity reaction)	2	0	0	2

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	Clinical presentation and classification of shock and hypersensitivity reactions Ayurvedic and conventional approaches for emergency stabilization				
9	Murcha (Syncope) (SP98) Causes and classification of Murcha (Syncope) based on Ayurveda and modern medicine Assessment of Atyayika Avastha in Murcha and emergency interventions	2	0	0	1
10	Akshepaka, Apasmara Vega (Convulsions, Status epilepticus) Differentiation of Akshepaka and Apasmara based on clinical presentation Role of Ayurveda in emergency seizure management Ayurvedic treatments: Pradhamana Nasya, Lepa, Vacha, Brahmi, etc.	2	0	0	1
11	Prameha Upadrava (Diabetic ketoacidosis (DKA) and Hyperosmolar hyperglycemic state (HHS)), Raktasharkaralpata (Hypoglycaemia), Atyuchcha Raktasharkara (Hyperglycemia) Recognition and clinical differentiation of Diabetic Ketoacidosis (DKA), Hyperosmolar Hyperglycemic State (HHS), Hypoglycemia, and Hyperglycemia Ayurvedic and conventional approaches for managing critical diabetes complications	2	0	1	1
12	Teevra Shwasa Vega (Acute respiratory failure, Status asthmaticus, acute respiratory distress syndrome (ARDS), Chocking) Status asthmaticus, acute respiratory distress syndrome (ARDS), and choking Ayurvedic management including Bahya Snehana, Swedana, Dhooma, Nasya, Basti, Agnikarma, and Viddha	2	0	1	2
13	Teevra Hikka (SM74)	2	0	0	2

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	Causes and complications of prolonged Hikka Ayurvedic interventions: Suvarna Sootashekhara, Suvarna Sameerapannaga, Nasya, Basti, Dhooma, Nabhipurana, Bahya Snehana, and Swedana, etc.					
14	Teevra Chardhi and Sarakta Chardi Causes of excessive vomiting and hematemesis Ayurvedic treatment including Shankha Bhasma, Mayurpicchamashi, Shubhra Bhasma, Jahar Mohara, and Viddha, etc.	2		0	0	2
15	Teevra Atisara and Sarakta Atisara Nirama Atisara (Severe diarrhea) and Raktatisara (Dysentery with blood loss) Management using Ayurvedic formulations like Shankhodara Rasa, Karpooira Rasa, Kanakasundar Rasa, and procedures like Viddha, Agnikarma, and Dhara, etc.	3		0	0	2
16	Teevra Udakakshaya (including severe dehydration and electrolyte imbalance) Ayurvedic and modern understanding of Udakakshaya Clinical assessment and emergency management, including fluid replacement therapy	3		0	1	1
17	Teevra Pakshaghata Vega (including Acute Cerebrovascular accident (stroke) & Hyperventilation (panic attack)) Clinical evaluation and differentiation of Pakshaghata (Cerebrovascular accident—Stroke) Management using Ayurvedic drugs (Trailokyachintamani, Suvarna Sootashekhara, Siddha Makaradhvaja, Yogendra Rasa, Brihat Vatachintamani, etc), Nasya, Dhara, Parisheka, Agnikarma, and Viddha	3		0	0	2
18	Adverse Drug Reaction and its management Identification of adverse drug reactions in Ayurveda and modern medicine	3		0	1	0

	Ayurvedic principles for preventing and managing ADRs					
19	Sanyasa (patients on the verge of death and comatose patients), Ayurvedic and conventional life saving medicines Ayurvedic classification and stages of Sanyasa (Coma) Management approaches including Ayurvedic and modern lifesaving interventions Ayurvedic drugs: Hemagarbha Pottali, Trailokyachintamani, Suvarna Sootashekhar, Siddha Makaradhvaja, Mahalakshmvilasa, Sahasraputi Abhraka, Suvarna Sindoor, Yogendra Rasa, Brihat Vatachintamani, Jayamangal Rasa, Mallasindoor, Heeraka, etc. Conventional emergency drugs: Atropine, adrenaline, levipil, epsoline, dopamine, dobutamine, streptokinase, dextrose, calcium gluconate, cardarone, midazolam, mannitol, effcorlin, lignocaine, lasix, adenosine, magnesium sulfate, etc.	3		0	3	1
Total Marks			0	0	12	28

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Table 3 : Learning objectives of Course

Paper 1 (Atyayika Chikitsa)										
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 Concept of Atyaya, and Atyayika Chikitsa (LH :0 NLHT: 1 NLHP: 0)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO5	Explain the Ayurvedic concept of Atyaya and Atyayika Chikitsa.	CC	MK	KH	FC,PER ,L_VC, L&PPT	CL-PR,P-VIVA	F	I	-	NLHT1.1
Non Lecture Hour Theory										
S.No	Name of Activity	Description of Theory Activity								
NLHT 1.1	Concept of Atyaya and Atyayika Chikitsa.	The teacher will explain the Ayurvedic concept of Atyaya and Atyayika Chikitsa by lecture with PPT or lecture with video clips. The students who have come prepared will discuss the aspects of Atyaya and Atyayika Chikitsa, while the teacher intervenes to suggest wherever improvement is needed.								
Non Lecture Hour Practical										
S.No	Name of Practical	Description of Practical Activity								
Topic 2 Important factors related to Atyayika conditions (LH :0 NLHT: 2 NLHP: 0)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO5	Explain the role of important factors like Prana, Agni etc. associated with Atyayika conditions.	CAN	MK	KH	L_VC,F C,L&PPT ,DIS	VV-Viva,C L-PR,PRN	F	I	-	NLHT2.1

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Non Lecture Hour Theory												
S.No	Name of Activity			Description of Theory Activity								
NLHT 2.1	Important factors related to Atyayika conditions like Prana, Agni, Oja, Marma, Indriya, Bala.			The teacher will explain important factors related to Atyayika conditions like Prana, Agni, Oja, Marma - especially Trimarma, Indriya, Bala, etc. with a PPT lecture or lecture with video clips. The students who have come prepared with basic information will discuss it in the classroom. While the teacher gives inputs for necessary improvement. Students will try to analyze the role of these factors in various patients.								
Non Lecture Hour Practical												
S.No	Name of Practical			Description of Practical Activity								
Topic 3 Teevra Jwara Vega (Hyperpyrexia) (LH :0 NLHT: 0 NLHP: 2)												
A3	B3			C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Implement management of Teevra Jwara (hyperpyrexia)			PSY-GUD	MK	SH	SIM,CB L,D-BE D,PBL	P-MOD,P-PS, C-VC,OSCE	F	I	-	NLHP3.1
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 3.1	Management of Teevra Jwara (hyperpyrexia)			Students will take history and perform clinical examinations under the guidance of a teacher. Through case-based learning, simulation, or bedside examination, they will attempt to comprehend the diagnosis as either Swatantra or Paratantra Jwara and the particular Avastha. They will make an effort to choose the drug and other Ayurvedic management techniques while also getting a basic understanding of traditional therapeutic approaches.								

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		The students will observe and assist the teacher in management including Abhyantar Aushadhi, Basti, Dhoopana, Swedana, Lepa, etc.
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Topic 4 Raktapitta- Teevra Raktasrava (Acute Hemorrhage) (LH :0 NLHT: 0 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Apply management of Teevra Raktasrava (acute haemorrhage)	PSY-GUD	MK	SH	CBL,SI M,D-M, D-BED, PBL	C-VC,OSC E,SP,P- MOD,P-EN	F	I	H-SH	NLHP4.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 4.1	Management of Teevra Raktasrava (acute haemorrhage)	Students will examine the patient's bedside or on simulation or based on the case. They will try to understand the diagnosis in the form of Swatantra or Paratantra Raktapitta or other diseases and the exact Avastha, including the understanding based on conventional medicine. They will try to prepare a prescription including Abhyantar Aushadhi and other treatment modalities. They will observe and assist the teacher in the treatment including Abhyantar Aushadhi and other treatments like Bandha, Peedana, Parisheka, Lepa, etc. along with conventional management methods.

Topic 5 Teevra Udarashoola- {Acute abdomen, Acute abdominal pain) (LH :0 NLHT: 2 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Perform differential diagnosis and apply the treatment for Teevra Udarashoola (acute pain in the abdomen)	CAN	MK	SH	PBL,CB L,D,L_	P-MOD, C- VC,P-VIV	F	I	H-SH	NLHT5.1

Faculty of Ayurveda

					VC,L&PPT	A,OSCE,SP				
CO2, CO5	Perform differential diagnosis and apply treatment for Teevra Udarashoola (acute pain in the abdomen)	PSY-GUD	MK	SH	D-BED, CBL,SI M,D-M,PBL	P-CASE,SP ,P-MOD,P-EN,OSCE	F	I	-	NLHP5.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
NLHT 5.1	Differential diagnosis of Teevra Udarashoola (acute pain in the abdomen)	Through a lecture using PPT or videos, simulation, or case studies, the teacher will describe how to distinguish and evaluate Teevra Udarashoola (acute abdominal pain) as per Ayurveda and provide a brief overview of conventional medicine. Through simulation, case-based research, or bedside examination, the students will attempt to diagnose by themselves.

Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 5.1	Management of Teevra Udarashoola (acute pain in the abdomen)	Students will attempt to precisely identify the diagnosis and particular Avastha based on bedside examination or simulation or video case or case-based learning. They will try to prepare a prescription including Abhyantar Aushadhi and other treatment modalities as per Ayurveda and a brief understanding of conventional medicine. They will observe and assist the teacher in the treatment including Abhyantar Aushadhi and other management methods like Basti, Nabhi Poorana, Agnikarma, Viddha, cupping, Lepa etc.

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Topic 6 Mutraghata- Mutrakricchra {including Anuria/Oliguria, retention of urine) (LH :0 NLHT: 0 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Apply the treatment of Mutraghata and Mutrakricchra (including anuria, oliguria, and retention of urine)	PSY-GUD	MK	SH	PBL,D-M,D-BE D,SIM, CBL	C-VC,P-VI VA,SP,P-M OD,OSCE	F	II	H-SH	NLHP6.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 6.1	Management of Mutraghata and Mutrakricchra (including anuria, oliguria, and urine retention)	Students will examine the patient's bedside or study by simulation or case-based learning or video case. They will try to understand the diagnosis and specific Avastha as per Ayurveda and with a brief understanding of conventional medicine. They will try to decide on the Abhyantar Aushadhi and other treatment modalities. They will observe and assist the teacher in Abhyantar Chikitsa and other management methods like Dhara, Parisheka, Lepa, Nabhi Poorana, etc. as per Ayurveda and considering conventional methods on actual patients or models.

Topic 7 Hridroga Atyayika Avastha (Management of Acute cardiac emergency conditions (including Acute coronary syndrome, Myocardial infarction, LVF, Arrhythmia) (LH :0 NLHT: 0 NLHP: 3)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
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CO2, CO5	Apply the primary management of Hridroga Atyayika Avastha (acute cardiac emergencies)	PSY-GUD	MK	SH	D-BED, FC, SIM, PBL, CBL	P-PS, SP, PM, C-VC, OSCE	F	II	-	NLHP7.1
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Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 7.1	Primary management of Hridroga Atyayika Avastha (acute cardiac emergencies)	Students will take a quick history of the patient and perform a clinical examination at the bedside, or based on simulation or case-based learning. They will try to differentiate and diagnose the exact condition as per Ayurveda with a supportive understanding of conventional medicine. With discussion, they will try to understand the condition, under the teacher's guidance. They will try to prepare a prescription including Abhyantar Chikitsa and other treatment modalities. They will observe and assist the teacher in the management with Abhyantar Chikitsa like Trailokyachintamani, Hemagarbha Pottali, Suvarna Sootashekhara, Siddha Makaradhvaja etc., and also in Hridbasti, Basti, Lepa etc.

Topic 8 Stabdhata (Shock), Teevra Asahatva (Anaphylaxis) and Acute Hypersensitivity reaction) (LH :0 NLHT: 0 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Demonstrate preparedness to manage Stabdhata (shock), Teevra Asahatva (anaphylaxis and acute hypersensitivity reaction)	PSY-GUD	MK	KH	PBL, L-VC, D-M, CBL, FC	P-CASE, P-MOD, SP, C-VC, P-PS	F	II	-	NLHP8.1

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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 8.1	Management of Stabdhata (shock) and Teevra Asahatva (Anaphylaxis and acute hypersensitivity reaction)			The teacher will demonstrate the case of Stabdhata (shock) and Teevra Asahatva (anaphylaxis and acute hypersensitivity reaction) bedside or through simulation or case videos. The teacher will explain the possible Ayurvedic management and the management by conventional medicine. Students will take a quick history of the patients or will observe through simulations, case videos, etc. They will try to understand the specific conditions and try to write the management with assessment and guidance from the teacher. They will observe and assist the teacher in actual management.								
Topic 9 Murcha (Syncope) (SP98) (LH :0 NLHT: 0 NLHP: 1)												
A3	B3			C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Illustrate the difference and management of Atyayika Avastha of Murcha (syncope)			PSY-GUD	MK	KH	RP,L_V C,SIM, D-BED, PBL	C-VC,SP,P -EN,P- MOD,P-PS	F	II	-	NLHP9.1
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								

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NLHP 9.1	Management of Atyayika Avastha of Murcha (syncope)	The students will take a brief history and examine the patient's bedside or through simulation or video cases. They will try to differentiate and identify the Atyayika Avastha of Murcha. They will try to decide the line of treatment under the guidance of the teacher. They will observe and assist the teacher in the management.
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Topic 10 Akshepaka, Apasmara Vega (Convulsions, Status epilepticus) (LH :0 NLHT: 0 NLHP: 1)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Demonstrate preparedness to apply the management for Akshepaka (convulsions and Teevra Apasmara (status epilepticus)	PSY-GUD	MK	SH	SIM,RP ,D-M,D -BED,C BL	P-MOD,P-EN,SP, C-VC	F	II	-	NLHP10.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 10.1	Management of Akshepaka (convulsions) and Teevra Apasmara (status epilepticus)	The teacher will explain on bedside case or by simulation or video cases On specific conditions, the students will examine, assess, and try to decide the line of treatment as per Ayurveda, with knowledge of conventional medicine. Role plays can be used to understand the actual activities required during the management.

Topic 11 Prameha Upadrava (Diabetic ketoacidosis (DKA) and Hyperosmolar hyperglycemic state (HHS)), Raktasharkaralpata(Hypoglycaemia), Atyuchcha Raktasharkara (Hyperglycemia) (LH :0 NLHT: 1 NLHP: 1)

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A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Show preparedness to manage Prameha Upadrava (important diabetic complications)	CC	MK	KH	FC,DIS, PBL,PE R,L&PP T	PRN,VV- Viva	F	II	-	NLHT11.1
CO2, CO5	Apply the primary management for Prameha Upadrava (important diabetic complications)	PSY- GUD	MK	SH	CBL,SI M,PBL, D-BED	P-MOD,SP, OSCE,P- PS,P-CASE	F	II	-	NLHP11.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
NLHT 11.1	Primary management of Prameha Upadrava (important diabetic complications)	Students divided into small groups will be assigned specific topics related to Prameha Upadrava (including diabetic ketoacidosis, hyperosmolar hyperglycemic state, hypoglycemia, and hyperglycemia) which result in Atyayika Avastha. Students will study and come prepared and present their topics, followed by a discussion under the guidance and supervision of the teacher. They will understand the possible Ayurvedic management along with the conventional management.

Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
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NLHP 11.1	Primary management of Prameha Upadrava (important diabetic complications)	Students will take a brief history and examine the patient's bedside or with the help of simulation or through case-based learning. Under teacher guidance, they will prepare the plan for possible Ayurvedic management or the conventional management of Prameha Upadrava (including diabetic ketoacidosis, hyperosmolar hyperglycemic status, hypoglycemia, or hyperglycemia). They will observe and assist in the actual management done by the teacher.
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Topic 12 Teevra Shwasa Vega (Acute respiratory failure, Status asthmaticus, acute respiratory distress syndrome (ARDS), Chocking (LH :0 NLHT: 1 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO ₂ , CO ₅	Describe Teevra Shvasa Vega (including acute respiratory failure, status asthmaticus, acute respiratory distress syndrome, and choking)	CC	MK	KH	FC,L_V C,PER, CBL,L &PPT	CL-PR,VV- Viva,T-CS	F	II	-	NLHT12.1
CO ₂ , CO ₅	Apply management of Teevra Shvasa (including acute respiratory failure, status asthmaticus, acute respiratory distress syndrome, and choking)	PSY- GUD	MK	SH	D-M,SI M,CBL, PBL,D- BED	C-VC,SP,P -MOD,PM, OSCE	F	II	-	NLHP12.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
NLHT 12.1	Teevra Shvasa Vega	The teacher will explain the emergencies related to Teevra Shvasa Vega by lecture with PPT or video clips. The teacher will assign topics related to Teevra Shvasa Vega to the students. They will present their topics followed by understanding specific conditions based on specific cases.

Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
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NLHP 12.1	Primary management of Teevra Shvasa Vega	The students will take a brief history and examine the patient's bedside or assess by simulation or based on a case. They will try to prepare the Ayurvedic method of management with knowledge about conventional management. They will understand and perform the Heimlich maneuver for choking on the model or by simulation. They will observe and assist the teacher in actual management with Abhyantar Chikitsa with medicines like Hemagarbha Pottali, Trailokyachintamani, Mallasindoora, Siddha Makaradhvaja, etc. given in Muhurmuhu Kala, applied on gums in case of unconscious patients. And also in procedures like Bahya Snehana, Swedana, Dhooma, Nasya, Basti Agnikarma and Viddha, etc.								
Topic 13 Teevra Hikka (SM74) (LH :0 NLHT: 0 NLHP: 2)										
A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3

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CO2, CO5	Apply management of Teevra Hikka.	PSY- GUD	MK	SH	CBL,PB L,D-BE D,SIM	C-VC,P-PS ,P-MOD,O SCE,SP	F	II	-	NLHP13.1
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Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 13.1	Management of Teevra Hikka	The students will take a brief history and examine the patient's bedside or assess through simulation or based on case. Under the teacher's guidance, they will try to prepare the management plan. They will observe and assist the teacher in the management including Abhyantar Aushadhi like Suvarna Sootashekhara, Suvarna Sameerapannaga, etc, given in Muhurmuhu Kala, and other procedures like Nasya, Basti, Dhooma, Nabhipurana, Bahya Snehana, Swedana, etc.

Topic 14 Teevra Chardhi and Sarakta Chardi (LH :0 NLHT: 0 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Apply primary management of Teevra Chardi and Sarakta Chardi	PSY- SET	MK	SH	D-BED, CBL,PB L,SIM	P-MOD, C- VC,OSCE, SP	F	II	H-SH	NLHP14.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity

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NLHP 14.1	Management of Teevra Chardi and Sarakta Chardi	The students will take a brief history and examine the patient's bedside or assess through simulation or video or based on the case. Under the guidance of the teacher, they will try to plan management as per Ayurveda with the necessary understanding of conventional medicine. They will assess whether the patients can be treated medically or if they need to be referred for surgical management. They will observe and assist the teacher in the actual management including internal medicines like Shankha Bhasma, Mayurpicchamashi, Shubhra Bhasma, Jahar Mohara, etc., and other modalities like Viddha, Agnikarma, etc.
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Topic 15 Teevra Atisara and Sarakta Atisara (LH :0 NLHT: 0 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Apply management of Teevra Atisara and Sarakta Atisara	PSY-SET	MK	SH	PBL,PS M,SIM, CBL,D-BED	PM,P-VIVA, C-V C,SP,OSCE	F	III	H-SH	NLHP15.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 15.1	Management of Teevra Atisara and Sarakta Atisara	The students will assess the patient with Svatantra and Paratantra Atisara and its specific Atyayika condition based on actual examination or by simulation or case-based learning They will try to decide on the Ayurvedic treatment plan with essential knowledge of conventional medicine. They will also understand whether the patients can be treated medically or if they need to be referred for surgical management.

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They will observe and assist the teacher in actual treatment including Abhyantar Aushadhi like Shankhodara Rasa, Karpooora Rasa, Kanakasundar Rasa, Sarvangasundar Rasa, Shankha Bhasma, etc., and other treatment modalities like Viddha, Agnikarma, Dhara, etc.

Topic 16 Teevra Udakakshaya (including severe dehydration and electrolyte imbalance) (LH :0 NLHT: 1 NLHP: 1)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Demonstrate preparedness for management of Teevra Udakakshaya (including severe dehydration and electrolyte imbalance)	PSY-GUD	MK	KH	L&PPT, D-M, L_VC, FC, D	CL-PR, C-VC, T-CS, P RN, VV-Viva	F	III	-	NLHT16.1
CO2, CO5	Demonstrate primary management of Teevra Udakakshaya (including severe dehydration and electrolyte imbalance)	PSY-GUD	MK	SH	KL, SIM, CBL, P BL, D-M	P-MOD, OS CE, P-PS, PM, SP	F	III	-	NLHP16.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
NLHT 16.1	Understanding Teevra Udakakshaya (including severe dehydration and electrolyte imbalance)	The teacher will explain Teevra Udakakshaya with a lecture with PPT or video, and demonstrate on the model. The teacher will explain about assessment of Udakakshaya and Teevra Udakakshaya which can be Atyayika Avastha. The students will discuss and understand various aspects in the classroom.

Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 16.1	Primary management of Teevra Udakakshaya (including severe dehydration and electrolyte	Students will examine the patient's bedside or assess through simulation or videos or based on the case. They will try to plan management as per Ayurveda and also conventional medicine.

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imbalance)

They will practically perform the procedures like intravenous fluid administration on models.
They will observe and assist the teacher in actual management procedures.

Topic 17 Teevra Pakshaghata Vega (including Acute Cerebrovascular accident (stroke) & Hyperventilation (panic attack) (LH :0 NLHT: 0 NLHP: 2)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Demonstrate primary management of Teevra Pakshaghata Vega (acute cerebrovascular accident, stroke).	PSY-GUD	MK	SH	SIM,D-M,D-BE D,PBL, CBL	C-VC,PM, P-EN,OSC E,SP	F	III	H-SH	NLHP17.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
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Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
NLHP 17.1	Primary management of Teevra Pakshaghata Vega (acute cerebrovascular accident, stroke)	The students will take a brief history and examine the patient's bedside, or assess by simulation or videos or based on the case. They will try to decide on the management plan as per Ayurveda with essential knowledge of conventional medicine, based on Samprapti. They will learn to perform procedures on models or in the skill lab. They will observe and assist the teacher in the management like Abhyantar Aushadhi like Trailokyachintamani, Suvarna Sootashekhara, Siddha Makaradhvaja, Yogendra Rasa, Brihat Vatachintamani, etc. (applied on gums in unconscious patients), and procedures like Basti, Nasya, Dhara, Parisheka, Bahya Snehana, Swedana, Agnikarma, Viddha, etc.

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Topic 18 Adverse Drug Reaction and its management (LH :0 NLHT: 1 NLHP: 0)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Describe preparedness for the management of adverse drug reactions.	CC	MK	KH	SIM,L& GD,L& PPT ,L_ VC,FC	CL-PR,OS CE,P-PS,SP ,P-VIVA	F	III	-	NLHT18.1

Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
NLHT 18.1	Management of adverse drug reactions.	Teachers will explain conventional adverse drug reactions and the Ayurvedic approach to them, with a lecture with PPT or videos. Students will be assigned specific topics related to this and they will study and discuss in the classroom.

Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
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Topic 19 Sanyasa (patients on the verge of death and comatose patients), Ayurvedic and conventional life saving medicines (LH :0 NLHT: 3 NLHP: 1)

A3	B3	C3	D3	E3	F3	G3	H3	I3	K3	L3
CO2, CO5	Understand the treatment of Sanyasa (patients on the verge of death and comatose patients) and about Ayurvedic and conventional life-saving drugs.	CC	MK	KH	FC,L&P PT ,DIS ,L_VC	PRN,VV- Viva	F	III	-	NLHT19.1

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CO2, CO5	Apply the treatment of Sanyasa (patients on the verge of death and comatose patients)	PSY- SET	MK	SH	PSM,D- BED,PB L,CBL, SIM	SP,OSCE,P- PS, C- VC,PM	F	III	-	NLHP19.1
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Non Lecture Hour Theory

S.No	Name of Activity	Description of Theory Activity
NLHT 19.1	The treatment of Sanyasa (patients on the verge of death and comatose patients) and Ayurvedic and conventional life-saving drugs.	The teacher will explain the treatment of Sanyasa (patients on the verge of death and comatose patients) with a lecture with PPT or videos. The teacher will explain the mode of action and use of Ayurvedic life-saving drugs like Hemagarbha Pottali, Trailokyachintamani, Suvarna Sootashekhara, Siddha Makaradhvaja, Mahalakshmvilasa, Sahasraputi Abhraka, Suvarna Sindoor, Yogendra Rasa, Brihat Vatachintamani, Jayamangal Rasa, Mallasindoor, Heeraka, etc. The teacher will explain the mode of action and uses of conventional life-saving drugs like Inj. atropine, adrenaline, levipil, epsoline, dopamine, dobutamine, streptokinase, dextrose, calcium gluconate, cardarone, midazolam, mannitol, efcorlin, lignocaine, lasix, adenosine, magnesium sulfate, etc.

Non Lecture Hour Practical

S.No	Name of Practical	Description of Practical Activity
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NLHP 19.1	Treatment of Sanyasa (patients on the verge of death and comatose patients)	The students will take a quick history and examine the patient's bedside, or assess on simulation or based on cases. They will try to decide the management methods under the guidance of the teacher. They will observe and assist the teacher in treatment including Abhyantar Aushadhi life-saving drugs like Hemagarbha Pottali, Trailokyachintamani, Suvarna Sootashekhara Pottali, etc. administered Muhurmuhu, applied on gums in case of unconscious patients, and also other methods like Pradhamana Nasya, Lepa, Udgharshana, etc.
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Table 4 : NLHT Activity

(*Refer table 3 of similar activity number)

Activity No*	CO No	Activity details
1.1	CO5	Concept of Atyaya and Atyayika Chikitsa.
2.1	CO5	Important factors related to Atyayika conditions like Prana, Agni, Oja, Marma, Indriya, Bala.
5.1	CO2,CO5	Differential diagnosis of Teevra Udarashoola (acute pain in the abdomen)
11.1	CO2,CO5	Primary management of Prameha Upadrava (important diabetic complications)
12.1	CO2,CO5	Teevra Shvasa Vega
16.1	CO2,CO5	Understanding Teevra Udakakshaya (including severe dehydration and electrolyte imbalance)
18.1	CO2,CO5	Management of adverse drug reactions.
19.1	CO2,CO5	The treatment of Sanyasa (patients on the verge of death and comatose patients) and Ayurvedic and conventional life-saving drugs.

Table 5 : List of Practicals

(*Refer table 3 of similar activity number)

Practical No*	CO No	Practical Activity details
3.1	CO2,CO5	Management of Teevra Jwara (hyperpyrexia)
4.1	CO2,CO5	Management of Teevra Raktasrava (acute haemorrhage)
5.1	CO2,CO5	Management of Teevra Udarashoola (acute pain in the abdomen)
6.1	CO2,CO5	Management of Mutraghata and Mutrakricchra (including anuria, oliguria, and urine retention)
7.1	CO2,CO5	Primary management of Hridroga Atyayika Avastha (acute cardiac emergencies)
8.1	CO2,CO5	Management of Stabdhata (shock) and Teevra Asahatva (Anaphylaxis and acute hypersensitivity reaction)
9.1	CO2,CO5	Management of Atyayika Avastha of Murcha (syncope)
10.1	CO2,CO5	Management of Akshepaka (convulsions) and Teevra Apasmara (status epilepticus)
11.1	CO2,CO5	Primary management of Prameha Upadrava (important diabetic complications)
12.1	CO2,CO5	Primary management of Teevra Shvasa Vega
13.1	CO2,CO5	Management of Teevra Hikka
14.1	CO2,CO5	Management of Teevra Chardi and Sarakta Chardi
15.1	CO2,CO5	Management of Teevra Atisara and Sarakta Atisara
16.1	CO2,CO5	Primary management of Teevra Udakakshaya (including severe dehydration and electrolyte imbalance)
17.1	CO2,CO5	Primary management of Teevra Pakshaghata Vega (acute cerebrovascular accident, stroke)
19.1	CO2,CO5	Treatment of Sanyasa (patients on the verge of death and comatose patients)



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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 (0)					Grand Total
			Practical	Viva	Elective	IA	Sub Total	
AyUG-EM	0	0	0	0	-	0	0	0

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	NA	NA	NA	NA

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

Not applicable

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.

6 E : Question Paper Pattern

III PROFESSIONAL BAMS EXAMINATIONS

AyUG-AC

PAPER-I

Time: 0 Hours Maximum Marks: 0

INSTRUCTIONS: All questions compulsory

		Number of Questions	Marks per question	Total Marks
Q 1	MULTIPLE CHOICE QUESTIONS (MCQ)	0	0	0
Q 2	SHORT ANSWER QUESTIONS (SAQ)	0	0	0
Q 3	LONG ANSWER QUESTIONS (LAQ)	0	0	0
				0

6 F : Distribution of theory examination

Not Applicable

6 G : Instructions for UG Paper Setting & Blue print

Not Applicable

6 H : Distribution of Practical Exam

Not Applicable

References Books/ Resources

S.No	Resources
1	Dr. Bramhadatta Sharma. Atyayik Vyadhi Nidana Chikitsa. Chaukhamba Sanskrit Pratishthan. Delhi. 2015.
2	Peter Cameron, George Jelinek, Anne-Maree Kelly, Lindsay Murray, Anthony F. T. Brown Textbook of Adult Emergency Medicine. Elsevier; 5th edition.2019
3	S.N.Chugh, Ashima Chugh. Emergency medicine for students and practitioners. ?CBS, Fifth edition, 2019.
4	Dixit U. Emergency medicine in Ayurveda. In: Deole Y.S., Basisht G., eds. Charak Samhita New Edition. 1 st ed. Jamnagar, Ind: CSRTSDC; 2020. https://www.carakasamhitaonline.com/mediawiki-1.32.1/index.php?title=Emergency_medicine_in_Ayurveda&oldid=44712 . Accessed February 4, 2025.

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Faculty of Ayurveda

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Abbreviations

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

Faculty of Ayurveda

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