Curriculum for MD/MS Ayurveda
(PRESCRIBED BY NCISM)

अभ्यासात्प्राप्यते दृष्टिः कर्मसिद्धिप्रकाशिनी।

Semester III-VI
Manasaroga and Manovijnana
(Ayurveda Psychology and Psychiatry)
(SUBJECT CODE : AYPG-MN)

(Applicable from 2024-25 batch, from the academic year 2025-26 onwards until further notification by NCISM)

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आयुषे सर्वलोकानाम्

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

PREFACE

Mental health has emerged as a crucial pillar of public health in the 21st century, as societies around the world face rising rates of psychological, psychosomatic, and stress-related disorders. Despite this growing crisis, access to effective and culturally sensitive mental health care remains inadequate—particularly in underserved populations. Ayurveda, with its holistic vision of health, provides a comprehensive and individualized approach to mental well-being through the disciplines of Manovijnana (Ayurveda Psychology) and Manasa Roga Chikitsa (Ayurveda Psychiatry). Rooted in the understanding of the mind-body-spirit continuum, this approach offers effective tools for prevention, promotion, and management of mental health, making it highly relevant to contemporary healthcare systems.

This postgraduate curriculum is designed to provide an in-depth understanding of Ayurvedic perspectives on mental health, integrating classical knowledge systems with insights from modern psychiatry. It focuses on the philosophical foundations of mental health, the dynamics of the mind (Manas), the role of Triguna and Tridosha, and their influence on behavior, cognition, and emotions. Students will gain the ability to assess and manage a wide range of psychological and psychosomatic conditions through Ayurvedic diagnosis, formulation-based therapies, Panchakarma, Rasayana, Satvavajaya Chikitsa, Yoga, and customized lifestyle modifications. The curriculum also builds skills in counseling, communication, psychotherapeutic practices, and public mental health education, enabling students to serve both individual patients and communities with sensitivity and expertise.

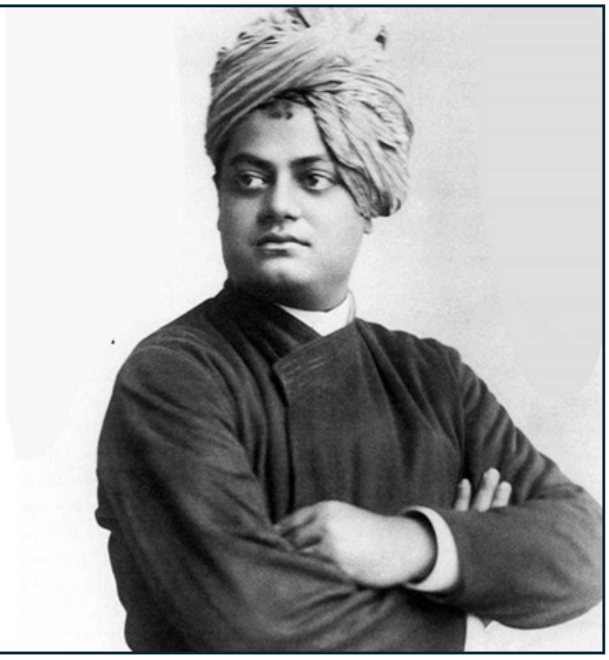
Innovative teaching-learning strategies are central to this program, including case-based learning, simulated patient interactions, community fieldwork, interdepartmental collaboration, and research-based inquiry. These methods nurture critical thinking, clinical decision-making, empathy, and professional ethics. Students are encouraged to engage with current research, explore intersections with global mental health discourse, and develop the ability to evaluate and integrate traditional and modern approaches to patient care. Upon completion, graduates will be equipped to conduct comprehensive psychiatric assessments, design and implement individualized treatment plans, contribute to integrative mental health teams, lead community mental health initiatives, and advance Ayurvedic psychiatry through research and education. This curriculum aspires to develop future-ready mental health professionals who can address the psychological needs of individuals and communities while upholding the timeless values and healing principles of Ayurveda.

INDEX

Summary & Credit Framework 4
Course Code and Name of Course 9
Table 1 : Course learning outcomes and mapped Program learning outcomes 9
Table 2 : Course contents (Modules- Credits and Notional Learning Hours) 10
Table 3 : Modules - Unit - Module Learning Objectives and Session Learning Objective- Notional Learning Hours- Domain-Level- TL Methods 52
Paper 1 Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry] 52
Paper 2 Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology] 154
Paper 3 Manasaroga Chikitsa [Psychotherapeutics] 237
Paper 4 Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry] 363
Table 4 : Practical Training Activity 467
Table 5 : Experiential learning Activity 482
Table 6 : Assessment Summary: Assessment is subdivided in A to H points 498
6 A : Number of Papers and Marks Distribution 498
6 B : Scheme of Assessment (Formative and Summative Assessment) 498
6 C : Calculation Method for Modular Grade Points (MGP) 498
6 D : Semester Evaluation Methods for Semester Grade point Average (SGPA) 503
6 E : Question Paper Pattern 507
6 F : Distribution for summative assessment (University examination) 508
6 G : Instruction for the paper setting & Blue Print for Summative assessment (University Examination) 516
6 H : Distribution of Practical Exam (University Examination) 517
Reference Books/ Resources 518
Abbreviations 526

We want that education by which **character** is formed, **strength of mind** is increased, the **intellect** is expanded, and by which one can **stand on one's own feet.**

-Swami Vivekananda



NCISM

(NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE)

Curriculum MD/ MS Ayurveda

Manasaroga and Manovijnana (AYPG-MN)

Summary & Credit Framework

Semester III-VI

Module Number & Name	Credits	Notional Learning Hours	Maximum Marks of assessment of modules (Formative Assessment)
Semester No : 3			
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])			
M1 Mana Sambandhita Samhita-Padartha Parichaya, Shastra Padavali, Roga Vruttanta Evam Kathanam [Epistemics and Semantics in Manovijnana]	2	60	50
M2 Manovijnane Darshana Shastrayam Yogadanam evam Prayoga [A Comprehensive Application of Darshana Shastra in understanding Psychology]	2	60	50
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])			
M9 Mano Rogi Pariksha Vidhi, Sadhyasadhyata Evam Vyavaccheda Roga Nirnaya [A Comprehensive Psychiatric Clinical Evaluation, Prognosis and Differential diagnostics]	2	60	50
M10 Mano Roganam Samanya Nidana Evam Samprapti [General Etio-pathology of Psychiatric Disorders]	2	60	50
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])			
M17 Doshaja Unmada Bheda Evam Chikitsa [Treatment ofPsychotic disorders and Schizophrenia Spectrum]	2	60	50
M18 Agantuja Unmada, Bhutonmada, Vishaja Unmada, Sutikonmada, Smaronmada, Tattvonmada, Manodukhaja Unmada Chikitsa [Treatment of Personality Disorders and Bipolar Disorders]	2	60	50
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda			

Psychiatry])			
M25 Manasaroge Vishishta Chikitsayam Prayogika Upayogita – I [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- I]	2	60	50
M26 Manasaroge Vishishta Chikitsayam Prayogika Upayogita - II [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- II]	2	60	50
Total	**16**	**480**	**400**
Semester No : 4			
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])			
M3 Manovijnana Deepika [Advanced learning of Cognitive, Behavioural and Humanistic domains in Indian Psychology]	2	60	50
M4 Satvikadi Kayanam Vishishta Jnana; Paschatya Manovijanane Sajnanatmaka evam Vyavaharika Sidhanta; Manoswasthya Sanketa [Application of Mental temperaments in Clinical Practice; Advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health]	2	60	50
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])			
M11 Manasaroga Vargeekarana [A Comprehensive Classification of Manasa roga]	2	60	50
M12 Manasa Roga Nirnaye Upakarananam Prayoga [The application of assessment tools and diagnostic parameters in Psychiatric Disorders]	2	60	50
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])			
M19 Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa [Treatment of Neurotic Disorders]	2	60	50
M20 Apasmara Chikitsa [Treatment of different Neuropsychiatric Disorders]	2	60	50
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])			
M27 Manasaroge Satvavajaya Chikitsayam Prakara evam Prayogika Upayogita [Modalities of Satvavajaya Chikitsa and its practical application in Ayurveda Psychiatry]	2	60	50
M28 Adravyabhoota, Daivavyapashraya evam Naishtiki Chikitsayam Prayogika Upayogita [Pragmatic utility of Adravyabhoota, Daivavyapashraya and Naishtiki Chikitsa]	2	60	50
Total	**16**	**480**	**400**
Semester No : 5			

Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])			
M5 Mana Shareera Paraspara Sambandhe Prayogika Jnana [Practical Utility of understanding Psychosomatic interactions, the Biopsychology model of healthcare and diseases]	2	60	50
M6 Swasthya Vyavastha Pranali, Ayurveda Jeevavijnane, Pranali Jeevavijnane Mano-Manodaihika Pratirupam [Psychosomatic model in Healthcare related Systems Approach, Scope of Ayurveda Biology and Systems Biology in Psychiatry]	2	60	50
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])			
M13 Bhuta Vidya Vishaye Vishishta Jnana (A Comprehensive Understanding of Bhutavidya and its Clinical Application)	2	60	50
M14 Manaswasthya Vishaye Praayogika Jnana [The concept of Mental Hygiene and Preventive Psychiatry]	2	60	50
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])			
M21 Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance abuse	2	60	50
M22 Ashana Vidhi Vikara, Nidra Vikara, Youna Vikara Evam Chikitsa [Treatment of Eating Disorders, Sexual Disorders and Sleep Disorders]	2	60	50
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])			
M29 Manasaroge Yoga Shastrasya Prayogika Upayogita [Practical utility of Yoga Shastra in Ayurveda Psychiatry]	2	60	50
M30 Manasaroge Aushadha Prayogasya Samagra Jnanam [Pragmatic Knowledge of Psychopharmacology in Ayurveda Psychiatry]	2	60	50
Total	**16**	**480**	**400**
Semester No : 6			
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])			
M7 Garbha kale Satvaparinama Evam Balopacharaneeyam [Developmental Psychology, and Neuro-developmental aspects of Psychiatry]	2	60	50
M8 Mano Vijnana- Manasaroga Sandarbhe Nava Bhavana Eva Anukalika Jnana [Emerging trends and recent updates in Psychology and Psychiatry, Scope of Ayurveda psychiatry]	2	60	50
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])			
M15 Manaswasthya Vishaye Trayopasthambha Jnana [Trayopasthambha and Preventive Psychiatry]	2	60	50

M16 Manasaroga Vishaye Vyaavaharika Jnanam [The Legal and Ethical Framework in Community Level Psychiatric Practices].	2	60	50
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])			
M23 Baalya-Yoshita-Vardhakya Janya Manovikara Evam Smruti Vikara Chikitsa [Treatment of Childhood disorders, Disorders afflicting Women's Mental Health, Geriatric and Neurodegenerative Disorders]	2	60	50
M24 Manodaihika Vyadhi Chikitsa [Treatment of Psychosomatic Disorders]	2	60	50
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])			
M31 Manasaroge Atyayika evam Anya Chikitsa [Emergency Management and other Integrated Approaches in Ayurveda Psychiatry]	2	60	50
M32 Manasaswasthya Chikitsayam Proudyogiki Vikasa evam Manasaswasthya Samsthanam Vidhividhanam [Technological advancements in Mental health care and mandates for setting up of Mental Health Establishment]	2	60	50
Total	**16**	**480**	**400**
Grand Total	**64**	**1920**	**1600**

Credit frame work

AYPG-MN consists of 32 modules totaling 64 credits, which correspond to 1920 Notional Learning Hours. Each credit comprises 30 hours of learner engagement, distributed across teaching, practical, and experiential learning in the ratio of 1:2:3. Accordingly, one credit includes 5 hours of teaching, 10 hours of practical training, 13 hours of experiential learning, and 2 hours allocated for modular assessment, which carries 25 marks.

Important Note: The User Manual MD/MS Ayurveda 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 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. Each paper has 16 credits and each semester covers 16 credits across 4 papers. In case of difficulty and questions regarding the curriculum, write to syllabus24ayu@ncismindia.org.

Credit Analysis Overview					
Sem/Paper	**Paper No 1**	**Paper No 2**	**Paper No 3**	**Paper No 4**	**Credits**
Semester 3	M-1 | 2 Crs M-2 | 2 Crs	M-9 | 2 Crs M-10 | 2 Crs	M-17 | 2 Crs M-18 | 2 Crs	M-25 | 2 Crs M-26 | 2 Crs	**16**
Semester 4	M-3 | 2 Crs M-4 | 2 Crs	M-11 | 2 Crs M-12 | 2 Crs	M-19 | 2 Crs M-20 | 2 Crs	M-27 | 2 Crs M-28 | 2 Crs	**16**

Semester 5	M-5 | 2 Crs M-6 | 2 Crs	M-13 | 2 Crs M-14 | 2 Crs	M-21 | 2 Crs M-22 | 2 Crs	M-29 | 2 Crs M-30 | 2 Crs	**16**
Semester 6	M-7 | 2 Crs M-8 | 2 Crs	M-15 | 2 Crs M-16 | 2 Crs	M-23 | 2 Crs M-24 | 2 Crs	M-31 | 2 Crs M-32 | 2 Crs	**16**
Credits	**16**	**16**	**16**	**16**	**64**

<table>
<tr><td colspan="6">Semester VI University examination</td></tr>
<tr><td colspan="3">Theory</td><td colspan="3">Practical*</td></tr>
<tr><td>Paper</td><td>Marks</td><td>Total</td><td>Practical Heads</td><td>Marks</td><td>Total</td></tr>
<tr><td rowspan="2">Paper -1</td><td rowspan="2">100</td><td rowspan="11">400</td><td>Long case or procedure/Major practical as applicable</td><td>100</td><td rowspan="11">400</td></tr>
<tr><td>Short case or procedure/Minor practical</td><td>50</td></tr>
<tr><td rowspan="2">Paper -2</td><td rowspan="2">100</td><td>Spotters</td><td>50</td></tr>
<tr><td>Assessing teaching ability</td><td>20</td></tr>
<tr><td rowspan="2">Paper -3</td><td rowspan="2">100</td><td>Assessing presentation skills</td><td>20</td></tr>
<tr><td>Viva (4 examiners: 20 marks/each examiner)</td><td>80</td></tr>
<tr><td rowspan="3">Paper -4</td><td rowspan="3">100</td><td>Dissertation Viva</td><td>40</td></tr>
<tr><td>Logbook (Activity record)</td><td>20</td></tr>
<tr><td>Practical/Clinical Record</td><td>20</td></tr>
<tr><td colspan="6">Semester VI University examination – 800 Marks</td></tr>
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* Details in 6H table

Course Code and Name of Course

Course code	Name of Course
AYPG-MN	Manasaroga and Manovijnana (Ayurveda Psychology and Psychiatry)

Table 1 : Course learning outcomes and mapped Program learning outcomes

CO No	A1 Course learning Outcomes (CO) AYPG-MN At the end of the course AYPG-MN, the students should be able to-	B1 Course learning Outcomes mapped with program learning outcomes.
CO1	Appraise the processes and stagewise development of Indian and Western Psychology and develop competence in applied research and teaching methods	PO1,PO5,PO7
CO2	Conduct a detailed psychiatric examination and document case formulation per Ayurveda and Conventional Standards. Acquire skills in data management and ethics in Ayurveda Psychiatric Practices.	PO1,PO7
CO3	Identify psychiatric situations requiring urgent or early intervention and make timely referrals to suitable facilities.	PO1,PO2
CO4	Suggest suitable diagnostic tools and tests and have the knowledge to interpret the results to determine disease severity, treatment response, and prognosis.	PO1,PO2
CO5	Demonstrate empathy and compassion toward patients and their families while respecting their sensitivities. Effectively communicate about management and prognosis, provide expert counselling, and deliver health education messages.	PO2,PO4,PO6
CO6	Effective liaison with general practitioners and other speciality care services to assist patients in coping with illness and addressing physical and psychological co-morbidities.	PO3,PO8
CO7	Develop efficient standalone Ayurveda and integrated treatment plans for psychological and psychosomatic disorders through pharmacological and non-pharmacological approaches adhering to legal, safety and regulatory standards.	PO2,PO3
CO8	Execute the role of an Ayurvedic Psychiatrist for the prevention, management and rehabilitation of psychological and psychosomatic illnesses in the community.	PO3,PO4,PO8

Table 2 : Course contents (Modules- Credits and Notional Learning Hours)

Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])						
Semester No : 3						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
1	**M-1 Mana Sambandhita Samhita-Padartha Parichaya, Shastra Padavali, Roga Vruttanta Evam Kathanam [Epistemics and Semantics in Manovijnana]** **The module provides an overview of Advanced learning of Clinical Case formulation, Technical Terminologies related to Indian and Western psychology and psychiatry and Critical Review of cross linked Ayurvedic literature on Manas and Western Psychology. It also explores Ayurvedic Psychology (Manovijnana) related Epistemics (the recognition and diagnosis of mental conditions using valid means of knowledge) and Semantics (interpretation, naming and communication of mental phenomena through precise terminology and case narratives)** • **M1U1 Mana Sambandhita Samhita-Padartha Parichaya** 1. Concepts related to Indian and Western psychology and psychiatry 2. Application of Shastra padavali [Application of technical terminologies] 3. Roga vruttanta evam kathanam [Advanced learning of Clinical Case	2	10	20	30	60

	formulation] 4. Advanced learning of Clinical Case formulation, technical terminologies related to western psychology and psychiatry • **M1U2 Mano Vikare Samprapti Ghataka: Pareeksha Vidhi as a Tool in Understanding Manodaihika (Psychosomatic) Disorders** 1. Dashavidha pareeksha jnana in formulating samprapti and samprapti ghata (esp. wrt Prakruti, Agni, Koshta, Dhathu, Srotas determinants) in the purview of Psychosomatic Diseases 2. Dashavidha pareeksha jnana in formulating samprapti and samprapti ghata (esp. wrt Prakruti, Agni, Koshta, Dhathu, Srotas determinants) in the purview of Psychological Disorders • **M1U3 Mano Vikare Samprapti Ghataka Abhyasa evam Roga Vruttanta Kathanam** 1. Case documentation with Samprapti Ghataka 2. Technical writing skills					
2	**M-2 Manovijnane Darshana Shastrayam Yogadanam evam Prayoga [A Comprehensive Application of Darshana Shastra in understanding Psychology]** **The module examines the contribution of Indian Philosophical Systems (Darshanas), towards Epistemological (Pramana), Ontological (Nature of Self) and Anthropological (Culturally rooted models of Mind, Behavior, and Consciousness) evolution of Mano Vijnana and analysis the contributions of different Darshana Shastra towards contemporary psychological constructs**	2	10	20	30	60

offering culturally integrative models for therapy and diagnosis

• **M2U1 Darshana Shastra Evam Manovigyanasya Itihasa. [Critical appraisal of Darshana Shastra, selected Upanishats and Bhagavat Geeta]**

1. Indian Historical perspectives, evolution and transition of Indian Psychology:

2. Anthropology: Comparative perspectives on Philosophy, Theology, Ontology, and Culture in Indian Psychology; concept of Cross-cultural Psychiatry.

3. Epistemology: Indian perspectives on the purpose of science and methods through Srishti Utpatti and evolving concepts of Manas across Vedic to Modern eras.

• **M2U2 Practical Application of Western Psychology**

1. Experimental psychology and Clinical Psychology, Transition to Cognitive, behavioural, developmental, social psychology and humanistic psychology
2. Differential understanding and therapeutic utility of the different branches of psychology

• **M2U3 Metapsychology and Cross-Cultural Psychiatry**

1. Meta-Psychology in Ayurveda: Purushartha, Chikitsa Purusha, Manas, Karma & Karmaphala, Papa Karma, Karmaja Vyadhi, Atmakarma, Guilt, Rebirth & Liberation, Ritambhara Prajna, Satya Buddhi, Atmaja Bhava, Atma Linga.
2. Clinical Utilisation of Cross-Cultural Psychiatry, theories of Free-will (Determinism, Compatibilism, and Libertarianism)

		4	**20**	**40**	**60**	**120**
Semester No : 4						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
3	**M-3 Manovijnana Deepika [Advanced learning of Cognitive, Behavioural and Humanistic domains in Indian Psychology]** **The module categorizes different branches of Psychology and Behavioural Sciences; examines the transition in Cognitive, Behavioural, Developmental, Social and Humanistic Psychology; analyses applications and interconnections between branches** • **M3U1 Cognitive -Humanistic domains in Indian Psychology** 1. Ayurvedic concepts of higher mental faculties, Differential Analysis of fundamental and derived faculties (fundamental -Manas Buddhi, Smruti, Dhruti, Prajna, Samjnanjana; Derived – Sheela, Cheshta, Aachara); Antahkarana Chatushtaya 2. Identifying Mano vyapara (Indreeya saapekshita- Indreeya nirapekshita Manovyapara) Indreeya vyapaara (Panchapanchakatva) 3. Cross linking the concepts of Epistemology, theories on Learning, Cognition,	2	10	20	30	60

	Memory, Perception, Information Processing theory with Mano-Indreeya Vyapaara • **M3U2 The concept of Jnana, Vijnana, Prajnana, Jnanotpatti and theories on Learning, And Information Processing** 1. The concept of Jnana, Vijnana, Prajnana, Jnanotpatti and theories on learning 2. Crosslinking the theories of Information Processing with Jnana, Vijnana, Prajnana, Jnanotpatti. • **M3U3 Critical Analysis of Manas and its Functional Constructs** 1. Therapeutic applicability of Mano guna (Anutva, Ekatva, Pratishareere bhinnatva, Indreeyatva Bhoutikatva, Dravyatva) 2. Mano dosha niroopanam, Mano- Artha, Sthana, Karma, Manovega, 3. Manovaha srotas, Samjnavaha srotas, Chittavaha srotas, Buddhi vaha Sira: 4. Functional ranges of Srotas cross linked to functional Neuro-Psychiatric Pathways, and Pathways of Consciousness.					
4	**M-4 Satvikadi Kayanam Vishishta Jnana; Paschatya Manovijanane Sajnanatmaka evam Vyavaharika Sidhanta; Manoswasthya Sanketa [Application of Mental temperaments in Clinical Practice; Advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health]** **The module emphasizes on the Practical Applicability of Satvikadi Kaya [Mental temperaments in Ayurveda] and explores advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health**	2	10	20	30	60

	• **M4U1 Applied Psychological theories** Applied Psychological theories, relevant in clinical practice • **M4U2 Indicators for measuring mental health** Indicators for measuring mental health • **M4U3 Applied Aspects of Satvikadi Kaya and Theories on Temperament and Personality** 1. Crosslinking Satvikadi Kaya and Theories on Temperament and Personality with Disease Causation and Prognosis					
		4	**20**	**40**	**60**	**120**
Semester No : 5						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
5	**M-5 Mana Shareera Paraspara Sambandhe Prayogika Jnana [Practical Utility of understanding Psychosomatic interactions, the Biopsychology model of healthcare and diseases]** **The module examines the association between Shareera and Manas highlighting**	2	10	20	30	60

Psychosomatic interactions and Biopsychology model of healthcare as well as diseases

- **M5U1 Mana shareera paraspara sambandha evam anubandhatva**

1. Intricate relationship between the manas and shareera
2. impact of relationship in health and disease as explained in Ayurvedic literature

- **M5U2 Biopsychosocial models of mental health**

1. Interplay of biological, psychological, and social factors in mental health.
2. Influence of genetic, neurological, cognitive, emotional, and environmental aspects
3. Practice of administering Emotional Regulation Questionnaire in healthy and psychosomatic cases

- **M5U3 Fundamentals of psychosomatic medicine**

1. Historical development of psychosomatic medicine and biopsychology in health
2. Integration of psychosomatic models, recent advances, and interdisciplinary practices
3. Development of effective communication skills with healthcare professionals

- **M5U4 Cross Cultural psychosomatic model, consultation liaison psychiatry and indices of psychosomatic medicine**

1. Impact of cultural diversity on psychosomatic presentations and models
2. Application of consultation-liaison psychiatry principles in practice
3. Evaluation of psychosomatic medicine indices with cultural sensitivity

6	**M-6 Swasthya Vyavastha Pranali, Ayurveda Jeevavijnane, Pranali Jeevavijnane Mano-Manodaihika Pratirupam [Psychosomatic model in Healthcare related Systems Approach, Scope of Ayurveda Biology and Systems Biology in Psychiatry]** **This module introduces a systems-based approach to psychiatric healthcare by integrating the psychosomatic framework of Ayurveda with the analytical insights of modern systems biology. It emphasizes the role of foundational psychological support in managing selected psychosomatic disorders and highlights how Ayurveda Biology provides a bridge between classical Ayurvedic constructs and contemporary biomedical science. The module also explores the emerging scope of Systems Biology in designing integrated, personalized psychiatric interventions that honor both the complexity of the mind-body relationship and the holistic vision of health** **• M6U1 Cultural Perspectives and Consultation-Liaison Approaches in Psychosomatic Medicine** 1. Complexities of psychiatric care across people, system, design, and risk perspectives 2. Transition from biopsychosocial to systems approach in psychiatric healthcare 3. Evaluation of systems thinking and its impact on care outcomes **• M6U2 Fundamentals of psychological support in selected psychosomatic disorders** 1. Analysis of psychosomatic indices and design of feasible psychological support strategies	2	10	20	30	60

	2. Understanding and application of psychotherapeutic approaches (CBT, group, supportive, motivational) 3. Evaluation of psychotherapy effectiveness and integration with pharmacological treatment • **M6U3 Scope of Ayurveda Biology and Systems Biology in Ayurvedic and integrated Psychiatric practices** 1. Intersection of Ayurveda biology and systems biology in neuro-psychiatric disorders 2. Analysis of medhya karma for nootropic effects and cognitive enhancement 3. Evaluation of Ayurvedic interventions through marker-assisted preclinical and clinical trials					
		4	**20**	**40**	**60**	**120**

Semester No : 6

2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
7	**M-7 Garbha kale Satvaparinama Evam Balopacharaneeyam [Developmental Psychology, and Neuro-developmental aspects of Psychiatry]**	2	10	20	30	60

	The module cross links the concept of Garbha shareeram, Balopacharaneeyam with Developmental Psychology. It explores Neuro-developmental aspects of Psychiatry • **M7U1 Basics of developmental Psychology** 1. Perspectives and scope of developmental psychology with influential theories 2. Childhood developmental disorders and key aspects of emotional, cognitive, moral, and language development 3. Cross-linking developmental constructs with Ayurvedic literature • **M7U2 Garbha kale Satvaparinama, Bala upacharaneeyam, Bala Amaya pratishedham/Bala graha** 1. Development of Satva during gestational, neonatal, infantile, and early childhood stages 2. Protective measures and treatments in early developmental periods 3. Cross-linking with fundamentals of developmental psychology • **M7U3 Neuro-developmental aspect of psychiatry, Intelligence, Speech & Language.** 1. Fundamentals of neurodevelopmental psychiatry and assessment of human intelligence 2. Functional aspects and tools for evaluating intelligence 3. Importance of speech and language development in social communication and related challenges					
8	**M-8 Mano Vijnana- Manasaroga Sandarbhe Nava Bhavana Eva Anukalika Jnana [Emerging trends and recent updates in Psychology and**	2	10	20	30	60

Psychiatry, Scope of Ayurveda psychiatry]

The module elaborates on the emerging trends and recent updates in educational and experimental aspects of Psychology and Psychiatry, Scope of Ayurveda psychiatry

- **M8U1 Applied Neuropsychology and Mind-Body Connections**

1. Applied aspects and recent updates in neuroanatomy, neuropsychology, and mind-body connections
2. Functional range of the psycho-neuro-endocrino-immunological axis
3. Gut-brain axis and autonomic nervous system functions in psychological states

- **M8U2 Experimental Psychology, Educational Psychology, transcultural psychology**

1. Transition of experimental psychology with technology for real-time, non-invasive measures (ocular, cardiac, electrodermal, brain activity) in studying cognition and emotion
2. Integration of computer-based data analysis, AI, simulation tools, and biofeedback in experimental research
3. Application of psychological principles in education and development of transcultural communication competence with diverse populations

- **M8U3 Introduction to the scope of Ayurveda Psychiatry and Indian Psychology in healthcare; the role of an Ayurveda Psychiatrist in primary, secondary and tertiary healthcare**

1. Shared pathological mechanisms in psychiatric conditions and adverse effects of long-term psychotropic use

	2. Identification of psychiatric conditions with reduced quality of life as complex need cases 3. Critical analysis with Ayurvedic constructs and role of Ayurveda psychiatrist in all levels of healthcare					
		4	**20**	**40**	**60**	**120**
		16	**80**	**160**	**240**	**480**

Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])

Semester No : 3

2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
9	**M-9 Mano Rogi Pariksha Vidhi, Sadhyasadhyata Evam Vyavaccheda Roga Nirnaya [A Comprehensive Psychiatric Clinical Evaluation, Prognosis and Differential diagnostics]** **Clinical examination of psychiatric conditions as per Ayurvedic and conventional standards.** • **M9U1 Mano Rogi pariksha vidhi** This unit equips students with comprehensive knowledge and skills in clinical	2	10	20	30	60

	assessment and psychodiagnosis, integrating modern and Ayurvedic approaches. • **M9U2 Manasaroganam sadhyasadhyata** Define prognosis on the basis of ayurvedic assessments • **M9U3 Vyavachedaka roga nirnaya** Differential diagnosis using different psychiatric assessment inventories					
10	**M-10 Mano Roganam Samanya Nidana Evam Samprapti [General Etio-pathology of Psychiatric Disorders]** **General etio-pathology of psychiatric disorders** • **M10U1 Manoroga praadhanika hetu vijnana** • Trivida roga hetu [Dosha,-Vyadhi, Ubhaya hetu; Asatmya indreeyartha samyogam, prajnaparadha, Parinama]. • Manasika bhava as nidana [Emotional dys-regulation]; Samajika nidana [socio-economic factors] • Avara satvata as pradhanikia hetu in mano roga • **M10U2 Manoroga anubandha hetu vijnana** • Shareerika dosha kopa as a nidana to mano roga [Psycho somatic etiopathology] • Ojakshaya as a manoroga nidana • Detailed knowledge of Psychoneuroimmunology with relation to Ojas • **M10U3 Manasa roge anya nidana.** • Aharaja-Viharaja hetu in manoroga • Beejapradoshaja nidana, Specific disorders in the purview of psychogenetic • Matrujaadi bhava [Reproductive health and perinatal psychiatry.	2	10	20	30	60

		4	**20**	**40**	**60**	**120**
Semester No : 4						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
11	**M-11 Manasaroga Vargeekarana [A Comprehensive Classification of Manasa roga]** **Classification of Psychiatric Disorders as per Ayurveda, ICD-11 and DSM-5 TR** • **M11U1 Manoroga Vargeekarana Samanya Parichaya** • Manoadhishtita mano vikara • Sharera adhishtita manovikara • Ubhaya adhishtita mano vikara • **M11U2 Manoroga Vargeekarana Vishishta Jnana** • Advanced learning of ICD-11 • ICD-11TM 2 • Classification in NAMASTE Portal • DSM-5 TR.	2	10	20	30	60

	• **M11U3 Manoroga sandarbhe Trividha roga vijnana.** • Adhidaivika, Adhibhoutika, Aadhyatmika vyadhi vargeekarana • Beeja pradoshaja vyadhi					
12	**M-12 Manasa Roga Nirnaye Upakarananam Prayoga [The application of assessment tools and diagnostic parameters in Psychiatric Disorders]** **Diagnostic tools in Psychiatry (Ayurvedic and Conventional standards)** • **M12U1 Vividha pariksha maanakah - manomaapaka upakaranani cha** • Different psychiatric assessment inventories (Ayurvedic and Conventional standards) • Psychiatric and psychometric instruments • **M12U2 Vyadhi nirnaye anya mano mapaka upakaranani** • Satvabala assessment scales • Any 2 Personality assessment scale Clinical utility • Any 2 Intelligence assessment scales with Clinical utility • Any 2 EQ assessment scale Clinical utility • **M12U3 Assessment measures as per DSM 5 TR** • Assessment measures as per DSM 5 TR • Crosscutting Symptoms Assessment	2	10	20	30	60

		4	**20**	**40**	**60**	**120**
Semester No : 5						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
13	**M-13 Bhuta Vidya Vishaye Vishishta Jnana (A Comprehensive Understanding of Bhutavidya and its Clinical Application)** **A Comprehensive Understanding of Bhutavidya and its Clinical Application** • **M13U1 Clinical Application of Bhutagraha** • Types, time of affecting and Characteristic features of Bhuta and Graha with modern understanding like disosiative disorders, Paranormal behaviour • Relationship of graha with other diseases • **M13U2 In depth knowledge on Bala Graha** • Understanding and differential diagnosis of balagraha cross linking with the concepts of child psychiatry. • **M13U3 Bhuta graha vyavaharika jnana Critical analysis of the concept of Grahavesha**	2	10	20	30	60

	• Concept and clinical understanding of Bhoota by Sushrutha and Charaka • Concept of Para Psychology.					
14	**M-14 Manaswasthya Vishaye Praayogika Jnana [The concept of Mental Hygiene and Preventive Psychiatry]** **Application of the principles of mental health and hygiene** • **M14U1 Swastha vritta, Dinacharya evum Rtu charya** • Significance of Swastha vritta, Sadvritta and Achararasayana in manoswasthya • Applied aspects of Dinacharya, Rtu charya Cultural practices, Spirituality and Spiritual practices in preventive Psychiatry • Utilisation of Johari window in promoting manoswasthya • **M14U2 Sadvritta, Achararasayana** • Social, moral and ethical conduct with respect to mental hygiene • Utilisation of Buddhi medhakara gana (Satata adhyayanam, Vaada, paratantravalokanam, Tadvidya-Achara seva) • **M14U3 Community Psychiatry as per conventional standards and Community participation** • Introduction to Community Psychiatry • Sociology related to Psychiatry • Psychological adaptation • End-of-Life and Palliative Care	2	10	20	30	60

		4	**20**	**40**	**60**	**120**

Semester No : 6

2A Module Number	2B Modules & units	2C Number of Credits	Notional Learning hours			
			2D Lectures	2E Practical Training	2F Experiential Learning including Modular Assessment	2G Total
15	**M-15 Manaswasthya Vishaye Trayopasthambha Jnana [Trayopasthambha and Preventive Psychiatry]** **Mental health and quality indices of Dietetics, sleep and psycho sexual aspects** • **M15U1 Ahara Charya evam Manaswasthyam- Psychonutrition** • Applying the concepts of Diet, dietary regimen and herbs to promote mental health (psychonutrition). • Concept of Medhyarasayana, Nitya rasayana Prayoga • Concept of cognitive enhancers/nootropics • **M15U2 Nidra Charya evam Manaswasthyam- Sleep hygiene** • Importance of nidra in Mano swasthyam • Concept of sleep hygiene • Sleep and cognition	2	10	20	30	60

	• **M15U3 Brahmacharya/ Abrahmacharya evam Manaswasthya- Psycho sexual education and hygiene** • Role of psycho sexual education and hygiene in preventive psychiatry • Fundamentals of Premarital Counselling					
16	**M-16 Manasaroga Vishaye Vyaavaharika Jnanam [The Legal and Ethical Framework in Community Level Psychiatric Practices].** **Acts, Rules and Ethics, Manasaroga vigyan in General practice and community health services** • **M16U1 The Mental Healthcare Act 2017** • In depth understanding of The Mental Healthcare Act and Provisions and transition from Indian Lunacy Act • Privileges, rights and duties of Practitioners including issuing certificates. • **M16U2 Swasthya yojana** • Health programs at National and Regional levels • National Health Programmes, District Mental Health Program, Health Care Reforms • **M16U3 Manorogavishaye vidhi vaisheshika jnana** Forensic psychiatry, legal and ethical issues in psychiatry, Correctional Psychiatry.	2	10	20	30	60
		4	**20**	**40**	**60**	**120**

		16	**80**	**160**	**240**	**480**
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])						
Semester No : 3						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
17	**M-17 Doshaja Unmada Bheda Evam Chikitsa [Treatment ofPsychotic disorders and Schizophrenia Spectrum]** **In depth understanding of nidana, samprapti, lakshana and chikitsa of doshaja unmadaetiology,psychopathology, symptomatology and treatment of psychotic disorders- schizophrenia spectrum and Acute and Transient Psychotic Disorders and their clinical applications.** **Undersatnding of the use of diagnostic tools, integrative care approaches, and attention to ethical and legal considerations in treatment and management.** • **M17U1 Doshaja unmada bheda, lakshana, chikitsa** • Vishesha lakshana, and vishesha chikitsa of doshaja Unmada and its types, namely Vataja, Pittaja, Kaphaja, and Sannipataja Unmada, • Specific clinical features and management of each type. • **M17U2 Schizophrenia spectrum, Schizoaffective disorder, Catatonia,**	2	10	20	30	60

	Delusional disorders, Acute and transient psychotic disorder (ATPD) • Clinical manifestations,management • Prognosis of psychotic disorders • **M17U3 Arvachina ousadha niroopanam (Basic knowledge of psycho pharmacology)** • Basic introductory knowledge about various medicines like antipsychotics, anti depressants, anti anxiety drugs, sedatives , tranquilizers etc, • The dosage, indications and their interaction with Ayurveda medicines					
18	**M-18 Agantuja Unmada, Bhutonmada, Vishaja Unmada, Sutikonmada, Smaronmada, Tattvonmada, Manodukhaja Unmada Chikitsa [Treatment of Personality Disorders and Bipolar Disorders]** **Detailed exploration of the lakshanas, vyavaccheda nidana, vishesha chikitsa, prognosis, preventive measures, and management of disorders.** • **M18U1 Bhutonmada Personality disorders, Possession and Trance disorder, Somatoform and somatisation disorders, Malingering** • In-depth understanding of the pathophysiology, clinical manifestations, and Bhutonmada • Includes management of personality disorders, and bipolar disorder • **M18U2 Mood disorders- Bipolar disorder, Mania and depression, dysthymia and cyclothymia**	2	10	20	30	60

	• Understanding of clinical presentation, and management of mood disorders • Focus on diagnosis, differential diagnosis, pharmacological and psychosocial interventions • Long-term care and relapse prevention strategies **• M18U3 Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada** • Detailed exploration of the, lakshanas, vyavaccheda nidana, vishesha chikitsa • Includes prognosis, preventive measures, and management					
		4	**20**	**40**	**60**	**120**

Semester No : 4

2A Module Number	2B Modules & units	2C Number of Credits	Notional Learning hours			
			2D Lectures	2E Practical Training	2F Experiential Learning including Modular Assessment	2G Total
19	**M-19 Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa [Treatment of Neurotic Disorders]** **Understanding the etiology, pathophysiology, and clinical features of neurotic disorders. Covering the diagnostic criteria and emphasizing differential diagnosis and prognosis. Exploration of evidence-based management strategies,**	2	10	20	30	60

	including both pharmacological and non-pharmacological interventions. Additionally, understanding of psychosocial aspects, preventive measures, and long-term care approaches for comprehensive management. **• M19U1 Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD** • Understanding of pathophysiology and clinical features, including diagnostic criteria • Differential diagnosis, and planning evidence-based management (Pharmacological and non-pharmacological) **• M19U2 Atatvabhinivesha, Obsessive compulsive related disorder, stress disorder, Adjustment disorders, Impulse control disorders** • Covers diagnostic criteria, differential diagnosis, and comorbidities • Pharmacological and non-pharmacological management strategies **• M19U3 Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation** • Covers diagnostic criteria, differential diagnosis, and comorbidities • Pharmacological and non-pharmacological management strategies					
20	**M-20 Apasmara Chikitsa [Treatment of different Neuropsychiatric Disorders]** **Understanding of etiology, pathophysiology, clinical features, prognosis, and management of Apasmara and neuropsychiatric disorders. Including diagnostic**	2	10	20	30	60

	criteria, comorbidities and the use of EEG and neuroimaging. Exploration of pharmacological and behavioural therapies, rehabilitation, preventive strategies, and prognosis. Emphasis on patient education, integrative care, and addressing ethical/legal considerations. • **M20U1 Apasmara** • Exploration of chikitsa of Apasmara along • Exploration of vyavaccheda nidana • **M20U2 Akshepaka and Apatantraka** • Exploration of nidana, purva-roopa, roopa, samprapti and chikitsa. • Exploration along with vyavaccheda nidana. • **M20U3 Epilepsy, Seizure disorders/Convulsion disorder, Status epilepticus, Non-epileptic Seizures, Seizures due to secondary causes** • Comprehensive understanding of the etiology, pathophysiology, and diagnostic criteria for epilepsy and related seizure disorders. • Focus on differential diagnosis, management, including pharmacological and non-pharmacological approaches, and long-term care. • Emphasis on preventive strategies, diagnostic tools like EEG, and consideration of patient education and ethical/legal issues in treatment.					
		4	**20**	**40**	**60**	**120**
Semester No : 5						
2A Modu	**2B Modules & units**	**2C Num**	**Notional Learning hours**			

le Number		ber of Credits	2D Lectures	2E Practical Training	2F Experiential Learning including Modular Assessment	2G Total
21	**M-21 Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance abuse** **Focus on the etiology, pathophysiology, and clinical features of Madatyaya (alcoholism), Mado Murcha, Sanyasa (loss of consciousness), and various substance abuse disorders. Covers diagnostic criteria, differential diagnosis, and comorbidities, along with pharmacological and non-pharmacological interventions.** • **M21U1 Madatyaya, Mada, murcha, sanyasa** • Laskshanas of madatyaya, mada, murcha and sanyasa. • Includes vyavaccheda nidana and chikitsa • **M21U2 Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.** • Diagnosis, differential diagnosis, and comorbidities, with emphasis on pharmacological interventions, psychosocial therapies, relapse prevention, rehabilitation, and the legal and social implications of addiction. • Includes preventive strategies, patient education, and long-term support systems	2	10	20	30	60

	• **M21U3 Alcohol, Cannabis and tobacco use disorder** • Etiology, clinical features, and management. • Diagnosis, differential diagnosis, and treatment strategies, including pharmacological and therapeutic interventions. • Emphasis on comorbidities, preventive measures, rehabilitation, social and legal implications, relapse prevention, and long-term care, with a focus on patient education.					
22	**M-22 Ashana Vidhi Vikara, Nidra Vikara, Youna Vikara Evam Chikitsa [Treatment of Eating Disorders, Sexual Disorders and Sleep Disorders]** **Focus on the pathophysiology, clinical features, and management of pathological conditions related to ahara (diet), nidra (sleep), and sexual health. It covers diagnostic criteria, differential diagnosis, and the impact of these conditions on overall health. Emphasis is placed on pharmacological and non-pharmacological interventions, preventive strategies, and the role of lifestyle modifications in management and recovery.** • **M22U1 Bhasmaka roga, Eating disorders, Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder** • Etiology, pathophysiology, and clinical features of Bhasmaka Roga and eating disorders. • Diagnostic tools, differential diagnosis, complications, and comorbidities. • Pharmacological and psychotherapeutic management, nutritional rehabilitation, family-based therapy, and preventive education. • **M22U2 Nidranasha, Atinidra, Tandra, Insomnia, Hypersomnolence, sleep**	2	10	20	30	60

	related breathing disorder and movement disorders, circadian rhythm sleep wake disorders, Parasomnia • Etiology, pathophysiology, and clinical features of sleep disorders including Nidranasha (insomnia), Atinidra (hypersomnolence), Tandra (drowsiness), and other sleep-related disorders. • Diagnostic criteria, differential diagnosis, and management strategies, with emphasis on pharmacological, behavioral, and lifestyle interventions. • Circadian rhythm disorders, parasomnias, and sleep-related movement and breathing disorders, along with long-term care and preventive measures • **M22U3 Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria** • Etiology, pathophysiology, and clinical features of Manasika Klaibya (psychogenic impotence) and sexual dysfunctions including erectile dysfunction, Dhat syndrome, vaginismus, dyspareunia, and gender dysphoria. • Diagnostic criteria, differential diagnosis, and management strategies, with emphasis on pharmacological, psychotherapeutic, and counseling approaches. • Psychosocial factors, preventive measures, and long-term care.					
		4	**20**	**40**	**60**	**120**

Semester No : 6

2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning**	**2G Total**

					including Modular Assessment	
23	**M-23 Baalya-Yoshita-Vardhakya Janya Manovikara Evam Smruti Vikara Chikitsa [Treatment of Childhood disorders, Disorders afflicting Women's Mental Health, Geriatric and Neurodegenerative Disorders]** **The module focuses on the etiology, pathophysiology, and clinical features of Vardhakya (aging) and Smriti Vikaras (memory disorders), along with mental health disorders in children and women. Covers comorbidities, developmental and hormonal influences, diagnostic tools, and cognitive decline. Emphasizes preventive measures, pharmacological and non-pharmacological management, psychosocial support, and long-term care. Includes discussions on cultural factors, ethical considerations, and lifestyle interventions for comprehensive care.** • **M23U1 Pediatric mental disorders - Elimination disorders, Communication disorders, Conduct disorders** The unit emphasizes • Developmental disorders- autism spectrum disorders, learning disorders, ADHD • Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions • Clinical features, and management of pediatric mental disorders, including Elimination disorders, communication Disorders, Conduct disorders, and Developmental disorders such as Autism Spectrum Disorders, Learning Disorders, and ADHD. • Women's mental health, including Sutikonmada, Perinatal mental disorders,	2	10	20	30	60

	Yoshapasmara, and perimenopausal psychological conditions. • **M23U2 Vardhakya janya manasika vikara, Senile depression, Senile psychotic disordersr** • Etiology, pathophysiology, and clinical features of Smriti Vikara (memory disorders), including Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder. • Diagnostic criteria, differential diagnosis, and management strategies. • Pharmacological treatments, non-pharmacological interventions, preventive measures, and long-term care, with a focus on cognitive rehabilitation, family support, and the use of diagnostic tools like neuroimaging and cognitive assessments. • **M23U3 Smriti vikara,– Alzheimers dementia, Vascular dementia etc, Mild neurocognitive disorder** The unit emphasizes Focus on the • Etiology, pathophysiology, and clinical features of Smriti Vikara (memory disorders), including Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder. • Diagnostic criteria, differential diagnosis, and management strategies. • Pharmacological treatments, non-pharmacological interventions, preventive measures, and long-term care, with a focus on cognitive rehabilitation, family support, and the use of diagnostic tools like neuroimaging and cognitive assessments.					

24	**M-24 Manodaihika Vyadhi Chikitsa [Treatment of Psychosomatic Disorders]** **This module focuses on the etiology, pathophysiology, and management of disorders that involve both the mind and body. Emphasis is on the diagnostic criteria, differential diagnosis, and the interrelationship between mental and physical health. It covers pharmacological and non-pharmacological treatments, psychosomatic interventions, and preventive care strategies. The module also deals with the basc knowledge of modern psychopharmacology** **• M24U1 Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders** • Etiology, pathophysiology, and clinical features of mind-body disorders, including psychosomatic disorders affecting various srotas (body channels) and organic mental disorders. • Diagnostic criteria, differential diagnosis, and management strategies, with emphasis on pharmacological, psychosomatic, and mind-body therapies. • Comorbidities, preventive measures, and the importance of long-term care and holistic approaches in treatment **• M24U2 Mental disorders due to known physiological conditions/ liaison psychiatry** • Etiology, pathophysiology, and clinical features of mental disorders related to physiological conditions, such as endocrine, metabolic, and neurological disorders. • Liaison psychiatry, integrating mental and physical health care. • Diagnostic tools, differential diagnosis, and biopsychosocial management strategies, including pharmacological treatments, psychosocial interventions,	2	10	20	30	60

	and patient-family education • **M24U3 Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson's disease, Multiple sclerosis, Huntington's chorea Chronic fatigue syndrome- Fibromyalgia** • Comorbidities, rehabilitation, and the role of multidisciplinary care. • Includes legal and ethical considerations, preventive strategies, and the importance of long-term support and holistic approaches					
		4	**20**	**40**	**60**	**120**
		16	**80**	**160**	**240**	**480**

Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])

Semester No : 3

2A Module Number	2B Modules & units	2C Number of Credits	Notional Learning hours			
			2D Lectures	2E Practical Training	2F Experiential Learning including Modular Assessment	2G Total
25	**M-25 Manasaroge Vishishta Chikitsayam Prayogika Upayogita – I [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- I]**	2	10	20	30	60

The module provides a comprehensive knowledge of specialized therapeutic procedures (Sodhana Therapy), focusing on crosslinking Ayurvedic concepts with contemporary scientific knowledge, the rationality of yogas utilized, and the significance of psychological support in inducting the patient to the prescribed therapies.

• **M25U1 Importance of specialized therapeutic procedures (Shodhana Therapy) in Manasaroga**

- Clinical importance of specialized therapeutic procedures (Shodhana Therapy) in Manasaroga.
- Specialized therapeutic procedures in Manasaroga for Secondary and Tertiary Prevention, management and Rehabilitation
- Plausible effectiveness of specialized therapeutic procedures on Gut Brain Axis and Gut Micro biome.

• **M25U2 Application of Vamana & Virechana in Manasaroga**

- Role of Vamana and Virechana in Manasaroga
- Specific Indications and Contraindications.
- Formulating therapeutic protocols, including patient preparation (Psychological support facilitating the proposed therapeutic outcomes) and administration of specific Yogas.
- Plausible mode of action of Vamana and Virechana in Manasa roga.

• **M25U3 Practical application of Basti in Manasa roga**

- Role of Anuvasana and Nirooha Basti in Manasa roga.
- Specific Indications and Contraindications.
- Formulating therapeutic protocols, including patient preparation (Psychological support facilitating the proposed therapeutic outcomes) and administration of specific Yogas.

	• Plausible mode of action of Anuvasana and Nirooha in Manasaroga. • **M25U4 Practical application of Nasya and Raktamokshana in Manasaroga** • Significance and practical application of nasal administration of medicaments in in Manasaroga • Types of Nasya and specific Yogas in Manasaroga • Significance and practical application of Raktamokshana in Manasaroga.					
26	**M-26 Manasaroge Vishishta Chikitsayam Prayogika Upayogita - II [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- II]** **The module covers the essentials of specialized therapeutic procedures (Bahirparimarjana Chikitsa) and their significance in Manas roga. It elaborates on Murdhni Thaila, different types of Dhara, Shirolepa, Shiro thalam, and other therapies, namely Dhooma, Ksheera dhooma, Dhoomapaana, and Anjana. It also deals with specific yogas along with their plausible mode of action.The module covers the essentials of specialized therapeutic procedures (Bahirparimarjana Chikitsa) and their significance in Manas roga. It elaborates on Murdhni Thaila, different types of Dhara, Shirolepa, Shiro thalam, and other therapies, namely Dhooma, Ksheera dhooma, Dhoomapaana, and Anjana. It also deals with specific yogas along with their plausible mode of action.** • **M26U1 Practical application of Murdhni Taila** • Types of Murdhni thaila with their specific application in Manasaroga. • Practical utility specific Yogas suggested for Murdhni thaila including their indications and contra indications.	2	10	20	30	60

	• Procedure of Administration and plausible mode of action. **• M26U2 Practical application of other Masthishkya procedures in Manasaroga** • Practical application of Thakra dhara, Kashaya dhara, Ksheera dhara and Jala dhara. • Practical application of Shirolepa, Thala Pothichil and Shiro thalam in Manasaroga • Practical utility specific Yogas suggested for selected Masthishkya procedures including their indications and contra indications. • Plausible mode of action of selected Masthishkya procedures in Manasaroga. **• M26U3 Practical application of Dhooma, Ksheera dhooma, Dhoomapaana and Anjana** • Applied aspects of Dhooma, Ksheera dhooma, Dhoomapaana and Anjana in Manasaroga. • Practical utility specific Yogas for selected procedures including their indications and contra indications. • Probable mode of action of selected procedures in Manasaroga.					
		4	**20**	**40**	**60**	**120**
Semester No : 4						
2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning**	**2G Total**

					including Modular Assessment	
27	**M-27 Manasaroge Satvavajaya Chikitsayam Prakara evam Prayogika Upayogita [Modalities of Satvavajaya Chikitsa and its practical application in Ayurveda Psychiatry]** **The module describes different modalities of Satvavajaya chikitsa and key factors involved in controlling Manas and enabling Samprapti Vighatana of Manasaroga. It elaborates on the basics of Counselling, various approaches to Psychotherapy, screening and assessment, and the application of Psychotherapy in special conditions. It also addresses the significance of Rehabilitation in various stages of Manasaroga.** • **M27U1 Specific modalities of Satvavajaya Chikitsa, and its Practical Applicability** • Specific modalities of Satvavajaya Chikitsa. • Applied aspects of Satvavajaya Chikitsa in clinical practice. • **M27U2 Applied aspects of Psychotherapy & Counselling techniques** • Patient centred screening and assessment for eligibility goals, processes and applied techniques. • Applied aspects of Psychotherapy namely; Psychoanalytical, Behavioural, Cognitive, Cognitive Behavioural therapies, Acceptance and Commitment Therapy, Transactional analysis, Existential, Gestalt, Adlerian and other Person-centred therapies. • **M27U3 Practical application of Psychotherapy and Rehabilitation in**	2	10	20	30	60

	specific Manasaroga conditions • Screening, assessment and application of Psychotherapeutic techniques and Rehabilitation in different stages of Anxiety Disorders, Depression, Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), Eating Disorders, Personality Disorders, Schizophrenia, Attention-Deficit/ Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorders.					
28	**M-28 Adravyabhoota, Daivavyapashraya evam Naishtiki Chikitsayam Prayogika Upayogita [Pragmatic utility of Adravyabhoota, Daivavyapashraya and Naishtiki Chikitsa]** **The module focuses on the significance of Adravyabhoota chikitsa, different clinical application techniques, and the integration of the concepts of Paraspara pratidwanta chikitsa with Rational Emotive Behavioural Therapy (REBT). It also analyses the clinical application of Daivavyapashraya Chikitsa, Naishtiki Chikitsa, and spiritual therapy and its cross-cultural implications. Additionally, it addresses the application of Satvavaisheshyakara Upaya in competency enhancement,** • **M28U1 Practical application of Adravyabhoota Chikitsa in Manasaroga** • Concept and Practical application of Adravyabhoota Chikitsa, Paraspara pratidwanta chikitsa wrt Rational Emotive Behavioural Therapy (REBT). • Concept and Practical application of Meditative techniques like Transcendental Meditation (TM), Vipassana, Sudarshana Kriya Yoga (SKY), and Smriti meditation. • Concept and Practical application of Relaxation techniques, Jacobson’s	2	10	20	30	60

	Progressive Muscular Relaxation (JPMR) and Hypnotherapy. • **M28U2 Applied aspects Daivavyapashraya chikitsa and Naishtiki Chikitsa in Manasaroga** • Applied aspects and cross- cultural implications of various modalities of Daivavyaasraya chikitsa and Naishtiki Chikitsa in Manasaroga. • **M28U3 Practical application of Satvavaisheshyakara Upaya in competency enhancement** • Concept and significance of Satvavaisheshyakara Upaya in clinical practice. • Applied aspects of Personality development and Stress management programs in clinical practice. • Interpersonal Management Skills and Motivational Programs in competency enhancement.					
		4	**20**	**40**	**60**	**120**

Semester No : 5

2A Module Number	**2B Modules & units**	**2C Number of Credits**	**Notional Learning hours**			
			2D Lectures	**2E Practical Training**	**2F Experiential Learning including Modular Assessment**	**2G Total**
29	**M-29 Manasaroge Yoga Shastrasya Prayogika Upayogita [Practical utility**	2	10	20	30	60

of Yoga Shastra in Ayurveda Psychiatry]

The module explores the scope and significance of Yoga techniques in Manasaroga and their positive impacts on neurological and psychological domains. It also elaborates on applying Ashtanga Yoga and validated Yoga protocols for specific clinical conditions.

• **M29U1 Significance of Yoga, concept of Panchakosha & Shatkarma in Mental Health**

- Therapeutic effects of Yoga on Psycho- Neuro- Endocrino- Immunological axis.
- Introduction to Panchakosha model and its implication in Manasaroga.
- Applied aspect of Integrated Approach of Yoga Therapy (IAYP).
- Practical utility of Neti, Dhauti, Nauli, Basti, Kapalabhati and Tra?aka mentioned in Manasaroga.

• **M29U2 Practical application of Ashtanga Yoga**

- Physiological and psychological effects of Asana (postures) and Pranayama (breath control) on the human body and mind.
- Practical application of Ashtanga Yoga in in specific Manasaroga conditions.

• **M29U3 Validated Yoga protocols for selected Manasaroga**

- Scientifically validated yoga protocols designed for the management of major *psychological disorders* including Stress, Anxiety, Depression and Schizophrenia.

30	**M-30 Manasaroge Aushadha Prayogasya Samagra Jnanam [Pragmatic Knowledge of Psychopharmacology in Ayurveda Psychiatry]** **The module offers a comprehensive understanding of various single drugs and drug formulations used in various Manasaroga conditions, along with their ingredients, indications, doses, and routes of administration. It also provides insights on contemporary herbal nootropics and cognitive enhancers, their pharmacological actions, mechanisms in promoting cognitive function, memory, and neuro protection, and their clinical applications.** • **M30U1 Potential effects of Eka mulika dravya in mental states** • Neuro-adaptogenic properties of Medhya Aushadha and their role in the management of specific Manasaroga conditions. • Potential effects of Madakari, Pramadhi, Vyavayi, Vikasi, Hridya, Abhishyandi, Rasayana, Jeevaneeya, Balya, Tarpana and Vrishya drugs.on mental states • **M30U2 Selected poly herbal formulations in Manasaroga** • Selected classical poly herbal- mineral based formulations with their specific indications & contra indications, ingredients, dose and route of administration, therapeutic efficacy, and research updates in Manasaroga. • **M30U3 Basic knowledge about contemporary herbal nootropics & cognitive enhancers** • Pharmacological actions of contemporary nootropic herbs and their mechanisms in promoting cognitive function, memory, and neuroprotection. • Clinical applications of herbal nootropics in treating cognitive disorders,	2	10	20	30	60

	mental fatigue, dementia, Alzheimer's disease, attention-deficit disorders, and improving overall mental clarity and concentration.					
		4	**20**	**40**	**60**	**120**

Semester No : 6

2A Module Number	2B Modules & units	2C Number of Credits	Notional Learning hours			
			2D Lectures	2E Practical Training	2F Experiential Learning including Modular Assessment	2G Total
31	**M-31 Manasaroge Atyayika evam Anya Chikitsa [Emergency Management and other Integrated Approaches in Ayurveda Psychiatry]** **The module covers essential principles and guidelines for emergency management in acute crises arising from various psychiatric illnesses. It also introduces various allied therapies, such as Viddhakarma and Marma Chikitsa, as well as integrated therapies, like Music and Art, in managing Manasaroga.** • **M31U1 Fundamentals of Psychiatric Emergency** • Introduction to General Psychiatric emergencies • General management Objectives and Techniques for safeguarding lives, prioritizing safety of the physician and patient. • Patient centred disposition with effective screening assessment, appropriate	2	10	20	30	60

	psychological support & medical treatment. • **M31U2 Management of specific psychiatric emergencies** • Description of the specific psychiatric emergency condition, signs and symptoms. • Risk Assessment, and Principles of management of psychiatric emergency in various psychiatric emergency conditions. • **M31U3 Application of Viddhakarma, Marma chikitsa and Integrated Therapies namely Music and Art** • Principles and practices of Viddhakarma and Marma chikitsa in Manasaroga. • Integrated therapies namely Music and Art in Manasaroga.					
32	**M-32 Manasaswasthya Chikitsayam Proudyogiki Vikasa evam Manasaswasthya Samsthanam Vidhividhanam [Technological advancements in Mental health care and mandates for setting up of Mental Health Establishment]** **The module deals with the emerging trends of technology interfaces as a therapeutic aid for mental healthcare practices and surgical procedures used in psychiatry. It also covers structural and Legal Mandates for setting up a Mental Health establishment.** • **M32U1 Technology Interface in Psychiatry** • Applications of AI, Tele psychiatry, digital mental health practices, Mobile apps, virtual reality, computer programs, instant messaging and podcasts,	2	10	20	30	60

	Chatbots, Web-based screening tools in Mental Health • Practical utility of Brain Implants and Brain-Computer Interfaces (BCIs) in mental healthcare practices. • **M32U2 Introduction to Psycho-surgery** • Evolution of Psycho- Surgery • Ethics in Psycho- Surgery • Recent developments in the field of Psycho- Surgery. • **M32U3 Structural and Legal Mandates for setting up a Mental Health Establishment** • Key laws and regulations governing the establishment and operation of mental health clinics, hospitals, and rehabilitation centres					
		4	**20**	**40**	**60**	**120**
		16	**80**	**160**	**240**	**480**
		64	**320**	**640**	**960**	**1920**

Table 3 : Modules - Unit - Module Learning Objectives and Session Learning Objective- Notional Learning Hours- Domain-Level- TL Methods

Paper No : 1 Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry]						
Semester No : 3						
3A Course Outcome	**3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)**	**3C Notional learning Hours**	**3D Lecture/ Practical Training/ Experiential Learning**	**3E Domain/ Sub Domain**	**3F Level (Does/Shows how/ Knows how/Know)**	**3G Teaching Learning Methods**
Module 1 : Mana Sambandhita Samhita-Padartha Parichaya, Shastra Padavali, Roga Vruttanta Evam Kathanam [Epistemics and Semantics in Manovijnana]						
Module Learning Objectives **(At the end of the module, the students should be able to)** 1. Describe contextual references related to Ayurveda Psychology across the Samhitas, cross link the Ayurvedic terminologies with technical terminologies in mental health domains and Psychiatry. 2. Conduct and create case introductory statement, case summary, case formulation based on clinical examination as per Ayurvedic and contemporary standards 3. Appraise Dosha status, emotional states, attitude, insight, values, cultural and religious preferences, confidentiality, and rights of patients and caregivers, vulnerable population (elderly, pregnant women, child, intellectually disabled, differentially abled)						
M 1 Unit 1 Mana Sambandhita Samhita-Padartha Parichaya 1. Concepts related to Indian and Western psychology and psychiatry 2. Application of Shastra padavali [Application of technical terminologies] 3. Roga vruttanta evam kathanam [Advanced learning of Clinical Case formulation] 4. Advanced learning of Clinical Case formulation, technical terminologies related to western psychology and psychiatry						

References: 1,19,20,32,41,53,86,87,110,111

3A	3B	3C	3D	3E	3F	3G
CO2,CO3	Conclude on the applied aspects (definition and implication) of Ayurvedic and modern psychological and psychiatric terms for use in case formulation	2	Lecture	CK	Know	L,L&PPT
CO2,CO3	Discuss (similarities) and contrast (differences) the Ayurvedic terminologies with technical terminologies in mental health domains and psychiatry	2	Lecture	CC	Knows-how	L
CO2,CO3	Assess dosha status using lakshana, aligned with dashavidha pareeksha and samprapti ghataka	6	Practical Training 1.1	PSY-GUD	Shows-how	DIS,CBL
CO2,CO3	Evaluate samprapti ghataka and assess shareerika and manasika dosha/manasika bhava status relevant to the pathogenesis of Manasaroga	2	Practical Training 1.2	PSY-GUD	Shows-how	CBL
CO2,CO3	Integrate foundational and advanced concepts from Indian and Western psychological theories to analyze patient behaviour and mental functioning in clinical case discussions.	2	Experiential-Learning 1.1	AFT-RES	Knows-how	DIS,SDL,RP,SIM
CO2,CO3	Value and reflect on the accurate use of Shaastra Padavali in oral and written clinical documentation and case presentations.	2	Experiential-Learning 1.2	AFT-VAL	Knows-how	PER,SDL
CO2,CO3	Reflect on integrating data from Roga–Rogi Pareeksha, Satva Pareeksha, and Mental Status Examination to formulate advanced clinical cases using both Ayurvedic and modern diagnostic reasoning.	2	Experiential-Learning 1.3	AFT-CHR	Knows-how	CD,CBL,DIS
CO2,CO3	Review and reflect on integrating technical terminologies from Western psychiatry into case formulation and liaison practice to enhance clarity and interdisciplinary communication.	2	Experiential-Learning 1.4	CE	Knows-how	BS,DIS,BL,PAL
CO2,CO3	Develop the practice of contextual use of Ayurvedic and modern psychiatric terminology to consistently support accurate, interdisciplinary clinical communication.	2	Experiential-Learning 1.5	AFT-CHR	Knows-how	BS,C_L,CBL

M 1 Unit 2 Mano Vikare Samprapti Ghataka: Pareeksha Vidhi as a Tool in Understanding Manodaihika (Psychosomatic) Disorders

1. Dashavidha pareeksha jnana in formulating samprapti and samprapti ghata (esp. wrt Prakruti, Agni, Koshta, Dhathu, Srotas determinants) in the purview of

Psychosomatic Diseases

2. Dashavidha pareeksha jnana in formulating samprapti and samprapti ghata (esp. wrt Prakruti, Agni, Koshta, Dhathu, Srotas determinants) in the purview of Psychological Disorders

References: 2,4,19,32,109,110,111

3A	3B	3C	3D	3E	3F	3G
CO2,CO3	Discuss dashavidha pareeksha bhavas, ashta vidha bhava, satva pareeksha, and mano dosha traits to formulate samprapti and samprapti ghataka in the context of manovikara and mana shareera adhishtitha vikara.	2	Lecture	CC	Knows-how	L&PPT ,DIS
CO2,CO3	Demonstrate the application of Dashavidha Pareeksha in clinically examining patients with psychosomatic or psychological disorders.	5	Practical Training 1.3	PSY-ADT	Shows-how	D-BED,CBL
CO2,CO3	Prepare formularions for disease-specific Samprapti in psychosomatic disorders by integrating findings from Dashavidha Pareeksha.	3	Experiential-Learning 1.6	AFT-VAL	Shows-how	PrBL,RP
CO2,CO3	Plan person-centred management strategies for psychological disorders by applying clinical reasoning grounded in Samprapti Ghataka.	3	Experiential-Learning 1.7	CS	Shows-how	DIS,IBL, CBL

M 1 Unit 3 Mano Vikare Samprapti Ghataka Abhyasa evam Roga Vruttanta Kathanam

1. Case documentation with Samprapti Ghataka
2. Technical writing skills

References: 2,56,101,102

3A	3B	3C	3D	3E	3F	3G
CO2,CO3	Describe the structure and components of a psychiatric case introductory statement, case summary, and case formulation.	4	Lecture	CK	Know	CBL,L&GD
CO2,CO3	Prepare clinical reports, complete case records, professional opinions, referral letters,	7	Practical	CS	Does	D-BED,C

	and discharge summaries using appropriate technical writing skills.		Training 1.4			BL,IBL,CD
CO2,CO3	Value the importance of confidentiality and medical ethics while preparing comprehensive discharge summaries.	10	Experiential-Learning 1.8	AFT-VAL	Knows-how	CBL,DIS

Practical Training Activity

Practical Training 1.1 : Clinical Do?ha Status Evaluation

1.1a [03 Hours x 1 Session]
Demonstration and guided observation of clinical do?ha status based on laksana using dasavidha pareeksha format. Select 2–3 representative cases of common manovik?ras (e.g., avasada, unmada) with varied do?hic presentations.
1.1b [03 Hours x 1 Session]Document the findings in prescribede formats highlighting dasavidha pareeksha and samprapti ghataka fields. Guide students to fill the dosha status section with real-time clarification. Provide cues without giving direct answers; encourage clinical reasoning

Practical Training 1.2 : Samprapti Ghataka Evaluation in Manovik?ra

1.2 [02 Hour x 1 Session]
Prompt learners to justify their interpretation with classical references and patient features.

Practical Training 1.3 : Demonstration of dasavidha pareek?ha and Identification of Samprapti Ghatakas in Psychosomatic and Psychological Disorders.

1.3a [03 Hour x 1 Session]
Brief introduction on the clinical relevance of each component of dasavidha pareek?ha
Live or simulated case demonstration by the teacher, explaining each step (Prak?ti, Vik?ti, Agni, Ko??ha, etc.).
Highlight examination techniques, history taking, and observation cues specific to psychosomatic/psychological disorders.
Use of clinical worksheet for real-time annotation by students.
1.3b [02 Hour x 1 Session]
Begin with a recap of patient data and dasavidha pareek?ha findings.
Teacher guides learners to extract and identify Samprapti components: Hetu, Do?ha, Du?hya, Asaya, Agni, Bala, Kala, etc.
Assist students in drawing a basic Samprapti chart based on findings.
Facilitate discussion to correlate observed factors with disease progression and expressions in Manasika/Mano-Daihika disorders.

Practical Training 1.4 : Technical Writing Skills for Clinical Documentation and Communication.

1.4a [03 Hour x 1 Session]
Introduction: Explain the importance and components of clinical documentation in mental health practice. Overview of technical writing standards: clarity, precision, coherence, confidentiality.
Demonstration:
Teacher-led walkthrough of sample documents like Case record with case formulation, Clinical report, Referral letter, Discharge summary
Highlight format, tone, sequence, and use of clinical terminologies.
Guided Exercise :
Students work in pairs to attempt writing a referral letter and case summary based on a short case vignette.
Facilitator provides real-time feedback and corrections
1.4b [04 Hour x 1 Session]
Independent Writing Task:Each student is given a brief case (real or simulated) and asked to prepare full case record (with formulation),Discharge summary, Professional opinion/report
Peer Review & Feedback :
Students exchange work and assess each other's documentation using a checklist.
Teacher offers specific suggestions for improving structure, terminology, and clarity.
Final Edits & Discussion :
Refine drafts based on feedback.
Open discussion on challenges faced and key learnings from the exercise.

Experiential learning Activity

Experiential-Learning 1.1 : Analysis of Patient behaviour.

1.1 [02 Hour x 1 Session]
Students evaluate the same clinical case using both Indian psychological concepts (e.g., Triguna, Satva-Samya, Manas Bhavas) and Western theories (e.g., Freud's structural model, CBT, Humanistic views).
Group divides into 2 sub-groups: "Ayurveda Lens" and "Western Lens."
Each group receives the same patient vignette.
Analyze and present: behavior explanation, mental processes, possible interventions.
Peer-review and cross-questioning follow.
Facilitator summarizes integrative insights.
Assessment Strategy: Peer rubric + teacher checklist evaluating model application accuracy, reasoning, and integration.

Experiential-Learning 1.2 : Demonstration of Shastra padaavali in Clinical Documentation.
1.2 [02 Hour x 1 Session] Students practice structured oral and written case presentations using authentic Shaastra terms for symptoms, diagnosis, and prognosis. 2-student teams receive short simulated case notes. Each team prepares a 5-minute oral presentation and a 1-page summary using terms like Unmada, Vishada, Chittodvega, etc. One team role-plays clinician, the other as assessors using a peer feedback sheet. Teacher facilitates clarification and contextual usage. Assessment Strategy: Use of term accuracy rubric + peer checklist + teacher-observed communication effectiveness.
Experiential-Learning 1.3 : Clinical Case Formulation based on Roga –Rogi Pareeksha,
1.3 [02 Hour x 1 Session] Students practice synthesizing raw data from Roga-Rogi Pareeksha, Satva Pareeksha, and MSE into a full case formulation. Small groups receive anonymized clinical data sets or standardized patient interactions. Each group formulates:Provisional diagnosis,Correlation with Satva level, Summary of key MSE observations Peer-to-peer feedback using a structured grid (e.g., Satva classification, Doshic association, Vyadhi naming). Groups rotate cases. Assessment Strategy: Checklist for correct application of examination methods and logic of diagnosis (teacher + peer).
Experiential-Learning 1.4 : Integration of terminologies in Ayurveda and Modern Psychiatry
1.1.4 [02 Hour x 1 Session] Students simulate case handovers between Ayurvedic and Psychiatry teams using both traditional and modern technical terms. Triads formed: Ayurvedic clinician, Psychiatrist, Observer. One member presents a case using blended terminologies: e.g., “Patient shows Vishada, accompanied by low affect and passive suicidal ideation...” Psychiatrist responds with interpretation. Observer scores on a rubric: clarity, accuracy, fluency. Roles rotate every 10 minutes. Assessment Strategy: Peer-observer scores + teacher.
Experiential-Learning 1.5 : Contextual Evaluation of Terminologies.
1.5 [02 Hour x 1 Session]

Students identify, map, and explain terms from Ayurveda and Psychiatry that match or differ in meaning, relevance, or usage.
Each pair receives a list of 10 terms (e.g., Avasada–Depression, Pralapa–Flight of ideas, Abhishanga–Delusion) used in a clinical context.
Students analyze the term context and prepare a brief presentation: Meaning in both systems, Diagnostic relevance, Interdisciplinary explanation clarity
Peer group votes on clarity and acceptability.
Assessment Strategy: Peer voting + teacher observation checklist for clarity, context relevance, and translational insight.

Experiential-Learning 1.6 : Clinical Reasoning of Dashavidha Pareeksha.

1.6 [03 Hour x 1 Session]
Students will collaboratively analyze psychosomatic disorder case vignettes (e.g., IBS, tension headache, anxiety-related indigestion) and construct disease-specific Samprapti charts by integrating Dashavidha Pareeksha findings.
Group Formation: 4-5 students per group.
Case Allocation: Each group receives a unique case vignette with clinical details reflecting Dashavidha Pareeksha inputs.
Phase 1 – Extracting Pareeksha Data :
Students extract: Prakriti-Vikruti, Satva-Sara-Samhanana, Aahara-Vihara, Vyadhi Avastha, Rogibala/Rogabala
Phase 2 – Constructing Samprapti :
Groups use Samprapti Mapping Worksheets to diagram: Dosha-Dushya involvement, Udbhava, Sanchara, Sthanasamsraya, Adhisthana (site of manifestation),Agnimandya, Aavarana, Srotorodha, Manas Bhava contributions
Phase 3 – Peer Review:
Groups rotate and review another group's Samprapti map, offering suggestions based on Samprapti Ghatakas and clarity of integration.
Phase 4 – Presentation & Feedback :
One student from each group presents the Samprapti rationale. Teacher and peers provide structured feedback.
Assessment Strategy: Teacher-assessed rubric on: Correct identification of Samprapti Ghataka, Logical flow of pathogenesis, Use of Ayurvedic terminology
Peer-assessment checklist for clarity, clinical logic, and integration
Optional reflective write-up per student (1 para: "What I learned from building Samprapti").

Experiential-Learning 1.7 : Personalized Psychosomatic Care.

1.7 [02 Hour x 1 Session]
Students work in the same groups (or re-formed) to develop comprehensive chikitsa plans for the previously mapped Samprapti, using Ayurvedic treatment modalities appropriate to psychosomatic or psychological contexts (e.g., Vishada, Chittodvega, Avasada, Manodaurbalya).
Step 1 – Review Samprapti:
Each group revisits the Samprapti created in the earlier session.

Step 2 – Management Design:
Based on Samprapti and Pareeksha findings, prepare a 4-fold Chikitsa Plan:
Aahara: Dietary modifications based on Dosha, Satva, Agni
Vihara: Lifestyle correction, sleep, sensory discipline, supportive routines
Aushadha: Medhya Rasayanas, Panchakarma, Manasa Roga-specific formulations
Manovikara Chikitsa: Satvavajaya/Daivavyapashraya-based mental strategies
Step 3 – Simulated Consult Role Play:
Each group assigns two members to simulate a person-centered Ayurvedic consultation, explaining the rationale to a simulated patient.
Step 4 – Peer Feedback:
Groups provide peer reviews using a "Clinical Coherence & Personalization Rubric."
Step 5 – Summary Notes:
Each group prepares and submits a 1-page case summary with:
Samprapti overview
Key Dashavidha Pareeksha findings
Chikitsa Plan highlights
Resources Required:
Samprapti + Pareeksha templates (from previous session)
Chikitsa Samgraha reference materials
Role-play script outlines
Feedback rubrics (printed)
Assessment Strategy:
Teacher rubric: alignment of treatment plan with Samprapti Ghataka, clarity of reasoning, person-centeredness
Peer assessment: empathy, communication, treatment justification in role play
Evaluation of 1-page group summary.

Experiential-Learning 1.8 : Ethical Documentation in Clinical Practice

1.8a [03 Hour x 1 Session]
Students are provided with sample cases from psychiatric/psychosomatic settings. They explore real discharge summaries (anonymised), identify essential elements, and understand areas where confidentiality is often breached.
Methodology: Group brainstorming: “What must a discharge summary include?”
Instructor-guided decoding of a sample discharge document.
Peer-pairing to evaluate “good vs. poor” summary samples using a checklist.

Assessment Strategy:
Peer-assessed summary critique (using structured rubric)/ Teacher-guided reflection on confidentiality pitfalls
1.8b [03 Hour x 1 Session]
Students receive simulated or real clinical case notes including admission details, progress notes, investigations, diagnosis, treatment, patient response, and final advice. They will individually draft a complete discharge summary for the case, followed by peer review.
Case note review and individual drafting
Peer-to-peer structured feedback using a 10-point rubric
Refinement and submission
Core Sections to Include:
Demographics (with coded identifiers)
Provisional & Final Diagnosis (Ayurveda + Modern if relevant)
Summary of Pareeksha findings
Course in ward/clinic
Management given
Outcome
Chikitsa Anushangata Pathya-Apathya
Follow-up advice
Confidentiality statement (where required)
Resources Required:
Simulated or recorded case data
Discharge summary template
Peer-review rubric
Reference posters on confidentiality & ethics
Assessment Strategy:
Submission of discharge summary (assessed using teacher rubric)
Peer feedback quality (scored)
Spot-check by facilitator on redacted information and consent-use
1.8c [04 Hours x 1 Session]
Students simulate difficult ethical situations (e.g., suicidal patient discharge, family dispute over disclosure, substance abuse with medico-legal implication) and modify their discharge summary approach accordingly.
Scenario enactments in triads: Clinician – Patient – Family/Observer
Post-scenario group discussion

Modify the previous discharge summary based on the ethical learning from the simulation
Each group presents their ethical dilemma and how they addressed it in documentation
Assessment Strategy:
Teacher-scored reflection sheet (“What I changed and why”)
Observational scoring of roleplay responses
Final version of discharge summary submission.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment: 02 Credits x 04 Hours [50 Marks] Practical Learning Outcome Assessment: 1. Application of Dashavidha pareeksha jnana in formulating Samprapti and Samprapti Ghataka. [15 marks x 01 Hours] Instruction: Provide a psychiatric/psychosomatic case to each student and instruct the students to conduct and document a comprehensive examination, tabulate Samprapti Ghataka. a) Rogi Pareeksha (Dashavidha pareeksha) [3 marks] d) Tabulating Samprapti Ghataka [8 marks] e) Organization and time management [4 marks] 2. Case formulation using Samprapti Ghataka [ABQ] [20 marks x 01 Hour] Instruction: Instruct the students to deduce the psychopathology in the given clinical presentation and document Case Formulation. a) Deducing Vikruti in terms of Samprapti Ghataka, documenting Nidana Panchaka [10 marks] b) Creating Case Formulation [10 marks] 3. Structured/Open Viva-Voce [05 marks x 01 Hour] 4. Experiential Learning Outcome Assessment: [10 marks x 01 Hour] Learning Process 1. What did you learn about the importance of deducing Samprapti Ghataka and creating a case formulation in terms of designing a treatment protocol? [2 marks] 2. What was the most challenging part while Samprapti Ghataka analysis in real world settings? Why? How did you solve it? [5 marks] Application	4

3. How will you interact/engage with patients differently as a result of learning how to document a case formulation? [3 marks]
Or
Any practical in converted form can be taken for assessment. (25 Marks)
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (25 Marks)

3A Course Outcome	3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)	3C Notional learning Hours	3D Lecture/ Practical Training/ Experiential Learning	3E Domain/ Sub Domain	3F Level (Does/Shows how/ Knows how/Know)	3G Teaching Learning Methods

Module 2 : Manovijnane Darshana Shastrayam Yogadanam evam Prayoga [A Comprehensive Application of Darshana Shastra in understanding Psychology]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe Psychological constructs through the historical perspectives in Indian philosophy, comprehend anthropology, epistemology, theology in purview of Indian psychology, western psychology transition across ages, Experimental psychology and Clinical Psychology, Transition to Cognitive, behavioural, developmental, social psychology and humanistic psychology, Differential understanding of the different branches of psychology, the fundamentals of Meta Psychology: Critical Analysis/ Identification of contextual literature constructs identified in Ayurvedic literature, fundamentals of cross-cultural psychiatry, theories of free-will (determinism, compatibilism, and libertarianism) Historical narrative as a form of argument, built from evidence and interpretation of seers open to critique, how to cross link or differentiate between specific constructs in the Indian psychological concepts against western psychology and Behavioural Sciences, defend how change over time, and continuity, has shaped psychology to its current status, understand how to cross link or differentiate and synthesize between Indian meta psychological constructs, prevalent socio-cultural causes of psychological ailments in India and the principles of cross-cultural psychiatry.
2. Examines the contribution of Indian Philosophical Systems (Darshanas), towards Epistemological (Pramana), Ontological (Nature of Self) and Anthropological (Culturally rooted models of Mind, Behavior, and Consciousness) evolution of Mano Vijnana.

3. Analyse the contributions of different Darshana Shastra towards contemporary psychological constructs offering culturally integrative models for therapy and diagnosis

M 2 Unit 1 Darshana Shastra Evam Manovigyanasya Itihasa. [Critical appraisal of Darshana Shastra, selected Upanishats and Bhagavat Geeta]

1. Indian Historical perspectives, evolution and transition of Indian Psychology:
2. Anthropology: Comparative perspectives on Philosophy, Theology, Ontology, and Culture in Indian Psychology; concept of Cross-cultural Psychiatry.

3. Epistemology: Indian perspectives on the purpose of science and methods through Srishti Utpatti and evolving concepts of Manas across Vedic to Modern eras.

References: 17,18,58,90

3A	3B	3C	3D	3E	3F	3G
CO1	Define Anthropology, Theology, Ontology, Epistemology.	1	Lecture	CK	Know	DIS,L&PPT
CO1	Describe the conceptual foundations/frameworks in Indian philosophy (Darshana Shastra) related to psychological constructs.	1	Lecture	CAN	Knows-how	DIS,L&PPT
CO1	Describe Epistemology, [the purpose of origin of scientific methods], understand how to crosslink epistemological evidence in the context of Srishti Utpatti.	1	Lecture	CC	Knows-how	L&PPT
CO1	Describe the transition and evolution (historical perspectives) of mind and mental phenomena across eras, (including historical perspectives of western psychology).	1	Lecture	CK	Know	L&PPT
CO1	Develop a comparative diagram mapping specific constructs in Indian psychological concepts against corresponding theories in Western psychology and behavioural sciences.	4	Practical Training 2.1	CS	Knows-how	PrBL,TBL,TPW,DIS
CO1	Present an evidence-based timeline illustrating how historical change and continuity have shaped psychology into its current status.	4	Practical Training 2.2	CAP	Knows-how	BS,L&PPT ,L&GD

CO1	Reflect on and value historical narratives as forms of argument shaped by evidence, interpretation, and cultural context.	3	Experiential-Learning 2.1	AFT-VAL	Knows-how	PAL,DIS
CO1	Reflect on and value the role of evidence and interpretation in historical narratives by thoughtfully appraising their impact on understanding psychological concepts.	3	Experiential-Learning 2.2	AFT-VAL	Knows-how	C_L,DIS
CO1	Synthesize historical narratives through critical analysis of Indian and Modern Psychology.	2	Experiential-Learning 2.3	CS	Knows-how	DIS,LS
CO1	Develop rigorous questioning and critique skills on Darshana Shastra and Psychology.	2	Experiential-Learning 2.4	AFT-CHR	Knows-how	BS,DIS

M 2 Unit 2 Practical Application of Western Psychology

1. Experimental psychology and Clinical Psychology, Transition to Cognitive, behavioural, developmental, social psychology and humanistic psychology
2. Differential understanding and therapeutic utility of the different branches of psychology

References: 69,71

3A	3B	3C	3D	3E	3F	3G
CO1	Describe Experimental psychology and Clinical psychology.	1	Lecture	CK	Know	L&PPT
CO1	Differentiate between the core concepts in experimental psychology and clinical psychology.	1	Lecture	CAN	Knows-how	DIS,L&GD
CO1	Analyse and record the different branches of psychology and behavioural sciences (Transition in cognitive, behavioural, developmental, social psychology and humanistic psychology).	5	Practical Training 2.3	CAN	Shows-how	DIS,L&PPT ,L&GD
CO1	Assess historical narratives of Modern Psychology as forms of argument based on different School of Thoughts.	3	Experiential-Learning 2.5	CAP	Shows-how	DIS,L&GD
CO1	Analyse the complexity and diversity of human behaviour by identifying relevant	3	Experiential-	CAP	Shows-	DIS

	branches of psychology to frame meaningful questions for deeper exploration.		Learning 2.6		how	

M 2 Unit 3 Metapsychology and Cross-Cultural Psychiatry

1. Meta-Psychology in Ayurveda: Purushartha, Chikitsa Purusha, Manas, Karma & Karmaphala, Papa Karma, Karmaja Vyadhi, Atmakarma, Guilt, Rebirth & Liberation, Ritambhara Prajna, Satya Buddhi, Atmaja Bhava, Atma Linga.
2. Clinical Utilisation of Cross-Cultural Psychiatry, theories of Free-will (Determinism, Compatibilism, and Libertarianism)

References: 41,62,74

3A	3B	3C	3D	3E	3F	3G
CO1	Describe the fundamentals of cross-cultural psychiatry, theories of free-will (determinism, compatibilism, and libertarianism).	4	Lecture	CK	Know	DIS,L&PPT
CO1	Analyse the fundamentals of Meta psychological constructs in an Indian perspective.	7	Practical Training 2.4	CAN	Shows-how	DIS,L&PPT
CO1	Develop culturally informed understanding by cross linking Indian meta psychological constructs, prevalent socio-cultural causes of psychological ailments in India and the principles of cross-cultural psychiatry.	10	Experiential-Learning 2.7	AFT-CHR	Shows-how	DIS,L&GD

Practical Training Activity

Practical Training 2.1 : Cross-Linking Indian Psychological Concepts with Western Psychology and Behavioural Sciences.

2.1 [04 hours x 1 Session]
Thematic Clusters:
Teacher introduces major psychological constructs from Indian systems (e.g., Triguna, Manas, Ahankara, Atma, Buddhi, Chitta) and aligns them with key Western constructs (e.g., personality theory, cognition, ego, consciousness, memory).
Construct Comparison:
Guided discussion: Group activity where each team is given one pair of concepts (e.g., Triguna vs Big Five Traits; Buddhi vs Executive Function).
Teacher supervises mapping and corrects misalignment using examples from classical and modern texts.
Historical Trajectory Presentation :
Teacher can present a timeline-based visual/video lecture related with the evolution of psychology—from Vedic-Darshanic roots to modern behavioural and cognitive

psychology.
Discussion on influence, divergence, and convergence of schools of thought.
Synthesis Assignment Briefing:
Instructions given for the next session's synthesis task using cross-link templates and reflection prompts.

Practical Training 2.2 : Cross-Linking Indian Psychological Concepts with Behavioural Sciences.

2.2 [04 hours x 1 Session]
Case Reflection:
Students are provided short case vignettes (clinical or behavioural scenarios).
Task: Apply both Indian and Western psychological constructs to understand behaviour and suggest intervention ideas.
Teacher facilitates analysis and encourages cross-disciplinary reasoning.
Group Presentation & Justification :
Each group presents their comparative application and defends how continuity or transformation over time shaped their approach.
Emphasis on evolution of psychological ideas, relevance, and limitations.
Facilitated Discussion :
Open round-table on the need for integrative frameworks in psychological sciences.
Teacher highlights how cross-linking enhances contextual relevance in practice.

Practical Training 2.3 : Analytical Exploration of Key Branches in Psychology and Behavioural Sciences.

05hours x 2Learning Activities
2.3a [02 hours x 1 Session]
Introductory Framing : Teacher introduces the five branches (Clinical Psychology, Developmental Psychology, Social Psychology, Cognitive Psychology, and Biological Psychology) with key features, theoretical foundations, and timelines.
Emphasis on major contributors and turning points (e.g., Watson in behaviourism, Piaget in developmental, Maslow in humanistic).
Matrix-Based Analysis Activity:
Students work in pairs/groups using a guided comparison matrix.
Columns: Domain | Key Concepts | Key Contributors | Methods | Historical Transitions | Current Relevance.
Each group is assigned one branch and supported by teacher prompts during the analysis.
Quick Share and Integration :
Each group presents key insights.
Teacher synthesizes connections across branches, highlighting evolving paradigms and interdisciplinary overlaps.

2.3b [03 hours x 1 Session]
Timeline Construction: Teacher guides students in plotting the evolution of each branch on a shared visual timeline.
Points of intersection (e.g., shift from behaviourism to cognition, rise of social psychology post-WWII) are discussed.
Case Application Exercise :
Students are given 1–2 behavioural/clinical case scenarios.
Task: Apply each psychological branch's lens to interpret the behaviour and outline possible explanations or interventions.
Teacher reviews responses and stimulates discussion on comparative utility.
Synthesis and Review :
Teacher summarizes how each branch addressed human behaviour differently yet contributed to the broader understanding of mind and behaviour.
Concluding reflections on the ongoing transition from compartmentalized views to integrated behavioural science approaches.

Practical Training 2.4 : Analytical Exploration of Meta-Psychological Constructs from Indian Perspective.

07hr x 02 Learning Activities session,
2.4a [03 hours x 1 Session]
Orientation: Teacher presents an overview of meta-psychological domains within Indian darshanas and Ayurvedic texts.
Define key terms like "meta-psychology" in Indian context and introduce primary constructs.
Group Concept Mapping :
Students are divided into groups and assigned clusters of related concepts (e.g., Karma–Karma Phala & Dashavidha Papa Karma; Manas as Nava Karana Dravya & Chikitsa Purusha; Punarjanma, Atmaja Bhava, Moksha).
Task: Map connections, source texts, psychological implications, and clinical relevance.
Teacher facilitates each group with guiding prompts and reference support.
Guided Sharing and Integration :
Each group presents their mapped cluster and analysis.
Teacher helps cross-link constructs and facilitates reflective discussion on their potential application in mental health understanding.
2.4b [04 hours x 1 Session]
Applied Interpretation: Teacher provides brief patient case narratives that present themes like guilt, existential crisis, attachment-detachment, or compulsive behaviour.
Students work in pairs to identify relevant Indian meta-psychological constructs that can explain or contextualize the patient's state.
Clinical Framing Task :
Using the selected constructs, students prepare a conceptual understanding framework (i.e., how guilt relates to Chidra or Papa Karma, or how Atma Linga manifests in behavioural tendencies).
Teacher offers correction, guidance, and clarifies linkages.
Structured Debate & Defense:

Students participate in a moderated group discussion:
“Do Indian meta-psychological ideas provide deeper frameworks for existential and moral-emotional distress compared to mainstream approaches?”
Each student must justify using constructs like Rtambhara Prajna, Satya Buddhi, or Sa-Manaska Karma.
Summary and Consolidation :
Teacher synthesizes key insights and practical challenges in integrating meta-psychological concepts in teaching, therapy, or counselling.

Experiential learning Activity

Experiential-Learning 2.1 : Timeline Dialogue: Evolution of Indian Psychology as Argument.

2.1 [03 Hours 1 session]
Students are divided into 4 groups, each representing 2 eras (e.g., Vedic–Brahmana, Upanishadic–Gita, Yoga–Tantra, Bhakti–Modern).
Each group prepares and presents a dramatic dialogue between two thinkers from their assigned eras, arguing about:
Purpose of human life
Role of mind (manas)
Nature of reality (satya)
Path to knowledge/liberation
Each group ends with a statement: “What was our era’s key argument?”
Assessment: Observation checklist (clarity of argument, historical alignment, student engagement).

Experiential-Learning 2.2 : Source Analysis Lab: “What Did the Text Really Say?”

2.2 [03 Hours 1 session]
Provide short translated excerpts from:
Taittiriya Upanishad (Annamaya–Manomaya ko?a)
Bhagavad Gita (eg., Chapter 6 or 2: sthitaprajna lak?a?a)
Patanjali Yoga Sutra (e.g., Chitta vritti nirodha?)
Students work in pairs/small groups to:
Identify central concepts
Interpret the philosophical message
Identify interpretive biases or assumptions
Groups present differing interpretations and how it reflects cultural, theological or ontological assumptions.
Assessment: Completed critique worksheet + group explanation + peer comment.

Experiential-Learning 2.3 : Concept Evolution Map: From Veda to Modern Indian Psychology.

2.3 [2 Hours 1 session]
In 3 subgroups, students build a visual “Evolution Map” of one of the following key concepts:
Manas (Mind)
Jñ?na (Knowledge)
Mok?a/Self-Realization
They identify how this concept evolved across 4–5 eras (Veda to Modern).
Add contextual layers: theological, ontological, epistemological insights.
Groups present their maps and explain transitions, overlaps, contradictions.
Assessment: Rubric (historical accuracy, conceptual clarity, synthesis depth).

Experiential-Learning 2.4 : Darshana Vichara Mandala: Philosophical Question Circle.

2.4 [2 Hours x 1 session]
Pre-class reading: Comparative overview of Sankhya, Vedanta, and Yoga Darshanas.
In-class:
Students formulate 2 deep questions each (e.g., “If all is Brahman, what is the place of suffering?”)
Moderator (student or teacher) facilitates a circle discussion using these questions.
Encourage critique, counter-questions, and respectful disagreement.
End with individual critical reflection:
“Which question challenged me most, and why?”
Resources: Darshana summary handouts, question prompt sheets
Assessment:
Participation in discussion
Quality of questions raised
Critical reflection submission.

Experiential-Learning 2.5 : “Time Machine Debate: Whose Psychology Mattered Most?”

2.5 [3 hours x 1 session]
Part 1: Timeline Gallery Walk – "The Story of Psychology"
Students explore visual stations displaying each major psychological school (e.g., Structuralism, Psychoanalysis, Behaviorism, Humanism, Cognitive Psychology).

Each station includes: time period, key figures, major assumptions, and reactions to prior theories.
Students complete a worksheet: “What problem was this school trying to solve?” and “What argument did it make?”
Part 2: Paradigm Debate Prep – Role Allocation
Groups are assigned a branch and prepare a historical argument:
Why was their paradigm necessary in that era?
What gap did it aim to fill?
How did it criticize or extend previous ideas?
Part 3: Historical Paradigm Debate
Each group presents their argument.
Followed by cross-questioning by peers (other paradigms).
Facilitator wraps up with a summary on how psychology's history is a sequence of arguments and shifts.
Assessment Strategy:
Completed worksheets
Quality of group debate responses
Short reflection: “What made one historical argument more persuasive than another?”.

Experiential-Learning 2.6 : “Branch Lab: Exploring a Human Story through Different Lenses”

2.6 [3 hours x 1 Session]
Part 1: Psychology Mystery Case – Introduction
Present a short case vignette (e.g., a college student with poor academic performance, family conflict, low motivation, and anxiety).
In mixed groups, students brainstorm initial questions they would ask if they were therapists.
Part 2: Branch Analysis – Lens Application
Assign each group one psychological branch (e.g., Behaviorism, Humanism, Cognitive, Social).
Each group explores:
How their branch would interpret the case
Key questions they would ask
What therapeutic interventions they might consider
Groups prepare a visual “Branch Response Map.”
Part 3: Lens Presentation + Comparative Synthesis
Each group presents their analysis.
Class discusses:
Which lens helped most?

What important areas were missed by each branch?
Facilitator ends with a synthesis: “Why we need multiple lenses to understand the richness of human behavior.”
Assessment Strategy:
Branch Response Maps
Presentation clarity and engagement
Group worksheet with key questions framed from each branch's view.

Experiential-Learning 2.7 : Bridging Worlds of Mind: Experiential Explorations in Metapsychology and Cross-Cultural Psychiatry.

10 hours x 3 Activities
2.7a (03 Hours x 1 Session)
Title: "Dialogues of Karma: Experiencing Indian Meta-Psychology Through Case Theatre"
Students are divided into 3 groups.
Each group enacts a case drama based on one Indian meta-psychological theme (e.g., Karmaja vyadhi, Dashavidha Papa karma, Chidra).
Role-plays include: patient, family member, Ayurvedic physician, and modern psychiatrist.
After each drama, conduct a guided Socratic circle where students discuss:
Determinism v/s Free-will
The socio-cultural background of the case
Ayurvedic interpretation vs cross-cultural perspectives
Assessment Strategy: Peer + facilitator rubric on depth of interpretation, cultural sensitivity, and application of Ayurvedic meta-constructs
2.7b (03 hours x 1 session)
Title: "Map My Mind: Cross-Cultural Lens on Manas, Atma, and Purushartha"
Phase 1 – Expert Group Work (Jigsaw Technique):
Divide students into 4 expert groups, each exploring one core concept:
Manas as Nava Karana Dravya
Chikitsa Purusha + Purushartha
Atmaja Bhava + Garbha
Satya buddhi + Atma Linga + Rtambhara Prajna
Each group creates a concept map connecting ancient textual references and present-day mental health interpretations.
Phase 2 – Mixed Group Sharing:
Reassemble into mixed groups.
Each member presents their map, followed by comparison of Indian and cross-cultural (Western) views on similar concepts (e.g., self-identity, moral cognition, fetal psychology).

Assessment Strategy: Group presentation + individual reflection notes on cognitive dissonance or new insights
2.7c (04 hours x 1 session)
Title: "Bridging the Worlds: Cross-Cultural Psychiatry Roundtable & Patient Simulation Lab"
Part A (Roundtable Discussion):
Student panel discussion on:
Indian socio-cultural beliefs about Punarjanma, Moksha, mental illness
Case illustrations from cross-cultural psychiatry (e.g., culture-bound syndromes, possession, somatization)
Conflicts & integration between Ayurveda and Western psychiatry
Part B (Simulated Consultation):
Create 3 patient simulations (standardized patients or written scenarios):
A young person experiencing atma linga-related conflict and guilt
A woman with karmaja vyadhi who fears punishment for past deeds
A migrant patient expressing psychological distress through bhakti beliefs
Student pairs conduct mock consultations using:
Cross-cultural sensitivity
Ayurvedic explanatory models
Listening and reframing skillsAssessment Strategy: Observation checklist (cultural competency, empathy, application of Indian metaphysics) + debrief reflection.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Question: 1. Critically analyze the historical development of psychological constructs from Indian and Western traditions, tracing their meta-psychological foundations, cross-cultural perspectives, and socio-philosophical contexts. 2. Discuss how processes of continuity and change have shaped modern psychology, using examples from Indian philosophical thought (Darshanas) and Western theoretical schools. Leads: Historical Overview; Meta-Psychological Frameworks; Cross Cultural Perspectives; Socio-cultural and philosophical contexts; Continuity and change.	4

B) SAQ [04 Q x 5 marks each x 01 Hour]
Model Questions
1. Define Pramana and explain its relevance to epistemology in Indian psychology
2. Compare the concept of self in Vedanta and Humanistic Psychology.
3. What is Mano Vijnana according to Buddhist psychology?
4. List three major differences between Western cognitive models and Indian yogic models of the mind.
5. Explain how cross-cultural psychology examines the universality of psychological constructs.

C) Practical Assessment [01 Q x 10 marks x 01 Hour]
Model Questions
1. Create a conceptual map showing the contribution of each Darshana to:
1. Epistemology (Pramana) – sources of valid knowledge (Pratyaksha, Anumana, Shabda, Upamana, Arthapatti, Anupalabdhi).
2. Ontology (Nature of Self) – Atman in Vedanta, Anatta in Buddhism, Jiva in Jainism, Purusha in Samkhya.
3. Anthropology (Models of Mind & Behavior) – Yogic Chitta-vritti framework, Nyaya's logical mind model, Charvaka's materialist psychology.

Leads: A diagram linking: Darshanas (Nyaya, Vaisheshika, Samkhya, Yoga, Mimamsa, Vedanta, Buddhism, Jainism, Charvaka); Their philosophical contributions (epistemology, ontology, anthropology); Influence on modern psychological frameworks (CBT parallels, mindfulness, existential therapy).
or
Any practical in converted form can be taken for assessment.[25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 4

3A Course Outcome	3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)	3C Notional learning Hours	3D Lecture/ Practical Training/ Experiential Learning	3E Domain/ Sub Domain	3F Level (Does/Shows how/ Knows how/Know)	3G Teaching Learning Methods
Module 3 : Manovijnana Deepika [Advanced learning of Cognitive, Behavioural and Humanistic domains in Indian Psychology]						

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe Ayurvedic concepts of higher mental faculties, Antahkarana chatushtaya; Mano vyapara, Indreeya vyapaara, cross linking the concepts of Epistemology, theories on learning, cognition, memory, perception, information processing theory; Mano guna, Mano dosha niroopanam; Functional ranges of srotas cross linked to functional neuro-psychiatric pathways, and pathways of consciousness
2. Conduct Ashta Vidha Bhava Pareeksha in a clinical setting
3. Identify the significance of antakarana chatushtaya in karya-akarya pravrutti-nivrutti and in prajnaparadha. Appraise the concept of dwaita siddhanta with respect to antakarana. Cross linking the concepts of epistemology, theories on higher order thinking with respect to manovyapara and indreeya vyapaara

M 3 Unit 1 Cognitive -Humanistic domains in Indian Psychology

1. Ayurvedic concepts of higher mental faculties, Differential Analysis of fundamental and derived faculties (fundamental -Manas Buddhi, Smruti, Dhruti, Prajna, Samjnanjana; Derived – Sheela, Cheshta, Aachara); Antahkarana Chatushtaya
2. Identifying Mano vyapara (Indreeya saapekshita- Indreeya nirapekshita Manovyapara) Indreeya vyapaara (Panchapanchakatva)
3. Cross linking the concepts of Epistemology, theories on Learning, Cognition, Memory, Perception, Information Processing theory with Mano-Indreeya Vyapaara

References: 16,19,41,58,86,109

3A	3B	3C	3D	3E	3F	3G
CO1	Describe the functional range, commonalities, and differential roles of fundamental higher cognitive functions (Manas, Buddhi, Samjnanjana, Dhruti, and Smruti) and derived faculties (Prajna, Sheela, Cheshta, and Achara).	2	Lecture	CK	Know	L&PPT ,L&GD
CO1	Describe manovyapara: indreya sapekshita and indreeya nirapekshita; indreeya vyapara: panchapanchakatva and indreeyatva of manas.	1	Lecture	CK	Know	L&PPT ,L&GD
CO1	Define and differentiate jnana, vijnana and prajnana; enlist antakarana chatushtaya.	1	Lecture	CAN	Know	L&GD,PL
CO1	Analyse and classify higher mental faculties into fundamental and derived categories	3	Practical	CAN	Knows-	DIS,BS

	based on Ayurvedic Principles integrating Antahkarana Chatushtaya.		Training 3.1		how	
CO1	Interpret Mano Vyapara (Indreeya-saapekshita and Indreeya-nirapekshita) by constructing and explaining the Pancha-Panchakatva framework in complex patient scenarios.	3	Practical Training 3.2	CAP	Knows-how	DIS
CO1	Integrate Ayurvedic concepts of Mano–Indreeya Vyapara with modern theories of cognition, memory, and perception to develop cross-disciplinary analyses of advanced clinical cases.	2	Practical Training 3.3	CAN	Shows-how	L&PPT ,L&GD
CO1	Justfy on the philosophical significance of Dwaita Siddhanta in relation to Antahkarana Chatushtaya and Adwaita Siddhanta concerning Antahkarana Nasha, appreciating their relevance to self-awareness.	3	Experiential-Learning 3.1	AFT-VAL	Shows-how	DIS
CO1	Create concept maps to illustrate the differential analysis of higher mental faculties: fundamental (Manas, Buddhi, Smruti, Dhruti, Prajna, Samjnanjana) and derived (Sheela, Cheshta, Aachara) within the framework of Antahkarana Chatushtaya.	3	Experiential-Learning 3.2	CAN	Shows-how	C_L
CO1	Assess personal sensory experiences and mental processes to internalize the concepts of Mano Vyapara and Indreeya Vyapara, fostering self-awareness and integrative understanding.	2	Experiential-Learning 3.3	AFT-CHR	Knows-how	DIS
CO1	Assess on Mano–Indreeya Vyapara by integrating personal experiences with learned theories on higher mental functions.	2	Experiential-Learning 3.4	AFT-CHR	Knows-how	DIS

M 3 Unit 2 The concept of Jnana, Vijnana, Prajnana, Jnanotpatti and theories on Learning, And Information Processing

1. The concept of Jnana, Vijnana, Prajnana, Jnanotpatti and theories on learning
2. Crosslinking the theories of Information Processing with Jnana, Vijnana, Prajnana, Jnanotpatti.

References: 39,41,110,111

3A	3B	3C	3D	3E	3F	3G
CO1	Apply the concepts of Jnana, Vijnana, Prajnana, and Jnanotpatti to analyze clinical cases	2	Lecture	CAP	Knows-	C_L

	or observations, linking them to stages of learning and cognitive development.				how	
CO1	Explain the parallels between Ayurvedic concepts of Jnana, Vijnana, Prajnana, Jnanotpatti and the stages of modern Information Processing theory, including input, encoding, storage, and retrieval.	2	Lecture	CAN	Knows-how	C_L
CO1	Apply the concepts of Jnana, Vijnana, Prajnana, and Jnanotpatti to analyze case examples or clinical observations, correlating them with stages of learning and cognitive development.	3	Practical Training 3.4	CAP	Shows-how	C_L
CO1	Analyze case scenarios or cognitive tasks to map the sequential process of Jnanotpatti with components of information processing, such as attention, perception, memory encoding, and decision-making.	4	Practical Training 3.5	CAN	Shows-how	C_L
CO1	Appraise personal learning experiences to internalize and articulate the progression from Jnana to Prajnana, relating these stages to one's own cognitive processes and classical theories of Jnanotpatti.	6	Experiential-Learning 3.5	AFT-CHR	Knows-how	L&PPT
CO1	Intrepret on personal problem-solving or decision-making experiences to identify and articulate the progression from Jnana to Prajnana, linking them with stages of the Information Processing model.	4	Experiential-Learning 3.6	AFT-VAL	Know	L&PPT
CO1	Describe the therapeutic implications of Mano Guna and Mano Dosha, and correlate Manovaha and related Srotas with functional neuro-psychiatric pathways.	2	Lecture	CK	Know	L&GD

M 3 Unit 3 Critical Analysis of Manas and its Functional Constructs

1. Therapeutic applicability of Mano guna (Anutva, Ekatva, Pratishareere bhinnatva, Indreeyatva Bhoutikatva, Dravyatva)
2. Mano dosha niroopanam, Mano- Artha, Sthana, Karma, Manovega,
3. Manovaha srotas, Samjnavaha srotas, Chittavaha srotas, Buddhi vaha Sira:
4. Functional ranges of Srotas cross linked to functional Neuro-Psychiatric Pathways, and Pathways of Consciousness.

References: 19,40,56,95,110,111

3A	3B	3C	3D	3E	3F	3G

CO1	Demonstrate the application of Mano Guna principles to assess individual mental traits and design basic therapeutic approaches.	2	Practical Training 3.6	CAP	Knows-how	L&GD
CO1	Analyse and integrate Manovaha and related Srotas to corresponding neuro psychiatric and consciousness pathways by analysing clinical cases.	3	Practical Training 3.7	CAN	Shows-how	L&PPT
CO1	Conclude and document how Mano Guna influences personal cognitive and emotional responses.	3	Experiential-Learning 3.7	AFT-VAL	Shows-how	C_L
CO1	Conclude and document altered states of consciousness by engaging in mindfulness or meditation practices and interpret their relation to Srotas functionality.	3	Experiential-Learning 3.8	AFT-VAL	Knows-how	C_L

Practical Training Activity

Practical Training 3.1 : Categorize Higher mental functions based on Antahkarana Chatushtaya.

3.1 [03 hours x 1 Session]
Students will engage in a practical analytical session exploring higher mental faculties (buddhi, ahamkara, manas, chitta) and their derived expressions (like decision-making, identity, emotions, and memory). The activity emphasizes Ayurvedic conceptual clarity, using mind-maps and clinical analogies.
Short teacher-led exposition introducing Antahkarana Chatushtaya
Group-based categorization exercise : Classify real-life mental functions into Chatushtaya components
Concept mapping : Map fundamental vs. derived functions
Case-based discussion : Analyze 2-3 clinical vignettes illustrating dysfunctions in higher faculties
Assessment Strategy: Group presentations of classifications/Individual reflection notes/ Facilitator observation and spot oral questions.

Practical Training 3.2 : Indriya vyapara and Panchapanchakatva.

3.2 [03 hours x 1 Session]
Apply the dual framework of Mano Vyapara and Indriya Vyapara using Ayurveda's unique Pancha-Panchakatva model (Pancha Jnanendriya, Pancha Karmendriya, Pancha Tanmatra, Pancha Mahabhuta, Pancha Mana Vyapara) Live demonstration: sensory tasks (e.g., blindfolded identification, taste discrimination)
Categorization of responses into Saapekshita/Nirapekshita Mano Vyapara
Group work: construct the 5x5 Pancha-Panchakatva table with real-life activities (
Guided discussion with teacher feedback and correction
Assessment Strategy: Group worksheet submission/Oral quizzes on mapping examples/Real-time observation of demonstration and engagement.

Practical Training 3.3 : Indriya Vyapara- Theories of Cognition and Perception.

3.3 [02 hours x 1 Session]
A comparative analysis-based session, exploring how classical Ayurvedic theories on Manas and Indriya Vyapara relate to modern concepts in psychology, cognitive science, and learning theories.
Mini-lecture : Overview of parallels in classical and modern theories (e.g., Nyaya Pramana vs. Sensory Processing)
Small group discussion : Assigned topics like memory types (Ayurveda vs. Cognitive models), Pratyaksha-Anumana vs. Perception-Inference
Presentations and cross-discussion: Each group explains one comparative framework
Facilitated conclusion with synthesis
Assessment Strategy: Group discussion rubric/Participation-based scoring/Quick individual post-activity worksheet (match-the-pairs, analogy questions).

Practical Training 3.4 : Practical Understanding of Jnanotpatti.

3.4 [03 hours x 1 Session]
This session guides students to correlate Ayurvedic terminologies for knowledge and cognition with observable stages of cognitive development, using structured clinical scenarios and reflective group discussions.
Concept Clarification
– Teacher-guided review of Jnana, Vijnana, Prajnana, and Jnanotpatti from Ayurvedic texts (e.g., Charaka, Tattva Viveka).
– Modern parallels: knowledge acquisition, applied understanding, reflective insight, and learning process.
Case Scenario Analysis
– Students are divided into small groups. Each group receives a clinical vignette (e.g., patient misunderstanding medication use, non-compliance, or delayed insight in addiction management).
– Task: Identify how each concept (Jnana ? Vijnana ? Prajnana) is reflected in patient behavior and learning evolution.
Group Discussion & Presentations
– Each group presents their mapping of concepts to the case.
– Teacher moderates discussion to bring out nuances and clarifications.
Reflective Integration
– Students individually write a brief reflective note on how these cognitive phases could guide patient education or counseling.
Assessment Strategy: Group presentation quality/Participation in discussion/Review of reflective notes.

Practical Training 3.5 : Application of Jnanotpatti and Cognitive Development in Ayurveda.

3.5 [04 hours x 1 Session]

This session integrates Ayurvedic epistemology with modern information processing models. Students learn how each stage of Jnanotpatti (from Indriya-Artha Sannikarsha to Buddhi-Adhyavasaya) parallels stages like perception, encoding, and response generation.
Brief Introductory Talk with Model Mapping
– Recap of Jnanotpatti process: Indriyartha Sannikarsha ? Indriya ? Manas ? Buddhi ? Atma
– Overlay with information processing steps: sensory input ? attention ? perception ? memory encoding ? decision-making
Cognitive Task Demonstrations
– Students participate in simple tasks (e.g., Stroop test, visual recall, decision-making games).
– For each task, students note the stages involved and map them to Jnanotpatti components.
Case-Based Application
– Clinical cases presented (e.g., distraction, impulsive decisions, memory distortions)
– Groups map the breakdown or distortion in Jnanotpatti stages and cognitive processing steps.
Model Creation and Peer Sharing
– Each group creates a visual framework (e.g., flowchart or infographic) showing correlations between Ayurvedic and cognitive steps using a selected case/task.
– Peer presentation and discussion.
Assessment Strategy: Accuracy of mapping exercise/Creativity and clarity in model presentation/Peer and teacher feedback on understanding.

Practical Training 3.6 : Practical Application of Mano Guna in Clinical Psychiatry

3.6 [02 hours x 1 Session]
This session focuses on identifying Satva-Rajas-Tamas dominance and other Mano Guna characteristics in individuals, followed by designing suitable Ayurvedic-based therapeutic approaches including Satvavajaya, Daivavyapashraya, or Yuktivyapashraya chikitsa.
Teacher Demonstration
– Introduction to the 10 Gunas of Manas (Ekatva, Anutva, etc.) and Triguna profiling.
– Live or video-based demonstration of a patient/case with visible emotional-behavioral patterns.
Trait Assessment Exercise
– Small groups are provided short case snippets or personality summaries.
– Task: Identify dominant Mano Gunas and Satva-Rajas-Tamas pattern. Use a structured scoring or checklist format.
Therapy Mapping Workshop
– Groups develop a simple intervention plan using Ayurvedic chikitsa principles tailored to the observed Gunas.
– Students share rationale for choice of Medhya drugs, counseling modes, and lifestyle correction.
Reflection and Teacher Feedback
– Summary discussion with clarification of errors, misconceptions, and clinical tips.
Assessment Strategy: Group performance on trait identification and therapy design/

Individual quick reflective responses on one clinical decision/Oral questions during feedback round.

Practical Training 3.7 : Practical Application of Manovaha Srotas in Clinical Psychiatry.

3.7 [03 hours x 1 Session]
Learners engage in tracing Ayurvedic Manovaha Srotas, Hridaya, Sira, and Majja pathways to modern equivalents in neuropsychiatric and consciousness regulation systems (e.g., limbic system, reticular activating system, hypothalamic-pituitary axis).
Conceptual Orientation
– Short talk with visual aids: Ayurvedic description of Manovaha Srotas, their Mula (Hridaya, Sira), and relation to Majja Dhatu.
– Introduction to modern neuroanatomical correlates.
Case-Based Mapping
– 3 clinical case vignettes (e.g., anxiety disorder, insomnia, depression with cognitive dysfunction).
– Groups identify disturbed Srotas and map to modern neurological pathways involved.
– Worksheet includes fields for Srotas ? Functions ? Symptoms ? Ayurvedic and modern correlates.
Group Model Creation
– Each group draws a flowchart or body map connecting Manovaha Srotas to structures like the prefrontal cortex, amygdala, vagus nerve, and pineal gland based on symptomatology.
Presentation and Peer Review
– Groups present models; teacher and peers give feedback on accuracy and integrative insight
Assessment Strategy: Accuracy and clarity in mapping worksheets/Creativity and correctness in final models/Teacher’s observation of group participation and critical reasoning.

Experiential learning Activity

Experiential-Learning 3.1 : Antahkarana Chatushtaya and Dwaita-Adwaita Sidhanta.

3.1 [03 hours x 1 Session]
Roleplay:
Paired dyads enact “Self vs Mind” conflict scenes (e.g., desire vs discrimination, ego vs intellect).
One takes the Dwaita position (Mind and Self are separate), another Advaita (Mind is illusion).
Text Exploration Jigsaw:
Split into 4 peer groups:
Group A: Antahkarana Chatushtaya – Manas, Buddhi, Ahamkara, Chitta
Group B: Dwaita perspective – mind as separate instrument

Group C: Advaita perspective – mind as Maya, Antahkarana Nasha
Group D: Integration group – explores parallels across both schools
Each group summarizes and presents to others.
Philosophical Round Table:
Open debate on: “Is liberation possible through understanding the mind or negating it?”
Groups support their views using real-life psychological conflicts (anger, fear, etc.) and classical references.
Assessment: Teacher-observed participation and critical engagement/Group summary submission: Dwaita vs Advaita analysis/Peer feedback on clarity, depth, and reference integration.

Experiential-Learning 3.2 : AntahkaranaCharushtaya and Cognitive functions.

3.2 [03 hours x 1 Session]
Faculty Mapping Workshop:
Students are given laminated cards representing mental faculties (e.g., Smruti, Prajna, Dhruti, Sheela).
Groups design a concept map showing how each connects with the four Antahkarana parts.
Simulation Design :
Groups create short skits or simulation scenarios:
E.g., Sheela-Cheshta-Achara under influence of Buddhi-Manas conflict
Impaired Smruti vs Functional Dhruti in decision-making under stress
Groups must explain the theoretical link post-simulation.
Peer Critique + Refinement:
Peer groups critique each other’s conceptual maps and simulations.
All groups revise and submit final maps.
Assessment: Peer-scored rubric for conceptual accuracy, clarity, and creativity/Teacher score on map integration of faculties with Antahkarana/Simulation presentation and theoretical explanation quality.

Experiential-Learning 3.3 : Mano-Indriya Vyapara; A Self Perception.

3.3 [02 hours x 1 Session]
Guided Experiential Exercise:
Students rotate through 5 sensory mindfulness stations (sound, sight, smell, taste, touch).
At each station, they reflect: “Is this perception mind-dependent or sense-dependent?”
Document real-time experience with guided prompts.

Mano–Indriya Analysis Lab :
Students classify their experiences as Saapekshita or Nirapekshita, then discuss how Manas intervened in Indreeya Vyapara.
Mini-Sharing Circles:
Peer groups of 3–4 reflect: “How does the mind color or distort sense experience?”
Build a group table of Pancha-Panchakatva analysis (e.g., Dravya, Karma, Guna, Samyoga, Samavaya) from experiences.
Assessment: Teacher review of personal journals/reflections/Peer validation of classification of experiences/Group discussion observation notes.

Experiential-Learning 3.4 : Mano-Indriya Vyapara; Introspection on Cognitive functions.

3.4 [02 hours x 1 Session]
Mapping Modern & Classical Models :
Students match Ayurvedic concepts (e.g., Indreeya Arthasannikarsa, Manas Vishaya Grahana) to:
Sensory memory
Information processing theory
Constructivist learning
Epistemological theories (Pratyaksha, Anumana, Upamana)
Concept Model Creation:
Peer teams create integrated models combining Ayurvedic and Western concepts of cognition and learning.
Present and Explain:
Each group presents their integrative model with rationale.
Peer and teacher feedback on clarity, innovation, and relevance.
Assessment: Teacher rubric on conceptual synthesis, clarity, and contextual grounding/Peer voting on best model with justification/Optional self-assessment: “How has this helped me understand my mind?”.

Experiential-Learning 3.5 : Jnana to Prajnana: Self, Knowledge, and Inner Cognition.

3.5a [03 hours x 1 Session]
Guided Self-Reflection :
Students reflect on a recent meaningful learning experience (academic, emotional, or interpersonal).
Prompted to explore:
What triggered the learning?
How did it progress from awareness to deeper understanding?
What role did Manas, Buddhi, Smruti, Dhruti play?

Theory Connection:
In peer pairs, students analyze their experience using Jnanotpatti stages:
Indriya–Artha Sannikarsha
Indriya–Manas Samyoga
Manas–Atma Sannikarsha
Buddhi–Jnanotpatti
Fill out a guided reflection chart that maps experience ? theory.
Mini Group Synthesis:
Triads create a concept map showing how personal learning ? Jnana ? Prajnana.
They align this map with individual cognitive processes (attention, perception, integration, abstraction).
Sharing & Feedback :
Groups present maps for peer critique and teacher feedback.
Assessment: Teacher evaluates reflection charts for accuracy of mapping/Peer rubric for conceptual clarity and use of Ayurvedic terms./Optional submission of 1-page personal reflection.
3.5b [03 hours x 1 Session]
Small Group Task:
Each group selects a classical metaphor or sutra (e.g., Tattva Bodha, Nyaya Jnanotpatti, or Vedantic Jnana–Prajna evolution) to design a visual model.
Their task: connect Jnana-Prajnana evolution with phases of cognitive development.
Model Design:
Groups build visual presentations (flowcharts, diagrams, narrative storytelling) to:
Represent transitions from Jnana (knowledge) to Prajnana (wisdom)
Highlight role of Ahamkara, Buddhi, Samskara in transformation
Include color-coded zones for cognitive stages (input, processing, abstraction, retention, action)
Model Gallery Walk:
Groups display models and circulate to observe others.
Feedback Session :
Peer review: each student scores 2 other group models for integration, creativity, clarity.
Assessment: Teacher scoring rubric for: conceptual integrity, clarity, integration of Ayurveda + cognition/Peer scorecard for communication and creativity.

Experiential-Learning 3.6 : Jnana to Prajnana: A tool for Information Processing in Decision making and Problem Solving.

3.6a [02 hours x 1 Session]
Personal Experience Reflection :

Each student reflects on a recent real-life decision they made (career, family, academics).
Guided prompts include:
What was the triggering problem?
What data did I receive?
How did I evaluate it?
How did intuition or inner clarity emerge?
Flow Mapping :
Students map the stages of their decision onto both:
Ayurvedic flow: Indriya ? Manas ? Buddhi ? Smruti/Dhruti ? Jnana ? Prajnana
Cognitive flow: Sensory input ? Attention ? Working memory ? Long-term schema ? Output
Peer Sharing :
In dyads, students share their decision map and receive peer insight on:
Where clarity arose
What could be refined
How mental processing aligned with Prajna
Assessment: Teacher reviews individual decision-flow maps/Peer rubric for analysis depth and alignment with both models
3.6b [02 hours x 1 Session]
Cognitive Process Exploration :
Short team-based activity: Teams explore one domain each (e.g., memory, perception, abstraction, attention) and link it to Jnana ? Prajna progression.
Collaborative Charting :
Each group builds a double-axis table:
X-axis: Stages of Jnana ? Prajna
Y-axis: Cognitive elements (input, encoding, schema activation, metacognition, decision)
Synthesis Round Table :
Open-floor discussion: “Where do insight and inner wisdom truly emerge?”
Students offer personal and theoretical insights.
Assessment: Chart submission assessed for conceptual depth and integration/Teacher evaluates oral contributions using observation checklist/Optional reflection prompt:
“When did I move from knowing to wisdom in life?”

Experiential-Learning 3.7 : States of Consciousness: Exploring Mano Guna and Srotas

3.7 [03 hours x 1 Session]

Step 1: Guided Introspective Practice
Facilitator guides a structured self-awareness session:
Gentle breathing
Awareness scanning through recent emotional events
Step 2: “Guna-in-Action” Mapping
Students use a template to describe:
The situation
Emotional and cognitive reaction
Dominant Mano Guna and supporting traits
Resultant behavior
Was it helpful or unhelpful?
They then peer-share one example in triads, receiving feedback on alternative guna-based responses.
Step 3: Group Pattern Mapping
Each group compiles patterns:
“Rajas tends to emerge when…”
“Tamasic reactions often involve…”
“Satva helped me when…”
Groups present their insights visually (chart or symbol-based), showing how cognitive-emotional reactions shift across Gunas.
Step 4: Reflective Dialogue Circle
Open circle discussion: “What am I learning about my mind and its tendencies?”
Teacher/facilitator uses probing questions:
Can Gunas be intentionally modulated?
What practices promote Satva?
Assessment Strategy: Teacher reviews individual “Guna-in-Action” charts for reflection depth and accuracy/ Peer feedback on clarity of introspective sharing/ Group pattern presentation evaluated for insightfulness and Guna application.

Experiential-Learning 3.8 : Self-experience on Altered State of Conciousness through Mano Guna and Srotas.

3.8 [03 hours x 1 Session]
Step 1: Breath & Stillness Exploration
Facilitator leads a mindfulness meditation focused on:
Sensory withdrawal (Pratyahara-inspired)
Awareness of breath’s rhythm and subtle flow

Tuning into inner silence and mental clarity
Prompt: What changed in your awareness of thoughts, senses, body?
Step 2: Guided Srotas Mapping
Students use a body-mind map to mark:
Where they felt flow (ease, clarity, openness)
Where they felt stagnation (heaviness, distraction, resistance)
Correlate with Manovaha Srotas, Pranavaha Srotas, and Indriyavaha Srotas
Use color-coded map to track subjective sensory & mental flow experience.
Step 3: Peer Interpretation & Theory Linking
In groups of 3–4, students:
Share their maps
Discuss what these internal states reveal about Srotas functionality
Link experiences to classical concepts (e.g., Sanga, Vimargagamana, Pratiloma) in Srotorodha
Each group prepares a "State–Srotas Interpretation Grid."
Step 4: Synthesis Sharing & Insights
Groups present 1–2 key insights:
"How can meditative awareness help recognize and correct Srotas dysfunction?"
"How are altered states different from distracted states?"
Facilitator offers summarizing input with references to Patanjali Yoga Sutras, Charaka Vimanastana, or Ashtanga Hridaya Sharira.
Assessment Strategy: Teacher reviews/Individual body-mind flow map/Group interpretation grid/Peer review of insight sharing/Optional reflection note: "What surprised me in my experience of inner flow?"Prompted reflection on response style: Was it satvic (balanced), rajasic (impulsive), or tamasic (withdrawn)?
Output: Students jot down 2–3 past events and label the dominant Mano Guna experienced.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Question: 1. Describe the Ayurvedic concepts of higher mental faculties Antahkarana Chatushtaya, Mano Vyapara, Indriya Vyapara, Mano Guna, Mano Dosha, and	4

Manovaha Srotas—and critically relate them to modern theories of cognition, learning, memory, perception, and functional neuropsychiatric pathways. Support your answer with relevant examples from both Ayurvedic and contemporary neuroscience perspectives.

B) SAQ [04 Q x 5 marks each x 01 Hour]

Model Questions

1. Define Antahkarana Chatushtaya and mention the function of each component.
2. What is the role of Manovaha Srotas in mental health?
3. Differentiate between Mano Guna and Mano Dosha with examples.
4. How does Indriya Vyapara relate to perception in modern neuroscience?

C) Practical Assessment [01 Q x 10 marks x 01 Hour]

Model Questions

1. Perform Ashta Vidha Bhava Pareeksha to assess mental health status. Record findings and correlate them with possible modern psychiatric or cognitive interpretations.

or

Any practical in converted form can be taken for assessment.[25 Marks]

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

3A Course Outcome	3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)	3C Notional learning Hours	3D Lecture/ Practical Training/ Experiential Learning	3E Domain/ Sub Domain	3F Level (Does/Shows how/ Knows how/Know)	3G Teaching Learning Methods

Module 4 : Satvikadi Kayanam Vishishta Jnana; Paschatya Manovijanane Sajnanatmaka evam Vyavaharika Sidhanta; Manoswasthya Sanketa [Application of Mental temperaments in Clinical Practice; Advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe the practical relevance of psychological theories and Satvikadi Kaya classifications in understanding temperament, personality, and their implications in disease causation and prognosis
2. Conduct comparative analyses of self-reported and physician-reported psychological indicators to assess personality traits and their clinical relevance.
3. Identify patterns of psychological dispositions and temperamental traits using classical Ayurvedic and modern psychological frameworks in clinical case scenarios.

M 4 Unit 1 Applied Psychological theories Applied Psychological theories, relevant in clinical practice

References: 66,69

3A	3B	3C	3D	3E	3F	3G
CO1,CO3,CO5,CO7	Describe the foundational principles of major psychological theories including cognitive, behavioral, psychodynamic, and humanistic and explain their relevance in clinical diagnosis and patient management.	2	Lecture	CC	Knows-how	L&PPT,L&GD,L
CO1,CO3,CO5,CO7	Discuss how psychological theories guide clinical decision-making, shape therapeutic strategies, and enhance patient communication across diverse clinical scenarios.	2	Lecture	CK	Knows-how	L&GD,L&PPT
CO1,CO3,CO5,CO7	Demonstrate the application of cognitive-behavioral principles in formulating a basic intervention plan for a simulated clinical case.	4	Practical Training 4.1	AFT-SET	Shows-how	D,CBL
CO1,CO3,CO5,CO7	Analyze patient case records to map behavioral patterns and psychological responses to relevant theoretical frameworks.	4	Practical Training 4.2	AFT-SET	Shows-how	L&GD,CBL
CO1,CO3,CO5,CO7	Interact on personal interactions with patients to recognize implicit use of psychological principles in clinical communication	4	Experiential-Learning 4.1	AFT-VAL	Shows-how	IBL,CBL
CO1,CO3,CO5,CO7	Interpret real-life or simulated patient behaviors through the lens of psychological theories to gain insight into underlying cognitive-emotional patterns	3	Experiential-Learning 4.2	CK	Shows-how	CBL,SIM,RP
CO1,CO3,CO5,CO7	Evaluate key psychological constructs by engaging in role-play or guided mindfulness exercises that mirror patient experiences and therapeutic processes.	3	Experiential-Learning 4.3	CE	Shows-how	CBL,RP

M 4 Unit 2 Indicators for measuring mental health Indicators for measuring mental health

References: 69

3A	3B	3C	3D	3E	3F	3G
CO1,CO3,CO5,CO7	Describe the differences, advantages, and limitations of self-reported and physician-reported indicators in mental health assessment and clinical interpretation.	2	Lecture	CK	Know	DIS
CO3,CO5	Compare self-reported and physician-reported data from sample case records to evaluate consistency and clinical relevance	2	Practical Training 4.3	CE	Knows-how	PAL,DIS,L&GD,BS
CO1,CO3,CO5	Apply structured assessment tools to extract, record, and interpret mental health indicators from both patient narratives and clinical observations.	3	Practical Training 4.4	CE	Knows-how	L&GD,IBL
CO1,CO3,CO5,CO7	Analyse and interpret personal biases and assumptions while interpreting self-reported and physician-reported mental health data during clinical encounters or simulations.	3	Experiential-Learning 4.4	CK	Shows-how	DIS,PL
CO1,CO3,CO5	Recognize the subjective and contextual influences that shape self-disclosure and clinical observation through role-play or guided case reflections.	3	Experiential-Learning 4.5	CK	Shows-how	CBL,CD,RP,L_VC,RLE

M 4 Unit 3 Applied Aspects of Satvikadi Kaya and Theories on Temperament and Personality

1. Crosslinking Satvikadi Kaya and Theories on Temperament and Personality with Disease Causation and Prognosis

References: 2,4,59,110

3A	3B	3C	3D	3E	3F	3G
CO1,CO3,CO5	Describe the concept of Satvikadi Kaya in Ayurveda and its relevance to classical and contemporary theories of temperament and personality.	2	Lecture	CAN	Knows-how	L&PPT ,L&GD,BS

CO1,CO3,CO5	Explain how variations in temperament and personality traits influence disease causation and prognosis from both Ayurvedic and modern psychological perspectives.	2	Lecture	CAN	Knows-how	DIS,JC,IBL
CO1,CO3,CO5	Assess patient profiles using Ayurvedic parameters of Satvikadi Kaya and correlate them with modern personality assessment tools.	3	Practical Training 4.5	CAN	Shows-how	IBL,DIS
CO1,CO3,CO5	Interpret clinical case data to link temperamental traits with patterns of disease manifestation and probable prognosis..	4	Practical Training 4.6	CAN	Knows-how	L&GD
CO1,CO3,CO5	Reflect on personal temperament traits in relation to Satvikadi Kaya and explore their potential impact on health and behavioral tendencies.	4	Experiential-Learning 4.6	CAN	Knows-how	DIS,BS
CO1,CO3,CO5	Experience the subjective aspects of personality expression through guided introspective or meditative exercises aligned with Ayurvedic and psychological constructs.	3	Experiential-Learning 4.7	CC	Shows-how	IBL,DIS
CO1,CO3,CO5	Assimilate the clinical significance of temperament-personality correlations by engaging in case-based storytelling or role-play that simulates disease pathways influenced by personality traits.	3	Experiential-Learning 4.8	CK	Knows-how	RP,CBL

Practical Training Activity

Practical Training 4.1 : Cognitive-Behavioral Approaches in Ayurvedic Psychiatry: Clinical Application.

4.1 [04 hours x 1 Session]
This activity guides students to understand and apply Cognitive-Behavioral Therapy (CBT) principles (e.g., ABC model, automatic thoughts, cognitive restructuring) to a simulated patient case commonly encountered in Ayurvedic psychiatric practice (e.g., mild anxiety, substance craving, exam stress, depressive features). The focus is on understanding thought-behavior-emotion relationships and generating simple, structured intervention plans.
Concept Orientation
– Brief teacher-led review of key CBT concepts: cognitive distortions, schemas, the ABC model, and behavior activation.
– Discussion on the scope for integrating CBT with Ayurvedic concepts like Satvavajaya, Vichara, and Smriti.
Simulated Case Exposure
– Presentation of a standardized patient scenario (through written vignette or audio-visual simulation).
– Students individually identify the presenting problem, maladaptive thoughts, behavioral patterns, and emotional responses.
Guided Group Work: Intervention Plan Design

– In groups, learners prepare a CBT-informed intervention plan with:
a) Thought log or ABC worksheet
b) Behavior modification or exposure plan
c) Integration with Ayurvedic interventions (e.g., Medhya Rasayana, Satvavajaya techniques)
– Teacher circulates to guide and correct conceptual application.
Presentation and Peer Feedback
– Groups present their plans; feedback is facilitated by teacher using a checklist of core CBT components.
Summary Reflection
– Discussion on challenges in applying CBT principles and how to adapt them within an Ayurveda-based framework
Assessment Strategy: Evaluation of group intervention plans/Teacher observation during planning phase/Reflective summary or verbal feedback from students.

Practical Training 4.2 : Cognitive-Behavioral Approaches in Ayurvedic Psychiatry:Case-Based Mapping.

4.2 [04 hours x 1 Session]
This session provides hands-on experience in extracting behavioral and psychological data from clinical case records and aligning them with psychological theories, such as the CBT model, psychodynamic model, stress-diathesis theory, or learning theory, and correlating these with Ayurvedic behavioral observations (e.g., Mano Guna imbalance, Satva Kshaya Lakshana).
Introduction to Frameworks
– Teacher provides a conceptual overview of psychological models used for behavior analysis.
– Brief explanation of how to observe and interpret Manasika Lakshana and Vyavahara Lakshana from case records.
Case Record Distribution and Guided Reading
– Students are given 2–3 anonymized case records (real or structured).
– Guided worksheet with prompts to extract:
a) Presenting complaints and behavioral patterns
b) Emotional and interpersonal responses
c) Potential precipitating and maintaining factors
Model-Based Mapping Workshop
– Students (in pairs/small groups) map findings to theoretical models:
Cognitive Model (thought-emotion-behavior cycle)
Psychodynamic hypothesis (early life patterns or conflict)
Ayurvedic mapping: Satva-Rajas-Tamas, Guna analysis, Satvavajaya scope
Group Presentations and Comparative Analysis
– Present and compare models across groups.

– Teacher summarizes common errors and good practices.
Concluding Integration
– Discussion on how model-based mapping supports treatment planning and patient engagement.
Assessment Strategy: Accuracy and depth of case-to-model mapping/Quality of analysis in group presentations/Teacher checklist and peer comments.

Practical Training 4.3 : Clinical Evaluation of Mental Health: Integrating Patient Narratives.

4.3 [02 hours x 1 Session]
Students will be introduced to different types of data sources in mental health case-taking — subjective patient narratives and objective physician observations. They will analyze selected case records to identify convergence and divergence of information and reflect on implications for diagnosis and care
Orientation
– Brief presentation on types of clinical data: subjective (self-reports, symptom questionnaires) vs objective (clinical interview, observation notes).
– Explanation of biases, reliability, and limitations.
Case Comparison Activity
– Learners are provided 2–3 sample case records with both self-report sections (e.g., mood rating, complaint narrative) and physician notes (observation, provisional diagnosis, noted behaviors).
– In small groups, they compare:
a) Reported symptoms vs observed signs
b) Alignment with mental status indicators
c) Variability across domains (affect, cognition, behavior)
Group Discussion and Debrief
– Each group presents findings on consistencies and discrepancies.
– Teacher facilitates discussion on the importance of synthesizing multiple perspectives in mental health assessment
Assessment Strategy: Group worksheet on data consistency analysis/Teacher observation of discussion and interpretation/One-minute paper: “What was the most surprising inconsistency and why?”

Practical Training 4.4 : Clinical Evaluation of Mental Health: Physician Reports, and Structured Assessment Tools.

4.4 [03 hours x 1 Session]
Students will learn to use structured Ayurvedic and modern mental health assessment tools (e.g., Manasika Bhava checklist, Satva Pareeksha grids, and simple mental health screening tools like GHQ or PHQ-9) on sample narratives and observation clips.Emphasis is on skill-building for data extraction and clinical documentation. Introduction to Tools
– Teacher introduces 2–3 structured tools for mental health assessment:

a) Ayurvedic tools (e.g., Satva Bala assessment, Manasika Bhava indicators)
b) Modern screening tools (e.g., GAD-7, PHQ-9, GHQ-12)
– Explanation of how to score, interpret, and use in clinical settings.
Structured Tool Application Exercise
– Students are provided with:
a) A written patient narrative or transcribed interview
b) A brief observation video (optional)
– Task: Use selected tools to extract key indicators (e.g., anxiety, cognition, self-esteem, motivation) and complete scoring/documentation.
Interpretation and Clinical Relevance Discussion
– Guided group discussion on how the scores reflect the clinical condition.
– Comparison of findings from Ayurvedic and modern tools.
Feedback and Summary
– Teacher offers feedback on interpretation accuracy and documentation format.
– Q&A and review of practical integration in OPD/clinical use.
Assessment Strategy: Completed tool-based assessment forms/Peer comparison and discussion accuracy/Teacher checklist for interpretation quality and scoring accuracy.

Practical Training 4.5 : Mapping Personality and Temperament.

4.5 [03 hours x 1 Session]
Students will analyze given personality profiles using Ayurvedic Satvikadi Kaya categories (Satvika, Rajasa, Tamasa - further subtypes) and compare them with classifications from modern tools like MBTI, Big Five, or Eysenck's model. The session will focus on understanding convergences and clinical value in prognosis and communication.
Teacher Orientation:
Introduction to the concept of Satvikadi Kaya from Charaka and commentaries.
Mapping with concepts of personality dimensions in modern tools: Extraversion, Neuroticism, Openness, etc.
Clinical implications: compliance, prognosis, therapeutic alliance.
Assessment Practice:
Learners are provided 2 anonymized clinical personality narratives or simulated patients.
Step 1: Assess using Ayurvedic classification (Satvikadi Kaya subtype determination).
Step 2: Administer or interpret available modern personality scores (from pre-filled Big Five/MBTI forms).
Step 3: Fill comparison worksheet with trait matches and contrasts.
Group Presentation & Discussion:
Small groups present their comparative analysis.

Teacher guides discussion on overlaps, unique insights from Ayurveda, and implications for clinical planning
Assessment Strategy: Completed mapping worksheet (Ayurvedic ? Modern)/Group discussion participation/Reflective note: “What did Ayurveda capture that the modern tool missed?”.

Practical Training 4.6 : Crosslinkinng Personality and Temperament with Ayurvedic Concept of Kaya and Prakriti.

4.6 [04 hours x 1 Session]
Using detailed case records and profiles, learners will practice identifying key temperamental indicators (from both Ayurvedic and psychological perspectives) and correlate them with disease presentation, coping styles, psychosomatic vulnerabilities, and healing potential. Focus is on developing clinical insight for prognosis prediction and management guidance.
Theoretical Primer:
Brief presentation on the link between temperament (Satva Bala, Prakriti, Manas Bhava) and disease behavior in Ayurveda.
Modern equivalents: temperament scales, resilience, Type A/B/C/D personalities.
Discussion on psychosomatic pathways (e.g., stress-vata-pain loop, tamas-depression-fatigue).
Case File Analysis:
Distribute 2–3 clinical case records with behavioral and disease data.
Group Task:
a) Identify and record temperamental markers (Ayurvedic + modern).
b) Map traits to observed disease onset patterns, chronicity, relapse, or compliance issues.
c) Predict prognosis and propose monitoring strategies.
Clinical Reasoning and Justification :
Each group presents:
a) Temperament profile
b) Disease behavior linkage
c) Prognostic estimation
d) Possible interventions for improving outcome
Teacher moderates critical review and adds clinical perspective.
Summary Reflection and Model Template:
Students draft a Temperament-Disease Mapping Template (for future use in clinics).
Group discussion: How can early temperament recognition prevent disease worsening?
Assessment Strategy: Quality and depth of case interpretation/Group template submission/Teacher observation and brief oral quiz during presentations.

Experiential learning Activity

Experiential-Learning 4.1 : “Reflective Mirror” – Clinical Communication and Psychological Principles.
4.1 [4 Hours x 1 Session] Students bring anonymized narratives of real patient interactions (or use faculty-provided transcripts). In small peer groups, students identify and annotate where psychological concepts (like reinforcement, empathy, projection, defense mechanisms, cognitive distortions) may have implicitly influenced the interaction. Use a “Psychology-In-Action” checklist to tag these occurrences. Each group presents a brief reflective summary. Wrap-up with a group discussion led by facilitator: “What did we unknowingly practice?” Assessment Strategy: Submission of a reflective log Peer and facilitator feedback based on relevance and insight.
Experiential-Learning 4.2 : “Through the Patient’s Lens” – Theory-Based Behavior Interpretation.
4.2 [3 Hours x 1 Session] Present short video clips or live role-play of varied patient behaviors (e.g., anxiety, denial, passive aggression). Each student group is assigned a psychological theory (e.g., Cognitive Theory, Humanistic Theory, Behaviorism, Psychoanalysis). They interpret the same scenario through the lens of their theory: What is the patient’s core conflict? What thought/emotion/conditioning pattern is driving behavior? How would your theory approach healing? Assessment Strategy: Group presentations Worksheet review (theory-behavior mapping accuracy).
Experiential-Learning 4.3 : “Embodied Insight”– Emotional interpretation.
4.3 [3 Hours x 1 Session] Part 1: Role-play rounds Students enact clinical scenarios that highlight constructs like transference, resistance, emotional catharsis, or learned helplessness. Role-plays followed by facilitated debriefs on emotional responses and applied theory. Part 2: Guided mindfulness/imagery

Students engage in structured mindfulness practice (e.g., observing thoughts, body scan, visualization of patient distress).
Reflect in writing on parallels between their inner experience and common patient presentations.
Part 3: Group process
Peer sharing circles to discuss emotional insight, theory-in-action moments, and personal learning.
Assessment Strategy:
Reflective write-ups and peer group feedback
Observation of role-play and engagement in process sharing.

Experiential-Learning 4.4 : Through My Lens – Bias Reflection in Interpreting Mental Health Data.

4.4 [03 Hours x 1 Session]
Through My Lens" – Bias Reflection in Interpreting Mental Health Data
Warm-up: Prompt discussion on "What do we assume when we hear the phrase 'mental health issue'?"
Simulated Case Review:
Provide 2 mental health cases (1 self-reported narrative, 1 physician-reported assessment).
Students interpret both and identify discrepancies.
Bias Mapping Exercise:
Students list and categorize their own assumptions or judgments during interpretation.
Group them under themes: sociocultural, gender, education, diagnosis-based, etc.
Group Debrief: Facilitator-led discussion on how these biases could affect diagnosis and communication.
Assessment Strategy:
Completion and submission of a reflective bias map
Peer and facilitator review of discussion participation.

Experiential-Learning 4.5 : "In Their Shoes" – Exploring Subjectivity and Context in Mental Health Indicators

4.5 [03 Hours x 1 Session]
Contextual Role-Plays:
Pairs of students enact short role-plays where one is a patient and one is a clinician.
Each scenario is altered by contextual modifiers (e.g., stigma, family presence, language barrier, and power dynamics).
Observation & Debrief:
Peer observers document what was disclosed, what was missed, and how context influenced behavior.
Discussion on how the same patient's self-disclosure changes across scenarios.

Guided Case Reflection:
Using real or fictional case summaries, students reflect on how physician observations may differ based on setting and expectation.
Assessment Strategy:
Role-play participation and observation logs
Reflection sheet demonstrating insight into subjectivity and context.

Experiential-Learning 4.6 : Temperament-Self-Reflection and Satvikadi Kaya Mapping

4.6 [04 Hours x 1 Session]
Brief presentation on characteristics of Sattvika, Rajasa, and Tamasa Kaya from Ayurvedic texts.
Temperament Self-Inventory:
Students complete validated temperament/personality scales (e.g., Dosha-Prakriti quiz + modern temperament assessment).
Cross-Mapping Exercise:
Students map their responses to Sattvika-Rajasa-Tamasa profiles and reflect on behavioral inclinations, stress responses, and potential vulnerabilities.
Small Group Discussion:
In groups of 4–5, share insights and potential health implications based on individual maps.
Assessment Strategy:
Submission of self-reflection sheet
Peer feedback within groups.

Experiential-Learning 4.7 : Guided Introspection and Expressive Meditative Practice.

4.7 [03 Hours x 1 Session]
Conduct 2–3 short guided sessions, focusing on:
Sattva: clarity, compassion
Rajas: ambition, restlessness
Tamas: inertia, withdrawal
Reflection through Art/Movement:
After each session, students express internal experiences through sketching, metaphoric writing, or simple movement/postures.
Sharing Circle:
Small group sharing on symbolic representations and how these inner traits manifest outwardly.
Assessment Strategy:
Submission of a creative reflective journal

Verbal feedback in the group circle.

Experiential-Learning 4.8 : Temperament and Trajectory

4.8 [03 Hours x1 Session]
Share 3–4 fictional cases involving patients with distinct Satvikadi Kaya or Western personality traits (e.g., high neuroticism, Type A, Rajasa dominance).
Role-play Preparation:
Student groups prepare a 5–7 min enactment tracing the person's psychological evolution and disease causation (e.g., anxiety, IBS, hypertension).
Performance + Peer Analysis:
Other students use a structured tool to identify temperament–disease linkages, prognosis, and possible therapeutic responses.
Facilitator Wrap-up:
Summarize the clinical relevance and cross-link with Ayurvedic disease models (Manovaha srotas, Dosha-Avrodha, etc.)
Assessment Strategy:
Peer-evaluated role-play rubric
Short written summary post-activity.

Modular Assessment

Assessment method	**Hour**
Outcome-Based Assessment Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Questions: Critically analyze the practical applications of Satvikadi Kaya in clinical psychiatry, highlighting its diagnostic and therapeutic relevance. Evaluate the integration of advanced cognitive and behavioural theories of Western psychology with Ayurvedic perspectives on mental health, with reference to indicators of well-being. Leads: Definition and classification of Satvikadi Kaya; Clinical use in diagnosis and prognosis; Overview of cognitive and behavioural theories (CBT, information processing models, behavioural modification); Indicators of mental health (WHO and Ayurvedic perspectives); Possibility of integrative approaches. B) SAQ [04 Q x 5 marks each x 01 Hour] Model Questions:	4

Define Satvikadi Kaya and explain its role in determining clinical personality assessment.
Mention three indicators of mental health described in modern psychology and compare them with Ayurvedic views.
Explain the contribution of behavioural learning theories to understanding maladaptive habits.
List two examples where Satvikadi Kaya assessment can guide therapeutic interventions.
What is the importance of resilience as an indicator of mental health?
C) Practical Assessment [01 Q x 10 marks x 01 Hour]
Model Question:
Conduct a temperament-based assessment (Satvika, Rajasika, Tamasika dominance) of a given case scenario, and demonstrate how this understanding can inform management using a combination of Satvavajaya principles and behavioural techniques.
Leads: Case vignette; Temperament assessment; Linking to Satvavajaya Chikitsa; Application of cognitive-behavioural strategies; Clinical plan.or
Any practical in converted form can be taken for assessment.[25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 5

3A Course Outcome	3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)	3C Notional learning Hours	3D Lecture/ Practical Training/ Experiential Learning	3E Domain/ Sub Domain	3F Level (Does/Shows how/ Knows how/Know)	3G Teaching Learning Methods

Module 5 : Mana Shareera Paraspara Sambandhe Prayogika Jnana [Practical Utility of understanding Psychosomatic interactions, the Biopsychology model of healthcare and diseases]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe the conceptual framework of psychosomatic interactions between Shareera and Manas and their relevance in the biopsychological model of health and disease.

2. Conduct case-based analysis to explore biopsychosocial factors contributing to disease presentations involving mind-body interactions.
3. Identify clinical features and diagnostic indicators suggestive of psychosomatic disturbances rooted in Shareera-Manas associations.

M 5 Unit 1 Mana shareera paraspara sambandha evam anubandhatva

1. Intricate relationship between the manas and shareera
2. impact of relationship in health and disease as explained in Ayurvedic literature

References: 2,9,19,113,114

3A	3B	3C	3D	3E	3F	3G
CO6,CO7	Describe the Ayurvedic perspective on the dynamic interplay between Manas and Shareera in maintaining health and contributing to the onset and progression of disease.	3	Lecture	CK	Know	L&PPT
CO6,CO7	Perform Ayurvedic assessment techniques to evaluate the interdependence of Manas and Shareera in clinical case scenarios.	2	Practical Training 5.1	CE	Shows-how	CBL
CO6,CO7	Apply Ayurvedic diagnostic techniques to systematically analyze patient presentations and correlate physical symptoms with underlying Manasika bhava.	3	Practical Training 5.2	CAP	Shows-how	D-BED
CO6,CO7	Analyse and document personal experiences of psychosomatic responses to appreciate the Mana-Shareera Paraspara Sambandha.	2	Experiential-Learning 5.1	AFT-VAL	Shows-how	L&PPT
CO6,CO7	Create awareness of how emotional states subtly influence bodily functions.	2	Experiential-Learning 5.2	AFT-CHR	Shows-how	C_L
CO6,CO7	Demonstrate openness and empathy when exploring the clinical relevance of Manas–Shareera interactions in simulated patient encounters or narrative reflections.	3	Experiential-Learning 5.3	AFT-CHR	Shows-how	C_L

M 5 Unit 2 Biopsychosocial models of mental health

1. Interplay of biological, psychological, and social factors in mental health.

2. Influence of genetic, neurological, cognitive, emotional, and environmental aspects
3. Practice of administering Emotional Regulation Questionnaire in healthy and psychosomatic cases

References: 67,69,72

3A	3B	3C	3D	3E	3F	3G
CO6,CO7	DEscribe the bio-psycho-social model of mental health by analyzing the integrated influence of genetic, neurological, cognitive, emotional, and environmental factors on mental well-being.	1	Lecture	CC	Knows-how	L&GD
CO6,CO7	Discuss the mechanisms of emotional regulation and its role in psychosomatic disorders within the broader framework of biological, psychological, and social interactions.	1	Lecture	CC	Knows-how	L&GD,L
CO6,CO7	Apply the bio-psycho-social model to systematically analyze patient cases, identifying interactions among biological, psychological, and social factors.	2	Practical Training 5.3	CAP	Shows-how	D,C_L
CO6,CO7	Demonstrate skills to distinguish genetic, neurological, cognitive, emotional, and environmental contributors to mental health conditions.	2	Practical Training 5.4	CAN	Knows-how	C_L
CO6,CO7	Conduct structured observations or guided clinical interviews to assess emotional regulation patterns in individuals presenting with psychosomatic symptoms.	1	Practical Training 5.5	PSY-GUD	Shows-how	C_L
CO6,CO7	Interpret personal or observed experiences to internalize the interplay of biological, psychological, and social influences on mental health as per the bio-psycho-social model.	2	Experiential-Learning 5.4	AFT-VAL	Shows-how	C_L,CD
CO6,CO7	Interpret live experiences or narratives to recognize the convergence of genetic, neurological, cognitive, emotional, and environmental factors in shaping mental well-being.	2	Experiential-Learning 5.5	AFT-VAL	Knows-how	PL
CO6,CO7	Justy the impact of emotional regulation techniques on psychosomatic symptoms.	3	Experiential-Learning 5.6	AFT-VAL	Shows-how	C_L

M 5 Unit 3 Fundamentals of psychosomatic medicine

1. Historical development of psychosomatic medicine and biopsychology in health
2. Integration of psychosomatic models, recent advances, and interdisciplinary practices
3. Development of effective communication skills with healthcare professionals

References: 19,58,86

3A	3B	3C	3D	3E	3F	3G
CO6,CO7	Describe the principles and approaches for integrating psychosomatic models into clinical practice across various healthcare settings.	1	Lecture	CK	Know	L&PPT
CO6,CO7	Discuss recent advances and research findings in psychosomatic medicine, highlighting their relevance to contemporary clinical decision-making.	1	Lecture	CK	Knows-how	L&GD
CO6,CO7	Participate in collaborative care planning by applying interdisciplinary psychiatric practices in clinical scenarios.	2	Practical Training 5.6	PSY-GUD	Shows-how	C_L
CO6,CO7	Demonstrate effective communication techniques during interdisciplinary case discussions with healthcare professionals or simulated clinical handovers.	3	Practical Training 5.7	PSY-GUD	Shows-how	CBL
CO6,CO7	Develop openness to new perspectives by critically appraising research studies in psychosomatic medicine and reflecting on their implications for clinical reasoning.	2	Experiential-Learning 5.7	AFT-CHR	Shows-how	C_L
CO6,CO7	Reflect on the dynamics and decision-making processes in collaborative psychiatric practice to deepen self-awareness and professional growth.	2	Experiential-Learning 5.8	AFT-VAL	Shows-how	C_L
CO6,CO7	Recognize and adapt personal communication patterns for effective interaction with diverse healthcare professionals, informed by guided feedback and peer observation.	3	Experiential-Learning 5.9	AFT-VAL	Shows-how	L&GD

M 5 Unit 4 Cross Cultural psychosomatic model, consultation liaison psychiatry and indices of psychosomatic medicine

1. Impact of cultural diversity on psychosomatic presentations and models
2. Application of consultation-liaison psychiatry principles in practice
3. Evaluation of psychosomatic medicine indices with cultural sensitivity

References: 19,58,86

3A	3B	3C	3D	3E	3F	3G
CO6,CO7	Describe the cross-cultural psychosomatic model and various indices used in psychosomatic medicine, emphasizing the role of cultural sensitivity in clinical practice.	1	Lecture	CK	Know	CBL
CO6,CO7	Describe the applied aspects of consultation-liaison psychiatry and the clinical relevance of psychosomatic medicine indices in integrated healthcare settings.	2	Lecture	CK	Know	L&PPT
CO6,CO7	Apply the cross-cultural psychosomatic model and relevant indices to clinical case scenarios, incorporating culturally sensitive approaches in assessment and planning.	2	Practical Training 5.8	CE	Knows-how	CBL
CO6,CO7	Demonstrate consultation-liaison psychiatry skills by participating in simulated or observed interdisciplinary consultations using psychosomatic medicine indices.	3	Practical Training 5.9	PSY-GUD	Shows-how	C_L
CO6,CO7	Reflect on clinical experiences to appreciate how cultural factors shape the application of psychosomatic medicine indices within the cross-cultural psychosomatic model.	3	Experiential-Learning 5.10	AFT-VAL	Knows-how	CBL
CO6,CO7	Engage in simulated consultation-liaison psychiatry scenarios to integrate psychosomatic medicine indices and enhance collaborative clinical decision-making skills.	2	Experiential-Learning 5.11	AFT-CHR	Does	C_L

Practical Training Activity

Practical Training 5.1 : Manas-Shareera Sambandha in Clinical Practice: An Ayurvedic Assessment Approach.

5.1 [02 hours x 1 Session]
Learners will be guided through a practical application of Trividha Pareeksha, Satva Pareeksha, and Dosha-Dushya Pareeksha methods to analyze clinical cases with combined psychological and somatic complaints. The session will help them observe how disturbances in Manas reflect in Shareera and vice versa.
Introduction & Demonstration:
Brief theoretical orientation on Manas–Shareera Sambandha with examples.
Demonstration of key Ayurvedic assessment tools relevant for this purpose:
a) Satva Pareeksha

b) Manasika Bhava observation
c) Dosha-based inference from behavior and bodily symptoms
Guided Case Analysis:
Students are provided 2 case vignettes (e.g., a case with digestive symptoms + anxiety; skin disease + stress).
In pairs, they apply assessment tools to map:
Physical symptoms
Related Manasika Bhava status
Hypothesis on directionality of impact (Manas ? Shareera or Shareera ? Manas)
Teacher-led Consolidation:
Debrief and correction of student interpretations.
Model approach to integrating Manas–Shareera assessments in clinical diagnosis
Assessment Strategy: Peer-reviewed pair worksheets/Teacher checklist on case assessment accuracy/Oral questions during debrief.

Practical Training 5.2 : Manas-Shareera Sambandha: An Ayurvedic Assessment Approach.

In this extended session, students engage in deeper analysis of full patient case files to identify psychosomatic relationships from an Ayurvedic viewpoint, applying Nidana Panchaka and Manasika Dosha-Bhava frameworks. The session prepares learners to integrate these insights into formulation of treatment plans.
Orientation:
Overview of Ayurvedic psychosomatic diagnosis – Nidana Panchaka with Manasika relevance.
Frameworks used:
a) Manovaha Srotas Dushti Lakshana
b) Bhava Abhava Avastha
c) Dosha-Srotas-Satva interlinking
Group Case Work:
Learners in small groups are given full clinical data (e.g., chronic headache, IBS, fatigue with sleep disturbance).
Task:
a) Extract all Manasika indicators from history and presentation
b) Analyze linkage between Manasika doshas and Shareerika symptoms
c) Propose a diagnostic interpretation in Ayurvedic terms
d) Suggest 2–3 initial chikitsa directions (e.g., Satvavajaya, Nidana Parivarjana, Rasayana, etc.)
Group Presentation & Review:
Each group presents their case analysis.
Teacher critiques and discusses clinical reasoning, highlights missing links, and offers model interpretation.

Assessment Strategy: Quality of correlation and interpretation in worksheets/Accuracy in linking symptoms to Bhava-Dosha-Srotas/Teacher oral quiz or spot correction during presentation.

Practical Training 5.3 : Systematic analysis of Psycho-Social model.

5.3 [02 hours x 1 Session]
Students explore real-world clinical scenarios using a BPS analysis grid to identify the interplay between physical health, psychological dynamics, and social context in mental illness or psychosomatic disorders.
Teacher Introduction:
Quick recap of BPS model principles
Explanation of domains with examples from psychiatry (e.g., depression, IBS, chronic pain)
Group Activity:
Small groups analyze 2–3 case vignettes with layered details (e.g., a person with migraine and work stress, a teen with abdominal pain and exam anxiety)
Each group uses a BPS worksheet to:
a) Categorize contributing factors
b) Map interaction between domains
c) Identify which domain needs urgent clinical attention
Consolidation:
Groups present key findings
Teacher gives feedback and introduces the idea of integrative management based on domain-specific leads
Assessment Strategy: Completion and clarity of BPS grid/Quality of domain-based clinical reasoning/Teacher checklist during group discussion.

Practical Training 5.4 : Genetic, neurological, cognitive, emotional, and environmental contributors to mental health.

5.4 [02 hours x 1 Session]
Using structured case samples, students identify and differentiate between various underlying causes for the mental health state of a patient. Focus is on pattern recognition and understanding causality.
Teacher introduction:
Describe how factors like heredity, neurodevelopment, cognition, emotions, and life events overlap or differ
Introduce a factor classification framework
Group Case Exercise:
Simulated patient cases are distributed
Learners must extract and tag contributing factors to their appropriate domains (e.g., family history ? genetic; poor impulse control ? cognitive; parenting loss ? emotional)

Mark primary vs secondary contributors
Debrief:
Group-wise brief sharing and teacher feedback
Assessment Strategy: Factor identification sheet/Participation in categorization and explanation/Teacher probing during discussion.

Practical Training 5.5 : Guided clinical interviews to assess emotional regulation patterns in individuals.

5.5 [01 hours x 1 Session]
Students will practice identifying emotional regulation mechanisms using either a structured observational checklist or mock clinical interview, aimed at understanding emotional triggers and responses in psychosomatic illness.
Teacher Demo:
Overview of emotional regulation (adaptive vs maladaptive)
Demonstration of how to extract cues via history and observation
Simulated Interviews/Role Play:
Students interview peers playing simulated patients with psychosomatic concerns (e.g., gastritis with stress, eczema with social anxiety)
Use structured checklist to document:
a) Emotional triggers
b) Reaction patterns
c) Coping style
Reflection & Feedback:
Teacher facilitates group reflection on cues missed, cues identified
Emphasizes non-verbal signs and emotional narratives
Assessment Strategy: Checklist completion and interview notes/Peer and teacher feedback/Verbal justification of emotional patterns observed.

Practical Training 5.6 : Interdisciplinary Collaboration and Communication in Psychiatric Practice.

5.6 [02 hours x 1 Session]
Students will engage in role-based simulations that reflect interdisciplinary psychiatric care settings involving physicians, psychologists, nurses, and Ayurvedic practitioners. The goal is to understand the scope and responsibilities of each team member in developing a shared care plan for psychiatric patients.
Introduction:
Teacher explains the interdisciplinary model in psychiatry (e.g., psychiatrist, psychologist, nurse, counsellor, Ayurveda consultant, social worker)
Overview of team-based decision-making for psychiatric care
Role Allocation & Case Distribution:

Groups are assigned roles (e.g., Ayurvedic doctor, psychiatrist, psychologist)
A clinical case is shared (e.g., a patient with anxiety, depression, or substance abuse)
Collaborative Simulation :
Each group conducts a team-based discussion simulating an interdisciplinary care meeting
The goal: Formulate an integrative care plan combining roles (pharmacotherapy, counseling, Ayurvedic interventions, psychoeducation)
Debrief :
Teacher provides structured feedback
Peer reflection on clarity of roles, collaboration effectiveness, and shared decision-making
Assessment Strategy: Completed care plan/Observation rubric on role clarity and team communication/Teacher feedback on participation and integration.

Practical Training 5.7 : Communicating psychological and behavioral observations.

5.7 [03 hours x 1 Session]
Students will practice delivering clinical updates and participating in psychiatric case handovers, focusing on clarity, brevity, and collaborative tone using structured formats like ISBAR (Introduction, Situation, Background, Assessment, Recommendation).
Didactic Briefing :
Teacher explains communication barriers in mental health settings
Introduction to ISBAR and SBAR techniques for handover communication
Guided Case Discussions :
Small groups receive psychiatric case excerpts
Task: Prepare and deliver a structured handover from one professional to another (e.g., Ayurveda doctor to psychiatrist)
Emphasis on communicating psychological and behavioral observations clearly and respectfully
Simulated Handover Rounds :
Each group performs handovers in pairs, with observers providing peer review
Roles include reporting physician, receiver, and observer
Feedback & Skill Refinement:
Teacher highlights strengths and areas for improvement
Showcase an ideal handover video or live demo if possible
Assessment Strategy: Structured handover evaluation checklist/Peer feedback/Teacher assessment on clarity, structure, and inter-professional sensitivity.

Practical Training 5.8 : Psychosomatic Practice and Cross-Cultural Model.

5.8 [02 hours x 1 Session]

Students analyse psychosomatic case scenarios through the lens of the cross-cultural psychosomatic model. They will identify cultural influences on illness perception, symptom expression, and coping strategies, and use this understanding to formulate assessment and management plans that respect cultural context.
Teacher Introduction :
Overview of the Cross-Cultural Psychosomatic Model
Explanation of psychosomatic indices: symptom presentation, emotional correlates, social and cultural beliefs
Emphasis on examples from Indian, tribal, and global traditions
Group Case Analysis :
Students are divided into groups and given different culturally rich psychosomatic case scenarios (e.g., somatization in rural women, trance states, sleep disturbances post-bereavement rituals)
Each group identifies:
a) Somatic and psychological symptom overlap
b) Cultural idioms of distress
c) Patient's explanatory model
d) Planning for culturally congruent care
Presentation and Teacher Feedback :
Groups present key findings and proposed culturally respectful interventions
Teacher guides reflective discussion on biases and blind spots
Assessment Strategy: Group worksheet (cultural index mapping and planning)/Teacher checklist: depth of cultural insight, appropriateness of suggestions/Reflective feedback by student.

Practical Training 5.9 : Psychosomatic indices in liaison practice.

5.9 [03 hours x 1 Session]
Students participate in a mock hospital setting where they perform psychiatric consultations for patients admitted with medical conditions presenting psychosomatic overlays. The focus is on communication with other specialists, psychosomatic evaluation, and forming liaison-based suggestions.
Teacher Briefing:
Orientation to consultation-liaison psychiatry principles
Role of psychosomatic indices in liaison practice (physical symptom clusters, functional syndromes, psychiatric overlays)
Expectations from psychiatric consultation: clarity, brevity, and action points
Simulated Rounds:
Students role-play as psychiatric consultants
Simulated patients are presented (e.g., a cardiac patient with panic symptoms; a diabetic with somatic preoccupation; post-surgical delirium)
Each group interviews the case and prepares a structured psychiatric opinion using psychosomatic lens

Interdisciplinary Interaction Simulation:
Students present their psychiatric impression and suggestions to a simulated referring medical team (peers role-playing)
Communication is assessed for clarity, empathy, respect, and professional tone
Debriefing and Feedback:
Teacher provides structured feedback on the consultation content and communication
Peer discussion on areas of improvement.
Assessment Strategy: Completed consultation note (structure + content)/Observation rubric for interdisciplinary communication/Teacher oral feedback/Peer feedback post-simulation.

Experiential learning Activity

Experiential-Learning 5.1 : Ayurvedic Exploration of Manas–Shareera Interactions

5.1 [02 hours x 1 Session]
Students reflect on specific personal experiences where emotional or psychological states (e.g., anxiety, anger, fear) had a visible impact on their bodily functions—such as appetite, sleep, digestion, muscle tension, heart rate, etc. These reflections are framed using references from Ayurvedic texts like Charaka Samhita, Sharira Sthana, and Manovaha Srotas descriptions.
Methodology:
Guided Reflective Writing: Students individually journal 2–3 lived experiences where mental state impacted body functions.
Ayurveda Text Mapping : In small groups, students match their experiences to Ayurveda concepts (e.g., Manas, Triguna, Dosha prakopa, Srotodushti).
Group Dialogue Circle : Each group shares 1–2 key reflections with the class, highlighting insights into mind-body links.
Wrap-Up: Facilitator summarizes shared patterns and links to Ayurvedic models of psychosomatic pathways.
Assessment Strategy: Submission of a short reflective note (300 words), peer feedback within groups, facilitator observation of group discussion.

Experiential-Learning 5.2 : Experiencing the Mind–Body Continuum.

5.2 [02 hours x 1 Session]
Students are guided through body-focused mindfulness sessions that help them observe real-time physiological shifts (e.g., breath rate, tension, pulse, warmth, tremors) in response to thoughts, feelings, and imagery. The aim is to identify micro changes in bodily responses associated with emotional states and relate them to Manas–Dosha–Srotas interactions.
Methodology:
Mindfulness Session: Guided practice focused on observing breath, heartbeat, and body sensations linked with thoughts (use non-religious Dhyana approach).
Emotion-Body Mapping: Students are prompted with emotional scenarios and observe body responses (e.g., “Recall a stressful event – what happened in your body?”).
Paired Reflection : Peer sharing of experiences using guided questions (e.g., “What did you notice?”, “What surprised you?”, “What was subtle but real?”).

Integration Circle : Class discussion on the Ayurvedic understanding of Manovaha Srotas, Ojas, Prana Vata, and Vega dharana.
Assessment Strategy: Completion of the mapping worksheet and a brief peer-interview-based reflection report.

Experiential-Learning 5.3 : Clinical Identification of Mana-Shareera Interaction.

5.3 [03 hours x 1 Session]
Students take part in observing and participating in mock clinical interactions that portray psychosomatic presentations (e.g., patient with IBS symptoms with hidden grief, insomnia with excessive worry). Narratives are crafted based on common Manas–Sharira conditions in Ayurveda. Students then decode the psychosomatic links through clinical reasoning and Ayurveda frameworks.
Methodology:
Simulated Case Enactments : Role-play or standardized patient enactment of 2–3 psychosomatic cases.
Group Clinical Reflection : Groups analyze one case each, identify emotional and physical layers, map them onto Samprapti involving Manas-Dosha-Srotas.
Student-Doctor Simulation : Students role-play clinician-patient dialogues focusing on empathy, open-ended questioning, and Satvavajaya elements.
Facilitator Feedback and Group Debrief : Discuss learnings, clarify Ayurvedic concepts involved in the clinical narratives.
Assessment Strategy: OSCE-style observation of simulated interaction, submission of a short Samprapti analysis note per case.

Experiential-Learning 5.4 : Experiential Reflections on the Bio-Psycho-Social Dimensions of Mental Health.

5.4 [02 hours x 1 Session]
Students create personalized mental health maps based on real or observed cases (from personal life, clinical exposure, or public figures), identifying and categorizing factors under biological, psychological, and social domains. Group reflection and analysis reinforce internalization of the model.
Methodology:
Discussion: Small groups brainstorm examples where mental health was shaped by multiple interconnected factors.
Case/Experience Selection: Students choose one real-life or observed experience to explore.
Bio-Psycho-Social Mapping: Using a template, students identify factors in each domain—e.g., genetics, temperament, trauma, family, cultural influences.
Group Sharing & Integration: Each group shares one map and discusses insights and inter-domain links.
Wrap-Up: Facilitator summarizes key patterns and shows how the model can guide holistic understanding of mental well-being.
Assessment Strategy: Submission of individual maps and peer group reflections, Facilitator Notes: Emphasize respect and privacy when sharing personal stories. Encourage integration rather than compartmentalization.

Experiential-Learning 5.5 : Interpretation of genetic, neurological, cognitive, emotional, and environmental factors in shaping mental well-being.

5.5 [02 hours x 1 Session]
Students engage with well-documented narratives (written, video, or live testimonies) and identify how diverse factors interact in shaping mental health outcomes. The

activity sharpens interpretive skills and fosters appreciation of complexity.
Methodology:
Narrative Presentation : A case-based video clip or testimony (from documentaries, interviews, or real patients with consent) is presented.
Factor Analysis: Small groups dissect the case using a worksheet to identify contributing factors under five domains: genetic, neurological, cognitive, emotional, and environmental.
Group Presentation: Each group shares insights and justifies interpretations.
Facilitated Discussion: Integrate discussion to highlight interplay, protective/risk factors, and possible interventions
Assessment Strategy: Group submission of factor analysis worksheet and class participation.

Experiential-Learning 5.6 : Regulation of Psychosomatic Symptoms through emotional regulation.

5.6 [03 hours x 1 Session]
Students experience and document changes in physical or emotional states following guided emotional regulation practices. Real-time reflection helps understand how simple techniques can modulate psychosomatic manifestations.
Methodology:
Introduction & Baseline Self-Awareness : Brief check-in on physical sensations, mood, energy level using a body scan log.
Practice Session 1 – Mindful Breathing
Practice Session 2 – Body Scan Meditation
Practice Session 3 – Guided Emotional Release Visualization
Self-Observation & Recording : Students record changes in pulse, breath rate, muscle tension, mood, thoughts, using a structured observation sheet.
Group Sharing & Interpretation: Peer discussion in triads on personal insights.
Group Reflection and Wrap-Up: Class-level sharing and linking observations to Ayurveda and biopsychosomatic theory (e.g., Dosha movement, Prana Vata, Ojas depletion, Chittodvega).
Assessment Strategy: Self-report logs + group discussion contribution.

Experiential-Learning 5.7 : Critical Evaluation of Psycho somatic Relationship.

5.7 [02 hours x 1 Session]
Students critically evaluate 2–3 selected psychosomatic research articles using a structured appraisal tool. They discuss how findings could influence decision-making in clinical contexts, especially from an integrative medicine perspective. Methodology:
Pre-Session Assignment: Students are divided into small groups, each assigned a different research article to review using the CASP (Critical Appraisal Skills Programme) checklist or a modified tool suited to Ayurveda-integrated research.
Group Discussion: In-class, groups review methodological strengths/limitations, relevance to psychosomatic concepts (e.g., stress-inflammation links, gut-brain axis, mind-

body therapies).
Clinical Application Roundtable: Each group presents how findings could be applied or questioned in real patient care—bridging evidence with clinical wisdom.
Wrap-Up : Facilitator synthesizes common insights, discusses limitations of current research, and highlights emerging trends (e.g., psychoneuroimmunology, Ayurpsychology, integrative psychiatry)
Assessment Strategy: Group submission of appraisal summary; individual reflection on how evidence may shift clinical approach.

Experiential-Learning 5.8 : Dynamics and decision-making processes in collaborative psychiatric practice.

5.8 [02 hours x 1 Session]
Students simulate a psychiatric case conference with assigned roles (Ayurveda physician, psychiatrist, psychologist, social worker, nurse, patient advocate) to collaboratively build a management plan. This fosters understanding of interdisciplinary dynamics and clinical negotiations.
Methodology:
Role Assignment and Case Brief: Students are given a case involving psychosomatic symptoms with comorbidities (e.g., anxiety with IBS, depression with sleep disorder).
Simulated Roundtable: Each student plays a role and presents their perspective. The group collaboratively forms a holistic care plan.
Debrief & Feedback: Observers and facilitator provide feedback on teamwork, decision-making, and interprofessional respect.
Reflection Note: Each student writes a brief on what influenced their decisions and how they felt within their role
Assessment Strategy: Participation in simulation, feedback logs, short reflection note.

Experiential-Learning 5.9 : Bridging Minds and Methods: Applied Competencies in Psychosomatic and Collaborative Psychiatric Practice.

5.9 [02 hours x 1 Session]
Students engage in simulated inter professional dialogues, receive structured feedback from peers and facilitators, and adapt communication strategies for future use.
Methodology:
Communication Scenario Practice: Students perform structured communication scenarios (e.g., updating a colleague on a shared patient, negotiating a care plan, resolving inter-role conflicts).
Peer Observation & Feedback: While one pair performs, others use a communication rubric to evaluate verbal/non-verbal patterns, clarity, empathy, assertiveness, and listening.
Video Playback & Self-Review : Select interactions are recorded and played back for students to self-reflect on body language, tone, and response to tension.
Communication Strategy Workshop: Small groups discuss what worked and what didn't. Facilitator introduces adaptable frameworks like SBAR (Situation-Background-Assessment-Recommendation), assertive communication tips, and emotional intelligence cues.
Final Reflection: Each student prepares a “personal communication goal plan” to implement in real-world team interactions
Assessment Strategy: Peer rubric scores, self-review notes, submission of a personal communication strategy plan.

Experiential-Learning 5.10 : Application of psychosomatic medicine indices within the cross-cultural psychosomatic model.

5.10 [03 hours x 1 Session]
Students reflect on clinical encounters (real or documented) where culture significantly influenced the expression, understanding, or management of psychosomatic illness. They use structured frameworks such as the DSM-5 Cultural Formulation Interview and psychosomatic indices (e.g., PHQ-15, Somatic Symptom Index) to analyze and contextualize the case
Methodology:
Case Reflection & Cultural Mapping: Students work in small groups to present a clinical encounter involving psychosomatic symptoms and complete a cultural mapping form (includes illness beliefs, idioms of distress, stigma, treatment expectations).
Psychosomatic Indices Application : Students apply tools like the PHQ-15, SCL-90-R, and Somatic Symptom Disorder B Criteria Scale to understand symptom profiles.
Cross-Cultural Roundtable: Each group presents insights on how culture shaped patient presentation and response, and how it impacted clinician decisions.
Facilitator Commentary & Synthesis: Discussion on how Ayurvedic perspectives of Desha, Ahara, Satmya, and Manas Prakrti relate to cross-cultural variability in psychosomatic experiences.
Reflective Writing: Each student writes a short note on how cultural understanding might change their future clinical reasoning.
Assessment Strategy: Completed worksheets, group presentation, individual reflection note.

Experiential-Learning 5.11 : Collaborative clinical decision-making through consultation-liaison psychiatry.

5.11 [03 hours x 1 Session]
Students participate in a simulated hospital setting involving consultation-liaison psychiatry, using psychosomatic indices to support their clinical reasoning. The activity emphasizes teamwork, integrative thinking, and real-world application of collaborative skills.
Methodology:
Simulated Case Briefing: Students receive clinical scenarios where a patient presents with overlapping physical and psychological symptoms (e.g., non-cardiac chest pain, chronic pain, post-op sleep disturbance).
Role-Based Simulation: Students assume roles such as the primary physician, Ayurveda consultant, psychiatrist, nurse, and patient. They assess the case collaboratively using structured psychosomatic tools and propose an integrated care plan.
Debrief and Peer Feedback: Observers use checklists to assess clarity of communication, reasoning, use of indices, and team dynamics.
Mini-Workshop on Decision Integration: The facilitator guides students in reflecting on how to balance clinical judgment with index results and cross-disciplinary inputs.
Team Reflection Summary: Each group submits a brief report summarizing their collaborative decisions and tool integration.
Assessment Strategy: Group care plan, peer observation logs, verbal feedback rounds.

Modular Assessment

Assessment method	**Hour**

Outcome-Based Assessment Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Questions: Critically evaluate the psychosomatic basis of disease in Ayurveda and modern biopsychology, highlighting the clinical significance of mind–body interactions. Analyze the role of biopsychological models in healthcare, with emphasis on stress-related disorders and their integrative management. Leads: Ayurveda perspective (Prana, Dosha, Dhatu, Satva-Sarira interactions); Psychosomatic pathways (neuroendocrine, immune, stress physiology); Modern biopsychology models (stress–diathesis model, psychoneuroimmunology); Clinical implications in psychosomatic disorders. B) SAQ [04 Q x 5 marks each x 01 Hour] Model Questions: Define psychosomatic disorder and give two clinical examples. Explain how manas influences dosha vitiation with one illustration. Mention three key components of the biopsychosocial model of health. List two diseases where psychosomatic interaction is prominently observed in clinical practice. What is the role of stress response in the pathogenesis of psychosomatic illness? C) Practical Assessment [01 Q x 10 marks x 01 Hour] Model Question: Assess a case of peptic ulcer or irritable bowel syndrome from a psychosomatic perspective, and prepare a structured plan linking manas-shareera interactions, doshic imbalance, and biopsychological stress factors. Leads: Case vignette; History of stress and emotional triggers; Mapping of manas and shareera association; Psychosomatic explanation (Ayurveda + Biopsychology); Management approach (Ahara, Vihara, Satvavajaya, Stress-reduction techniques). or Any practical in converted form can be taken for assessment.[25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	4

3A Course	3B Learning Objective (At the end of the (lecture/practical training /experiential	3C Notional	3D Lecture/	3E Domain/	3F Level (D	3G Teachin

Outcome	learning) session, the students should be able to)	learning Hours	Practical Training/ Experiential Learning	Sub Domain	oes/Shows how/ Knows how/Know)	g Learning Methods

Module 6 : Swasthya Vyavastha Pranali, Ayurveda Jeevavijnane, Pranali Jeevavijnane Mano-Manodaihika Pratirupam [Psychosomatic model in Healthcare related Systems Approach, Scope of Ayurveda Biology and Systems Biology in Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe the principles of systems approach in psychiatric healthcare and the psychosomatic model as interpreted in Ayurveda.
2. Conduct a basic psychological support session appropriate for selected psychosomatic disorders, aligning with Ayurvedic principles and holistic mental health care
3. Identify the relevance and applications of Ayurveda Biology and Systems Biology in Ayurvedic and integrative psychiatric practices.

M 6 Unit 1 Cultural Perspectives and Consultation-Liaison Approaches in Psychosomatic Medicine

1. Complexities of psychiatric care across people, system, design, and risk perspectives
2. Transition from biopsychosocial to systems approach in psychiatric healthcare
3. Evaluation of systems thinking and its impact on care outcomes

References: 62,64,109,117

3A	3B	3C	3D	3E	3F	3G
CO4,CO6,CO7,CO8	Describe the complexities of psychiatric care by in terms of individual experiences, healthcare systems, care design, and associated risks.	1	Lecture	CC	Knows-how	
CO4,CO6,CO7	Discuss the evolution from the Bio-psycho-social model to a Systems Approach in	1	Lecture	CC	Knows-	L&PPT

	psychiatry, highlighting how systems thinking enhances care delivery and improves psychiatric outcomes				how	
CO4,CO6,CO7	Identify real-life psychiatric care scenarios where complexities emerge from people, systems, care design, or risk factors.	2	Practical Training 6.1	CE	Shows-how	RLE,L_VC
CO4,CO5,CO7	Analyze clinical case vignettes to map the transition from the Bio-psycho-social model to a Systems Approach, outlining how various care components are integrated.	2	Practical Training 6.2	CAN	Knows-how	CBL
CO4,CO6,CO7	Demonstrate the application of systems thinking by constructing a care plan for a complex psychiatric case that addresses multi-level needs and system coordination.	1	Practical Training 6.3	PSY-GUD	Shows-how	
CO4,CO6,CO7	Interpret the dynamics of psychiatric care by engaging with simulated or real-case pathways that reveal complexities involving people, systems, design, and risk.	2	Experiential-Learning 6.1	AFT-VAL	Shows-how	PL,SIM
CO4,CO6,CO7	Applay the transition process from the Bio-psycho-social model to a Systems Approach through collaborative case-based exploration of integrated psychiatric care	2	Experiential-Learning 6.2	AFT-CHR	Shows-how	CBL
CO4,CO6,CO7	Value a systems-thinking model of psychiatric care to deeply grasp its influence on clinical outcomes and inter disciplinary coordination.	2	Experiential-Learning 6.3	AFT-VAL	Shows-how	SDL,RLE

M 6 Unit 2 Fundamentals of psychological support in selected psychosomatic disorders

1. Analysis of psychosomatic indices and design of feasible psychological support strategies
2. Understanding and application of psychotherapeutic approaches (CBT, group, supportive, motivational)
3. Evaluation of psychotherapy effectiveness and integration with pharmacological treatment

References: 66,74,75,82,86,113

3A	3B	3C	3D	3E	3F	3G
CO6,CO7	Describe the applicability, feasibility, and effectiveness of various psychotherapeutic approaches in managing psychosomatic disorders and chronic conditions.	2	Lecture	CAP	Knows-how	JC,L&PPT ,DIS,IBL

CO4,CO6,CO7	Describe the concept of psychosomatic indices in healthcare and how psychological support strategies can be designed and integrated with pharmacological treatment for comprehensive patient care.	2	Lecture	CC	Knows-how	DIS
CO4,CO6,CO7 ,CO8	Identify suitable psychotherapeutic approaches for selected psychosomatic disorders based on case scenarios and evaluate their feasibility in diverse clinical settings.	2	Practical Training 6.4	CE	Knows-how	CBL
CO4,CO6,CO7	Apply psychosomatic health indices to assess patient needs and formulate feasible psychological support strategies for chronic conditions.	2	Practical Training 6.5	CAP	Shows-how	C_L,CBL ,D-BED
CO4,CO6,CO7	Demonstrate the core techniques of selected psychotherapies namely CBT, Group Therapy, Supportive, and Motivational Psychotherapy.	2	Practical Training 6.6	PSY-GUD	Shows-how	RLE,CBL ,IBL
CO4,CO6,CO7	Analyze sample treatment plans to evaluate the integration of psychotherapeutic and pharmacological interventions in managing psychosomatic conditions.	2	Practical Training 6.7	CE	Shows-how	D-BED,C BL,RLE, BS
CO3,CO4,CO7 ,CO8	Apply psychotherapeutic approaches in psychosomatic care	2	Experiential-Learning 6.4	AFT-CHR	Shows-how	RLE,CBL
CO3,CO4,CO7	Interpret psychosomatic indices and their role in shaping personalized psychological support strategies.	2	Experiential-Learning 6.5	CE	Shows-how	BS,L&G D,IBL
CO3,CO4,CO7	Value the process of delivering core elements of CBT, Group Therapy, Supportive, and Motivational Psychotherapy	3	Experiential-Learning 6.6	AFT-VAL	Shows-how	BS,PL
CO3,CO4,CO7	Appraise integrative care models by experiencing how psychotherapeutic techniques complement pharmacological treatments in holistic psychosomatic management.	3	Experiential-Learning 6.7	AFT-VAL	Knows-how	PL,BS,DI S,C_L

M 6 Unit 3 Scope of Ayurveda Biology and Systems Biology in Ayurvedic and integrated Psychiatric practices

1. Intersection of Ayurveda biology and systems biology in neuro-psychiatric disorders
2. Analysis of medhya karma for nootropic effects and cognitive enhancement
3. Evaluation of Ayurvedic interventions through marker-assisted preclinical and clinical trials

References: 114,129

3A	3B	3C	3D	3E	3F	3G
CO3,CO4,CO7	Describe the intersection of Ayurveda Biology and Systems Biology (including Neurobiology) in the context of understanding the pathophysiology and management of neuro-psychiatric disorders.	2	Lecture	CAN	Knows-how	L&GD,L &PPT ,BS,DIS
CO3,CO4,CO7	Describe the concepts of Medhya Karma in Ayurveda and correlate them with contemporary understanding of nootropic effects and cognitive enhancement, highlighting their relevance in neuro-psychiatric care.	2	Lecture	CAN	Knows-how	L&PPT ,BS,JC
CO3,CO4,CO7	Analyze clinical case vignettes of neuro-psychiatric disorders to identify relevant Ayurvedic and systems biology concepts contributing to diagnosis and management.	3	Practical Training 6.8	CAN	Shows-how	CBL
CO3,CO4,CO7	Demonstrate Ayurvedic Medhya formulations and therapies with observed cognitive functions to evaluate their nootropic potential in practical scenarios.	2	Practical Training 6.9	PSY-GUD	Shows-how	DIS,BS
CO3,CO4,CO7	Demonstrate the planning and application of selected Ayurvedic interventions (e.g., Medhya Rasayana, Nasya, Shirodhara)	2	Practical Training 6.10	PSY-GUD	Shows-how	D
CO3,CO4,CO7	Appraise concepts from Ayurveda Biology and Systems Biology converge in understanding neuro-psychiatric conditions	2	Experiential-Learning 6.8	AFT-VAL	Shows-how	SIM,RLE
CO3,CO4,CO7	Value the subjective effects of Medhya Karma on cognition and mental clarity.	2	Experiential-Learning 6.9	AFT-VAL	Shows-how	DIS
CO3,CO4,CO7	Interpret the relevance of Ayurvedic interventions in diverse neuro-psychiatric presentations	3	Experiential-Learning 6.10	CE	Shows-how	BS,SDL
CO3,CO4,CO7	Construct an integrative care pathway that synthesizes Ayurvedic and neurobiological principles for holistic neuro-psychiatric management.	3	Experiential-Learning 6.11	CS	Shows-how	IBL,BS,DIS

Practical Training Activity

Practical Training 6.1 : Understanding complex psychiatric care scenarios.
6.1 [02hours x 1 Session] Participants engage in guided role-plays or case walkthroughs simulating complex psychiatric care scenarios involving family resistance, fragmented systems, poor follow-up, or conflicting treatment goals. Teacher presents 2 real-world inspired case summaries involving complexity (e.g., substance abuse with legal, familial, institutional challenges). Students are split into small groups, each group enacts or discusses roles of stakeholders (patient, family, physician, social worker, traditional healer, etc.). Debriefing and identification of sources of complexity: people, systems, design, risk. Assessment Strategy: Group reflection presentation/Teacher-guided Q&A on complexity dimensions/Checklist for identification of system/people/risk/design-related barriers.
Practical Training 6.2 : Psychiatric care transitions from the classic bio-psycho-social model to an integrated systems approach.
6.2 [02hours x 1Session] Through clinical vignettes, students trace how psychiatric care transitions from the classic bio-psycho-social model to an integrated systems approach. Teacher gives 2 brief vignettes showing a patient journey (e.g., schizophrenia + homelessness + social breakdown). Students work in pairs to chart components of care: biological, psychological, social, and then overlay system elements (policy, referral systems, family support, care coordination). Assessment Strategy: Peer-reviewed care map submission/Teacher feedback on integration accuracy.
Practical Training 6.3 : Applying Systems Thinking in multi-level psychiatric care plan.
6.3 [01hours x 1 Session] Participants collaboratively build a multi-level psychiatric care plan for a given complex case using systems thinking tools (stakeholder map, systems loop, care continuum). Introduce a tool like Rich Picture Diagram or Stakeholder Map. Present a challenging case (e.g., bipolar disorder with suicidality and community stigma). Groups identify all system components involved: patient, family, primary care, psychiatry, traditional healers, NGOs, policy. Design a multi-tiered care plan that addresses: Clinical needs, Risk management, Community linkage, Monitoring and continuity Assessment Strategy: Group presentation of care plan/Peer feedback + teacher rubric (System integration, Holistic coverage,Coordination and follow-up strategy).
Practical Training 6.4 : Feasibility Appraisal of psychotherapeutic approaches in diverse clinical settings.
6.4 [02hours x 1 Session] Learners work through structured case scenarios (e.g., IBS, tension headache, fibromyalgia) to identify appropriate psychotherapy modalities and critically appraise their

feasibility based on setting (OPD/IPD, rural/urban, private/govt).
Teacher presents 3 psychosomatic case scenarios.
Students in small groups map psychological symptoms, patient context, and recommend therapy (CBT, Relaxation, Group Therapy, Supportive Therapy, etc.).
Groups rotate and critique each other's choices.
Feasibility discussed based on setting, therapist availability, patient motivation, and socio-cultural background.
Assessment Strategy: Group worksheet submission.

Practical Training 6.5 : Assessment of patient needs and formulate feasible psychological support strategies.

6.5 [02hours x 1 Session]
Students interact with simulated patients (SPs) or case videos and use standardized psychosomatic indices (e.g., GHQ, PHQ-9, Somatic Symptom Scale, Quality of Life Index) to assess distress levels and suggest support strategies.
Teacher provides introduction and demo on selected indices.
Groups rotate through stations with SPs or recorded consultations.
Each student completes index-based assessment and drafts a psychological support plan (e.g., counselling, stress education, brief CBT).
Teacher-led debrief on accuracy and insight.
Assessment Strategy: Brief oral justification per group evaluated by teacher using a feasibility rubric/Evaluation of completed forms/ Short reflective note: "What psychological needs were revealed by the index?".

Practical Training 6.6 : Practical Training in Psychotherapy and Assessment for Psychosomatic Disorders.

6.6 [02hours x 1 Session]
Participants practice selected psychotherapy methods (CBT, Supportive Therapy, Motivational Interviewing, Group Facilitation) in structured role-play guided by facilitators.
Teacher gives demo of 5–7 mins for each technique (core steps).
Students pair up and rotate therapist-client roles across 3 rounds:
CBT (cognitive restructuring for pain)
Supportive (for adjustment disorder)
MI (for substance-linked psychosomatic symptoms)
Feedback and refinement after each round.
Assessment Strategy: Peer and teacher checklist rating for each technique/Reflective self-assessment: "What was challenging about staying in therapist role?".

Practical Training 6.7 : Analysis of sample treatment plans to evaluate the integrated treatment plan in Psychosomatic disorders.

6.7 [02hours x 1 Session]
Participants evaluate 2–3 structured treatment plans involving pharmacological and psychological interventions, identifying the rationale, sequence, and balance between modalities.
Teacher presents treatment plans for chronic fatigue syndrome, tension headache, and IBS.
Students work in pairs to:
Map pharmacological vs psychotherapeutic timelines
Identify interaction points
Suggest improvements or alternatives
Class-wide discussion on integration challenges.
Assessment Strategy: Short written analysis per group/Teacher rubric for evaluating understanding of integration.

Practical Training 6.8 : Practical Integration of Ayurveda and Systems Biology in Neuro-Psychiatric Care.

6.8 [03hours x 1 Session]
Students engage in analyzing real-world clinical vignettes of conditions such as Parkinsonism, epilepsy, ADHD, and major depression to identify Ayurvedic diagnostic categories and systems biology principles like neuroinflammation, oxidative stress, gut-brain axis, and neuroplasticity.
Teacher provides 3 concise clinical case vignettes with relevant history, lab/imaging findings, and symptomatology.
Students work in pairs to:
Identify Ayurvedic diagnosis (Dosha-Dushya-Srotas, Udhbhava-Sthana, etc.)
Map systems biology factors (oxidative stress ? vitiation of Pitta/Rasa, etc.)
Propose integrated diagnosis logic
Each pair shares their mapping briefly with the group.
Assessment Strategy:
Submission of concept map/worksheet per group/ Teacher rubric assessing correlation accuracy and depth.

Practical Training 6.9 : Assessments of cognitive improvement,

6.9 [02hours x 1 Session]
Students observe and document the use of selected Medhya formulations and therapies with simulated assessments of cognitive improvement in practical settings.
Teacher demonstrates/explains:
Common Medhya Rasayanas (e.g., Brahmi Ghrita, Ashwagandha, Mandukaparni, Saraswatarishta)
Cognitive tests (e.g., Digit Span, Stroop Test, Trail Making Test – simple versions)
Students work in small groups:

Administer a brief pre-post cognitive test with dummy/simulated subjects (peers)
Associate test performance with theoretical Rasayana effects
Group discussion on pharmacological versus Ayurvedic cognition models.
Assessment Strategy: Observation checklists for student involvement in demo + test administration / Group submission: “Cognitive Function Evaluated vs Expected Rasayana Action”.

Practical Training 6.10 : Preparation of Ayurvedic therapies in care plans tailored for neuro-psychiatric conditions.

6.10 [02hours x 1 Session]
Learners simulate the planning and administration of specific Ayurvedic therapies (Nasya, Shirodhara, Abhyanga with Medhya Tailas) in care plans tailored for neuro-psychiatric conditions.
Teacher presents 2 cases (e.g., anxiety disorder with insomnia, early cognitive decline).
Students in groups:
Design a 7-day intervention protocol integrating internal Medhya Rasayanas with external therapies
Simulate administration of one therapy per group (Shirodhara, Nasya, Abhyanga) under teacher supervision
Document precautions, indications, and monitoring parameters
Peer observation with feedback
Assessment Strategy: Evaluation of treatment protocol planning sheet/Peer and teacher feedback on therapy simulation performance/OSCE-style checklist for procedure steps.

Experiential learning Activity

Experiential-Learning 6.1 : Interpret the dynamics of psychiatric care.

6.1 [02hours x 1 Session]
Students engage in simulated psychiatric case pathways where they must navigate multiple systems (hospital teams, community resources, caregivers, policy constraints). The goal is to explore how decisions are shaped by the interplay of human factors, systemic design, and clinical risk.
Methodology:
Simulation Brief : Introduce a complex case (e.g., schizophrenia with poor adherence and family conflict).
Role Play : Students play the roles of psychiatrist, nurse, family member, community health worker, social worker, etc., working through the system from admission to discharge.
System Mapping Exercise: Groups create a visual pathway showing decisions, system hurdles, and risks encountered.
Group Debrief: Discuss what influenced decisions most—people, policies, or design?
Assessment Strategy: Submission of care pathway chart and active simulation participation.

Experiential-Learning 6.2 : Systems in Mind: Experiencing Integrated Pathways in Psychiatric Care.

6.2 [02hours x 1 Session]
Students revisit the Bio-psycho-social model and contrast it with Systems Approach thinking by collaboratively analyzing case vignettes through both lenses.
Methodology:
Comparative Introduction : Brief explanation of Bio-psycho-social model vs Systems Approach (linear vs dynamic, individual vs network).
Group Case Analysis : Each group receives a different psychiatric case and uses two templates to analyze it—first through the Bio-psycho-social lens, then through a Systems Approach (considering care loops, stakeholder interdependence, emergent outcomes).
Synthesis & Presentation: Groups present their comparative analysis showing what the Systems Approach helped uncover or improve.

Experiential-Learning 6.3 : Influence of systems thinking on future interdisciplinary coordination.

6.3 [02hours x 1 Session]
Through reflection and group modelling, students recognize how Systems Thinking shapes clinical outcomes by addressing interconnectedness, feedback loops, delays, and leverage points across psychiatric care networks.
Methodology:
Real-World Trigger: Show a short video or case clip depicting a failed or fragmented psychiatric care attempt.
Systems Modeling : In groups, students build a systems diagram showing key components (people, decisions, timelines, policies, feedback). They identify bottlenecks and points of high influence.
Reflective Dialogue: Groups discuss how systems thinking could have shifted outcomes—what small change might’ve had a big effect?
Individual Reflection: Each student writes a short narrative on how systems thinking will influence their future interdisciplinary coordination.
Assessment Strategy: Submission of system map + reflection narrative.

Experiential-Learning 6.4 : Applicability and feasibility of psychotherapeutic approaches in psychosomatic care.

6.4 [02hours x 1 Session]
Students explore how different psychotherapeutic techniques are applied in real-world psychosomatic conditions. They engage in peer-based simulations and reflect on what works in actual practice settings—considering time, patient background, and resource constraints.
Methodology:
Trigger Video or Case Review : Real case from psychosomatic care (e.g., IBS, fibromyalgia, somatic symptom disorder) showing integration of CBT or supportive therapy.
Technique Feasibility Mapping : Small groups map out what psychotherapeutic approach was used, its relevance, and feasibility for that setting.
Mini Simulation: Each group role-plays a short clinical vignette applying one technique (CBT, motivational interviewing, supportive therapy).
Debrief: Class discussion on what elements of psychotherapy were effective and what challenges emerged.

Assessment Strategy: Group analysis sheet, brief verbal presentation on clinical feasibility.

Experiential-Learning 6.5 : Formulate personalized psychological support strategies.

6.5 [02hours x 1 Session]
Students work with real or simulated patient data using validated psychosomatic indices (e.g., PHQ-15, SSD-12, GAD-7, Somatic Symptom Index) and interpret them to formulate personalized psychological support strategies.
Methodology:
Tool Orientation : Introduction to psychosomatic indices – what they measure, how they are used, and clinical significance.
Case-Based Index Application : In small groups, students are given psychosomatic profiles with index scores. They interpret scores and link them to psychological support needs.
Strategy Formulation: Each group suggests an appropriate approach (e.g., CBT for high somatic focus, MI for avoidance behavior).
Peer Presentation : Share how indices informed psychological strategies.
Assessment Strategy: Completed interpretation sheets, group sharing. Brief Description.

Experiential-Learning 6.6 : Analysis of Psychotherapeutic Modalities.

6.6 [03hours x 1 Session]
Students engage in supervised peer-based simulations of four psychotherapeutic modalities, followed by structured observation, peer feedback, and personal reflection on delivery and communication.
Methodology:
Technique Orientation: Recap of the key elements and goals of CBT, Group Therapy, Supportive Therapy, and Motivational Interviewing.
Rotational Simulations: Students work in small groups rotating roles: therapist, client, and observer—experiencing each modality.
Peer Feedback: Structured peer feedback using observation rubrics.
Facilitator Debrief & Technique Comparison: Clarify techniques, address common errors, and highlight strengths.
Personal Reflection Writing: Students write a short reflection on comfort levels, challenges, and learnings from each technique.
Assessment Strategy: Peer observation rubrics, individual reflection report. Brief Description.

Experiential-Learning 6.7 : Psychotherapeutic Integration in Psychosomatic Care: From Concepts to Clinical Practice.

6.7 [03hours x 1 Session]
Students explore integrative care in psychosomatic illness by working through complex cases involving medication, therapy, lifestyle modifications, and family dynamics. They form interdisciplinary teams to create and present a holistic management plan.
Methodology:

Case Briefing : A complex case is presented (e.g., chronic pain with depression, medically unexplained symptoms).
Collaborative Planning : Students work in mixed-role teams (psychiatrist, Ayurveda physician, psychotherapist, caregiver) to develop an integrated care plan blending pharmacology and therapy.
Presentation & Rationale : Each team presents their plan, explaining the rationale for therapy selection and medication balance.
Facilitator Commentary & Systems Integration : Discuss how integrative care improves compliance, outcomes, and patient satisfaction.
Assessment Strategy: Group care plan presentation, facilitator grading based on integration quality.

Experiential-Learning 6.8 : Analyse Medhya Karma on cognition and mental clarity.

6.9 [02hours x 1 Session]
Students participate in a guided Medhya Rasayana protocol-based experience (e.g., Brahmi ghrita administration with accompanying mindfulness practice or cognitive task) and journal their observations.
Methodology:
Brief orientation on Medhya Rasayanas and their expected actions
Practice of 15–20 minutes mindfulness or memory task pre- and post-intervention
Guided ingestion of Rasayana or sensory protocol (Nasya/Dhoomapana) if permitted
Self-reflection on attention span, mental clarity, and mood
Assessment Strategy: Reflective logbook entry with guided prompts.

Experiential-Learning 6.9 : Construct an Ayurvedic intervention plan involving Ahara, Vihara, Chikitsa, and Satvavajaya in Specified Cases.

6.10 [03hours x 1 Session]
Students are given a range of neuropsychiatric cases (e.g., OCD, depression, epilepsy) and asked to construct an Ayurvedic intervention plan involving Ahara, Vihara, Chikitsa, and Satvavajaya.
Methodology:
Divide into small teams, each selects a clinical scenario
Use a clinical reasoning template to suggest personalized Ayurvedic interventions
Peer review of each group’s plan
Cross-group feedback and facilitator input
Assessment Strategy: Peer-reviewed group presentation and rubric-based evaluation.

Experiential-Learning 6.10 : Integrative Perspectives in Neuro-Psychiatry: Bridging Ayurveda Biology with Systems Neuroscience.

6.11 [03hours x 1 Session]

Students work in groups to develop a clinical care pathway integrating Ayurvedic therapies (Medhya Rasayana, Panchakarma, Satvavajaya) with conventional psychiatric care (pharmacology, CBT, lifestyle), based on given scenarios.
Methodology:
Brief on integrative care models
Teams choose a neuropsychiatric disorder
Use design boards or digital tools to build a care pathway map
Present to peers with justification of each step
Assessment Strategy: Group presentation with facilitator scoring on integrative depth, clarity, and feasibility.

Experiential-Learning 6.11 : Understanding neuro-psychiatric conditions through Ayurveda Biology and Systems Biology.

6.8 [02hours x 1 Session]
Students interact with a curated case vignette (real or simulated) presenting neuro-psychiatric conditions (e.g., anxiety with cognitive dysfunction). They are guided to observe both the systems biology model (feedback loops, neuronal circuits, neuroinflammation) and Ayurveda biological constructs (Dosha, Dhatu, Srotas, Manas).
Methodology:
Brief orientation to Systems Biology and Ayurveda perspectives
Watch or enact a simulated patient interview
Small group discussion using a worksheet to identify Ayurvedic and Systems Biology constructs in the case
Group reflection and sharing key insights
Assessment Strategy: Group submission of integrative analysis sheet, peer feedback.

Modular Assessment

Assessment method	**Hour**
Outcome-Based Assessment Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Questions: Critically evaluate how Ayurveda Biology bridges traditional Ayurvedic psychosomatic concepts with modern systems biology approaches in psychiatric healthcare.	4

Discuss the role of systems-based models in designing integrative interventions for psychosomatic neuro-psychiatric disorders, with examples of selected conditions. Leads: Ayurveda Biology (Tridosha, Manas–Shareera interactions, Prakriti concept); Systems Biology (network models, systems-based intervention planning); Psychosomatic disorders (anxiety, depression, stress-related illness); Personalized medicine and integrated psychiatry. B) SAQ [04 Q x 5 marks each x 01 Hour] Model Questions: Define Ayurveda Biology and explain its relevance in mental health research. List three clinical examples where psychosomatic framework contributes to psychiatric management. Explain one systems biology principle that supports integrative psychiatry. Mention two Medhya Rasayana drugs and their observed cognitive functions. What is the role of foundational psychological support in psychosomatic disorders? C) Practical Assessment [01 Q x 10 marks x 01 Hour] Model Question: Analyze a clinical case vignette of generalized anxiety disorder, and identify the relevant Ayurvedic psychosomatic concepts (e.g., manasika dosha, satva assessment, shareera contribution) and systems biology mechanisms (stress–immune–neuroendocrine pathways) contributing to diagnosis and management. Leads: Case vignette; Identification of dosha–dhatu–manas interplay; Systems biology interpretation (neurobiological circuits, stress pathways); Integrated management plan. or Any practical in converted form can be taken for assessment.[25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	

Semester No : 6

3A Course Outcome	3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)	3C Notional learning Hours	3D Lecture/ Practical Training/ Experiential Learning	3E Domain/ Sub Domain	3F Level (Does/Shows how/ Knows how/Kno	3G Teaching Learning Methods

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Module 7 : Garbha kale Satvaparinama Evam Balopacharaneeyam [Developmental Psychology, and Neuro-developmental aspects of Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe the Ayurvedic concepts of Garbha Sharira, Satva Parinama, and Balopacharaneeyam in relation to developmental psychology and neurodevelopment.
2. Conduct clinical assessments and case discussions integrating Ayurvedic and modern perspectives on developmental milestones and neurodevelopmental deviations.
3. Identify early indicators of neurodevelopmental disorders and correlate them with Ayurvedic developmental principles and therapeutic approaches

M 7 Unit 1 Basics of developmental Psychology

1. Perspectives and scope of developmental psychology with influential theories
2. Childhood developmental disorders and key aspects of emotional, cognitive, moral, and language development
3. Cross-linking developmental constructs with Ayurvedic literature

References: 67,69,82,118

3A	3B	3C	3D	3E	3F	3G
CO1,CO2	Describe the integrated perspectives and scope of developmental psychology, including key theories, major stages of emotional, cognitive, and moral development, the process of language acquisition, and common childhood developmental disorders.	4	Lecture	CK	Know	L&PPT
CO1,CO2	Demonstrate the application of developmental psychology theories by analyzing child behavior in case vignettes and observational reports.	2	Practical Training 7.1	CAP	Shows-how	C_L,CBL
CO1,CO2	Assess structured data and tabulate developmental milestones and psychological constructs with relevant Ayurvedic references.	2	Practical Training 7.2	CS	Knows-how	L&GD,CBL

CO1,CO2	Map clinical presentations of childhood developmental disorders to cognitive, emotional, and moral development stages alongside Ayurvedic developmental markers.	2	Practical Training 7.3	CS	Shows-how	DIS
CO1,CO2	Correlate the domains of language acquisition and cognitive-emotional growth with Ayurvedic concepts namely Matrujadi Bhava and Garbha Sanskara.	2	Practical Training 7.4	CAN	Shows-how	CBL
CO1,CO2	Reflect on observed child interactions or developmental narratives to internalize key psychological and Ayurvedic principles influencing emotional and cognitive growth.	2	Experiential-Learning 7.1	AFT-CHR	Shows-how	L&PPT
CO1,CO2	Interpret developmental behaviors and disorders through the lens of both influential psychological theories and Ayurvedic constructs namely Satva Bala, Sanskara, and Manas Bhava.	2	Experiential-Learning 7.2	CE	Shows-how	C_L
CO1,CO2	Synthesize concepts from developmental psychology with Ayurvedic developmental stages to propose culturally rooted models of child development and care.	2	Experiential-Learning 7.3	CS	Knows-how	L&GD
CO1,CO2	Evaluate the effectiveness of selected Ayurvedic and psychological approaches in addressing specific childhood developmental challenges.	2	Experiential-Learning 7.4	CE	Knows-how	C_L
CO1,CO2	Construct a personalized framework integrating cognitive, emotional, and moral developmental theories with Ayurvedic ideas of Garbha Sanskara, Prajna, and Medha.	2	Experiential-Learning 7.5	CS	Does	C_L

M 7 Unit 2 Garbha kale Satvaparinama, Bala upacharaneeyam, Bala Amaya pratishedham/Bala graha

1. Development of Satva during gestational, neonatal, infantile, and early childhood stages
2. Protective measures and treatments in early developmental periods
3. Cross-linking with fundamentals of developmental psychology

References: 2,4,74,75,88

3A	3B	3C	3D	3E	3F	3G
CO1,CO2	Describe the development of Satva during gestation, describe Ayurvedic protective and therapeutic measures in early childhood, and correlate these with fundamental principles of developmental psychology.	2	Lecture	CK	Know	L&GD,C_L

CO1,CO2	Demonstrate the application of Ayurvedic principles related to Satva development and primary prevention of Childhood psychiatric ailments.	2	Practical Training 7.5	CAP	Knows-how	L&GD
CO1,CO2	Evaluate the causality between gestational period- developmental milestones and childhood mental disorders.	3	Practical Training 7.6	CE	Knows-how	L&GD
CO1,CO2	Value the influence of gestational Satva development and early childhood care on long-term psychological wellbeing.	3	Experiential-Learning 7.6	AFT-VAL	Knows-how	C_L,CBL
CO1,CO2	Construct an integrative framework that connects Ayurvedic concepts of Satva, Balopachara, and Garbha Sanskara with key developmental psychology theories.	3	Experiential-Learning 7.7	CS	Knows-how	C_L

M 7 Unit 3 Neuro-developmental aspect of psychiatry, Intelligence, Speech & Language.

1. Fundamentals of neurodevelopmental psychiatry and assessment of human intelligence
2. Functional aspects and tools for evaluating intelligence
3. Importance of speech and language development in social communication and related challenges

References: 62,69,74,79,84

3A	3B	3C	3D	3E	3F	3G
CO1,CO2	Describe the fundamentals of neurodevelopmental psychiatry, including the development and functional aspects of human intelligence, and key tools used for its assessment.	2	Lecture	CK	Know	L&GD
CO1,CO2	Discuss the stages of speech and language development, their role in social communication, and the psychological and communication challenges associated with speech and language disorders.	2	Lecture	CK	Know	C_L
CO1,CO2	Demonstrate the use of basic tools and techniques to assess cognitive functions and speech-language development in children or adolescents.	2	Practical Training 7.7	PSY-GUD	Shows-how	C_L
CO1,CO2	Analyze case scenarios of speech and language disorders to identify associated psychological and social communication challenges.	2	Practical Training 7.8	CAN	Knows-how	C_L

CO1,CO2	Apply principles of neurodevelopmental psychiatry to interpret clinical features related to human intelligence and developmental communication delays.	3	Practical Training 7.9	CAP	Knows-how	C_L
CO1,CO2	Analyse the impact of neurodevelopmental and speech-language disorders on daily life and social communication.	2	Experiential-Learning 7.8	AFT-CHR	Knows-how	C_L
CO1,CO2	Interpret behavioral cues and speech patterns to identify potential delays or deficits in cognitive and language development.	2	Experiential-Learning 7.9	CAN	Knows-how	D-BED,DG
CO1,CO2	Evaluate the real-life applicability and limitations of commonly used tools for assessing intelligence and communication skills.	2	Experiential-Learning 7.10	CE	Knows-how	C_L
CO1,CO2	Synthesize insights from developmental psychiatry and speech-language development to propose supportive strategies for individuals with communication difficulties.	2	Experiential-Learning 7.11	CS	Knows-how	CBL
CO1,CO2	Construct a personal understanding of the interrelationship between intelligence, language, and psychological health.	2	Experiential-Learning 7.12	AFT-VAL	Knows-how	C_L

Practical Training Activity

Practical Training 7.1 : Application of developmental psychology theories.

7.1 [02hours x 1 Session]
Students will analyze pre-documented observational reports and video-recorded behaviors of children from infancy to early adolescence and apply key developmental psychology theories (e.g., Piaget, Erikson, Bowlby).
Teacher-led brief recap of major developmental theories
Small groups (3–4 students) analyze assigned case vignettes
Guided worksheet to match observed behavior with theoretical stages
Group presentation and feedback
Assessment Strategy: Peer-reviewed group analysis/Teacher checklist for theory-to-behavior mapping accuracy.

Practical Training 7.2 : Comparison of standard developmental milestones with Ayurveda's conceptual understanding of child development.

7.2 [02hours x 1 Session]
Students will compare standard developmental milestones with Ayurveda's conceptual understanding of child development using structured charts.
Teacher-guided comparative mapping activity
Reference handouts from classics (Charaka, Kashyapa)
Student groups match Western milestones with Ayurvedic concepts like Prajna (cognitive maturity), Sattva Bala (mental strength), etc.
Mini-presentations and class discussion
Assessment Strategy: Completion and submission of comparative matrix/Group reflection and presentation accuracy.

Practical Training 7.3 : Mapping clinical presentations of childhood developmental disorders with Ayurvedic developmental markers.

7.3 [03hours x 1 Session]
Using 2–3 anonymized case scenarios (e.g., Autism Spectrum Disorder, ADHD), students map out delays/disruptions in typical development across domains and discuss parallels in Ayurvedic terminology and reasoning.
Teacher introduces the clinical features and diagnostic approach
Group analysis using a dual framework: DSM-5 features and Ayurvedic markers like Manasika Vikara Lakshanas, Chittodvega, Prajna-Vibhramsha
Timeline plotting of disrupted development
Assessment Strategy: Group submissions of mapped developmental trajectory/Brief oral presentation and Q&A.

Practical Training 7.4 : Ayurveda and Developmental Psychology: Integrative Case-based Practical Sessions.

7.4 [03hours x 1 Session]
Students will reflect on prenatal and postnatal influences on development using real-life or simulated histories and draw connections between language, emotional maturity, and Ayurvedic prenatal/postnatal influences.
Discussion on case histories of language delay and emotional dysregulation
Mapping of contributing factors like maternal mental health, bonding, early parenting
Link with Ayurvedic ideas of Matruja-Pitruja Bhava, Garbha Sanskara practices, Bala Vikas stages
Assessment Strategy: Submission of a case-based essay reflecting on Ayurveda-psychology intersection/ In-class quiz to reinforce concepts.

Practical Training 7.5 : Application of Satva development strategies and child protection principles.

7.5 [02hours x 1 Session]
Students will explore the practical application of Satva development strategies and child protection principles through guided clinical case analysis and simulated role-plays reflecting Ayurvedic concepts like Satva Bala, Samskara, Matru-Sevana, and environmental factors.
Brief orientation on Ayurvedic principles (e.g., Satva Bala, Samskaras, Matruja Bhava, Aachara Rasayana)

Small groups analyze 2–3 short case vignettes of early childhood challenges (e.g., sleep disturbance, fear, emotional tantrums) with guided worksheets
Role-play scenarios (e.g., parental counselling based on Ayurveda, advising on Satva-enhancing diet, routine, and behavior)
Feedback and debriefing with facilitator-guided reflection
Assessment Strategy:Observation checklist for role-play performance/Worksheet submission from case analysis.

Practical Training 7.6 : Evaluation of the causality between gestational period- developmental milestones and childhood mental disorders.

7.6 [03hours x 1 Session]
Oral reflection by each group Students will observe real or simulated pediatric developmental assessments and correlate findings with age-appropriate psychological milestones (motor, cognitive, language, social) and Ayurvedic stages like Garbha Sanskara, Bala Vikas, and Prajna-Vriddhi.
Orientation to pediatric developmental screening tools (e.g., Denver II, Trivandrum Development Screening Chart) and key Ayurvedic references
Observation of video/documented pediatric assessments or simulated assessment demonstration
Small group comparative analysis of observed data vs. both psychological and Ayurvedic developmental expectations using structured worksheet
Group discussion and summary presentation
Facilitator feedback and summary
Assessment Strategy: Completed worksheets/Group comparison matrix (Ayurveda vs. modern milestones)/Spot oral quiz or structured viva on comparative understanding.

Practical Training 7.7 : Assessment of cognitive functions and speech-language development in children or adolescents.

7.7 [02hours x 1 Session]
Students will observe and perform selected screening tools to assess cognitive abilities (e.g., memory, attention, problem-solving) and speech-language milestones in a structured, teacher-guided setting.
Instructor demonstrates tools such as:
Mini Piagetian tasks (for cognitive level)
Language Milestone Checklists (e.g., INCLEN tool, DDST-II language items)
Naming tests, object-recognition, story sequencing
Hands-on student practice using observation videos or peer/simulated assessments with checklists
Group discussion and debrief on variations observed and interpretation of normal vs delayed development
Assessment Strategy: Performance observation by facilitator during practicals/Submission of filled assessment forms/Verbal Q&A based on observed differences.

Practical Training 7.8 : Analysis of case scenarios of speech and language disorders social communication challenges.

7.8 [02hours x 1 Session]
Students will analyze detailed clinical case scenarios (e.g., speech delay, articulation disorder, ASD with language impairment) and identify underlying or associated issues

in emotional regulation, peer interaction, and family communication.
Teacher-led orientation to speech and language disorder types and common psychological/socio-communicative comorbidities
Group-based case analysis using guided questions (each group receives a unique scenario)
Inter-group presentation of analysis and comparison
Assessment Strategy: Completeness and depth of case analysis/Group reflection and differential diagnosis reasoning/Feedback on psychosocial dimensions identified.

Practical Training 7.9 : Neurodevelopmental Assessment in Children and Adolescents.

7.9 [03hours x 1 Session]
Students will interpret features from clinical vignettes and simulated interviews using the lens of neurodevelopmental psychiatry, focusing on aspects of human intelligence (IQ, adaptive functioning) and communication delays (verbal/non-verbal, pragmatic).
Recap lecture by instructor on neurodevelopmental conditions and psychiatric links (e.g., Intellectual Disability, ASD, ADHD)
Structured observation of 2 simulated interviews or video case vignettes
Guided worksheet activity where students map features to:
Affected domain (e.g., reasoning, working memory, expressive language)
Developmental deviation vs delay
Psychiatric diagnosis considerations
Case presentation and expert feedback
Assessment Strategy: Accuracy and completeness of mapped features/Group verbal presentation or written submission/Reflective feedback on clinical interpretation.

Experiential learning Activity

Experiential-Learning 7.1 : Reflect on behavioral expressions and relate these to Ayurvedic principles.

7.1 [02hours x 1 Session]
Students observe short videos or live interactions of children at different developmental stages. They reflect on behavioral expressions and relate these to Ayurvedic principles (e.g., Manas Bhava, Dosha dominance in age, Bala).
Methodology:
View selected real-life footage of child interactions (play, conflict resolution, expression of needs)
Guided observation checklist including emotional cues, developmental tasks, and Ayurvedic perspectives
Pair-wise dialogue to reflect and interpret what was observed
Group sharing of reflections
Assessment Strategy: Submission of structured reflection with integration of Ayurvedic and psychological concepts.

Experiential-Learning 7.2 : Interpretation of developmental behaviors and disorders through the lens of both influential psychological theories and Ayurvedic constructs.
7.2 [02hours x 1 Session] Students collaboratively map developmental behaviors and childhood disorders by combining psychological models (e.g., Piaget, Erikson) with Ayurvedic constructs (Satva, Sanskara). Methodology: Group allocation of developmental issues (e.g., speech delay, ADHD) Map corresponding explanations from a psychological theory and Ayurvedic perspective Prepare and present the integrative map Assessment Strategy: Peer-assessed presentations and faculty rubric on conceptual accuracy and integration.
Experiential-Learning 7.3 : Synthesize concepts from developmental psychology with Ayurvedic developmental stages.
7.3 [02hours x 1 Session] Students co-create visual or narrative models of child development (infancy to adolescence) incorporating both systems with cultural sensitivity. Methodology: Teams draft child development frameworks combining Ashthapaka, Kaumaravastha, psychological milestones, and Indian family/cultural values Include domains like learning, play, discipline, emotional growth, family roles Share and refine models based on group discussion Assessment Strategy: Final model presentation with explanatory note assessed on synthesis, originality, and cultural relevance.
Experiential-Learning 7.4 : Integrative Learning of Child Development: Insights from Psychology and Ayurveda.
7.4 [02hours x 1 Session] Students enact scenarios involving common developmental concerns (e.g., temper tantrum, school anxiety, delayed speech). Each role-play includes two response strategies: one based on Ayurveda and another from mainstream psychology. Methodology: Assign roles: child, parent, Ayurvedic consultant, psychologist Enact the scenario, receive peer and facilitator feedback Reflect on what strategy worked best and why Resources Required: Scenario cards, feedback forms Assessment Strategy: Rubric-based evaluation of performance, insight during reflection, and integration of responses.
Experiential-Learning 7.5 : Construction of a personalized framework integrating cognitive, emotional, and moral developmental theories with Ayurvedic ideas of

Garbha Sanskara, Prajna, and Medha.

7.5 [02hours x 1 Session]
Students reflect on their own development or a hypothetical child's development and create a conceptual map combining modern and Ayurvedic viewpoints.
Methodology:
Brief introduction to reflective writing and mapping
Write a personal narrative or case profile (real or imaginary)
Create a map linking stages (childhood, adolescence), theories (Kohlberg, Piaget), and Ayurvedic constructs (Garbha Sanskara, Medha)
Group sharing or partner exchange (voluntary)
Assessment Strategy: Reflective submission graded for depth, integration, and personal insight.

Experiential-Learning 7.6 : Maternal-child interactions to internalize the influence of gestational Satva development and early childhood care.

7.6 [03hours x 1 Session]
Students will engage in observational learning using live demonstrations (when feasible) or video case studies showing maternal-infant bonding, breastfeeding, early nurturing practices, and parental interaction styles. These observations will be contextualized with references to Ayurvedic principles of Satva development and Balopachara.
Methodology:
Introduction: Brief presentation on Satva development, Garbha Samskara, and early nurture in Ayurveda and psychology.
Observational Task: Watch video footage or live demonstration of mother-child interaction (e.g., hospital maternity ward, anganwadi visit, or curated video from early childhood care centers).
Group Reflection: Small-group discussion on visible emotional, behavioral, and developmental cues; relate to Satva Bala, early emotional needs.
Guided Reflective Writing: Students write a structured reflection on observed maternal-child interactions, connecting concepts like Garbha Samskara, parental touch, lullabies, etc., to long-term mental health.
Facilitated Discussion: Open discussion on variations in nurture practices across cultures and their psychosocial implications.
Assessment Strategy:Assessed reflective journal (based on a rubric assessing depth of insight, concept integration, and personal connection)
Group participation and discussion quality.

Experiential-Learning 7.7 : Satva to Sanskara: Integrative Perspectives on Early Psychological Development.

7.7 [03hours x 1 Session]
Students collaboratively construct visual conceptual Joumaps that blend Western psychological development theories (e.g., Piaget, Erikson, Kohlberg) with Ayurvedic developmental milestones, including Satva Bala, Sanskara, and mental faculties like Prajna and Medha.
Methodology:

Mini-lecture: Recap of major psychological developmental theories and related Ayurvedic constructs.
Small Group Work: Students (in groups of 4–5) create a large visual map connecting Ayurvedic concepts to psychological stages (e.g., Erikson's Trust vs. Mistrust ? Garbha Samskara & early nurturing practices).
Gallery Walk & Peer Review: Each group presents their map; other groups provide feedback using sticky notes or feedback forms.
Guided Journaling: Students reflect individually on how the integration of these models can improve culturally contextualized child mental health care.
Facilitator-led Synthesis: Wrap-up discussion on practical relevance of integrative frameworks in clinical, public health, and family education contexts.
Assessment Strategy:
Graded concept maps (rubric-based: coherence, integration, creativity)
Reflective journaling submission.

Experiential-Learning 7.8 : The real-life applicability and limitations of commonly used assessment tools.

7.10 [02hours x 1 Session]
Students rotate through tool-stations to engage with simplified versions of commonly used assessments such as Raven's Progressive Matrices, Vineland Social Maturity Scale, and Language Milestone Charts.
Methodology:
Station Setup: Students interact with 3 tool-stations in rotation
Peer Simulation: Practice administering simplified tests on peers
Group Appraisal: Discussion on utility, cultural relevance, limitations
Assessment Strategy: Critical Writing (Group critique sheets, Tool interpretation worksheets).

Experiential-Learning 7.9 : Functional impact of neurodevelopmental and speech-language disorders on daily life and social communication.

7.8 [02hours x 1 Session]
Students will view video clips or participate in role-play simulations representing individuals with autism spectrum disorder, ADHD, or speech-language impairments in everyday situations (e.g., school, family gathering, clinic).
Methodology:
Introduction: Briefing on neurodevelopmental and speech-language disorders
Simulation/Case Videos: Watch selected video simulations/case reenactments
Group Debrief: Small-group discussion on observed behaviors and their real-life implications
Reflective Writing: Students reflect on how these conditions affect social participation and emotional health
Assessment Strategy:
Reflective note submission

Participation in group debriefs.

Experiential-Learning 7.10 : Interpretation of behavioral cues and speech patterns to identify potential delays or deficits in cognitive and language development.

7.9 [02hours x 1 Session]
Students engage in peer simulations, where one student acts as a child with a developmental delay while the other interprets speech/behavioral cues.
Methodology:
Overview: Key red flags in developmental speech and behavior
Role-play Task: Peer dyads simulate interactions; observers document cues
Cue Mapping: Groups analyze patterns seen (e.g., limited vocabulary, social withdrawal, repetitive speech)
Sharing & Summary: Each group presents patterns and developmental interpretation
Assessment Strategy:
Peer observation checklists, Group reports of cue analysis.

Experiential-Learning 7.11 : Discussion on Developmental psychiatry and speech-language development.

7.11 [02hours x 1 Session]
Students are given brief case vignettes (e.g., a child with language delay, an adolescent with stuttering) and asked to propose supportive strategies integrating Ayurveda (if applicable), speech therapy, and psychological inputs.
Methodology:
Case Discussion: Groups analyze assigned case
Strategy Planning: Teams design personalized supportive plans
Peer Review: Groups share and critique each other's strategies
Facilitator Wrap-up: Highlights on realistic and holistic support planning
Assessment Strategy:
Strategy document (rubric-assessed for creativity, practicality, integration)
Peer review participation.

Experiential-Learning 7.12 : Voices of Development: Understanding Intelligence, Language, and Psychological Health.

7.12 [02hours x 1 Session]
Students will first reflect on their personal learnings across the sessions, and then co-create a visual map connecting intelligence, speech-language, neurodevelopment, and psychological health.

Methodology:
Guided Reflection: Prompts like “How do language and emotion interact?”, “What changed in my understanding of intelligence?”
Concept Map Construction: Pairs/small groups create integrative visual diagrams
Gallery Walk: Students observe and comment on each other’s maps
Assessment Strategy: Creative Writing [Individual reflection sheets,Concept maps (graded for integration and coherence).

Modular Assessment

Assessment method	**Hour**
Outcome-Based Assessment Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Questions: Critically analyze the Ayurvedic perspective of Garbha Satvaparinama in relation to developmental psychology, highlighting the continuity of mental and physical development from intrauterine to early childhood stages. Evaluate the significance of neuro-developmental milestones in psychiatry, correlating them with Ayurvedic concepts of Balopacharaneeyam and their clinical applications. Leads: Garbha shareeram and manas development; Satva and its growth; Developmental psychology principles (Piaget, Erikson, neurodevelopmental stages); Balopacharaneeyam chikitsa; Neuro-developmental psychiatry (ASD, ADHD, intellectual disability). B) SAQ [04 Q x 5 marks each x 01 Hour] Model Questions: Define Satvaparinama and explain its role in intrauterine development. Mention three important Balopacharaneeyam principles relevant for child mental health. List key neuro-developmental milestones in the first two years of life. What is the importance of early intervention in neuro-developmental disorders? Give one comparative note between Ayurvedic and modern perspectives on developmental delay. C) Practical Assessment [01 Q x 10 marks x 01 Hour] Model Question: Using a given child case vignette (for example, developmental delay or autism spectrum disorder), identify: a) Ayurvedic factors (Satva, Prakriti, Garbha samskara, Balopacharaneeyam principles)	4

b) Modern neuro-developmental aspects (milestone deviation, cognitive or behavioural patterns)
c) Plan a combined approach for assessment and management.
Leads: Case vignette analysis; Identification of Ayurvedic and modern aspects; Integration of Balopacharaneeyam with developmental psychology; Practical plan for care.
or
Any practical in converted form can be taken for assessment.[25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

3A Course Outcome	3B Learning Objective (At the end of the (lecture/practical training /experiential learning) session, the students should be able to)	3C Notional learning Hours	3D Lecture/ Practical Training/ Experiential Learning	3E Domain/ Sub Domain	3F Level (Does/Shows how/ Knows how/Know)	3G Teaching Learning Methods

Module 8 : Mano Vijnana- Manasaroga Sandarbhe Nava Bhavana Eva Anukalika Jnana [Emerging trends and recent updates in Psychology and Psychiatry, Scope of Ayurveda psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe the applied aspects and recent updates in neuroanatomy, neuropsychology, and mind-body connections, the functional range of the psycho-neuro-endocrino-immunological axis, describe the gut-brain axis, understand the transition of Experimental psychology from traditional methods to incorporating technological advancements, enabling non-invasive and real-time measurements, have the basic understanding of computer-based data analysis, AI, and Simulation Tools and integration of computer-based data analysis, artificial intelligence (AI), and simulation tools in experimental research enables, real time feedback (biofeedback); understand and apply psychological principles to educational settings, explore the transcultural communication competence and experience of communicating with people of other cultural background [migrants]; understand the shared pathological mechanisms in psychiatric conditions, and untoward events following long term psychotropic administration, critically analyse the shared pathological mechanisms with Ayurvedic clinical constructs and explore the role of an Ayurveda Psychiatrist in primary, secondary and tertiary healthcare.

2. Conduct the examination of the autonomic nervous system in relation to psychological states.
3. Identify a psychiatric condition with a long-term psychotropic use, reduced QoL indices as a complex need patient

M 8 Unit 1 Applied Neuropsychology and Mind-Body Connections

1. Applied aspects and recent updates in neuroanatomy, neuropsychology, and mind-body connections
2. Functional range of the psycho-neuro-endocrino-immunological axis
3. Gut-brain axis and autonomic nervous system functions in psychological states

References: 62,69,74

3A	3B	3C	3D	3E	3F	3G
CO4,CO8	Describe the applied neuroanatomical and functional roles of specific brain centers in cognitive and emotional regulation.	2	Lecture	CK	Know	L&PPT
CO4,CO8	Describe the functional integration of the Gut-Brain Axis, Autonomic Nervous System, and Psycho-Neuro-Endocrino-Immunological (PNEI) Axis in maintaining psycho-physiological homeostasis.	2	Lecture	CC	Knows-how	L&GD
CO4,CO8	Illustrate anatomical models, brain mapping tools, or neuroanatomy software to identify key brain regions involved in cognitive and emotional regulation.	2	Practical Training 8.1	CAP	Shows-how	L&PPT
CO4,CO8	Analyze clinical case vignettes, dietary modulation cases, or gut microbiota profiles to demonstrate the influence of the gut–brain axis on mood and cognition.	2	Practical Training 8.2	CAP	Shows-how	CBL
CO4,CO8	Interpret physiological parameters to assess Autonomic Nervous System and psycho-neuro-endocrino-immunological (PNEI) axis responses in stress-related disorders.	2	Practical Training 8.3	CAN	Shows-how	C_L
CO4,CO8	Correlate recent neuroanatomical and neurophysiological findings with clinical presentations of psychosomatic and neuropsychiatric disorders.	2	Practical Training 8.4	CAN	Knows-how	L&GD
CO4,CO8	Reflect on how specific brain centers influence one’s own cognitive and emotional	2	Experiential-	AFT-	Shows-	C_L

	responses.		Learning 8.1	VAL	how	
CO4,CO8	Explore and articulate how the gut–brain axis affects one's personal mood and cognitive patterns.	2	Experiential-Learning 8.2	AFT-VAL	Shows-how	C_L
CO4,CO8	Interpret and reflect on your physiological responses to different emotional or environmental stimuli, linking them to Autonomic Nervous System and PNEI axis activity.	2	Experiential-Learning 8.3	AFT-VAL	Shows-how	L&GD
CO4,CO8	Reflect on and document diurnal changes in mental and physiological states, linking them to relevant neurophysiological processes.	2	Experiential-Learning 8.4	AFT-VAL	Shows-how	L&PPT
CO4,CO8	Synthesize personal experiences of changes in attention, emotion, or cognition with current concepts in neuroanatomy, neurophysiology, and mind–body neuroscience.	2	Experiential-Learning 8.5	AFT-CHR	Shows-how	L&PPT

M 8 Unit 2 Experimental Psychology, Educational Psychology, transcultural psychology

1. Transition of experimental psychology with technology for real-time, non-invasive measures (ocular, cardiac, electrodermal, brain activity) in studying cognition and emotion
2. Integration of computer-based data analysis, AI, simulation tools, and biofeedback in experimental research
3. Application of psychological principles in education and development of transcultural communication competence with diverse populations

References: 67,68,79,83,118,125

3A	3B	3C	3D	3E	3F	3G
CO4,CO8	Describe the evolution of experimental psychology, highlighting the shift from traditional introspective and behavioral methods to the use of advanced technologies.	2	Lecture	CK	Know	L&PPT
CO4,CO8	Explain how core psychological principles are applied in educational settings and discuss the role of transcultural communication competence in promoting learner engagement and inclusive teaching.	2	Lecture	CC	Knows-how	L&PPT
CO4,CO8	Demonstrate the use of non-invasive tools to record and analyze real-time physiological responses during specific cognitive-emotional tasks.	3	Practical Training 8.5	PSY-GUD	Shows-how	C_L,DIS

CO4,CO8	Interpret basic biofeedback systems to understand the relationship between physiological signals and psychological states, and practice modulating these responses through guided regulation techniques.	2	Practical Training 8.6	PSY-GUD	Knows-how	C_L
CO4,CO8	Apply psychological principles and learner motivation to design and simulate interactive teaching-learning scenarios in educational settings, emphasizing learner diversity and inclusive strategies.	2	Practical Training 8.7	CAP	Knows-how	C_L
CO4,CO8	Reflect on how the transition from traditional experimental psychology methods to technologically advanced tools influence one’s understanding and appreciation of psychological research.	3	Experiential-Learning 8.6	AFT-VAL	Knows-how	C_L
CO4,CO8	Engage in real-time physiological monitoring to interpret self-response to cognitive or emotional stimuli and reflect on how self-regulation strategies affect these responses.	3	Experiential-Learning 8.7	AFT-CHR	Does	C_L
CO4,CO8	Adapt psychological principles in real-world educational interactions, and reflect on one's own communication style to enhance transcultural competence and inclusive teaching practices.	4	Experiential-Learning 8.8	AFT-CHR	Does	CBL

M 8 Unit 3 Introduction to the scope of Ayurveda Psychiatry and Indian Psychology in healthcare; the role of an Ayurveda Psychiatrist in primary, secondary and tertiary healthcare

1. Shared pathological mechanisms in psychiatric conditions and adverse effects of long-term psychotropic use
2. Identification of psychiatric conditions with reduced quality of life as complex need cases
3. Critical analysis with Ayurvedic constructs and role of Ayurveda psychiatrist in all levels of healthcare

References: 59,61,62,113,116

3A	3B	3C	3D	3E	3F	3G
CO4,CO8	Describe the comprehensive role of an Ayurveda Psychiatrist across all tiers of mental healthcare, while explaining shared pathological mechanisms of psychiatric disorders and the potential risks of prolonged psychotropic medication use.	2	Lecture	CK	Know	L&GD,L &PPT

CO4,CO8	Identify and correlate shared pathological mechanisms across selected psychiatric conditions.	2	Practical Training 8.8	CAN	Shows-how	IBL,DIS
CO4,CO8	Recognize patients with reduced Quality of Life indices due to psychiatric conditions and categorize them as complex need cases, integrating clinical indicators and psychosocial factors.	3	Practical Training 8.9	CAP	Shows-how	C_L
CO4,CO8	Identify features indicative of reduced Quality of Life and justify classification as Complex Need Patients based on multidimensional criteria.	2	Experiential-Learning 8.9	CE	Shows-how	IBL
CO4,CO8	Reflect on and critically analyze shared pathological mechanisms in psychiatric disorders, and explore their correlation with Ayurvedic clinical concepts.	2	Experiential-Learning 8.10	CE	Shows-how	C_L
CO4,CO8	Interpret patient narratives and clinical data to formulate integrative care strategies that address both biomedical and Ayurvedic dimensions of complex psychiatric needs.	2	Experiential-Learning 8.11	AFT-VAL	Shows-how	CBL

Practical Training Activity

Practical Training 8.1 : Explore the Brain areas to understand Cognitive and Emotional Process.

8.1 [02hours x 1 Session]
Students will explore major brain areas (e.g., PFC, amygdala, hippocampus, insula, ACC) using physical and digital models to understand their role in cognitive and emotional processes.
Guided exploration using 3D/2D brain models (Videos)
Teacher-led walkthrough of emotion-regulation circuits (Limbic system, HPA axis)
Structured handout matching brain regions with cognitive-emotional functions
Assessment Strategy: Labeling exercise with brain maps (OSPE)/Quick oral viva or interactive quiz using flash tools (e.g., Kahoot).

Practical Training 8.2 : Analyze the impact of Gut Microbiota on Mental Health.

8.2 [02hours x 1 Session]
Learners will analyze how changes in gut microbiota impact mental health through interactive case studies and microbiota reports.
Presentation of 2 case vignettes: (e.g., depression with IBS, anxiety with dysbiosis)

Group analysis of gut microbiota profiles and dietary intervention outcomes
Discussion on Ayurvedic and biomedical concepts of Agni, gut health, and mood
Assessment Strategy: Group presentation of gut-brain interaction for given cases/Peer feedback + teacher checklist for clinical interpretation.

Practical Training 8.3 : Understand stress physiology and PNEI interactions.

8.3 [02hours x 1 Session]
Learners will interpret sample data (or created) from wearable monitors and lab results to understand stress physiology and PNEI interactions.
Demonstration of HRV measurement using biofeedback devices (e.g., emWave, HRV apps)
Sample data on cortisol, IL-6, CRP presented for group analysis
Concept mapping of PNEI axis: stress–immunity–endocrine–behaviour
Assessment Strategy: Mini-worksheet: interpret given physiological report and link to clinical symptoms/ Group map presentation of stress physiology.

Practical Training 8.4 : Practical Applications in Neuroanatomy, Gut-Brain Axis, and Psychoneuroimmunology.

8.4 [02hours x 1 Session]
Students will apply neuroanatomy and neurophysiology concepts to clinical scenarios through simulated interviews and observation of patient behavior.
Video/simulated interview of a patient with psychosomatic symptoms (e.g., conversion disorder, somatic symptom disorder)
Structured observation checklist: signs linked to neurophysiology (e.g., tension, flat affect, autonomic arousal)
Debriefing: matching symptoms to regions/functions
Assessment Strategy: Reflection write-up: mapping 3 observed behaviors to brain region/pathways/Teacher-assessed observation log.

Practical Training 8.5 : Analyze physiological responses to emotionally or cognitively loaded stimuli.

8.5 [03hours x 1 Session]
Participants will use non-invasive devices to observe physiological responses to emotionally or cognitively loaded stimuli and analyze how these responses correlate with mental processes.
Demonstration of each device (EEG, GSR, ECG/HRV, Eye Tracker)
Pre-defined task stimuli (e.g., Stroop test, emotional image viewing) given to volunteer participants
Students observe real-time data and annotate peaks/responses
Teacher explains neural and physiological mechanisms behind observed signals
Assessment Strategy: Fill-in template: Annotated graphs with response times and interpreted parameters/3-minute viva per student on tool functionality and response interpretation.

Practical Training 8.6 : Understand physiological patterns and practice regulating responses.
8.6 [03hours x 1 Session] Learners will engage with biofeedback systems to understand their own physiological patterns and practice regulating responses using guided mental techniques. Brief tutorial on biofeedback: input/output parameters Each participant uses HRV biofeedback or GSR monitor with visual display Instructor leads practice of breathing regulation and attention refocusing Reflection and comparison of pre–post biofeedback patterns Assessment Strategy: Pre-post graphs: Change in GSR or HRV over session/Reflective log: “What did I feel and observe during modulation?”/Instructor scoring on ability to follow and apply techniques.
Practical Training 8.7 : Applied Psychophysiology and Educational Psychology in Practice.
8.7 [02hours x 1 Session] Students will design short, interactive teaching scenarios applying psychological principles for inclusive and motivating classroom environments. Brief lecture: Reinforcement, scaffolding, motivation (with examples from inclusive education) Group task: Design a 10-minute microteaching session for diverse learners Must include: motivation strategy, scaffold activity, reinforcement plan Peer simulation: Groups present to others who play roles of diverse learners (e.g., hyperactive, anxious, dyslexic) Feedback from peers + teacher Assessment Strategy: Group rubric for teaching session: clarity, inclusivity, application of psychological principles/Peer feedback form + teacher scoring/Reflection worksheet: “What did we learn about inclusive teaching?”
Practical Training 8.8 : Illustrate common pathophysiological patterns across psychiatric conditions.
8.8 [02hours x 1 Session] Participants will engage in a guided analysis of 2–3 representative clinical case vignettes that illustrate common pathophysiological patterns across psychiatric conditions. Facilitator will include both biomedical and Ayurvedic perspectives (e.g., Prana-Vyana-Apana imbalance, Sattva-Rajas-Tamas dominance, etc.). Pre-distributed case vignettes- Small group analysis Teacher-guided plenary discussion Clinical video or live OPD observation Wrap-up summary with mind-map of shared mechanisms Assessment Strategy: Group presentation on shared mechanisms/Rapid oral quiz or concept map submission.

Practical Training 8.9 : Understanding Shared Pathologies and Complex Needs in Psychiatry.

8.9 [03hours x 1 Session]
Learners will observe or interact with simulated patient scenarios (or real cases under supervision) representing moderate to severe psychiatric illness with impaired QoL. Learners then use a structured format to assess complexity using QoL indices (e.g., WHOQOL-BREF, Ayurveda-based well-being criteria such as Dhatu samya, Sukha-Dukha anubandha).
Brief orientation on QoL indicators
Simulated or real patient case presentations
Small group task: Identify complexity indicators and categorize needs
Teacher-guided debrief and comparative analysis across case
Summarization exercise: Filling in a Complexity Stratification Worksheet
Assessment Strategy: Worksheet submission with justification of complexity rating/Short reflective note (100 words) on psychosocial learning/Facilitator rating of case analysis participation.

Experiential learning Activity

Experiential-Learning 8.1 : Link the brain areas with emotional regulation.

8.1 [03hours x 1 Session]
Students participate in guided mindfulness and focused attention meditation. This is followed by structured reflection on the subjective experience and theoretical discussion linking brain areas (e.g., limbic system, cortex) to emotion regulation.
Methodology:
Short video demo on emotional regulation and neuroscience.
20-min guided mindfulness session.
Reflection prompts and group sharing.
Brain-map sketching to locate involved centers.
Assessment Strategy: Reflective write-up and participation in discussion.

Experiential-Learning 8.2 : Analyze personal patterns in relation to Gut-Brain Axis theories.

8.2 [03hours x 1 Session]
Students keep a “food-mood” journal for 3 days, documenting meals, gut symptoms (if any), and emotional/cognitive states. In the session, they analyze personal patterns in

relation to Gut-Brain Axis theories.
Methodology:
Instruction on food-mood journaling.
Peer discussion in triads on observed patterns.
Group synthesis linking Ayurveda (Agni, Satmya) with microbiome science.
Assessment Strategy: Submission of journal with brief analysis.

Experiential-Learning 8.3 : Neuropsychophysiological Approach to Self-Understanding.

8.3 [02hours x 1 Session]
Students engage in real-time monitoring using simple pulse, breath rate, and skin conductance tools (or mobile stress-tracking apps). Exposure to minor emotional stressors or tasks (e.g., public speaking, solving puzzles) is used.
Methodology:
Brief demo on ANS and PNEI.
Pre-post stress measurement during task.
Group discussion on variability and its meaning.
Resources Required: Biofeedback device or apps, observation chart, pulse oximeters.
Assessment Strategy: Peer-group summary discussion and short written interpretation.

Experiential-Learning 8.4 : Exploring the Mind-Body Connection.

8.4 [02hours x 1 Session]
A structured “lab” where students rotate through 2-3 short interventions. After each, they journal emotional and physical changes. Group synthesis explores possible neurophysiological explanations.
Methodology:
Stations for each intervention with instructions.
Post-activity rating sheets (VAS or numeric).
Peer-pair discussions linking experiences to ANS activation.
Resources Required: Breath-work guide, yoga mats, instruction posters.
Assessment Strategy: Comparison table of techniques and subjective effects.

Experiential-Learning 8.5 : Create a conceptual mind map linking subjective experiences to neurophysiological mechanisms.

8.5 [02hours x 1 Session]

Students review their personal notes, journals, and physiological data. In small groups, they co-create a conceptual mind map linking subjective experiences to neurophysiological mechanisms (e.g., neurotransmitters, vagal tone, attention networks).
Methodology:
Guided journaling prompts on emotional/cognitive changes.
Triad-based collaborative map building.
Poster walk to present synthesized models.
Resources Required: Chart papers, markers, concept template sheets.
Assessment Strategy: Group presentation and individual reflective summary.

Experiential-Learning 8.6 : Traditional experimental psychology methods.

8.6 [03hours x 1 Session]
Students will interact with both traditional experimental psychology methods (e.g., Stroop Test, Mirror Drawing, Maze Learning) and modern tools (e.g., EEG demo, virtual simulations). The experience is structured to appreciate how measurement, engagement, and relevance have evolved.
Methodology:
Stations with traditional and digital tools
Hands-on tasks at each station (10–15 mins each)
Reflective worksheet comparing experiential differences (motivation, accuracy, feedback, realism)
Facilitated small group discussion on relevance in today's context
Assessment Strategy:
Completed comparative worksheet
Peer-discussed points during group session
Instructor observation notes.

Experiential-Learning 8.7 : Monitor Physiological response on self regulation techniques.

8.7 [03hours x 1 Session]
Students will monitor their physiological responses (HRV, GSR, EEG recordings or simulations) while exposed to various emotional/cognitive stimuli. They will apply breathwork or focus techniques and observe changes.
Methodology:
Baseline recording (resting state)
Exposure to emotional videos, puzzles, or ambient stimuli
Application of a self-regulation technique (mindfulness/breathing)

Post-intervention physiological recording
Structured reflection: “What changed and why?”
Assessment Strategy:
Annotated physiological charts
Reflective journal entries
Verbal group presentation of learnings.

Experiential-Learning 8.8 : Experiential Pathways in Applied Psychology.

8.8 [04hours x 1 Session]
Students participate in role-plays involving diverse learners, demonstrating empathy, motivation strategies, and culturally responsive behavior. They then self-assess and reflect on areas for personal growth as educators or therapists.
Methodology:
Pre-briefing: Psychological principles in education (e.g., reinforcement, learning styles, scaffolding, motivation)
Role-play triads (Educator–Student–Observer) across 3 scenarios: culturally resistant learner, student with emotional needs, inclusive classroom
Structured peer feedback forms
Final Discussion
Assessment Strategy:
Role-play participation
Peer feedback quality.

Experiential-Learning 8.9 : Identify complex needs based on Quality of Life criteria.

8.9 [02hours x 1 Session]
Students will work in small groups to assess diverse patient profiles (based on physical, psychological, social, and environmental indicators) and determine which patients may be classified as having complex needs based on Quality of Life criteria.
Methodology:
Present 3–4 anonymized patient profiles (with psychosocial and clinical data)
Provide WHOQOL or similar multidimensional QoL indicators
Groups assess and justify classification using structured criteria
Class-wide discussion: “Which dimensions contribute most to complexity and why?”
Assessment Strategy:
Group worksheet submission with justification

Verbal presentation of classification rationale
Teacher observation of discussion depth.

Experiential-Learning 8.10 : Explore shared mechanisms across psychiatric disorders and relate them to Ayurvedic concepts.

8.10 [02hours x 1 Session]
Students will explore shared mechanisms (e.g., inflammation, oxidative stress, neuroendocrine imbalance) across psychiatric disorders and relate them to Ayurvedic concepts like dosha dushti, mano-daihika samprapti, and ojas kshaya.
Methodology:
Introduction on common neurobiological findings in depression, anxiety, etc.
Provide clinical patterns and ask groups to identify the probable shared pathological mechanisms
Each group matches modern concepts with Ayurvedic equivalents (use provided chart templates)
Present their integrative “pathology maps” to the class
Assessment Strategy:
Submitted pathology maps
Peer evaluation (each group rates another’s clarity and depth)
Facilitator checks conceptual accuracy.

Experiential-Learning 8.11 : Understanding Complexity – Integrative Approaches to Psychiatric Patient Needs.

8.11 [02hours x 1 Session]
Students will interpret detailed patient narratives (with symptom reports, lifestyle context, lab data, and Ayurvedic findings) and formulate a holistic care strategy using both biomedical and Ayurvedic principles.
Methodology:
Provide a narrative case (structured to include subjective and objective data)
Students use a care-planning template to identify:
Key diagnostic insights
Pathogenesis in both systems
Integrative treatment recommendations (psychological support, herbs, diet, lifestyle, therapies)
Small groups present rationale and individualized approach
Assessment Strategy:
Submitted integrative care plan

Group presentation and defense
Reflective note on their learning after presentation.

Modular Assessment

Assessment method	**Hour**
Outcome-Based Assessment Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. 02 Credits x 4 Hours x 50 Marks A) LAQ [02 Q x 10 marks each x 02 Hours] Model Questions: Critically analyze the role of the gut–brain axis in mood and cognition, correlating clinical case examples with Ayurvedic dietary modulation principles. Discuss how psycho-neuro-endocrino-immunological (PNEI) mechanisms explain stress-related disorders, and examine their relevance for Ayurveda psychiatry in clinical practice. Leads: Gut microbiota and mental health; Ayurvedic Ahara-Vihara and Satmya principles; PNEI axis; Stress physiology; Clinical correlations with anxiety, depression, and psychosomatic disorders. B) SAQ [04 Q x 5 marks each x 01 Hour] Model Questions: Define the gut–brain axis and mention one mechanism linking it to cognition. List two autonomic nervous system parameters commonly measured in stress-related disorders. Explain the role of cortisol in the psycho-neuro-endocrino-immunological axis. Mention two neuroanatomical structures implicated in stress regulation and psychiatric disorders. Give one example of how Ayurveda psychiatry addresses psychosomatic disorders through integrative approaches. C) Practical Assessment [01 Q x 10 marks x 01 Hour] Model Question: Given a case vignette of a patient with irritable bowel syndrome and comorbid anxiety, analyze: a) Gut–brain axis contribution (gut microbiota, dietary factors) b) Autonomic nervous system findings (heart rate variability, blood pressure changes) c) Ayurvedic dietary modulation and therapeutic plan for integrated management. Leads: Case vignette; Gut microbiota role; PNEI axis involvement; Autonomic markers; Ayurveda psychiatry application. or	4

Any practical in converted form can be taken for assessment.[25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	

Paper No : 2 Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology]

Semester No : 3

Module 9 : Mano Rogi Pariksha Vidhi, Sadhyasadhyata Evam Vyavaccheda Roga Nirnaya [A Comprehensive Psychiatric Clinical Evaluation, Prognosis and Differential diagnostics]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe/ Understand the different examination techniques (Ayurvedic and conventional standards) used in psychiatric practices. Derive differential diagnosis and prognosis of psychiatric disorders.
2. Conduct: Satva pareeksha, clinical examination as per conventional standards.
3. Identify: Clinically relevant signs and symptoms with respect to psychiatric disorders.

M 9 Unit 1 Mano Rogi pariksha vidhi This unit equips students with comprehensive knowledge and skills in clinical assessment and psychodiagnosis, integrating modern and Ayurvedic approaches.
References: 29,30,31,95,110,111

3A	3B	3C	3D	3E	3F	3G
CO2	Explain the principles and procedures of psychiatric clinical assessment as per Ayurveda and conventional standards.	1	Lecture	CC	Know	L&GD
CO2	Describe the structure and utility of Satva Pareeksha and Anumanagamya Manobhava Pareeksha.	1	Lecture	CC	Know	L&GD
CO2	Discuss ethical and communication considerations in psychiatric evaluation.	1	Lecture	CC	Know	L&GD
CO2	Demonstrate structured psychiatric clinical interviews using Ayurvedic and modern approaches.	2	Practical Training 9.1	PSY-ADT	Shows-how	D-BED,CB

	Conduct and interpret Satva Pareeksha in simulated and peer-based scenarios.					L
CO2	Apply Anumanagamya Manobhava Pareeksha for comprehensive patient assessment.	2	Practical Training 9.2	PSY-ADT	Shows-how	D-BED,CBL
CO2	Integrate findings from Ayurvedic and conventional methods for holistic evaluation. Document and present assessment outcomes using standardized proforma and scoring systems. Reflect on communication and ethical issues encountered during psychiatric assessment.	2	Practical Training 9.3	PSY-ADT	Shows-how	CBL
CO2	Observe real-world psychiatric clinical assessments and identify applied strategies and challenges. Reflect on different clinician styles and assessment techniques. Analyze effective communication and rapport-building methods during assessment. Document critical incidents, challenges, and learning points from clinical observation.	3	Experiential-Learning 9.1	CAP	Shows-how	PBL,PSM
CO2	Integrate reflective insights into one's own clinical practice	3	Experiential-Learning 9.2	PSY-ADT	Shows-how	PBL,PSM
CO2	Develop a personal action plan for improving psychiatric assessment skills.	3	Experiential-Learning 9.3	PSY-ADT	Shows-how	PSM,PrBL
M 9 Unit 2 Manasaroganam sadhyasadhyata Define prognosis on the basis of ayurvedic assessments **References:** 5,82,84,95,110,111						
3A	**3B**	**3C**	**3D**	**3E**	**3F**	**3G**
CO2	Define prognosis and Sadhyasadhyata in psychiatric diseases as per Ayurveda.	1	Lecture	CK	Know	L
CO2	Define prognosis of psychiatric diseases on the basis of Ayurveda assessments.	1	Lecture	CK	Know	L&PPT
CO2	Discuss the application of prognosis in clinical planning and patient communication.	1	Lecture	CC	Know	L
CO2	Apply Ayurvedic and modern criteria to evaluate prognosis in psychiatric conditions.	2	Practical	CE	Shows-	D

	Identify and document prognostic factors using structured assessment tools.		Training 9.4		how	
CO2	Justify prognosis decisions based on clinical findings and reasoning. Communicate prognosis effectively and empathetically to patients or simulated families. Compare prognosis assignment between Ayurvedic and modern systems.	2	Practical Training 9.5	CE	Shows-how	CBL
CO2	Reflect on challenges in prognostic assessment and propose practical solutions.	2	Practical Training 9.6	CS	Shows-how	RP,PSM
CO2	Observe the process of prognostic evaluation in real or virtual clinical settings Document clinician reasoning and patient/family responses during prognosis discussions	3	Experiential-Learning 9.4	CS	Shows-how	CBL,DIS
CO2	Appraise ethical aspects of prognostic disclosure. Interprese on challenging prognostic cases and alternative approaches.	3	Experiential-Learning 9.5	CS	Shows-how	PL
CO2	Develop strategies to address uncertainties in prognosis assessment. Integrate feedback and learning into a portfolio for future practice.	3	Experiential-Learning 9.6	CS	Shows-how	PER

M 9 Unit 3 Vyavachedaka roga nirnaya Differential diagnosis using different psychiatric assessment inventories

References: 39,40,49,50,84

3A	3B	3C	3D	3E	3F	3G
CO2	Describe the process and importance of differential diagnosis in psychiatric practice (Ayurvedic & modern).	2	Lecture	CAN	Know	L&PPT,L
CO2	Discuss key assessment inventories and their role in differentiation	1	Lecture	CAN	Know	L&PPT,L
CO2	Discuss steps for systematic clinical reasoning.	1	Lecture	CC	Know	L,DIS
CO2	Construct differential diagnoses for psychiatric cases using Ayurvedic and modern protocols.	2	Practical Training 9.7	CE	Shows-how	CBL,PER
CO2	Apply relevant assessment inventories to refine and support diagnostic reasoning Compare and contrast diagnostic findings from different systems.	2	Practical Training 9.8	CE	Shows-how	D

CO2	Appraise and communicate diagnostic uncertainty clearly and empathetically to patients or peers.	2	Practical Training 9.9	AFT-VAL	Shows-how	RP,DIS
CO2	Prepare and present differential diagnosis trees for complex or overlapping cases. Conclude on tool selection, communication, and challenges in the differential diagnosis process.	2	Practical Training 9.10	CS	Shows-how	PER
CO2	Observe and analyze the real-world process of differential diagnosis in clinical settings. Document diagnostic reasoning, tool use, and management of uncertainty by clinicians.	3	Experiential-Learning 9.7	CS	Shows-how	DIS
CO2	Participate in peer-group simulation of complex cases and collaborative differential diagnosis. Conclde on strengths, weaknesses, and key learning moments during simulations or observations.	3	Experiential-Learning 9.8	CS	Shows-how	TPW,SIM
CO2	Synthesize insights and skills in a portfolio with detailed case reviews. Present and discuss learning outcomes with peers and faculty for continuous improvement.	2	Experiential-Learning 9.9	CS	Shows-how	PER

Practical Training Activity

Practical Training 9.1 : Clinical Interview & Satva Pareeksha

1. Introduction and orientation to psychiatric clinical interview structure.
2. Observe faculty demonstration of a complete clinical assessment (including Satva Pareeksha).
3. Review proforma and scoring sheets in groups.
4. Practice interview and Satva Pareeksha skills
5. Complete documentation and scoring for each interview.
6. Discuss and clarify findings, focusing on Satva and its clinical implications.
7. Note down experiences and learning points in a personal logbook.

Practical Training 9.2 : Anumanagamya Manobhava Pareeksha

1. Orientation on inferential examination of Manobhavas.
2. Faculty demonstration the practical conduction of Pariksha
3. Practice observational and inferential skills in small groups.
4. Use checklists to document observed mental states and emotional expressions.
5. Discuss challenges and queries in interpreting behaviors.
6. Peer group feedback and faculty clarification.
7. Document findings and self-assessment of skills in logbook.

Practical Training 9.3 : Integrative Clinical Assessment

1. Receive complex case illustrations combining Ayurvedic and modern symptom profiles.
2. In groups, conduct a comprehensive assessment including both Satva Pareeksha and standard psychiatric mental status examination.
3. Record and compare findings using both systems.
4. Analyze points of convergence/divergence in assessment.
5. Present group assessment to peers/faculty for critique.
6. Reflect on integrated assessment approach.
7. Document learning and questions for further study in logbook.

Practical Training 9.4 : Prognostic Assessment (Ayurvedic & Modern)

1. Brief review of prognosis criteria (Ayurvedic: Dosha, Dhatu, Satva; Modern: severity, duration, response).
2. Faculty demonstrates prognostic assessment on a standardized/simulated patient.
3. Small groups review clinical data and identify key prognostic factors.
4. Use proforma to record findings and assign prognosis.
5. Justify prognosis with references to assessment findings.
6. Present group decision and discuss with faculty.
7. Log reasoning, doubts, and clinical tips in logbook.

Practical Training 9.5 : Clinical Case Comparison

1. Distribute different case scenarios with variable prognosis.
2. Each group applies both Ayurvedic and modern criteria to assess prognosis.
3. Discuss influences on prognosis: comorbidities, chronicity, family support, Satva, etc.
4. Debate differences in prognosis assignment between systems.

5. Present best practices for patient/family communication regarding prognosis.
6. Peer/faculty feedback.
7. Update logbook with clinical pearls.

Practical Training 9.6 : Prognostic Challenges & Solutions

1. Brainstorm common challenges in prognostic evaluation (uncertainty, patient reactions, system differences).
2. Share case related experiences.
3. Propose practical strategies for addressing these challenges.
4. Role-play challenging prognostic disclosure to patient/family.
5. Peer/faculty feedback on communication.
6. Summarize best approaches into a group guide.
7. Reflect and document learning points.

Practical Training 9.7 : Differential Diagnosis: Case Analysis

1. Introduction to differential diagnosis process.
2. In groups, receive varied case illustrations (with overlapping symptoms).
3. Use structured proforma for differential diagnosis (Ayurvedic and modern approach).
4. Apply relevant assessment tools to refine diagnostic options.
5. Discuss findings and possible diagnoses in group.
6. Present differential reasoning and receive faculty critique.
7. Document new skills in logbook.

Practical Training 9.8 : Tool-based Differentiation Practice

1. Hands-on demonstration of assessment inventories.
2. Practice administration and scoring in small teams.
3. Compare results from different tools on same/similar cases.
4. Analyzedifferences and discuss clinical implications.
5. Prepare summary tables for faculty review.
6. Group peer feedback.
7. Reflect on tool strengths/limitations in logbook.

Practical Training 9.9 : Communication of Diagnostic Uncertainty

1. Role-play session: Disclosing differential diagnosis and uncertainty to patients/families.
2. Discuss challenges in communication.
3. Practice clear, empathetic explanations and documentation.
4. Peer and faculty feedback.
5. Summarize do’s and don’ts into a checklist.
6. Refine checklist based on critique.
7. Document learning in logbook.

Practical Training 9.10 : Integration: Multi-axial Differential Diagnosis

1. Work on complex cases with multiple possibilities (psychiatric, medical, social).
2. Create a differential diagnosis tree (Ayurvedic and modern integration).
3. Discuss management implications for each diagnosis.
4. Prepare group presentations.
5. Faculty/peer review.
6. Update decision trees based on input.
7. Add to learning portfolio.

Experiential learning Activity

Experiential-Learning 9.1 : Clinical Shadowing & Real-World Assessment

1. Attend OPD/ward rounds focusing on psychiatric evaluation.
2. Observe clinical interview and Satva Pareeksha performed by an experienced clinician.
3. Take structured notes on techniques, patient interaction, and assessment sequence.
4. Identify and note any unique challenges or communication issues encountered.
5. Discuss observations in a group debrief, comparing different clinicians’ styles.
6. Document critical incidents and personal learning points in a logbook.
7. Receive feedback from faculty on observation and note-taking.

Experiential-Learning 9.2 : Reflection & Skills Integration

1. Choose a specific skill or challenge observed during clinical shadowing (e.g., Satva assessment, rapport-building).
2. Write a reflective journal analyzing the situation, actions taken, and outcomes.
3. Share reflections in small groups and discuss alternative approaches.
4. Faculty and peers provide structured feedback.
5. Revise reflection and add to personal portfolio.
6. Identify areas for improvement and create an action plan.
7. Present plan briefly to peer group.

Experiential-Learning 9.3 : Portfolio Synthesis & Presentation

1. Compile all clinical assessment experiences, reflection journals, and action plans into a structured portfolio.
2. Select two key cases for detailed review and learning extraction.
3. Prepare a presentation summarizing strengths, challenges, and integration lessons.
4. Present to peers and faculty for critique.
5. Incorporate feedback and finalize the portfolio.
6. Submit for assessment.
7. Faculty closes with a synthesis on clinical integration and readiness for real-world practice.

Experiential-Learning 9.4 : Clinical Observation: Prognosis in Practice

1. Observe prognostic evaluation and communication in OPD/ward rounds.
2. Note factors considered and sequence of reasoning.
3. Document patient/family reactions and clinicians' handling of questions.
4. Discuss ethical aspects of prognostic disclosure.
5. Share insights in group debrief.
6. Record main learning points in logbook.
7. Receive faculty input on notes and interpretation.

Experiential-Learning 9.5 : Reflection & Prognosis Integration

1. Reflect on a challenging prognostic case seen or discussed.
2. Write a structured journal on reasoning, uncertainties, and communication process.
3. Share with group and discuss alternative strategies.
4. Peer/faculty feedback.

5. Update portfolio with new approaches.
6. Set an action point for next clinical application.
7. Present to peers.

Experiential-Learning 9.6 : Portfolio Synthesis & Communication Skills

1. Collate learning artifacts (notes, reflections, action plans) into portfolio.
2. Prepare a short presentation on strengths and challenges in prognostic evaluation.
3. Present to group for critique.
4. Faculty reviews portfolio for integration and professionalism.
5. Document next steps for skill improvement.
6. Finalize and submit portfolio.
7. Peer/faculty discussion on integrating learning into real practice.

Experiential-Learning 9.7 : Clinical Observation: Differential Diagnosis in Action

1. Observe clinicians during OPD/ward rounds where differential diagnosis is discussed.
2. Note sequence and logic in diagnostic reasoning.
3. Observe use of assessment inventories.
4. Document how uncertainty is managed and communicated.
5. Discuss with group: how do clinicians prioritize among options?
6. Record learning and critical incidents.
7. Faculty feedback on observation notes.

Experiential-Learning 9.8 : Peer Group Simulation: Complex Cases

1. In teams, discuss multi-dimensional case scenarios.
2. Practice collaborative differential diagnosis, integrating Ayurvedic and modern methods.
3. Use inventories, proforma, and flowcharts.
4. Present group diagnostic reasoning to peers/faculty.
5. Critique and reflect on process.
6. Document challenges and learning in logbook..

Experiential-Learning 9.9 : Portfolio Synthesis & Final Presentation

1. Collate all practical and experiential artifacts (case notes, reflections, checklists) into a structured portfolio.
2. Select a case or aspect of differential diagnosis for detailed review.
3. Present learning and insights to group/faculty.
4. Faculty assesses depth and integration.
5. Incorporate feedback.
6. Submit final portfolio.
7. Peer and faculty discussion on future learning needs.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychodiagnosis [10 marks X 30 mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1.Describe a comprehensive clinical assessment for a patient presenting with persistent depressive symptoms. Include history areas, MSE, rating scales, differential diagnosis, investigations, and how you would integrate Ayurvedic assessment and management options. C) MODEL SAQ [2 Q x 10 marks 5 marks each) X 01 Hour Q1. Define psychodiagnosis.Q2. Define Mano Rogi Pariksha Vidhi Q3. What are the key steps in Ayurvedic Psychiatric Examination D) Practical Learning Outcome Assessment:[10 marks x 01 Hour] - Model on phrasing a question: A 35 year old male presents with persistant sadness, lack of interest, disturbed sleep and sucidal ideation for the last 3 months. Q1.Perform Mano Rogi Pariksha Vidhi based on Ayurvedic and Modern standards.Q2.Comment on Sadhyasadhyata with justification E) Experiential Learning Outcome Assessment:[10 marks x 30 mins] Model on phrasing a question: 32-year-old male presents with complaints of excessive worry, disturbed sleep, restlessness, and difficulty in concentration for the last 3 months. On clinical evaluation, he appears tense, fatigued, and reports frequent palpitations. Perform Mano Rogi Pariksha Vidhi on the patient – covering Manasa bala par?k?a?a (satva, satmya, ?ch?ra, sm?ti, medh?, bhakti, etc.) and Mano-vy?dhi lak?a?a nir?pa?a (dosha predominance, prak?ti, vik?ti). Assess the S?dhy?s?dhyat? of the condition with Ayurvedic parameters (roga-m?rga, vy?dhi-bala, rogi-bala, k?la, ?yu?, satva). Frame a Vyavaccheda Roga Nir?aya (Differential Diagnosis) with at least 3 possibilities using both Ayurvedic & modern psychiatry standards (e.g., Chittodvega vs. generalized anxiety disorder vs. vish?da vs. depression). Conclude with your clinical judgment. OR Any practical in converted form can be taken for assessment.[25 Marks] and	4

Any experiential as portfolio/reflections/presentations, can be taken as an assessment.[25 Marks]

Module 10 : Mano Roganam Samanya Nidana Evam Samprapti [General Etio-pathology of Psychiatric Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: Different nidana of mnas roga: Pradhanika hetu, Anubandha hetu and Anya hetu for Psychiatric disorders
2. Conduct: Aetiology centred clinical history taking.
3. Identify: The different etiological factors in pathogenesis of Manasa roga.

M 10 Unit 1 Manoroga praadhanika hetu vijnana

- Trivida roga hetu [Dosha,-Vyadhi, Ubhaya hetu; Asatmya indreeyartha samyogam, prajnaparadha, Parinama].
- Manasika bhava as nidana [Emotional dys-regulation]; Samajika nidana [socio-economic factors]
- Avara satvata as pradhanikia hetu in mano roga

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO2	Describe Trividha Rog Hetu (Dosha, Vyadhi, UbhayaHetu) in psychiatric disorders.	1	Lecture	CC	Know	L
CO2	Explain AsatmyaIndriyarthaSamyoga, Prajnaparadha, Parinama, Manasika Bhava, Avarasatvata, and social Nidana using classical Ayurvedic texts.	1	Lecture	CC	Know	L&PPT ,L
CO2	Discuss how classical Samprapti (pathogenesis) models explain development of mental illness.	1	Lecture	CC	Know	DIS,L&G D
CO2	Identify and document Nidana in clinical psychiatric cases.	2	Practical	CE	Shows-	CBL,PER

			Training 10.1		how	
CO2	Demonstrate Satva Pareeksha and Manasika Bhava assessment using classical tools and proformas.	2	Practical Training 10.2	CE	Shows-how	D,PL
CO2	Construct Samprapti (pathogenesis) charts for psychiatric disorders using classical Ayurvedic methodology.	2	Practical Training 10.3	CE	Shows-how	PL,PER
CO2	Apply classical history-taking strategies to overcome barriers in clinical elicitation.	2	Practical Training 10.4	CE	Shows-how	RP,DIS
CO2	Observe and analyze comprehensive history-taking and Hetu assessment in clinical encounters.	3	Experiential-Learning 10.1	CS	Knows-how	CBL
CO2	Reflect on strengths and difficulties in identification of causative factors and Samprapti construction.	3	Experiential-Learning 10.2	CS	Knows-how	DIS
CO2	Synthesize learning and personal growth in a structured portfolio.	3	Experiential-Learning 10.3	CS	Knows-how	PL,PER

M 10 Unit 2 Manoroga anubandha hetu vijnana

- Shareerika dosha kopa as a nidana to mano roga [Psycho somatic etiopathology]
- Ojakshaya as a manoroga nidana
- Detailed knowledge of Psychoneuroimmunology with relation to Ojas

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO2	Describe the relationship between ShareerikaDosha and the mind, the concept of Ojakshaya, and psycho-somatic links.	2	Lecture	CC	Know	L

CO2	Discuss psychoneuroimmunological concepts relevant to psychiatric disorders.	1	Lecture	CC	Know	DIS,L&GD
CO2	Analyze and document somatic and psychosomatic factors in psychiatric case scenarios.	2	Practical Training 10.5	CE	Shows-how	PER
CO2	Evaluate Ojas and psychoneuroimmunological status using structured proformas.	2	Practical Training 10.6	CE	Shows-how	D
CO2	Create and present integrative pathogenesis models for select cases.	2	Practical Training 10.7	CS	Shows-how	PER
CO2	Observe integrative assessment of psycho-somatic and immunological factors in live/simulated clinical situations.	3	Experiential-Learning 10.4	CS	Shows-how	DIS,SIM
CO2	Reflect on barriers, strategies, and personal growth in connecting multi-system factors.	3	Experiential-Learning 10.5	CS	Knows-how	PL
CO2	Apply integrative approaches in a personal clinical portfolio.	3	Experiential-Learning 10.6	CS	Knows-how	PER

M 10 Unit 3 Manasa roge anya nidana.

- Aharaja-Viharaja hetu in manoroga
- Beejapradoshaja nidana, Specific disorders in the purview of psychogenetic
- Matrujaadi bhava [Reproductive health and perinatal psychiatry.

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO2	Identify and describe the various dietary (Aharaja), lifestyle (Viharaja), hereditary	1	Lecture	CC	Know	L&GD,L

	(Beejapradoshaja), and perinatal factors implicated in mental disorders.					
CO2	Discuss the mechanisms and pathways by which these factors influence the development, progression, and prognosis of psychiatric conditions	1	Lecture	CC	Know	L,L&PPT
CO2	Analyze the clinical significance of integrating dietary, lifestyle, hereditary, and perinatal information into comprehensive etiological assessment and management.	1	Lecture	CC	Know	DIS,L
CO2	Discuss the challenges and strategies in obtaining accurate dietary, lifestyle, hereditary, and perinatal histories in diverse clinical contexts.	1	Lecture	CC	Know	L&GD
CO2	Identify and analyze the contribution of food habits, lifestyle, hereditary, and perinatal factors in mental disorders through case work.	2	Practical Training 10.8	CE	Shows-how	DIS,CBL
CO2	Apply structured interview and diagramming techniques to represent multi-factorial etiology.	2	Practical Training 10.9	CS	Shows-how	PER
CO2	Communicate complex etiological understanding effectively to peers and in simulated clinical encounters.	2	Practical Training 10.10	CS	Shows-how	RP
CO2	Observe and analyze real or simulated clinical assessment of multi-factorial etiology in mental disorders.	3	Experiential-Learning 10.7	CS	Shows-how	DIS
CO2	Reflect on communication, integration, and clinical application of multi-causal reasoning.	3	Experiential-Learning 10.8	CS	Shows-how	PL
CO2	Synthesize and present comprehensive etiological analysis and skill development in a professional portfolio.	2	Experiential-Learning 10.9	CS	Shows-how	PER
Practical Training Activity						
Practical Training 10.1 : Systematic Hetu Identification in Cases						

1. Faculty introduces the types of Hetu and gives out clinical illustrations.
2. Students individually read their assigned illustration and make notes on possible Hetu.
3. Using a structured checklist, students systematically screen for all types of Hetu in the case.
4. Small groups discuss and compare findings, challenge each other's reasoning.
5. Groups prioritize the Hetu as primary/secondary.
6. Groups map each Hetu to clinical symptoms.
7. Each student fills out a worksheet summarizing Hetu and symptom mapping.
8. Groups present their analysis for faculty feedback.
9. Students reflect and log lessons learned and challenges faced.

Practical Training 10.2 : Assessment of Manasika Bhava & Satva Bala

1. Faculty demonstrates Satva Bala & Manasika Bhava assessment, explaining criteria.
2. Students work in pairs to assess each other using detailed proformas.
3. Students note non-verbal cues, communication barriers, and emotional responses.
4. Each student interprets their findings and compares with peer results.
5. Groups discuss how assessment outcomes relate to the clinical picture.
6. Faculty leads a discussion on common errors and best practices.
7. Students record their experiences and identified areas for improvement in logbooks.

Practical Training 10.3 : Constructing and Presenting Samprapti Models

1. Each group selects a case for Samprapti model construction.
2. Groups identify stepwise progression from Hetu to Dosha-DushyaSammurchana to symptom development.
3. Diagrams/charts are created for clarity.
4. Groups present models to class, explaining rationale at each step.
5. Peers and faculty critique clarity and logical flow.
6. Groups revise models as needed.
7. Students document the process and key learning in logbooks.

Practical Training 10.4 : Problem-Solving: Overcoming Barriers in Hetu Elicitation

1. Students brainstorm clinical obstacles (e.g., recall issues, sensitive topics, cultural barriers).
2. Groups develop strategies for overcoming each barrier.

3. Students create and practice role-plays depicting difficult interview scenarios.
4. Peers and faculty provide targeted feedback on communication style and approach.
5. Groups compile a checklist of best practices for history-taking.
6. Students share checklists with the class.
7. Each student reflects and logs personal action points for future improvement.

Practical Training 10.5 : Assessment of Somatic and Psycho-somatic Factors

1. Faculty presents psychiatric cases with somatic complaints.
2. Students individually identify and list all somatic factors and symptoms using a structured template.
3. In small groups, discuss links between somatic and psychological symptoms.
4. Trace psycho-somatic pathways; debate which factors are primary/secondary.
5. Document findings, reasoning, and uncertainties.
6. Present conclusions for peer critique.
7. Faculty summarizes learning points and gives feedback.

Practical Training 10.6 : Ojas and Psychoneuroimmunological Assessment

1. Faculty introduces the concept and clinical significance of Ojas and psychoneuroimmunology.
2. Demonstration of Ojas assessment.
3. Students apply assessment to new cases.
4. Small groups compare findings and discuss impact on mental health.
5. Prepare summary of key learning points.
6. Present for discussion and feedback.
7. Record challenges, learning, and questions in logbooks.

Practical Training 10.7 : Integrative Model Building: Psycho-somatic &Ojas

1. Groups are given a complex case.
2. Each group builds an integrative pathogenesis (Samprapti) model connecting all relevant factors.
3. Present models, explaining connections.
4. Peer and faculty review.
5. Update model.
6. Each group shares a clinical implication.

7. Reflect individually on changes in clinical reasoning.

Practical Training 10.8 : Assessment of Food, Lifestyle, Hereditary, Perinatal Factors

1. Review sample cases with varying backgrounds (diet, habits, hereditary, perinatal).
2. Individually identify and document all contributing factors using a detailed worksheet.
3. In small groups, discuss how each factor may influence onset, course, or severity.
4. Identify barriers to history-taking (sensitivity, recall, language, etc.).
5. Peer sharing of strategies for effective data collection.
6. Groups summarize main findings and best practices.
7. Students reflect on lessons learned and update logbooks.

Practical Training 10.9 : Etiology Mapping for Complex Cases

1. Each group receives a complex case scenario with multiple possible etiologies.
2. Groups construct an etiology map/diagram representing all contributing factors (Aharaja, Viharaja, Beejapradoshaja, Perinatal, etc.).
3. Indicate links/interactions between factors and clinical features.
4. Present maps to the class; explain rationale for diagram structure.
5. Peer and faculty feedback for clarity and completeness.
6. Groups refine diagrams.
7. Add the final etiology map to personal portfolio or logbook.

Practical Training 10.10 : Communication and Integration

1. Role-play a simulated patient or caregiver interview, explaining the multi-factorial nature of their disorder.
2. Students practice addressing patient/family questions and concerns.
3. Peer and faculty feedback on clarity, empathy, and accuracy.
4. Reflect on what made the communication effective or difficult.
5. Revise approach as needed.
6. Compile a brief list of best practices for complex communication.
7. Log a personal improvement point.

Experiential learning Activity

Experiential-Learning 10.1 : Clinical Observation: Hetu and Samprapti Assessment

1. Students observe patient history-taking in OPD/ward with focus on Hetu and Samprapti assessment.
2. Each student takes structured notes on questioning sequence, depth, patient engagement, and identification of Hetu.
3. Students record examples where key Hetu were missed or uncovered through deeper probing.
4. Group debrief to discuss strategies seen, including both successes and missed opportunities.
5. Faculty facilitates discussion on lessons learned.
6. Students update personal logbooks with critical incidents and practical tips.
7. Each student receives brief feedback from faculty on their observations.

Experiential-Learning 10.2 : Reflective Practice: Personal Case Analysis

1. Each student selects one case (from observation or practice) for personal reflection.
2. Students write a detailed account of the process of Hetu identification and Samprapti construction in that case.
3. Identify at least two challenges or dilemmas faced.
4. Small group sharing and discussion of reflections.
5. Peer and faculty feedback provided on approach, clarity, and insight.
6. Students revise reflection based on input.
7. Finalized reflection is added to the personal portfolio.

Experiential-Learning 10.3 : Portfolio Synthesis and Peer Presentation

1. Students compile all worksheets, Samprapti charts, reflections, and checklists into an organized portfolio.
2. Prepare a short summary or presentation highlighting growth in Hetu and Samprapti assessment skills.
3. Present to peer group, inviting questions and discussion.
4. Receive structured peer and faculty feedback.
5. Make final improvements to portfolio based on feedback.
6. Submit portfolio for faculty assessment.
7. Set and record personal learning goals for further improvement.

Experiential-Learning 10.4 : Observation: Integrative Assessment in Practice

1. Observe a clinician assessing a patient with both mental and somatic complaints.
2. Note sequence and techniques for integrating assessments.
3. Document an example of successful integration and a missed opportunity.
4. Group discussion to analyze barriers and facilitators.

5. Faculty highlights effective strategies.
6. Students record key takeaways in logbooks.
7. Plan a personal improvement step for future assessments.

Experiential-Learning 10.5 : Reflection: Barriers and Solutions in Integration

1. Write a structured reflection on a clinical encounter involving psycho-somatic or immunological integration.
2. Identify at least two challenges and analyze causes.
3. Propose at least two solutions or future strategies.
4. Share in peer groups for feedback.
5. Revise reflection.
6. Faculty provides further insights.
7. Add final reflection to personal portfolio.

Experiential-Learning 10.6 : Portfolio Synthesis and Presentation

1. Compile all worksheets, models, and reflections from the unit.
2. Prepare a summary presentation on growth in integrative assessment.
3. Present to peer group/faculty.
4. Receive structured feedback.
5. Update portfolio.
6. Submit for assessment.
7. Set learning goals for further skill development.

Experiential-Learning 10.7 : Clinical Observation: Multi-Etiology Cases

1. Observe clinicians where patients present with complex backgrounds (food, lifestyle, hereditary, perinatal).
2. Take structured notes on interview questions, patient responses, and clinician strategies.
3. Identify strengths and areas for improvement in assessment.
4. Group debrief to share learning and best practices.
5. Faculty highlights practical takeaways.
6. Students log at least two key insights and one question for further study.
7. Plan one action step for improved assessment.

Experiential-Learning 10.8 : Reflective Learning: Integration Challenges

1. Reflect on a multi-etiology case experienced or observed.
2. Analyze successes and challenges in assessment and communication.
3. Share reflections in small groups for feedback.
4. Faculty provides additional commentary and tips.
5. Update reflection based on discussion.
6. Add the reflection to personal portfolio.
7. Set a goal for improving integration in clinical work.

Experiential-Learning 10.9 : Portfolio Synthesis and Peer Presentation

1. Compile all practical and experiential learning records, maps, and reflections.
2. Prepare a presentation summarizing etiological analysis and skill development.
3. Present to peers/faculty, fielding questions.
4. Receive feedback for improvement.
5. Revise and finalize portfolio.
6. Submit for assessment.
7. Set a next-step goal for practice or further learning.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on etio-pathology of psychiatric disorders [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1.Describe the role of *Prajnaparadha*, *Asatmya Indriyartha Samyoga*, and *Parinama (Kala Viparyaya)* in the etio-pathogenesis of *Mano Rogas*. Illustrate with examples. Q2.Explain the *Samanya Nidana* (general etiological factors) of *Mano Roga* as described in Ayurveda. Discuss in detail the *Samprapti* (pathogenesis) of psychiatric disorders**.**	4

C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour
Q1. Write short notes on:
a) The role of *Rajas* and *Tamas* in *Mano Rogasampr?pti*.
b) *Doshika involvement* in *Mano Roga*
*Q2.*Describe the *Sampr?pti Ghataka* of *Chittodvega* (anxiety) in terms of general Ayurvedic principles
D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]
Model on phrasing a question: A 28-year-old female presents with persistent sadness, lack of interest in daily activities, disturbed appetite, irregular sleep, and frequent fatigue for the last 6 months. She reports recent marital conflict, social withdrawal, and occasional crying spells. Q1. Identify and analyze the Samanya Nidana (general etiological factors) relevant in this case from an Ayurvedic perspective, including *Aharaja, Viharaja, Manasika, and Daivaja Nidana.Q2.* Correlate with possible modern psychiatric understanding of etiopathogenesis.
E) Experiential Learning Outcome Assessment: [10 marks x 30 mins]
Case Scenario Based Question (CSBQ):
A 24-year-old female student reports persistent sadness, lack of interest in studies, disturbed appetite, and frequent crying spells for the last 2 months. She has a past history of family stress and sleep disturbance. Q1.Identify and explain the S?m?nya Nid?na (general etiological factors) of Mano Roga that could be contributing in this case (e.g., prajñ?par?dha, as?tmyendriy?rtha sa?yoga, manasa abhigh?ta, daiva. Q2.Compare your Ayurvedic etiopathological reasoning with a modern psychiatric model of depression (bio-psycho-social or neurobiological). Q3.Conclude with the clinical significance of understanding *nid?na* and *sampr?pti* in planning management and prognosis.
OR
Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 4

Module 11 : Manasaroga Vargeekarana [A Comprehensive Classification of Manasa roga]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: Need and scope of classification in Psychiatry with respect to Ayurvedic and conventional standards.
2. Conduct: Classification centred clinical case taking.
3. Identify: The disease spectrum.

M 11 Unit 1 Manoroga Vargeekarana Samanya Parichaya

- Manoadhishtita mano vikara
- Sharera adhishtita manovikara
- Ubhaya adhishtita mano vikara

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO8	Describe concepts and categories: Manoadhishtita, Shareeradhishtita, Ubhayadhishtita Manovikara.	1	Lecture	CC	Know	L
CO8	Discuss criteria, rationale, and importance of classification in clinical and research settings.	1	Lecture	CC	Know	L&GD
CO8	Discuss limitations and challenges of Ayurvedic classification in contemporary practice.	2	Lecture	CC	Know	L&GD
CO8	Summarize Comparative Classification Practice: Ayurvedic Types	2	Practical Training 11.1	CE	Shows-how	PER
CO8	Justify Clinical Application of Classification	2	Practical Training 11.2	CE	Shows-how	SIM
CO8	Identify Barriers in Ayurvedic Classification	2	Practical Training 11.3	CS	Shows-how	PSM,RP
CO8	Create Reflection and Clinical Integration	2	Practical Training 11.4	CS	Shows-how	PER
CO8	Summarize Ayurvedic Classification in Practice	3	Experiential-Learning 11.1	CS	Shows-how	C_L

CO8	Comply group analysis of Ayurvedic classification in practice	3	Experiential-Learning 11.2	CS	Shows-how	DIS
CO8	Construt protfolio of Ayurvedic classification in practice	2	Experiential-Learning 11.3	CS	Shows-how	PER

M 11 Unit 2 Manoroga Vargeekarana Vishishta Jnana

- Advanced learning of ICD-11
- ICD-11TM 2
- Classification in NAMASTE Portal
- DSM-5 TR.

References: 49,50

3A	3B	3C	3D	3E	3F	3G
CO8	Describe core principles and categories in ICD-11, DSM-5-TR, and NAMASTE Portal.	1	Lecture	CC	Know	L
CO8	Compare similarities/differences and implications for clinical practice.	1	Lecture	CC	Know	L&GD
CO8	Explain updates from earlier versions (e.g., ICD-10 to ICD-11).	1	Lecture	CC	Know	L&GD
CO8	Evalute Case Classification with ICD/DSM/NAMASTE Portal	2	Practical Training 11.5	CE	Shows-how	PER,D
CO8	Appraise Comparative Analysis & Utility of Systems	2	Practical Training 11.6	CE	Shows-how	PL,DIS
CO8	Recognize Overcoming Barriers & Best Practices in Classification	2	Practical Training 11.7	CS	Shows-how	RP,PSM
CO8	Summarize Clinical Observation: Real-World Classification Systems	3	Experiential-	CS	Shows-	CBL

			Learning 11.4		how	
CO8	Prepare a short interactive teaching session for peers.	3	Experiential-Learning 11.5	CS	Shows-how	SIM,PL
CO8	Synthesize portfolio of integrating learning	3	Experiential-Learning 11.6	CS	Shows-how	PER

M 11 Unit 3 Manoroga sandarbhe Trividha roga vijnana.

- Adhidaivika, Adhibhoutika, Aadhyatmika vyadhi vargeekarana
- Beeja pradoshaja vyadhi

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO8	Discuss Trividha Rogavijnana categories in Ayurveda and their diagnostic value.	1	Lecture	CC	Know	L
CO8	Describe Beejapradoshaja Vyadhi and their place in classification.	1	Lecture	CC	Know	L
CO8	Discuss integrative application of these concepts in clinical reasoning.	1	Lecture	CC	Know	L,DIS
CO8	Assess Trividha Rogavijnana	2	Practical Training 11.8	CE	Shows-how	CD,CBL
CO8	Interpret case integration guide	2	Practical Training 11.9	CE	Shows-how	CBL
CO8	Summarize Barriers in Application of Trividha Rogavijnana	2	Practical Training 11.10	CS	Shows-how	RP,PSM

CO8	Compose Direct Observation of Trividha Rogavijnana in Practice	3	Experiential-Learning 11.7	CS	Knows-how	PL,DIS
CO8	Formulate Integrative Diagnosis of Beejapradoshaja Vyadhi	3	Experiential-Learning 11.8	CS	Shows-how	BS
CO8	Locate portfolio	3	Experiential-Learning 11.9	CS	Knows-how	PER

Practical Training Activity

Practical Training 11.1 : Comparative Classification Practice: Ayurvedic Types

1. Brief orientation on the criteria and categories (Manoadhishtita, Shareeradhishtita, Ubhayadhishtita).
2. Divide into small groups and review provided patient case vignettes.
3. Each group identifies and classifies the case according to Ayurvedic categories, justifying their decisions.
4. Map the same cases to the most approximate biomedical or contemporary categories.
5. Discuss and document similarities/differences and rationale for mapping.
6. Present findings and reasoning to the class for peer and faculty feedback.
7. Record challenges and learning points in a personal logbook.

Practical Training 11.2 : Clinical Application of Classification

1. Faculty demonstrates clinical reasoning for classifying a patient’s symptoms.
2. Practice patient interviews (real/simulated) to elicit key symptoms/signs for classification.
3. Each student completes a classification form based on their assessment.
4. Compare student results with faculty model and discuss discrepancies.
5. Small group debate: which system gives most clinical clarity?
6. Reflect on diagnostic challenges and cultural context in classification.
7. Update personal learning portfolio with new skills and insights.

Practical Training 11.3 : Addressing Barriers in Ayurvedic Classification

1. Brainstorm real/practical barriers (e.g., ambiguity, lack of contemporary equivalents, documentation).
2. Prioritize the most important/urgent challenges.
3. Propose and discuss possible solutions (e.g., new criteria, integration with modern tools).
4. Develop and act out role-play scenarios addressing these solutions.
5. Receive faculty and peer feedback on clarity and feasibility.
6. Consolidate best strategies into a “practice toolkit.”
7. Record individual action plans for future application.

Practical Training 11.4 : Reflection and Clinical Integration

1. Each student presents a case they classified.
2. Peer review of classification, rationale, and suggestions.
3. Discuss integration of Ayurvedic and contemporary approaches.
4. Identify potential errors and propose improvements.
5. Reflect on impact of classification accuracy on treatment/outcomes.
6. Faculty provides feedback and synthesis.
7. Document insights in logbook.

Practical Training 11.5 : Case Classification with ICD/DSM/NAMASTE Portal

1. Orientation on core principles and structure of ICD-11, DSM-5-TR, NAMASTE Portal.
2. Faculty demonstrates classification of a sample case in real time using all three systems.
3. In groups, students receive different patient case vignettes.
4. Apply ICD-11, DSM-5-TR, and NAMASTE Portal to classify and code each case.
5. Document diagnostic reasoning for each system.
6. Compare the diagnoses, note areas of overlap/divergence, and discuss why differences may arise.
7. Present findings to peers and faculty for discussion and feedback.

Practical Training 11.6 : Comparative Analysis & Utility of Systems

1. Each group creates a comparative chart summarizing diagnostic categories for a case across ICD-11, DSM-5-TR, and NAMASTE.

2. Identify unique or ambiguous diagnostic features in each system.
3. Discuss clinical implications: which system is more practical, user-friendly, or precise for this case?
4. Peer-review another group's chart, ask critical questions, and suggest improvements.
5. Revise and finalize comparative charts based on feedback.
6. Faculty summarizes main learning points and highlights integration issues.
7. Document challenges and solutions in logbook for future reference.

Practical Training 11.7 : Overcoming Barriers & Best Practices in Classification

1. Identify barriers in applying these systems (e.g., coding confusion, access to resources, language, updates, digital tools).
2. Brainstorm practical solutions or "workarounds" for at least three common challenges.
3. Develop and perform role-plays or video demonstrations showing effective use of the systems in busy clinical scenarios.
4. Faculty/peers provide structured feedback.
5. Groups create a checklist of best practices for real-world application.
6. Compile group checklists and merge into a class "Best Practices Guide."
7. Reflect and update personal logbook with action points for future application.

Practical Training 11.8 : Clinical Application of Trividha Rogavijnana

1. Brief introduction and recap on Trividha Rogavijnana (Adhidaivika, Adhibhoutika, Aadhyatmika) and Beejapradoshaja concepts.
2. In small groups, review multiple patient vignettes with different presenting symptoms.
3. Assign each case to the correct Trividha Rogavijnana category, providing justification based on history and symptoms.
4. Discuss clinical features and treatment implications for each category.
5. Compare and contrast these categories with modern psychiatric diagnoses.
6. Identify areas where categories overlap or where classification is unclear.
7. Document findings and challenges in a structured logbook for future reference.

Practical Training 11.9 : Case Integration & Multimodal Classification

1. Assign complex "hybrid" cases that combine Ayurvedic and biomedical features.
2. Each group attempts a dual classification—Ayurvedic and contemporary.
3. Discuss how to reconcile or integrate findings for holistic care.
4. Present group approach and receive faculty/peer feedback.
5. Develop a summary "integration guide" listing principles for combining both systems in practice.

6. Review and refine the guide based on feedback.
7. Submit integration guide and key reflections as a group product.

Practical Training 11.10 : Problem-solving: Barriers in Application

1. Identify real-world barriers in applying Trividha Rogavijnana (e.g., lack of documentation, unclear boundaries, patient understanding).
2. Discuss causes and clinical consequences of these barriers.
3. Brainstorm and document possible solutions for each barrier.
4. Develop and act out short role-plays to model these solutions in a clinical context.
5. Peer and faculty feedback on effectiveness and realism.
6. Summarize main takeaways and strategies in a group action plan.
7. Update logbooks with personal commitments for improved application.

Experiential learning Activity

Experiential-Learning 11.1 : Field/Virtual Observation: Ayurvedic Classification in Practice

1. Attend OPD/ward rounds or virtual sessions focusing on Ayurvedic classification.
2. Observe cases being classified and rationale given by clinicians.
3. Record observations in a structured logbook.
4. Identify gaps, challenges, or confusion in real classification process.
5. Discuss findings in a peer group, sharing contrasting experiences.
6. Propose practical solutions or clarifications to observed challenges.
7. Summarize learning for faculty review.

Experiential-Learning 11.2 : Reflective Journaling & Group Analysis

1. Choose a case where classification was particularly challenging.
2. Write a structured reflection covering: situation, difficulties, decisions made, and learning.
3. Share journal entries in small groups.
4. Compare perspectives and approaches, highlighting differences.
5. Peer and faculty feedback on reflective depth and clinical insight.
6. Revise and finalize journal for portfolio.
7. Identify at least one personal improvement goal.

Experiential-Learning 11.3 : Portfolio Synthesis & Peer Presentation

1. Compiy all learning (cases, reflections, logbooks) into a structured portfolio.
2. Prepare a presentation on a difficult classification case and your approach.
3. Present to peer group, answer questions, and participate in group critique.
4. Faculty gives feedback on presentation, clarity, and logic.
5. Incorporate feedback and finalize portfolio.
6. Submit for assessment.
7. Faculty concludes with a discussion on emerging issues in psychiatric classification.

Experiential-Learning 11.4 : Clinical Observation: Real-World Classification Systems

1. Observe faculty or clinicians using ICD/DSM/NAMASTE Portal for patient classification (in OPD, case conference, or virtual simulation).
2. Record the stepwise process, noting patient presentation, system selection, and diagnostic pathway.
3. Identify and note discrepancies or uncertainty in system application.
4. Engage in a post-observation group discussion to clarify doubts and compare observed practice with textbook knowledge.
5. Suggest improvements to the process and discuss digital/online resources.
6. Log detailed observations, learning points, and questions for faculty review.
7. Receive feedback on observation notes and areas for further study.

Experiential-Learning 11.5 : Peer Teaching: System Mastery

1. Each group selects one classification system (ICD, DSM, or NAMASTE) and prepares a short interactive teaching session for peers.
2. Use real/simulated cases to demonstrate classification steps and coding.
3. Engage peers in discussion, quizzes, or problem-solving related to the system.
4. Peers provide structured feedback on clarity, accuracy, and engagement.
5. Revise and refine teaching materials based on feedback.
6. Faculty summarizes strengths and improvements for each session.
7. Reflect in personal logbook on teaching/learning experience and remaining gaps.

Experiential-Learning 11.6 : Portfolio Synthesis: Integrating Learning

1. Comply all session notes, case charts, best practice checklists, and feedback into a structured portfolio.
2. Select two challenging cases and write a brief narrative on diagnostic reasoning and system choice.

3. Present portfolio highlights and learning outcomes to the peer group.
4. Participate in faculty Q&A and peer critique.
5. Incorporate feedback and submit final portfolio.
6. Faculty assesses for depth of understanding and integration.
7. Set two goals for future practice and document in the portfolio.

Experiential-Learning 11.7 : Direct Observation: Trividha Rogavijnana in Practice

1. Attend clinical rounds or view recordings where Trividha Rogavijnana is actively used for diagnosis.
2. Record stepwise diagnostic reasoning and category assignment.
3. Observe patient reactions and treatment planning based on classification.
4. Identify areas of ease and difficulty for the clinical team.
5. Discuss observations in peer groups and clarify doubts.
6. Document new insights and persistent questions in the logbook.
7. Receive faculty feedback on observation and learning notes.

Experiential-Learning 11.8 : Reflective Dialogue: Beejapradoshaja Vyadhi and Integrative Diagnosis

1. Participate in a faculty-led group discussion on Beejapradoshaja Vyadhi and its relevance today.
2. Share any observed or theoretical cases illustrating these concepts.
3. Reflect on the ease or challenge of integrating these categories with modern psychiatry.
4. Brainstorm methods for bridging conceptual gaps.
5. Formulate group suggestions for curriculum or clinical practice updates.
6. Record group consensus in a shared document.
7. Summarize learning and plans for further inquiry in the logbook.

Experiential-Learning 11.9 : Portfolio & Case Synthesis

1. Compile all practical and experiential learning artifacts (case worksheets, integration guides, logbooks, reflections) into a portfolio.
2. Select a case or issue that challenged your understanding and describe your process of resolution.
3. Prepare a brief oral/poster presentation for peers and faculty.
4. Engage in group critique, Q&A, and discussion of application to clinical practice.
5. Incorporate feedback and finalize portfolio.
6. Submit portfolio for assessment.

7. Faculty closes with summary and guidance for applying integrative classification in practice.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Classification of psychiatric disorders [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1. Discuss in detail the classification of Manasa Roga according to Ayurveda. Explain the basis of classification (do?a, manasika bh?va, gu?a, sampr?pti, and ?ch?rya-specific views), and correlate with modern psychiatric nosology (DSM/ICD). Illustrate with examples. C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour Q1.Enumerate the classifications of Manasa Roga as described in Ayurveda with suitable examples. Q2 .State the significance of Vargeekara?a (classification) in the clinical evaluation and management of Manasa Roga D) Practical Learning Outcome Assessment: [10 marks x 01 Hour] Case Scenario: A 28-year-old male presents with irritability, disturbed sleep, occasional hallucinations, and difficulty maintaining relationships at work. The family reports periods of elevated mood followed by low mood over the past 6 months. Q1.Identify **key clinical features** and correlate them with Ayurvedic psychiatric parameters. Q2.Compare your Ayurvedic classification with the modern psychiatric diagnosis E) Experiential Learning Outcome Assessment: [10 marks x 30 mins] Case Scenario Based Question (CSBQ): A 40-year-old male presents with: Persistent suspiciousness towards family members, hearing voices when no one is around, social withdrawal and neglect of personal hygiene and disturbed sleep and irritability. Q1.Based on ?yurvedic principles of Manasa Roga Varg?kara?a, classify this patient's condition. Q2.Identify the nearest Ayurvedic disease entity (e.g., Unm?da, Apasm?ra, Chittodvega) and justify. Q3.Correlate the above with a modern psychiatric classification (e.g., ICD/DSM category – Schizophrenia spectrum disorder). OR Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	4

Module 12 : Manasa Roga Nirnaye Upakarananam Prayoga [The application of assessment tools and diagnostic parameters in Psychiatric Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: The clinical utility of psychometric tools
2. Conduct: Diagnosis based on specific psychometric tools
3. Identify: The most appropriate tool in the given clinical scenario.

M 12 Unit 1 Vividha pariksha maanakah - manomaapaka upakaranani cha

- Different psychiatric assessment inventories (Ayurvedic and Conventional standards)
- Psychiatric and psychometric instruments

References: 38,82

3A	3B	3C	3D	3E	3F	3G
CO8	Describe key psychiatric and psychometric assessment tools (Ayurvedic and conventional), their theoretical background and diagnostic utility.	2	Lecture	CC	Know	L&PPT ,L
CO8	Discuss the process and criteria for selection, administration, and scoring of assessment instruments.	1	Lecture	CC	Know	L
CO8	Discuss strengths, limitations, and ethical considerations in using these inventories.	1	Lecture	CC	Know	L&GD,L
CO8	Administer and interpret psychiatric and psychometric assessment instruments in simulated/real cases.	2	Practical Training 12.1	CE	Shows-how	D
CO8	Analyze the application and scoring of inventories.	2	Practical Training 12.2	CE	Shows-how	PER,D

CO8	Compare Ayurvedic vs. Conventional Tools	2	Practical Training 12.3	CE	Shows-how	PER
CO8	Summarize Practical and Ethical Challenges of Ayurvedic and Cnoventional tools	2	Practical Training 12.4	CS	Shows-how	RP,DIS
CO8	Observe, reflect, and document the real-world use and challenges of assessment tools in clinical settings.	3	Experiential-Learning 12.1	CE	Shows-how	FV
CO8	Analyze the ethical and practical dimensions of the critical situation.	3	Experiential-Learning 12.2	CE	Shows-how	PL
CO8	Synthesize experiences and develop a personal toolkit for future practice.	2	Experiential-Learning 12.3	CS	Shows-how	PER

M 12 Unit 2 Vyadhi nirnaye anya mano mapaka upakaranani

- Satvabala assessment scales
- Any 2 Personality assessment scale Clinical utility
- Any 2 Intelligence assessment scales with Clinical utility
- Any 2 EQ assessment scale Clinical utility

References: 20,38

3A	3B	3C	3D	3E	3F	3G
CO8	Describe Satva Bala assessment scales, personality assessment scales, intelligence tests, and EQ measurement tools.	2	Lecture	CC	Know	L,DIS
CO8	Discuss clinical application, strengths, and limitations of these tools in psychiatric assessment	1	Lecture	CC	Know	DIS,L

CO8	Assess Satva Bala	2	Practical Training 12.5	CE	Shows-how	D
CO8	Demonstrate use and interpretation of selected personality, intelligence, and EQ assessment scales.	2	Practical Training 12.6	CE	Shows-how	D,PL
CO8	Compare the clinical utility and limitations of different scales.	2	Practical Training 12.7	CE	Shows-how	PL,PER
CO8	Observe and analyze tool application in varied clinical populations.	3	Experiential-Learning 12.4	CS	Shows-how	FV
CO8	Analyze barriers to accurate assessment and propose solutions.	3	Experiential-Learning 12.5	CS	Shows-how	DIS,PSM
CO8	Prepare and present a brief plan to apply one strategy in a future or simulated clinical setting	3	Experiential-Learning 12.6	CS	Knows-how	PL

M 12 Unit 3 Assessment measures as per DSM 5 TR

- Assessment measures as per DSM 5 TR
- Crosscutting Symptoms Assessment

References: 49,50

3A	3B	3C	3D	3E	3F	3G
CO8	Describe the purpose, structure, and scoring of DSM-5-TR cross-cutting symptom measures.	2	Lecture	CC	Know	L&PPT,L
CO8	Discuss the role of standardized cross-cutting assessment in psychiatric evaluation and monitoring.	1	Lecture	CC	Know	L,L&PPT

CO8	Demonstrate use of DSM-5-TR cross-cutting symptom tools in clinical scenarios.	2	Practical Training 12.8	CAP	Shows-how	D
CO8	Interpret findings and integrate them into diagnostic and management planning.	2	Practical Training 12.9	CE	Shows-how	CBL,TPW
CO8	Summarize Review, Feedback & Reflection on use of cross-cutting tools.	2	Practical Training 12.10	CS	Shows-how	PL
CO8	Observe and document use of cross-cutting assessments in real or virtual clinical settings	3	Experiential-Learning 12.7	CS	Shows-how	FV
CO8	Reflect on utility, challenges, and areas for improvement	3	Experiential-Learning 12.8	CS	Shows-how	DIS
CO8	Prepare and present portfolio	3	Experiential-Learning 12.9	CS	Shows-how	PER,DIS

Practical Training Activity

Practical Training 12.1 : Hands-on Administration: Psychiatric & Psychometric Tools

1. Orientation on types, purposes, and selection criteria of Ayurvedic and conventional psychiatric assessment tools.
2. Faculty demonstration of tool administration, including communication and ethical steps.
3. Review manuals, scoring criteria, and response forms in small groups.
4. Peer role-play: practice administering each tool using assigned case vignettes, with attention to rapport and consent.
5. Practice scoring and interpreting assessments using answer keys; clarify doubts.
6. Discuss clinical implications of assessment results in peer groups.
7. Document experiences, challenges, and two key learning points in logbook.

Practical Training 12.2 : Critical Analysis of Application and Scoring of Inventories

1. Preparation

- Select appropriate inventory (based on purpose: depression, anxiety, cognition, personality).
- Ensure patient’s consent, rapport, and comprehension.

2. Administration

- Explain clearly: “This is not an exam; please answer honestly.”
- Apply in paper-pencil or interview-based format.
- Maintain privacy and non-judgmental atmosphere.

3. Scoring

- Follow inventory’s scoring key (e.g., Likert scale 0–3).
- Sum up scores for total severity.
- Apply cut-off points (e.g., BDI: 0–13 = minimal depression, 14–19 = mild, etc.).

4. Interpretation

- Relate score to clinical picture (not in isolation).
- Compare baseline vs. follow-up for treatment outcome.

5. Documentation & Feedback

- Record raw and interpreted score.
- Provide feedback to patient in understandable terms.

Practical Training 12.3 : Comparative Practice: Ayurvedic vs. Conventional Tools
1. Groups select one Ayurvedic and one conventional tool for a sample case and justify the selection. 2. Discuss cultural/contextual appropriateness of each tool. 3. Simulate administration for both tools, assigning clinician/patient/observer roles. 4. Document procedural challenges, such as time, understanding, bias. 5. Complete scoring for both tools and compare outcomes. 6. Analyze findings and prepare recommendations for tool selection in similar cases. 7. Present findings to class, participate in Q&A, and update comparative analysis sheet based on feedback.
Practical Training 12.4 : Addressing Practical and Ethical Challenges
1. Brainstorm and list common barriers in assessment tool use in small groups. 2. Prioritize most significant barriers and analyze root causes. 3. Brainstorm and document practical solutions for each barrier. 4. Develop role-play scenarios to demonstrate application of solutions. 5. Act out scenarios and receive structured peer/faculty feedback. 6. Summarize effective solutions into a “best practices toolkit.” 7. Update logbook with lessons learned and make a personal commitment to improved practice.
Practical Training 12.5 : Administration: Satva Bala & Personality Scales
1. Introduction to Satva Bala and at least two personality scales. 2. Faculty demonstrates administration with simulated patient. 3. Students review scale manuals and learn scoring criteria. 4. Practice administering each scale on peers or volunteers. 5. Score and interpret results using real or simulated data. 6. Compare group scores and discuss clinical implications. 7. Document practical challenges and learning in logbook.
Practical Training 12.6 : Intelligence & EQ Tool Practice

1. Brief introduction to selected intelligence and EQ scales.
2. Observe faculty demonstration and scoring.
3. Students work in pairs to practice administering scales.
4. Use case vignettes for realistic scoring and interpretation.
5. Share findings and discuss possible clinical implications.
6. Highlight challenges (e.g., cultural/language issues) and brainstorm solutions.
7. Log experiences and insights for review.

Practical Training 12.7 : Comparative Utility Discussion

1. In groups, assign each a different scale/tool.
2. Each group presents scale strengths, limitations, and clinical relevance.
3. Peer groups provide critique and suggestions.
4. Groups discuss specific case examples to illustrate tool use.
5. Identify contexts where each tool is preferred or not.
6. Faculty summarizes best practices and evidence.
7. All students update personal checklists for future reference.

Practical Training 12.8 : DSM-5-TR Cross-cutting Tool Demonstration

1. Introduction to DSM-5-TR cross-cutting symptom assessment.
2. Faculty demonstrates tool use with simulated or real case.
3. Review scoring and interpretation manual.
4. Students practice on standardized cases, focusing on accurate administration.
5. Score results and compare with faculty/model answers.
6. Discuss pitfalls and best practices in small groups.
7. Log experiences in structured workbook.

Practical Training 12.9 : Integration with Diagnosis: Case-based

1. Work in small groups on provided complex case scenarios.
2. Use DSM-5-TR cross-cutting tool to assess and record symptom domains.
3. Discuss findings and map to differential diagnoses.
4. Collaborate on preparing an integrated diagnostic and management plan.

5. Present the plan to peers and receive feedback.
6. Reflect on challenges integrating tool data.
7. Document outcomes and learning points.

Practical Training 12.10 : Review, Feedback & Reflection

1. Submit completed assessments for faculty review.
2. Participate in a structured peer review session.
3. Faculty leads debrief on challenges, misconceptions, and strengths.
4. Each student writes a reflection on use of cross-cutting tools.
5. Peer discussion of practical solutions to common barriers.
6. Incorporate feedback and revise understanding.
7. Final submission of practical workbook.

Experiential learning Activity

Experiential-Learning 12.1 : Clinical Observation: Tool Application in Real Setting

1. Attend a psychiatric OPD/ward (physically or virtually) and observe assessment tool administration.
2. Note patient demographics, context, and presenting complaints.
3. Observe how tools are selected and the rationale for choice.
4. Document the process of consent, rapport-building, and tool administration.
5. Observe scoring, interpretation, and communication of findings to patient/family.
6. Identify any challenges faced by clinicians (e.g., patient cooperation, time limits).
7. Record all observations in a structured logbook and prepare questions for debrief.

Experiential-Learning 12.2 : Reflective Practice: Critical Incidents

1. Select one critical incident or challenge observed during fieldwork.
2. Write a detailed reflection, describing the event, decisions made, and outcomes.
3. Analyze the ethical and practical dimensions of the situation.
4. Suggest alternative strategies or improvements.
5. Discuss reflections in a peer group, sharing different perspectives.
6. Receive feedback from faculty and peers on analysis and self-awareness.

7. Summarize key lessons learned and document them in a personal development plan.

Experiential-Learning 12.3 : Portfolio Synthesis & Peer Presentation

1. Comply all practical experiences, logbooks, case reports, and reflections into a structured portfolio.
2. Select three key learnings and areas for future improvement.
3. Prepare a brief presentation summarizing your portfolio to peers/faculty.
4. Engage in Q&A and peer discussion to clarify concepts and solutions.
5. Incorporate feedback into your portfolio.
6. Submit final portfolio for assessment.
7. Participate in a concluding faculty-led debrief focusing on professional growth and readiness for real-world application.

Experiential-Learning 12.4 : Observation: Multiple Tool Application

1. Observe real or recorded cases where more than one tool is applied.
2. Note reasons for multi-tool selection and sequencing.
3. Document patient response, participation, and barriers encountered.
4. Analyze concordance or discordance of tool results.
5. Discuss how findings influence diagnosis and management.
6. Compile all data in a structured logbook.
7. Prepare questions for faculty debrief.

Experiential-Learning 12.5 : Group Analysis: Assessment Barriers

1. Share and discuss observed assessment barriers in small groups.
2. Collect and compare common barriers across different settings (e.g., rural vs. urban).
3. Brainstorm practical solutions for each barrier.
4. Prepare action plans to address at least two major barriers.
5. Share action plans with the whole group.
6. Faculty and peers provide feedback and refinement.
7. Record solutions and action points in personal logbooks.

Experiential-Learning 12.6 : Solutions Portfolio & Future Planning

1. Each student creates a “solutions portfolio” summarizing key barriers and corresponding solutions.
2. Identify three priority strategies for clinical use.
3. Prepare and present a brief plan to apply one strategy in a future or simulated clinical setting.
4. Receive peer and faculty feedback.
5. Finalize portfolio and submit for assessment.
6. Participate in closing discussion on professional growth.
7. Reflect on next steps for continuous improvement.

Experiential-Learning 12.7 : Field/Virtual Observation: Cross-cutting Assessment

1. Attend or view clinical sessions using DSM-5-TR tools.
2. Observe stepwise process: patient introduction, tool administration, scoring, result discussion.
3. Note patient reactions and clinician strategies for engagement.
4. Document real-world challenges in completion and interpretation.
5. Identify examples where tool changed clinical thinking.
6. Prepare a summary for group debrief.
7. Enter all learning points in observation logbook.

Experiential-Learning 12.8 : Group Reflection: Clinical Utility & Barriers

1. Share and analyze observed strengths/limitations of cross-cutting tools in practice.
2. Discuss specific cases where utility was high/low.
3. Brainstorm ways to increase clinical utility and minimize barriers.
4. Prepare and present a brief improvement proposal to peers.
5. Faculty gives feedback and summarizes best practices.
6. Update logbook with new insights.
7. Set individual goals for improved tool use.

Experiential-Learning 12.9 : Portfolio Finalization & Presentation

1. Comply all practical and experiential learning artifacts (logbooks, reflections, proposals) into a final portfolio.
2. Prepare a concise presentation (oral or poster) of portfolio highlights.
3. Present to peer group and faculty.
4. Respond to questions and suggestions.

5. Incorporate feedback into the portfolio.
6. Submit portfolio for final assessment.
7. Faculty and peers discuss professional readiness and areas for further growth.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Diagnostic tools in Psychiatry [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1.Describe the role of structured diagnostic tools (such as DSM/ICD criteria, rating scales, and standardized inventories) in psychiatric practice. Compare them with Ayurvedic diagnostic methods like Satva-anum?na and Mano Rogi Par?k?? Vidhi. Q2. Discuss in detail the diagnostic tools used in psychiatry with special reference to clinical examination, psychometric tests, laboratory investigations, and imaging techniques. Illustrate with suitable examples. C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour Q1.List the commonly used diagnostic tools in psychiatry and briefly mention their clinical utility. Q2.Name any four Ayurvedic approaches to psychiatric assessment (e.g., Satva-par?k??, Mano-rogi par?k??-vidhi) and briefly explain their significance.Q3.What is the role of rating scales (e.g., HAM-D, MMSE) in psychiatric diagnosis? Give one clinical example. D) Practical Learning Outcome Assessment: [10 marks x 01 Hour] Case Scenario: A 20-year-old student presents with academic decline, social withdrawal, suspiciousness, and occasional irrelevant speech for 3 months. You are asked to evaluate the patient using psychiatric diagnostic tools. Q1.Choose and demonstrate appropriate diagnostic tools to evaluate the patient (e.g., Mental Status Examination [MSE], rating scales like HAM-D, BPRS, MMSE, or Ayurvedic Manasa Bala Pareeksha tools).Q2.Document the findings of the Mental Status Examination systematically (appearance, behavior, mood, thought, perception, cognition, insight, judgment). E) Experiential Learning Outcome Assessment: [10 marks x 30 mins] Case Scenario: A 35-year-old school teacher complains of persistent sadness, lack of interest in work, fatigue, and poor sleep for the last 4 months. The patient has no history of substance use or major medical illness. Q1.Select and apply at least two standard psychiatric diagnostic tools suitable for this case (e.g., Hamilton Depression Rating Scale – HAM-D, Beck Depression Inventory – BDI, General Health Questionnaire – GHQ-12). Q2.Conclude with a diagnostic impression (Ayurvedic classification + DSM/ICD category) and suggest how such tools can guide prognosis & treatment planning Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	4

Semester No : 5

Module 13 : Bhuta Vidya Vishaye Vishishta Jnana (A Comprehensive Understanding of Bhutavidya and its Clinical Application)

Module Learning Objectives
(At the end of the module, the students should be able to)

At the end of this module, the learner will be able to:

1. Understand and explain Bhuta, Graha, Bala Graha, and their conceptual relevance in Ayurveda.
2. Interpret Ayurvedic and para-psychological descriptions of abnormal behavior.
3. Differentiate Grahavesha from psychiatric disorders such as dissociative states and childhood behavioral disorders.
4. Apply Graha-based diagnostic and therapeutic principles in clinical simulations and community contexts.

M 13 Unit 1 Clinical Application of Bhutagraha

- Types, time of affecting and Characteristic features of Bhuta and Graha with modern understanding like disosiative disorders, Paranormal behaviour
- Relationship of graha with other diseases

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO8	Describe the types of Bhuta and Graha, their modes of affliction, and specific lakshanas as per Ayurvedic classics.	1	Lecture	CC	Know	L,L&GD
CO8	Correlate Graha lakshanas with dissociative disorders, conversion disorders, and paranormal behavior from a modern psychiatric lens.	1	Lecture	CC	Know	L,L&GD
CO8	Discuss the role of Arishta Lakshanas and Daivabala-Pravritta Rogas in the context of Bhutavidya.	1	Lecture	CC	Know	L,L&GD

CO8	Identify Graha-specific symptomatology in simulated patient scenarios.	2	Practical Training 13.1	CE	Shows-how	SIM,C_L
CO8	Differentiate Bhutagraha symptoms from modern psychiatric categories through comparative diagnosis.	2	Practical Training 13.2	CE	Shows-how	PL,PAL
CO8	Demonstrate and document diagnosis of Grahavesha and propose traditional Daivavyapashraya treatment	2	Practical Training 13.3	CS	Knows-how	RP
CO8	Observe Bhutavidya practices and Graha-based rituals in real or recorded settings.	3	Experiential-Learning 13.1	CS	Knows-how	FV
CO8	Analyze the psychosocial effects of Graha rituals on patient and family.	3	Experiential-Learning 13.2	CS	Knows-how	RLE,JC
CO8	Reflect on integration possibilities and ethical dilemmas in using Graha concepts in modern psychiatry.	3	Experiential-Learning 13.3	CS	Knows-how	PAL,IBL

M 13 Unit 2 In depth knowledge on Bala Graha

- Understanding and differential diagnosis of balagraha cross linking with the concepts of child psychiatry.

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO8	Describe the clinical features and diagnostic markers of Bala Graha based on Ayurvedic literature.	1	Lecture	CC	Know	L
CO8	Discuss traditional approaches to Bala Graha evaluation, including nakshatra, dosha, and Graha-specific lakshanas.	1	Lecture	CK	Know	L,L&GD

CO8	Compare Bala Graha features with child psychiatric disorders such as ADHD, autism, and enuresis.	1	Lecture	CK	Know	L&GD,L
CO8	Identify Graha-related behavioral symptoms in pediatric patients.	2	Practical Training 13.4	CAP	Shows-how	SIM
CO8	Complie and discuss Graha-based features from those of childhood psychiatric disorders.	2	Practical Training 13.5	CAP	Shows-how	DIS
CO8	Interprete traditional Graha-based interventions and propose integrative care approaches.	2	Practical Training 13.6	CAP	Shows-how	RP
CO8	Observe traditional Bala Graha management in clinical or field settings.	3	Experiential-Learning 13.4	CS	Shows-how	FV,DIS
CO8	Analyze caregiver perspectives and beliefs about Graha-based childhood illness.	3	Experiential-Learning 13.5	CS	Shows-how	RLE,IBL
CO8	Compile an integrative care plan combining Ayurveda and pediatric psychiatry for Graha-related presentations.	3	Experiential-Learning 13.6	CS	Shows-how	PL,PER

M 13 Unit 3 Bhuta graha vyavaharika jnana Critical analysis of the concept of Grahavesha

- Concept and clinical understanding of Bhoota by Sushrutha and Charaka
- Concept of Para Psychology.

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G
CO8	Discuss the concept of Bhoota and Grahavesha as described by Charaka, Sushruta, and other classical Ayurvedic texts.	1	Lecture	CK	Know	L&GD,L

CO8	Describe the metaphysical and spiritual underpinnings of Grahavesha in Ayurveda.	1	Lecture	CK	Know	L&GD
CO8	Analyze para-psychological theories (e.g., possession states, trance phenomena) and correlate them with Ayurvedic Graha concepts.	1	Lecture	CK	Know	DIS
CO8	Evaluate the relevance of these frameworks in the context of modern mental health and cultural psychiatry.	1	Lecture	CC	Know	L&GD
CO8	Interpret ancient textual references on Grahavesha through critical discussion.	2	Practical Training 13.7	CAP	Shows-how	DIS
CO8	Interprete Grahavesha with altered states of consciousness, trance, and possession in para-psychological literature.	2	Practical Training 13.8	CE	Shows-how	C_L
CO8	Conclude assessment of a patient suspected to be under Graha influence and propose a culturally grounded clinical strategy.	2	Practical Training 13.9	CE	Shows-how	SIM
CO8	Formulate and present a Grahavesha diagnosis with Ayurvedic and para-psychological integration.	2	Practical Training 13.10	CE	Shows-how	SIM
CO8	Observe and reflect on traditional and community-level perceptions of Grahavesha.	3	Experiential-Learning 13.7	CS	Shows-how	FV
CO8	Analyze a culturally rooted “possession” case using both Ayurvedic and psychiatric perspectives.	3	Experiential-Learning 13.8	CS	Shows-how	JC
CO8	Synthesize learning’s into a portfolio documenting potential models for cultural psychiatry in India.	2	Experiential-Learning 13.9	CS	Shows-how	PL
Practical Training Activity						
Practical Training 13.1 : Simulation – Diagnosis of Grahavesha						

1. Students are introduced to a clinical scenario showing sudden-onset abnormal behavior (e.g., trance state, irrational speech).
2. Students analyze onset patterns (day/night, lunar phase), symptom presentation, and energy fluctuation using classical references.
3. Each student completes a Graha Diagnostic Template listing dosha, type of Graha, and nakshatra considerations.
4. The group discusses plausible modern interpretations (e.g., psychotic episode, dissociative trance disorder).
5. Facilitator provides feedback on diagnostic clarity and classical relevance.

Practical Training 13.2 : Comparative Diagnostic Mapping – Graha vs. DSM-5 Categories

1. Students are given a set of symptoms and asked to match with classical and modern categories.
2. They prepare a side-by-side chart showing key similarities and diagnostic differences between Bhutagraha and psychiatric labels (e.g., schizophrenia, PTSD).
3. Discussion includes patient-family acceptance, prognosis, and therapeutic path.
4. Students submit the comparative chart and present one case to peers

Practical Training 13.3 : Role-play – Daivavyapashraya Chikitsa Demonstration

1. Introduction to Daivavyapashraya elements: Mantra, Bali, Homa, Japa, and Upahara.
2. Students take roles as physician, patient, family, and healer.
3. Simulate explanation of the ritual and guide family through therapeutic stages.
4. Conduct symbolic ritual enactment and communication of expected outcomes.
5. Peer and faculty assess clarity, empathy, and cultural alignment.

Practical Training 13.4 : Simulation of Bala Graha Symptoms in Children

1. Present simulated pediatric scenarios such as sudden muteness, tantrums, night terrors, or irrational fears.
2. Students analyze symptom onset, timing (tithi, nakshatra), and family reports.
3. Apply Ayurvedic principles to identify the Graha involved (e.g., Skanda Graha, Shakunisha Graha).
4. Use a Bala Graha Diagnostic Template to document type, dosha, and associated behaviors.
5. Compare their analysis with modern labels such as nocturnal panic or conduct disorder.
6. Faculty reviews documentation and gives structured feedback.

Practical Training 13.5 : Differential Diagnosis – Bala Graha vs. Child Psychiatry

1. Provide students with DSM-based diagnostic criteria for ADHD, Autism Spectrum Disorder, and Anxiety Disorders.
2. Facilitate side-by-side comparison with Bala Graha lakshanas using a Graha-Psychiatry matrix.
3. Discuss symptom expression, prognosis, and response to intervention in both systems.
4. Students submit a comparative analysis chart identifying similarities, overlaps, and distinguishing features.
5. Peer critique and revise final chart for inclusion in the academic portfolio.

Practical Training 13.6 : Role-play – Counseling Parents of a Bala Graha-Affected Child

1. Students take roles: Ayurvedic physician, child's parent, and assistant.
2. Simulate a family consultation where Graha is explained sensitively in culturally appropriate terms.
3. Recommend Daivavyapashraya Chikitsa, diet, and behavior modification in child-friendly language.
4. Include discussion on balancing Ayurveda with child psychiatric referral where necessary.

5. Faculty and peers provide feedback on communication, empathy, and therapeutic planning

Practical Training 13.7 : Text-Based Workshop – Classical Descriptions of Bhoota & Graha

1. Provide translated quotes from Charaka, Sushruta, and Bhela Samhita on Grahavesha.
2. Students identify key terms and classify types of Graha (e.g., Skanda, Shakuni, Shitapriya).
3. Discuss Doshic involvement, behaviour patterns, and prognosis in different Grahas.
4. Each student writes a short analysis on a selected Graha type.
5. Faculty conducts a group synthesis highlighting unique textual contributions.

Practical Training 13.8 : Comparative Framework – Grahavesha and Parapsychological Models

1. Introduce students to Western para-psychological concepts (e.g., mediumship, trance possession, spiritual crisis).
2. Compare their criteria with Ayurvedic Graha features: personality shift, altered consciousness, fear states.
3. Students prepare a Venn diagram identifying overlaps and differences.
4. Groups debate if Grahavesha could be an early cultural representation of known psychiatric and spiritual states.
5. Final group report compiled and reviewed.

Practical Training 13.9 : Case Simulation – Clinical Assessment of Grahavesha

1. Students are given a narrative of a person with sudden unexplainable behavior and cultural beliefs of Graha affliction.
2. Using Ayurvedic parameters, they assess Prakriti, Dosha involvement, behavioral signs, and Graha suspicion.

3. Groups create a treatment plan combining Daivavyapashraya and Satvavajaya components.
4. Each plan includes precautions for psychiatric referral if needed.
5. Present case plans in class and receive feedback.

Practical Training 13.10 : Grahavesha diagnosis – Ayurvedic and para-psychological integration.

1. Initial screening ? Rule out epilepsy/organic causes (neurological exam).
2. Ayurvedic Nadi & Satva Pareeksha ? assess doshic status + mental bala.
3. Psychological & Para-psychological assessment ? MSE, dissociation scales.
4. Observation in natural/cultural context ? rituals, triggers, community response.
5. Formulate diagnosis ?
    1. *Ayurveda*: Grahavesha (with dosha predominance).
    2. *Modern*: Dissociative possession state vs. psychosis.
6. Prognosis (Sadhya–Asadhyata) ? depends on satva bala + chronicity.

Experiential learning Activity

Experiential-Learning 13.1 : Field Observation – Traditional Graha Chikitsa Setting

1. Students visit a temple/healing center where Graha rituals are performed.
2. Observe ritual structure, language used by healer, and behavior of patient and family before and after the session.
3. Record specific steps (chant, offering, purification rituals) and verbal expressions.
4. Note psychological impact and belief reinforcement among attendees.
5. Post-visit debrief includes group reflection and classical text comparison.

Experiential-Learning 13.2 : Reflective Journal – Psycho-spiritual Reflection

1. Students write a personal reflection on one case observed.
2. Include elements like the role of belief, behavioral change, healer-patient dynamics, and therapeutic response.
3. Reflect on questions like: Was there a rational structure? Was there a psychosomatic shift?
4. Faculty evaluates based on insight, balance, and depth of analysis.

Experiential-Learning 13.3 : Portfolio Presentation – Integrated Bhutavidya Insights

1. Compile a portfolio including diagnostic templates, comparative charts, field notes, and reflections.
2. Present insights on Bhuta-Graha integration with psychiatric practice.
3. Engage in a peer-led discussion on feasibility, ethical considerations, and challenges.
4. Faculty reviews portfolio for conceptual maturity and applicability.

Experiential-Learning 13.4 : Observation of Pediatric Graha Chikitsa in Practice

1. Visit a pediatric Ayurveda department or a traditional healer managing Graha-based behavioral issues.
2. Observe a case of Bala Graha presentation and note signs, family concerns, and Graha diagnosis steps.
3. Record therapeutic rituals, herbal remedies, mantras, and caregiver involvement.
4. Participate in group debrief on observed case and correlate with theoretical learning.
5. Document findings in structured field notes.

Experiential-Learning 13.5 : Interview with Parent/Caregiver of a Child Diagnosed with Bala Graha

1. Create a semi-structured interview guide to explore parental understanding, treatment journey, and perceived outcomes.
2. Interview parent or guardian after obtaining consent.
3. Record themes like fear, guilt, relief, or cultural coping mechanisms.
4. Analyze interview for insight into Graha perception in real families.
5. Submit a reflection-based interview summary.

Experiential-Learning 13.6 : Portfolio Compilation – Integrative Paediatric Management

1. Compile previous practical and experiential activities: diagnostic charts, observation logs, reflections.
2. Create a visual model combining Bala Graha therapy and child psychiatry best practices.
3. Present to peers with discussion on feasibility, ethics, and cultural acceptance.
4. Finalize the portfolio with revisions and faculty comments.

Experiential-Learning 13.7 : Virtual/Field Visit – Case of Possession/Grahavesha

1. Participate in a physical or recorded observation of a person undergoing Graha-related treatment (ritual, family narrative).
2. Record details on patient behavior, healer-patient interaction, ritual elements, and family interpretation.
3. Engage in group discussion to identify diagnostic markers and psychosocial aspects.
4. Faculty guides integration of Ayurvedic and parapsychological interpretations.

5. Notes recorded in a structured format.

Experiential-Learning 13.8 : Reflective Journal – Cultural Psychiatry Perspective

1. Students reflect on a possession case they observed or studied, focusing on: patient identity shift, spiritual elements, healer behavior.
2. Analyze family belief dynamics and social reinforcement.
3. Write a critical commentary on potential for misdiagnosis and missed psychiatric care.
4. Provide personal take on ethical considerations of using traditional beliefs in modern care.
5. Feedback provided by mentor/faculty.

Experiential-Learning 13.9 : Portfolio Presentation – Cultural Integration Models

1. Compile all outputs: Graha texts, case plans, field notes, and reflections.
2. Create a summary presentation of how Grahavesha can be integrated into cultural psychiatry frameworks.
3. Present in a small group, followed by peer feedback on relevance, feasibility, and clinical caution.
4. Submit finalized portfolio with faculty comments.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks	4

A) MCQ on Bhuta Vidya [10 marks X 30 Mins]
B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1.Describe the scope of *Bhutavidya* in Ayurveda with special reference to its clinical applications in mental health disorders. Q2.Critically analyze the relevance of *Bhutavidya* in modern clinical psychiatry and parapsychology
C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour. Q1.Write a short note on *Daivavyapashraya Chikitsa* in *Bhutavidya*.Q2.Outline the contribution of *Bhutavidya* to integrative psychiatry. Q3.Write a note on culture-bound syndromes in relation to *Bhutavidya*.
D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]
Case Based Question: *A 25-year-old male presents with sudden episodes of violent behavior, alternating with periods of mutism and abnormal speech. Family attributes this to "grahavesha." As a practitioner of Bhutavidya, demonstrate the steps of examination, differential diagnosis (Vyavachedaka), and outline an integrative management plan.*

E) Experiential Learning Outcome Assessment: [10 marks x 30 mins]
Case senario: A patient exhibiting sudden changes in speech, behavior, and emotional expression, which the family attributes to *grahavesha* (possession). Using the principles of *Bh?tavidy?*, outline your stepwise approach to clinical assessment. Explain how you would integrate Ayurvedic diagnostic methods (do?ha–satva pareek??, nadi par?k??, vyavachedaka nid?na) with contemporary psychological assessment tools to arrive at a working diagnosis. Justify your choice of therapeutic interventions (daivavyap??raya, yukti vyap??raya, and sattvavajaya) based on the findings.
OR
Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 14 : Manaswasthya Vishaye Praayogika Jnana [The concept of Mental Hygiene and Preventive Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: Manoswasthya with respect to Swastha vritta, Dinacharya, rtucharya, Sadvritta, Achara rasayana, understand the scope of community Psychiatry and community involvement in psychiatry
2. Conduct: Pilot survey in the community to understand the role of Swastha vritta, Dinacharya, rtucharya, Sadvritta, Achara rasayana in manoswasthya. Awareness programs in public to involve community in Manoswasthya
3. Identify: The mental healthcare related needs in the community

M 14 Unit 1 Swastha vritta, Dinacharya evum Rtu charya

- Significance of Swastha vritta, Sadvritta and Achararasayana in manoswasthya
- Applied aspects of Dinacharya, Rtu charya Cultural practices, Spirituality and Spiritual practices in preventive Psychiatry
- Utilisation of Johari window in promoting manoswasthya

References: 92,95,110,111

3A	3B	3C	3D	3E	3F	3G
CO8	Discuss the principles and importance of Swasthavritta, Sadvritta, and Achararasayana in maintaining mental hygiene.	1	Lecture	CK	Know	L
CO8	Describe the role of Dinacharya and Rtucharya in preventing psychological disturbances across seasonal and daily transitions.	1	Lecture	CK	Know	L&GD
CO8	Understand and analyze the Johari Window as a psychological tool for self-awareness and interpersonal effectiveness in mental well-being.	1	Lecture	CK	Know	L&GD
CO8	Demonstrate application of Dinacharya and Rtucharya principles to optimize daily mental functioning.	2	Practical Training 14.1	CS	Shows-how	PER
CO8	Demonstrate application Rtucharya principles to optimize daily mental functioning	2	Practical Training 14.2	CS	Shows-how	W,CBL,PER
CO8	Apply the Johari Window framework to enhance self-awareness, reduce interpersonal conflict, and improve emotional regulation.	2	Practical Training 14.3	AFT-RES	Shows-how	SY
CO8	Apply lifestyle and cultural observations to assess factors affecting mental health.	3	Experiential-Learning 14.1	AFT-RES	Shows-how	SDL
CO8	Engage with spiritual and traditional practices and reflect on their preventive mental	3	Experiential-	AFT-	Shows-	C_L

	health impact.		Learning 14.2	VAL	how	
CO8	Integrate personal behavioural changes into a mental hygiene plan with reflective insights.	3	Experiential-Learning 14.3	CS	Shows-how	PL

M 14 Unit 2 Sadvritta, Achararasayana

- Social, moral and ethical conduct with respect to mental hygiene
- Utilisation of Buddhi medhakara gana (Satata adhyayanam, Vaada, paratantravalokanam, Tadvidya-Achara seva)

References: 98,111

3A	3B	3C	3D	3E	3F	3G
CO8	Describe the components of Sadvritta (ethical and moral code) and Achararasayana (conduct-based rejuvenation) as per Ayurvedic texts.	1	Lecture	CK	Know	L
CO8	Discuss the psychological importance of disciplined behavior, truthfulness, non-violence, and respectful conduct in mental hygiene.	1	Lecture	CK	Know	L&GD
CO8	Apply the application of Buddhimedhakaragana practices (Satataadhyayanam, Vaada, Paratantravalokanam, Tadvidya-Achara-Seva) in enhancing intellect, cognition, and ethical decision-making.	1	Lecture	CAN	Know	L&GD
CO8	Apply Sadvritta principles in analyzing real-life ethical situations and emotional conflicts.	2	Practical Training 14.4	CE	Shows-how	CBL
CO8	Demonstrate interpersonal behavior reflecting Achararasayana values like compassion, truthfulness, and humility.	2	Practical Training 14.5	AFT-RES	Shows-how	RP
CO8	Practice Buddhimedhakaragana strategies such as discussion (Vaada) and intellectual service (Tadvidya-Achara-Seva) in a group setting.	2	Practical Training 14.6	AFT-VAL	Shows-how	DIS,SIM

CO8	Reflect on personal ethical dilemmas and evaluate decisions using Ayurvedic moral principles.	3	Experiential-Learning 14.4	AFT-VAL	Knows-how	JC
CO8	Observe and analyze behaviours in real-life or media situations for ethical quality.	3	Experiential-Learning 14.5	CAN	Knows-how	FV
CO8	Create a personal ethical roadmap incorporating Sadvritta, Achararasayana, and Buddhimedhakaragana.	3	Experiential-Learning 14.6	AFT-VAL	Knows-how	PL

M 14 Unit 3 Community Psychiatry as per conventional standards and Community participation

- Introduction to Community Psychiatry
- Sociology related to Psychiatry
- Psychological adaptation
- End-of-Life and Palliative Care

References: 35,36,38

3A	3B	3C	3D	3E	3F	3G
CO8	Define community psychiatry and explain its goals in the prevention, treatment, and rehabilitation of mental illness.	1	Lecture	CC	Know	L
CO8	Describe key concepts in sociology and social psychology relevant to mental health (e.g., social values, group dynamics, prejudice, and attitudes).	1	Lecture	CC	Know	L&GD
CO8	Discuss psychosocial determinants of mental illness in the Indian context, including poverty, stigma, beliefs, and environmental stressors.	1	Lecture	CC	Know	L&GD
CO8	Identify special themes in public mental health: palliative care, abuse survivors, military/disaster psychiatry, and culturally rooted practices.	1	Lecture	CC	Know	L&GD

CO8	Summarize the mental health resources and needs in a given community.	2	Practical Training 14.7	CE	Shows-how	PER
CO8	Plan rehabilitation approaches using community-based care models.	2	Practical Training 14.8	CAP	Shows-how	PBL
CO8	Analyze social behavior in mental health contexts: attitudes, discrimination, and group interactions.	2	Practical Training 14.9	CAN	Shows-how	SIM,REC
CO8	Design mental health interventions for vulnerable populations in crisis or long-term care.	2	Practical Training 14.10	CAP	Shows-how	PrBL
CO8	Observe mental health programs or outreach activities in real-world settings.	3	Experiential-Learning 14.7	CAP	Shows-how	FV
CO8	Summarize on challenges, gaps, and strengths in community-level mental health support.	3	Experiential-Learning 14.8	CAN	Shows-how	IBL
CO8	Create a proposal for community-based mental health awareness or service delivery model.	2	Experiential-Learning 14.9	CAP	Knows-how	DIS

Practical Training Activity

Practical Training 14.1 : Design Your Dinacharya for Mental Balance

1. Begin with a brief faculty-led overview on Dinacharya and its role in regulating circadian rhythms, stress cycles, and mental clarity.
2. Students reflect on their current daily routines, documenting time blocks spent on sleep, meals, screen time, socialization, study, and leisure.
3. Using Ayurvedic guidelines, students re-structure their routine aligning with mental health-promoting practices (e.g., Brahmamuhurta waking, meditation, Abhyanga, structured mealtimes).

4. Each student creates a personalized Dinacharya Schedule with rationale for each change.
5. Final discussion: students explain how their new schedule supports psychosomatic balance and share anticipated challenges in implementation.

Practical Training 14.2 : Rtucharya Case Reflection – Seasonal Influence on Mind

1. Introduce common mental health shifts seen across seasons (e.g., summer irritability, winter low mood) through mini-case vignettes.
2. Students identify season-related Dosha aggravation (e.g., Pitta in Grishma, Kapha in Hemanta) and its impact on mental status.
3. Groups select one vignette and propose an Rtucharya-aligned regimen: diet, activity, sleep adjustments, herbal tonics.
4. Present proposed regimen to class with justification from Ayurvedic texts and possible psychiatric parallels (e.g., Seasonal Affective Disorder).
5. Peer questions and facilitator comments ensure clarity and accuracy.

Practical Training 14.3 : Self and Peer Awareness – Johari Window Activity

1. Faculty introduces the Johari Window model and its quadrants: Open, Blind, Hidden, and Unknown self.
2. Students fill out a self-assessment sheet listing traits they believe they exhibit.
3. Peers then provide constructive anonymous feedback on the same traits.
4. Students compare self and peer views to expand the ‘Open’ quadrant, leading to better emotional transparency and reduced interpersonal misunderstanding.
5. A guided group reflection helps students process their insights and plan behavioural improvements.

Practical Training 14.4 : Ethics in Action – Case Study Discussion Using Sadvritta

1. Present 3 brief case studies of ethical conflicts (e.g., cheating in exams, conflict with authority, breaking confidentiality).

2. Students apply Sadvritta principles like Ahimsa (non-harming), Satya (truth), and Dama (self-restraint) to analyze each case.
3. Groups propose a mentally hygienic resolution based on Ayurvedic moral guidelines.
4. Discussion includes how such ethical violations affect Manas (mind), Satva (mental strength), and interpersonal trust.
5. Submit a case response sheet outlining moral conflict, analysis, and Ayurvedic response.

Practical Training 14.5 : Role-play – Practicing Achararasayana in Conversation

1. Faculty introduces elements of Achararasayana: respect for elders, truthfulness, peaceful speech, humility, and forgiveness.
2. Students work in pairs to role-play situations like resolving a misunderstanding, giving feedback, or calming a friend in distress.
3. Each role-play must incorporate minimum three Achararasayanabehaviors.
4. Peer observers complete a checklist evaluating communication style, respectfulness, and empathy.
5. Feedback shared in class to reinforce positive conduct.

Practical Training 14.6 : Buddhimedhakaragana Simulation – Vaada&Tadvidya-Achara-Seva

1. Students form discussion groups on a selected ethical/clinical topic (e.g., substance abuse prevention, dealing with grief).
2. One member leads the Vaada (structured discussion) using scriptural or evidence-based reasoning.
3. Another student acts as the Tadvidya-Acharya (knowledge guide) summarizing consensus points.
4. Reflect on the value of continuous learning (Satataadhyayanam) and open-minded listening (Paratantravalokanam).
5. Groups submit a summary of key intellectual and ethical takeaways.

Practical Training 14.7 : Community Mental Health Mapping Exercise

1. Students are introduced to tools for community assessment: population profile, existing mental health services, cultural practices.
2. Divided into groups, each creates a hypothetical or real map of community mental health dynamics.
3. Identify strengths (e.g., ASHA workers, religious leaders), weaknesses (e.g., lack of psychologists), and community beliefs about mental illness.
4. Present findings as a community mental health SWOT analysis.
5. Receive feedback on feasibility, accuracy, and coverage.

Practical Training 14.8 : Case-Based Planning – Rehabilitation of a Chronic Patient

1. Present a case of a patient with schizophrenia or bipolar disorder requiring community reintegration.
2. Students evaluate support needs: housing, livelihood, social support, stigma reduction.
3. Design a multidisciplinary care plan involving community support (e.g., vocational training, family education).
4. Link Ayurveda's Rasayana and Satvavajaya concepts to boost resilience.
5. Present plan and justify interventions culturally and clinically.

Practical Training 14.9 : Social Simulation – Exploring Attitudes, Bias, and Prejudice

1. Through role-play, students simulate various attitudes toward mental illness: acceptance, fear, ridicule, indifference.
2. Debrief with group to analyze sources of social prejudice and its mental impact.
3. Introduce models of attitude change: exposure, education, empathy.
4. Students reflect on their own implicit biases.
5. Document reflections in group summary.

Practical Training 14.10 : Group Activity – Mental Health Strategies for Vulnerable Groups

1. Groups are assigned a vulnerable population (e.g., survivors of abuse, elderly, disaster-affected, LGBTQIA+, or military personnel).
2. Research cultural, social, and clinical needs of the group.
3. Propose culturally acceptable mental health promotion or crisis response strategies.
4. Link suggestions to Ayurvedic coping strategies such as Daivavyapashraya, Satvavajaya, and community rituals.
5. Present proposal in a creative format (poster, skit, infographic).

Experiential learning Activity

Experiential-Learning 14.1 : Mindfulness & Dinacharya – 3-Day Living Diary

1. Students commit to following their personalized Dinacharya (from Practical 14.1) for 3 continuous days.
2. Each day, they journal specific mental, emotional, and physical changes (e.g., increased calmness, sleep quality, mood variation).
3. Reflect on ease/difficulty in maintaining the routine and external/internal resistances.
4. After 3 days, students write a reflective note: “How does discipline contribute to mental hygiene?”
5. Faculty evaluates based on consistency, insight, and application.

Experiential-Learning 14.2 : Field Visit to Spiritual or Wellness Center

1. A scheduled visit is arranged to a yoga, meditation, or Ayurvediccenter promoting mental wellness.
2. Students observe rituals, counseling sessions, or guided practices (e.g., mantra chanting, Pranayama).
3. Record structure, guidance, participant behavior, and post-activity feedback.
4. Conduct structured interviews with a teacher or participant (with consent) about the psychological benefits.
5. Submit a field observation report documenting elements contributing to mental equilibrium.

Experiential-Learning 14.3 : Portfolio – My Mental Hygiene Blueprint

1. Students compile their Dinacharya schedule, Rtucharya reflections, Johari Window feedback, and spiritual visit notes into a structured portfolio.
2. They write a concluding reflection: “What changes will I retain for my mental well-being and why?”
3. Peers review each other’s portfolios for creativity, honesty, and applicability.
4. Final submission includes a 2-minute oral presentation highlighting key takeaways.

Experiential-Learning 14.4 : Reflective Journal – My Ethical Crossroad

1. Students write about a real incident where they faced an ethical decision (e.g., standing up to peer pressure, telling a hard truth).
2. Analyze the situation using Sadvritta elements: What would have been the ideal Ayurvedic response?
3. Reflect on the consequences of their choice and any emotional turmoil it caused.
4. Write a conclusion identifying what they learned and how they'd respond differently now.
5. Submit journal entry for mentor feedback.

Experiential-Learning 14.5 : Behavioural Observation Log – Sadvritta in Society

1. Observe a real-life setting (campus, clinic, family interaction, or media content) and identify both ethical and unethical actions.
2. Document observed behaviour, corresponding Ayurvedic moral principle (or its violation), and potential mental impact.
3. Write a short analysis: “What the most common violations of Sadvritta are in today’s society, and what is their impact on collective mental health?”
4. Discuss in class to create a behaviour map of modern society’s ethical pulse.

Experiential-Learning 14.6 : Portfolio – Ethical Wellness Roadmap

1. Compile ethical reflections, case analysis sheets, role-play feedback, and group discussions.
2. Develop a visual or written “Ethical Wellness Roadmap” outlining personal values, strengths, weak zones, and planned practices.
3. Present roadmap in a peer discussion circle.
4. Receive peer and faculty feedback for refinement and finalize for submission.

Experiential-Learning 14.7 : Field Visit – Community Psychiatry Unit/NGO/Outreach Program

1. Visit a local NGO, government facility, or psychiatry outreach team involved in community mental health work.
2. Observe activities such as patient support groups, counseling, awareness drives, rehabilitation programs.
3. Interview staff on challenges in sustaining services, engaging the community, and inter-department coordination.
4. Students maintain a structured log of observations categorized under: goals, approach, effectiveness, limitations.
5. Share observations in class for peer learning.

Experiential-Learning 14.8 : Critical Reflection – Psychosocial Adaptation in Society

1. Students reflect on an observed or hypothetical situation involving social stress: poverty, violence, discrimination.
2. Analyze how society and individual adapt or resist change, and the resulting mental health impact.
3. Link findings to Ayurvedic constructs: Satva strength, Achararasayana, and Swasthavritta in collective health.
4. Write a reflection essay on one societal determinant of mental distress and how it could be mitigated.

Experiential-Learning 14.9 : Community Intervention Proposal Portfolio

1. Students select a mental health issue affecting a specific community (e.g., exam stress in students, post-COVID anxiety in elders).
2. Design a low-cost, culturally sensitive intervention plan (e.g., street plays, parent workshops, village health meet).
3. Include timelines, stakeholder roles, expected outcomes, and integration of Ayurvedic wellness models.
4. Present plan in a group, revise based on peer/faculty feedback.
5. Submit final version as part of experiential portfolio.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Manaswathya [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1. Discuss the concept of *Manaswasthya* in Ayurveda. Explain its relevance to modern preventive psychiatry with suitable examples. Q2. “Prevention is better than cure” – Discuss this statement in the context of *Manaswasthya Rakshana*, highlighting individual, family, and community strategies. C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour. Q1.List the principles of *mental hygiene* according to Ayurveda. Q2.Describe the impact of daily routine (*Dinacharya* and *Ritucharya*) on mental hygiene. Q3.Enumerate lifestyle practices for preventing *Manasroga.* D) Practical Learning Outcome Assessment: [10 marks x 01 Hour] Case-based Question: *A 22-year-old college student reports insomnia, irritability, and excessive social media use. As a practitioner of Ayurveda and preventive psychiatry, design a practical mental hygiene plan for this student. Mention specific daily regimen (dina?carya), stress management techniques, and preventive counseling strategies you would employ.* Community-focused Question:*You are assigned to conduct a school mental health awareness program. Draft a practical module including screening tools, group activities, and Ayurvedic lifestyle interventions for promoting mental hygiene among adolescents.*	4

E) Experiential Learning Outcome Assessment: [10 marks x 30 mins]
"During your clinical posting, you observe a patient recovering from anxiety disorder. Reflect on how daily mental hygiene practices (e.g., regulation of sleep, controlled use of digital media, healthy interpersonal communication, and spiritual practices) could be incorporated into the treatment plan. Demonstrate through role-play how you would counsel the patient and family members.
OR
Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 6

Module 15 : Manaswasthya Vishaye Trayopasthambha Jnana [Trayopasthambha and Preventive Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: Manoswasthya with respect to Ahara, Nidra and Brahmacharya/ abrahmacharya, understand in terms of Dietetics, sleep and Psycho sexual practices
2. Conduct: Peer group discussions, focus group discussions and pilot survey to substantiate the relationship of Mano swasthya with Ahara, Nidra and Brahmacharya/ abrahmacharya
3. Identify: The sleep, dietary and sexual hygiene practices in healthy individuals

M 15 Unit 1 Ahara Charya evam Manaswasthyam- Psychonutrition

- Applying the concepts of Diet, dietary regimen and herbs to promote mental health (psychonutrition).
- Concept of Medhyarasayana, Nitya rasayana Prayoga
- Concept of cognitive enhancers/nootropics

References: 95,110,111

3A	3B	3C	3D	3E	3F	3G

CO8	Describe the preventive relevance of AharaCharya and psycho-nutrition in mental health.	1	Lecture	CC	Know	L
CO8	Discuss principles and preventive applications of dietary interventions in populations at risk for mental illness.	1	Lecture	CC	Know	L&PPT
CO8	Appraise evidence for dietary modification as a tool in primary and secondary prevention of mental disorders.	1	Lecture	CC	Know	L&GD
CO8	Summarize dietary risk factors for mental illness and Propose preventive dietary changes.	2	Practical Training 15.1	CE	Shows-how	DIS,CBL
CO8	Prepare a preventive counselling plan and use health education strategies to promote adoption.	2	Practical Training 15.2	CE	Shows-how	DIS,SIM
CO8	Develop effective Information, Education, and Communication tools and refine for preventive education.	2	Practical Training 15.3	CE	Shows-how	DIS,D
CO8	Monitor preventive dietary habits and mood and reflect on their link in daily life.	3	Experiential-Learning 15.1	CE	Shows-how	DIS
CO8	Plan and deliver a preventive nutrition session and assess knowledge/attitude change.	3	Experiential-Learning 15.2	CS	Shows-how	FV
CO8	Experience and analyze a preventive dietary change.	3	Experiential-Learning 15.3	CS	Knows-how	SDL

M 15 Unit 2 Nidra Charya evam Manaswasthyam- Sleep hygiene

- Importance of nidra in Mano swasthyam
- Concept of sleep hygiene
- Sleep and cognition

References: 29,36,95

3A	3B	3C	3D	3E	3F	3G
CO8	Summarize the role of sleep hygiene (NidraCharya) in primary prevention of mental health disorders.	1	Lecture	CC	Know	L
CO8	Discuss use of sleep assessment tools for early identification of risk in preventive psychiatry.	1	Lecture	CC	Know	L_VC
CO8	Review and appraise sleep promotion strategies for individual and community-based prevention.	2	Lecture	CC	Know	DIS
CO8	Summarize sleep habits for psychiatric risk and recommend preventive actions.	2	Practical Training 15.4	CS	Shows-how	TBL
CO8	Develop and deliver preventive counselling and address barriers using health education	3	Practical Training 15.5	CAP	Shows-how	SIM
CO8	Summarize and prepare Information, Education, and Communication tools for sleep hygiene.	3	Practical Training 15.6	CAP	Shows-how	BS
CO8	Implement and evaluate preventive sleep hygiene practices and reflect on experience and outcomes.	3	Experiential-Learning 15.4	CAP	Shows-how	SDL
CO8	Deliver and evaluate a preventive sleep health session.	3	Experiential-Learning 15.5	CE	Shows-how	TPW
CO8	Reflect on barriers and solutions for sleep prevention and Share practical strategies.	3	Experiential-Learning 15.6	CAN	Shows-how	DIS

M 15 Unit 3 Brahmacharya/ Abrahmacharya evam Manaswasthya- Psycho sexual education and hygiene

- Role of psycho sexual education and hygiene in preventive psychiatry
- Fundamentals of Premarital Counselling

References: 36,37,38,95

3A	3B	3C	3D	3E	3F	3G
CO8	Discuss the preventive psychiatric value of Brahmacharya and psycho-sexual health.	1	Lecture	CC	Know	L
CO8	Describe frameworks for psycho-sexual health education and early risk prevention.	1	Lecture	CC	Know	PBL
CO8	Discuss the impact of psycho-sexual education in reducing incidence of mental illness.	1	Lecture	CK	Know	CBL
CO8	Identify and map psycho-sexual risk factors and suggest preventive education.	2	Practical Training 15.7	CAN	Shows-how	CBL
CO8	Demonstrate Practice of psycho-sexual health counselling for prevention and address myths and barriers.	2	Practical Training 15.8	PSY-SET	Shows-how	Mnt,RP,SIM
CO8	Develop,validate and revise Information, Education, and Communication tools for effectiveness.	2	Practical Training 15.9	CAN	Shows-how	TPW
CO8	Analyze psycho-sexual preventive education and identify strategies for improved delivery.	3	Experiential-Learning 15.7	PSY-SET	Knows-how	Mnt
CO8	Plan and deliver an awareness event and evaluate impact and participation.	3	Experiential-Learning 15.8	PSY-SET	Knows-how	TPW
CO8	Observe and analyze expert counselling and document best practices for prevention	2	Experiential-Learning 15.9	PSY-ADT	Knows-how	TBL

Practical Training Activity

Practical Training 15.1 : Dietary Risk Analysis for Prevention

1. Review the provided case records and carefully note the dietary patterns and mental health history.
2. Use a checklist to identify specific eating habits that may increase the risk for mental health problems.
3. List any obstacles that could prevent healthy eating, such as cost, beliefs, access, or motivation.
4. Suggest practical dietary changes that could help prevent mental health issues in the case.
5. Present your findings and suggested solutions to the group.
6. Submit your structured recommendations to the faculty for feedback.

Practical Training 15.2 : Preventive Nutrition Counselling Planning

1. Write a short, clear Counselling.Script that focuses on prevention for a specific at-risk group or individual.
2. Identify likely barriers that may affect while following the advice.
3. Select and prepare Information, Education, and Communication tools, such as leaflets or posters, to support your message.
4. Practice delivering your Counselling session with a peer who acts as the client.
5. Gather feedback from faculty and classmates about your communication and approach.
6. Revise your Counselling plan using the feedback and submit the improved version.

Practical Training 15.3 : Preventive Nutrition Information, Education, and Communication Material

1. Design a simple poster or leaflet that promotes preventive dietary habits for mental health.
2. Share your draft material with classmates and faculty to gather input about its clarity and appeal.
3. Test your Information, Education, and Communication material with a small sample audience and ask for their feedback.
4. Make changes based on the suggestions received.
5. Submit the final version of your Information, Education, and Communication material for faculty evaluation and possible use in the community.

Practical Training 15.4 : Sleep Risk Mapping for Prevention

1. Review case studies or sleep data for individuals or communities.
2. Use a checklist to identify sleep habits that increase risk for mental health problems, such as staying up late or frequent screen use.
3. List any reasons for poor sleep hygiene, such as work hours or stress.
4. Draw a risk map and suggest simple, practical preventive steps.
5. Present your recommendations to the group and submit your findings for faculty review.

Practical Training 15.5 : Preventive Sleep Hygiene Counselling
1. Prepare a sleep hygiene counselling plan that emphasizes prevention for a chosen target group. 2. Identify common barriers, such as device use or irregular routines, and include strategies to overcome them. 3. Role-play your counselling session with a peer. 4. Listen to feedback from the peer and faculty, and adjust your plan as needed. 5. Finalize your counselling session plan and submit it for assessment.
Practical Training 15.6 : Information, Education, and Communication for Sleep Health Prevention
1. Design a simple and effective poster, leaflet, or short video about healthy sleep habits for prevention. 2. Share your Information, Education, and Communication material with classmates or a test group to get their feedback. 3. Make necessary improvements based on their suggestions. 4. Submit your final Information, Education, and Communication material for review and possible use.
Practical Training 15.7 : Psycho-sexual Risk Mapping for Prevention
1. Analyze youth/community cases for psycho-sexual risk behaviours. 2. Map out risks and connect them with possible preventive education points. 3. Present your action plan to peers for discussion. 4. Submit your prevention plan for faculty assessment.
Practical Training 15.8 : Preventive Psycho-sexual Counselling Skills
1. Write a preventive counselling script for psycho-sexual health education. 2. Role-play the session with a peer and practice addressing myths or stigma with sensitivity. 3. Listen to feedback from your peer and the faculty. 4. Revise your script and submit the improved version for assessment.
Practical Training 15.9 : Information, Education, and Communication for Psycho-sexual Health Prevention
1. Create a poster, leaflet, or digital Information, Education, and Communication tool for preventive psycho-sexual health education. 2. Test your Information, Education, and Communication material with peers or a target audience and gather their suggestions. 3. Revise the material for better understanding and impact.

4. Submit your final Information, Education, and Communication for assessment.

Experiential learning Activity

Experiential-Learning 15.1 : Food and Mood Diary for Prevention

1. Record yourfriends/fellow mates meals, snacks, and daily mood for seven consecutive days.
2. At the end of the week, review thereadings to find patterns between the eating habits and the emotions/feelings.
3. Discuss your findings with your group and share any insights you have learned.
4. Write a personal reflection on the connection you observed between diet and mood and submit it for assessment.

Experiential-Learning 15.2 : Community Preventive Nutrition Project

1. Work as a group to select a target community, such as students, working adults, or the elderly.
2. Plan an interactive session or demonstration about preventive nutrition using Information, Education, and Communication materials.
3. Deliver the session to your target audience, ensuring engagement and clarity.
4. Use pre- and post-session surveys to measure any changes in knowledge or attitudes.
5. Write and submit a summary report on what you learned and how your session could be improved.

Experiential-Learning 15.3 : Reflective Practice in Preventive Nutrition

1. Choose one preventive dietary habit to follow for a week, such as having breakfast daily or eating more fruits.
2. Track your progress and note any effects on your mood, energy, or daily routine.
3. Write down any barriers you encountered and how you tried to overcome them.
4. Prepare a brief reflection about your experience and submit it for feedback.

Experiential-Learning 15.4 : Sleep Hygiene Practice and Reflection

1. Choose two or three positive sleep hygiene habits to follow for a week, such as going to bed at the same time every night or turning off screens one hour before sleep.
2. Keep a daily record of your adherence, sleep quality, and mood.
3. Analyze your results and discuss what worked well and what was challenging in a group setting.
4. Write and submit a reflection about the experience.

Experiential-Learning 15.5 : Sleep Health Awareness

1. Work in a group to plan an engaging sleep health event, including Information, Education, and Communication materials and interactive activities.
2. Deliver the session to a chosen audience.
3. Collect feedback from participants to assess what they learned or changed.
4. Prepare and submit an event report summarizing the process and outcomes.

Experiential-Learning 15.6 : Reflective Analysis on Preventive Sleep Practice

1. Write about the barriers you faced and observed when practicing or promoting healthy sleep routines.
2. Propose realistic solutions for these barriers.
3. Share your thoughts in a group discussion.
4. Submit your reflection for assessment.

Experiential-Learning 15.7 : Analysis of Practice on Psycho-sexual Prevention

1. Write a reflection about your experience in delivering or planning psycho-sexual preventive education.
2. Discuss your challenges and strengths with a faculty/mentor.
3. Summarize your main learning points and proposed improvements.
4. Submit your reflection for assessment.

Experiential-Learning 15.8 : Community Psycho-sexual Awareness Event

1. As a group, select a community or youth audience for your event.
2. Plan and deliver the event, making use of Information, Education, and Communication materials and interactive discussion.
3. Collect participant feedback to assess effectiveness.
4. Prepare and submit a report on the event’s outcomes.

Experiential-Learning 15.9 : Observation of Preventive Psycho-sexual Counselling

1. Attend or view an expert-led preventive psycho-sexual counselling session.
2. Take detailed notes on what communication and prevention strategies are used.
3. Discuss your observations in a group session.
4. Submit your observation log for assessment.

Modular Assessment

Assessment method	Hour
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Mental Health [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1.Discuss the concept of *Trayopasthambha* as described in Ayurveda. Elaborate on its significance in the maintenance of *manaswasthya* and its integration with principles of preventive psychiatry. Q2.Explain in detail the role of *?h?ra, nidr?,* and *brahmacharya* in the preservation of mental health. Illustrate your answer with practical applications for the prevention of anxiety and depressive disorders C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour. Q1.Define *Trayopasthambha*. Briefly explain its role in maintaining *manaswasthya* (mental health).Q2.Write short notes on the application of *?h?ra* and *nidra* in preventive psychiatry. Q3.How does *brahmacharya* contribute to emotional regulation and prevention of psychiatric illness? D) Practical Learning Outcome Assessment: [10 marks x 01 Hour] Case-based Clinical Application: A 35-year-old IT professional presents with complaints of anxiety, insomnia, and poor dietary habits due to irregular work schedules. Demonstrate how you would assess his lifestyle with reference to the *Trayopasthambha* (?h?ra, nidr?, brahmacharya), and explain practical modifications you would recommend for maintaining *manaswasthya* and preventing further psychiatric morbidity. E) Experiential Learning Outcome Assessment: [10 marks x 30 mins] Community/Preventive Psychiatry Application: Design a workplace wellness module for stress prevention in a corporate office setting. Explain how *Trayopasthambha*-based lifestyle interventions (balanced diet, proper rest, moderation in sensual indulgence) can be integrated into preventive psychiatry programs for employees. OR Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	4

Module 16 : Manasaroga Vishaye Vyaavaharika Jnanam [The Legal and Ethical Framework in Community Level Psychiatric Practices].

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: Acts, Rules and Ethics related with practice of Psychiatry, role of a Psychiatrist in general practice and community healthcare
2. Conduct: Ethical practices of history taking, and diagnosis based on legal regulations

3. Identify: The right of psychiatric patients, family members doctors and community members.

M 16 Unit 1 The Mental Healthcare Act 2017

- In depth understanding of The Mental Healthcare Act and Provisions and transition from Indian Lunacy Act
- Privileges, rights and duties of Practitioners including issuing certificates.

References: 1

3A	3B	3C	3D	3E	3F	3G
CO8	Describe the key provisions and transition of the Mental Healthcare Act 2017 from earlier legislations.	1	Lecture	CC	Know	L&GD,L
CO8	Discuss privileges, rights, and duties of mental health practitioners, including legal requirements for issuing certificates and maintaining records.	1	Lecture	CC	Know	DIS,L&PPT
CO8	Summarize and document patient’s rights, consent, confidentiality, and capacity as per the Act.	1	Lecture	CAN	Know	DIS
CO8	Appraise real/simulated scenarios applying the Act (admission/discharge, consent, documentation, certificates).	2	Practical Training 16.1	CAN	Shows-how	DIS,CBL
CO8	Demonstrate issuing a mental health certificate and capacity assessment in a simulated/legal scenario.	2	Practical Training 16.2	CE	Shows-how	SIM
CO8	Discuss and document challenges and ethical dilemmas encountered by practitioners.	2	Practical Training 16.3	CE	Shows-how	DIS
CO8	Observe and reflect on implementation of the Mental Healthcare Act (MHCA) in the clinical/field setting.	3	Experiential-Learning 16.1	CS	Shows-how	FV

CO8	Document evaluate the gap between legal provisions and actual clinical practice.	3	Experiential-Learning 16.2	CS	Shows-how	JC
CO8	Summarize and document on personal and professional development in handling legal and ethical issues.	3	Experiential-Learning 16.3	CS	Shows-how	PER

M 16 Unit 2 Swasthya yojana

- Health programs at National and Regional levels
- National Health Programmes, District Mental Health Program, Health Care Reforms

References: 3

3A	3B	3C	3D	3E	3F	3G
CO8	Describe objectives, structures, and reforms of NMHP(National Mental Health Programme), DMHP(District Mental Health Programme), and regional health programs.	1	Lecture	CC	Know	L
CO8	Identify implementation pathways, stakeholders, and outcome measures.	1	Lecture	CC	Know	PER
CO8	Analyze challenges, barriers, and opportunities in program delivery.	1	Lecture	CC	Know	L&GD,L
CO8	Map and analyze local implementation of NMHP/DMHP.	2	Practical Training 16.4	CE	Shows-how	FV
CO8	Conduct SWOT analysis of program effectiveness.	2	Practical Training 16.5	CE	Shows-how	PL
CO8	Critically evaluate team roles and real-world challenges.	2	Practical Training 16.6	CE	Shows-how	DIS,PER
CO8	Compare official policy/goals with observed implementation of mental health programs; identify gaps and solutions.	3	Experiential-Learning 16.	CS	Knows-how	SDL

			4			
CO8	Reflect on the effectiveness of team approaches and personal experiences in program settings.	3	Experiential-Learning 16.5	CS	Knows-how	DIS
CO8	Propose practical modifications to enhance service delivery based on field insights.	3	Experiential-Learning 16.6	CS	Knows-how	PER

M 16 Unit 3 Manorogavishaye vidhi vaisheshika jnana Forensic psychiatry, legal and ethical issues in psychiatry, Correctional Psychiatry.

References: 1

3A	3B	3C	3D	3E	3F	3G
CO8	Define forensic psychiatry, correctional psychiatry, interface of law and mental health.	1	Lecture	CC	Know	L
CO8	Discuss concepts of criminal responsibility, capacity, confidentiality, ethical dilemmas.	1	Lecture	CC	Know	L
CO8	Describe psychiatrist’s role in court/correctional settings and special populations.	2	Lecture	CC	Know	L,PBL
CO8	Conduct simulated assessments for criminal responsibility and decision-making capacity in medico-legal scenarios.	2	Practical Training 16.7	CE	Shows-how	SIM
CO8	Participate in debate about court or role-play sessions as an expert witness, presenting and defending medico-legal findings.	2	Practical Training 16.8	CE	Shows-how	RP
CO8	Analyze and resolve ethical dilemmas commonly encountered in forensic psychiatric practice.	2	Practical Training 16.9	CE	Knows-how	DIS
CO8	Acquire Peer and Faculty Feedback	2	Practical Training 16.10	AFT-VAL	Knows-how	PL
CO8	Observe court or correctional psychiatric proceedings and identify medico-legal	3	Experiential-	CS	Knows-	FV

	processes in practice.		Learning 16.7		how	
CO8	Reflect on ethical issues and professional conduct observed in forensic psychiatry settings.	3	Experiential-Learning 16.8	CS	Knows-how	FV
CO8	Synthesize and integrate learning from practical, field, and reflective experiences into a personal portfolio.	2	Experiential-Learning 16.9	CS	Knows-how	PER

Practical Training Activity

Practical Training 16.1 : Facilitated Group Discussion: Application of MHCA

1. Assign groups different scenarios (e.g., involuntary admission, consent refusal)
2. Each group discusses stepwise use of the Act, referencing sections on patient rights, consent, confidentiality
3. Groups present legal rationale; facilitator corrects misconceptions

Practical Training 16.2 : Simulated Practice: Certificate & Capacity

1. Provide sample templates & scenarios
2. Practice filling out legal forms, certificates, capacity documentation
3. Peer and faculty review for legal adequacy

Practical Training 16.3 : Debrief: Ethical Dilemmas

1. Share dilemmas from cases
2. Apply ethical frameworks (autonomy, beneficence, justice)
3. Summarize lessons and strategies for handling future dilemmas

Practical Training 16.4 : Field Visit: DMHP Operations

1. Visit a DMHP center or participate in a virtual interaction with DMHP staff.
2. Observe and record the workflow, organization of services, and types of mental health care provided.
3. Collect data on available resources (human, material, financial) and note any challenges or gaps in service delivery.

4. Interact with team members to understand their roles, responsibilities, and perspectives on program effectiveness.
5. Summarize findings in a structured logbook, highlighting key insights and areas for improvement.

Practical Training 16.5 : Mapping Exercise: Service Pathway

1. In groups, use data from the field visit to create a visual flowchart/map of the patient and resource journey through the mental health service system (from community outreach to rehabilitation).
2. Clearly identify and annotate critical steps, bottlenecks, referral pathways, and points where patients or resources may face hurdles.
3. Each group presents their service pathway map in a plenary session, explaining their rationale and observations.
4. Participate in peer review—discuss differences, similarities, and lessons learned from each group's map.

Practical Training 16.6 : SWOT Analysis: Program Evaluation

1. Working in groups, perform a structured SWOT analysis of the NMHP/DMHP using both collected data and supplementary materials (e.g., official reports, guidelines).
2. Identify key strengths (what works well), weaknesses (current gaps), opportunities (areas for growth), and threats (barriers to sustainability or success).
3. Develop and document clear recommendations for addressing weaknesses and leveraging opportunities.
4. Present the SWOT analysis and recommendations to the class.
5. Faculty facilitates a synthesis discussion, highlighting common findings and practical solutions relevant to various institutional contexts.

Practical Training 16.7 : Simulation: Assessment of Criminal Responsibility & Capacity

1. Students are assigned anonymized case vignettes that require evaluation for criminal responsibility or capacity to consent.
2. Each student/group reviews the clinical facts and relevant legal questions.
3. Students use a structured assessment template to identify key psychiatric findings and apply legal criteria.
4. Complete a sample medico-legal report justifying their opinion.
5. Present their findings to peers and faculty for discussion and feedback.

Practical Training 16.8 : Moot Court/Role Play: Expert Witness

1. Students are selected to act as expert witnesses, presenting their findings from the previous session.
2. Peers act as lawyers (prosecution and defense), asking questions to clarify or challenge the expert's opinion.
3. Each expert witness practices delivering evidence, responding to cross-examination, and defending their conclusions.
4. Faculty moderates the session, ensuring relevance and realism.
5. Faculty provides structured feedback on clarity, accuracy, and professional conduct.

Practical Training 16.9 : Group Discussion: Ethical Dilemmas

1. Small groups are assigned ethical dilemma scenarios typical in forensic psychiatry (e.g., breach of confidentiality, reporting risk to self or others, dual agency).
2. Each group discusses applicable ethical principles (autonomy, beneficence, non-maleficence, justice) and relevant laws or guidelines.
3. Groups prepare and present their resolution and reasoning to the larger group.
4. Class discusses similarities and differences in approaches, guided by faculty.

Practical Training 16.10 : Peer and Faculty Feedback

1. After all sessions, groups reflect on their performance and receive verbal and/or written feedback from faculty and peers.
2. Strengths, areas for improvement, and action points for professional development are discussed.
3. Students update their learning portfolios with key takeaways and future goals.

Experiential learning Activity

Experiential-Learning 16.1 : Field/Virtual Visit: MHCA Implementation

1. Participate in a guided visit (physical or virtual) to a psychiatric facility or mental health department.
2. Observe and document actual procedures related to patient admission, discharge, consent, and documentation as per MHCA.
3. Take structured notes on: team member roles, communication with patients/families, adherence to legal protocols, and observed challenges.
4. Engage in a short debrief discussion with staff/faculty on observed best practices and common difficulties.

Experiential-Learning 16.2 : Reflective Journaling: Legal/Ethical Dilemmas

1. Identify a specific incident or situation (observed during visit or from a simulated scenario) involving legal or ethical challenges.
2. Write a structured reflection covering: description of the situation, ethical/legal issues involved, actions taken by the team, outcomes, and your analysis of how well the issue was handled.
3. Suggest alternative actions or improvements, considering both law and ethics.
4. Faculty provides written feedback on the depth of analysis and self-reflection.

Experiential-Learning 16.3 : Portfolio Compilation & Peer Review

1. Compile all observations, reflections, and notes into a structured experiential learning portfolio.
2. Present a summary of your personal/professional development in legal/ethical handling to a small group.
3. Engage in peer discussion: share best practices, lessons learned, and challenges.

4. Incorporate feedback and finalize portfolio for faculty assessment.

Experiential-Learning 16.4 : Reflective Journaling: Policy vs. Practice

1. Review official documents (policy, program guidelines, SOPs) for NMHP/DMHP.
2. Compare these standards with what was observed during the field visit (e.g., patient flow, resource allocation, service delivery).
3. Identify and describe specific gaps between policy and practice, using concrete examples.
4. Suggest potential solutions or strategies to bridge the identified gaps.
5. Record reflections and recommendations in a structured journal entry for faculty review.

Experiential-Learning 16.5 : Team Reflection and Peer Discussion

1. Participate in a group meeting to share individual experiences from the field visit.
2. Reflect on the roles, coordination, and communication within mental health teams as observed.
3. Discuss what teamwork approaches were effective and what challenges were encountered (e.g., leadership, interdisciplinary collaboration, conflict resolution).
4. Each student identifies one area for personal improvement and one positive takeaway about teamwork.
5. Faculty moderates the discussion, drawing out key insights and lessons learned.

Experiential-Learning 16.6 : Service Improvement Proposal & Portfolio Review

1. Using insights from policy analysis, field observation, and team discussion, each student drafts a practical proposal for improving some aspect of NMHP/DMHP service delivery (e.g., workflow, resource use, patient engagement, referral pathways).
2. Present proposals in small groups for peer and faculty critique.
3. Integrate feedback to finalize the proposal.
4. Compile all experiential activities, reflections, and proposals into a structured portfolio for submission and assessment.

Experiential-Learning 16.7 : Field/Virtual Visit: Forensic Psychiatry or Court

1. Students visit a local court, forensic psychiatry unit, or correctional facility.- (physically or virtually)
2. Observe actual medico-legal procedures (e.g., psychiatric evaluation in legal context, testimony, patient interview in correctional setting).
3. Note key observations regarding legal processes, professional conduct, patient rights, and ethical challenges.
4. Participate in a guided group debrief led by faculty to discuss and clarify observations and learning points.

Experiential-Learning 16.8 : Reflective Journaling: Medico-legal and Ethical Challenges

1. Each student selects a significant incident or ethical challenge witnessed during the visit or practical sessions.
2. Write a structured reflection analyzing the scenario, ethical dilemmas involved, decision-making process, and personal responses.
3. Include a self-assessment of strengths demonstrated and areas for future improvement.
4. Faculty provides individual feedback on reflections.

Experiential-Learning 16.9 : Portfolio Compilation & Presentation

1. Students compile all practical reports, field observations, and reflections into a learning portfolio.
2. Prepare and present a summary of personal growth, key learnings, and future goals to a peer group.
3. Engage in peer discussion and receive faculty feedback on portfolio content and presentation.
4. Incorporate suggestions and finalize portfolio for assessment.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Acts, Rules and Ethics related with practice of Psychiatry [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] Q1.Discuss the ethical principles and legal frameworks applicable to community-level psychiatric practice in India. Explain how these guidelines integrate with Ayurvedic perspectives of *manasroga cikits?*, with suitable examples. Q2.Elaborate on the importance of a legal and ethical framework in community psychiatry. How can Ayurvedic concepts such as *sadvritta, dharma, and manas swasthya* contribute to the promotion of human rights and preventive psychiatry at the community level? C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour. Q1.Define confidentiality in psychiatric practice. How can it be maintained at the community level? Q2.Write a short note on the role of the Mental Healthcare Act 2017 in safeguarding the rights of patients with *manasroga. Q3.*Explain the ethical significance of obtaining informed consent in psychiatric interventions. D) Practical Learning Outcome Assessment: [10 marks x 01 Hour] Community-level Preventive Ethics: While conducting a school mental health awareness program, a student discloses suicidal thoughts privately to you. Describe stepwise how you would address this situation in line with ethical principles of confidentiality, duty of care, and legal obligations for suicide	4

prevention. E) Experiential Learning Outcome Assessment: [10 marks x 30 mins] Case-based Ethical Dilemma: During your rural psychiatric posting, a 40-year-old patient with severe psychosis is found wandering in the community. The family refuses hospital admission due to stigma. As an Ayurvedic physician trained in *manasroga*, demonstrate how you would handle this situation within the legal framework (Mental Healthcare Act, patient rights) while ensuring ethical care and community safety. OR Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	

Paper No : 3 Manasaroga Chikitsa [Psychotherapeutics]

Semester No : 3

Module 17 : Doshaja Unmada Bheda Evam Chikitsa [Treatment ofPsychotic disorders and Schizophrenia Spectrum]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe and anlyse clinically the nidana , lakshana, samprapti and chikitsa of doshaja unmada, etiology,psychopathology, symptomatology and treatment of psychotic disorders- schizophrenia spectrum and Acute and Transient Psychotic Disorders
2 Conduct – different assessments based on lakshanas using investigations and validated tools and arrive at a conclusion about diagnosis and treatment protocol
3 Demonstrate clinical skills in identifying the complaints, diagnose, respond appropriately and organize the treatment protocol.

M 17 Unit 1 Doshaja unmada bheda, lakshana, chikitsa

- Vishesha lakshana, and vishesha chikitsa of doshaja Unmada and its types, namely Vataja, Pittaja, Kaphaja, and Sannipataja Unmada,
- Specific clinical features and management of each type.

References: 1,2,3,4,5,6,8,9

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Doshaja Unmada and Samanya Manasaroga Chikitsa. (2 hour)	2	Lecture	CC	Know	L,L&PPT
CO2,CO5	Describe the Visesha Chikitsa of different Doshaja Unmada focussing on specific clinical features. (2 hour)	2	Lecture	CC	Know	L&PPT ,L
CO2,CO5	Demonstrate comprehensive history taking based on symptoms and Doshas (2HR)	2	Practical Training 17.1	CE	Shows-how	IBL

CO2,CO5	Create diagnostic formulations in Doshaja Unmada . (2HR)	2	Practical Training 17.2	CAN	Shows-how	BS,CBL, SIM
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 17.3	CE	Shows-how	CBL
CO2,CO5	Develop non pharmacological mode of treatment in doshaja unmada. (2HR)	2	Practical Training 17.4	CAN	Shows-how	L_VC
CO2,CO5	Develop proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains). (3HR)	3	Experiential-Learning 17. 1	CAN	Shows-how	TUT,IBL
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making. (3HR).	3	Experiential-Learning 17. 2	CS	Knows-how	IBL,PL
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (3HR)	3	Experiential-Learning 17. 3	CAN	Shows-how	RP
CO2,CO5	Develop proficiency in impementing non- pharmacological therapies (3HR)	3	Experiential-Learning 17. 4	CS	Shows-how	TBL,DIS

M 17 Unit 2 Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and transient psychotic disorder (ATPD)

- Clinical manifestations,management
- Prognosis of psychotic disorders

References: 6,14,16,24,27,37,38,53,54,55,56,57,58,59,60,61,63,64,67,68,78,93,97,98

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathogenesis and general line of treatment of	2	Lecture	CC	Know	L&PPT

	Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and Transient Psychotic Disorder (ATPD) . (2HR)					,L
CO2,CO5	Describe the standard treatments guidelines for Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and Transient Psychotic Disorder (ATPD) (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms (2HR)	2	Practical Training 17.5	CE	Shows-how	IBL,CBL, SIM
CO2,CO5	Apply diagnostic investigations and assessment tools. (2HR)	2	Practical Training 17.6	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 17.7	CE	Shows-how	DIS,L_VC
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and Transient Psychotic Disorder (ATPD) and facilitating clinical decision making.(3HR)	3	Experiential-Learning 17.5	CS	Shows-how	RP,SIM
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies. (3HR)	3	Experiential-Learning 17.6	CS	Shows-how	IBL,PL,DIS

M 17 Unit 3 Arvachina ousadha niroopanam (Basic knowledge of psycho pharmacology)

- Basic introductory knowledge about various medicines like antipsychotics, anti depressants, anti anxiety drugs, sedatives , tranquilizers etc,
- The dosage, indications and their interaction with Ayurveda medicines

References: 28,29,30,31,32,38,41,59,68,71,83

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Describe and analyse the impact of specific drugs used in psychiatric practices(antipsychotics, anti-depressants, anxiolytics drugs, sedatives , tranquilizers) (2HR)	2	Lecture	CC	Know	PER,L&PPT ,L
CO2,CO5	Describe the posology , indications,contraindications, drug interactions and untoward effects in psychopharmacology. (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Conduct case discussions highlighting individuals response(probable mode of action) to psychotropic drugs, differences in efficacies, untoward effects and need for dosage adjustments.(3 HR)	3	Practical Training 17.8	CE	Shows-how	CBL
CO2,CO5	Illustrate the different classes of pychotropic drugs in clinical scenarios for detectable untoward effects (3 HR)	3	Practical Training 17.9	CE	Shows-how	CBL,DIS
CO2,CO5	Justify and provide rationale considering complex medical situations (specific medical comorbidities, vulnerable groups viz pregnant lactating women, children and elderly) with respect to administration of psychotropics. (3HR)	3	Experiential-Learning 17.7	CS	Shows-how	SDL,PL
CO2,CO5	Justify the role of ethics in psychopharmacology(human service code of ethics, APA code of ethics, American Medical Association code of ethics) (3HR)	3	Experiential-Learning 17.8	CS	Shows-how	IBL,RP
CO2,CO5	Examine how various code of ethics guide ethical decision making in psychopharmacolgy (2HR)	2	Experiential-Learning 17.9	CS	Shows-how	DIS,SIM
Practical Training Activity						
Practical Training 17.1 : 17.1 Comprehensive Mana pareeksha and mental status examination with emphasis on Doshas						

17.1 [02 Hour X 1 session]
[Inquiry based learning] Engage students in discussions focused on detailed history taking. Emphasize key steps of mental status examinations, transition from guided response to self-conduct. (1 hr)
Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects (1hr)

Practical Training 17.2 : 17.2 Practical application of symptoms, diagnostic investigations and assessment tools doshaja unmada.

17.2 [02hourX1 session]
[Simulated cases] – Discuss the detailed diagnostic investigations and assessment tools in doshaja unmada (1 hr)
Transition from a guided response to self-conduct. The teacher shall discuss the approach to a patient with doshaja unmada and demonstrate the methods of deciding relevant diagnostic investigations ,assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in doshaja unmada.(1hr)

Practical Training 17.3 : 17.1 Practical application of Pharmacological treatment protocol based on chikitsa sutra

17.1 [02hour x 1session]
[Case based learning] Engage students in discussions focused on the practical application of chikitsa sutra and frame a pharmacological treatment protocol
Transition from a guided response to self-conduct. Demonstrate the chikitsa sutra of doshaja unmada and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol on subjects and then perform under a guided response .

Practical Training 17.4 : 17.4 Practical application of Non- pharmacological mode of treatment in doshaja unmada.

17.4 [2hours x 1session]
[Video based learning and interactions]- Engage students in discussions focused on the practical application of non-pharmacological mode of treatment in different doshaja unmada cases. Transition from a guided response to self-conduct.
Guided Practice with Video Based Learning: Organize students into small groups and provide each group with a handout containing case related exercises. Instruct each group to complete the exercises.
Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges

Practical Training 17.5 : 17.5 Comprehensive psychiatric history taking and mental status examination

17.5 [2hoursx1session]
[Simulated patients, inquiry based learning, Case based learning]: Engage students in discussions focused on detailed history taking. Emphasize key steps of mental status examinations, transition from guided response to self conduct.
Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects.

Practical Training 17.6 : 17.6 Practical application of symptoms, diagnostic investigations and assessment tools for Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and Transient Psychotic Disorder (ATPD).

17.6 [2hours x 1session]
[Facilitated Group Discussions]– Discuss the detailed diagnostic investigations and assessment tools in Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and Transient Psychotic Disorder (ATPD).
Transition from a guided response to self-conduct. The teacher shall discuss the approach to a patient with doshaja unmada and demonstrate the methods of deciding relevant diagnostic investigations ,assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in doshaja unmada.

Practical Training 17.7 : 17.7 Practical application of Pharmacological treatment protocol

17.7 [2hoursx1session]
[Video based learning ,Interactions] Engage students in videos of cases and conditions focused on the practical application of psychopharmacology and frame a pharmacological treatment protocol .
Transition from a guided response to self-conduct. Demonstrate the pharmacology of different classes of antipsychotics and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol and then perform under a guided response .

Practical Training 17.8 : 17.8 Psychotropic Drug Response: Clinical Case Discussions

17.8 [3hours x 1session]
Case based learning :1 Analyze individual responses to various psychotropic drugs based on clinical case scenarios.[Group Activity]
2. Discuss the probable mechanisms of action of prescribed medications.
3. Compare differences in drug efficacies across individuals and conditions.
4. Identify and manage adverse drug reactions and untoward effects.

5. Justify the need for dosage adjustments in specific clinical contexts.
6. Correlate pharmacodynamic and pharmacokinetic principles with patient presentation.

Practical Training 17.9 : 17.9 Case-Based Exploration of Psychotropic Medications and Their Side Effect Profile.

17.9 [3hours x 1session]
[Interactions, simulated case, video-based learning]Assign each student a case scenario.Distribute handouts (digital or printed) with the case and guiding questions. Encourage group Discussion and Analysis. Facilitator moves around, prompting deeper reflection and guiding discussion. Make the student do a presentation of the summary of the case. Debrief and Consolidation by the facilitator.Facilitator should relate side effects to underlying pharmacodynamics or receptor actions.
Assessment: Mini CEX/ DOPS [Rubrics based]

Experiential learning Activity

Experiential-Learning 17.1 : 17.1 Recognizing Complex Needs in Clinical Practice

17.1 [3hours x 1session]
[Reflective journaling and video based learning]- A video depicting a psychiatric patient with complex needs (e.g., a middle-aged man with depression, substance use, job loss, strained relationships, and a history of childhood trauma).
Group analysis and presentation of the case.
Facilitator debrief on need for collaboration across psychiatry, psychology, social work, etc.
Get the individual reflections of each student as record writing or log book

Experiential-Learning 17.2 : 17.2 Design Individualized Psychiatric Care Plans

17.2[3hours x 1session]
[Self learning, inquiry based learning, peer learning]-The concept of individualized care versus standard protocol.
Each student is given a case scenario. They are instructed to do a collaborative care planning and do a presentation of the same.
The facilitator should debrief on the ethical considerations in patient centred care and collaborative and interdisciplinary care value.
Instruct students to evaluate the doshaja lakshanas in correspondence with psychotic features. Instruct students to present their evaluation and insights in logbooks
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 17.3 : 17.3 Critical appraisal of clinical skills in organizing pharmacological therapies.

17.3 [3hours x 1session]
Role plays to explore the strengths and limitations of the current understanding of pharmacological options and create a specific treatment plan. The student shall educate the patients about the treatment through effective communication.
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 17.4 : 17.4 Critical appraisal of the non-pharmacological treatment protocol of doshaja unmada

17.4 [3hours x 1session]
[Interaction and discussion]- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions),Compare the mapped protocol with contemporary literature,Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 17.5 : 17.5 Clinical documentation of perception versus reality

17.5 [3hours x 1session]
Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following:Schizophrenia, Schizoaffective disorder, Catatonia, Delusional disorder, ATPD.
Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format.
Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options
Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan.
Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation.
Assessment – reflective journaling and logbooks

Experiential-Learning 17.6 : 17.6 Critical appraisal of clinical skills in organizing pharmacological therapies.

17.6 [3hours x 1session]
[Inquiry based learning]
- Each student receives detailed clinical cases (realistic patient scenarios) covering:
- Schizophrenia with positive/negative symptoms
- Schizoaffective disorder with mood instability
- Catatonia
- Delusional disorder with somatic delusions
- ATPD with rapid onset
- For each case, students must:
- Identify target symptoms and priorities
- Choose first-line pharmacologic agents (with dose, route, and titration plan)
- Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
- List monitoring parameters and follow-up plan

Role-play a real-time consultation involving:
- Prescription explanation to the patient
- Discussion with a simulated pharmacist regarding drug interactions and side effects
- Consent and psychoeducation

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 17.7 : 17.7 Clinical judgement in psychopharmacology

17.7 [3hours x 1session]
Activity details [Self learning, Peer learning]
1. Clinical Scenario Wheel (Rotating Case Stations): student is given different complex medical situations on a rotation basis ; each case will provide clinical summary, current medications and history, laboratory reports etc. student must choose a pharmacological management plan, justify drug choice, dose, route, and monitoring, identify contraindications or cautions, Prepare a brief explanation for the patient/family
2. Group discussion- student shall defend their treatment rationale, while others pose questions or challenge decisions. Faculty acts as a moderator and provides expert feedback.
3. Patient Counseling Role-Play

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 17.8 : 17.8 Ethical reasoning in mental health care.

17.8 [3hours x 1session]
Activity details:[Inquiry based learning, Role play]
1.Ethical Scenario Simulation:Students are divided into small groups.Each group is given a case vignette involving an ethical dilemma in psychopharmacology, e.g.:
- A patient with schizophrenia refusing antipsychotic medication.
- A pregnant woman with bipolar disorder requesting to discontinue mood stabilizers.
- A minor with ADHD whose parents disagree with pharmacological treatment.
- An elderly patient showing signs of overmedication without clear consent.
- A psychiatrist pressured to prescribe by family or employer interests.

Each case includes relevant context, patient background, and social/legal aspects.
2. Code of Ethics Mapping:
Each group receives excerpts from:
- APA Code of Ethics (for psychologists)
- AMA Code of Ethics (for physicians)
- National Organization for Human Services Code of Ethics

Task: Students must:
- Identify the ethical conflicts in the case.
- Map applicable ethical principles from the codes to their decision.
- Discuss the potential consequences of various actions.
- Arrive at an ethically sound, patient-centered decision.

3.Ethics Committee Roundtable(Interactive Presentation):
- Each group presents their ethical analysis and resolution as if at a clinical ethics committee.
- Other groups and facilitators act as committee members, challenging or supporting the decision with further questions or alternative viewpoints.

4. Facilitated Debrief and Mini-Lecture:
- Faculty provides structured feedback and ties discussion to:
  - Real-life clinical ethics consultation practices
  - Local/national regulations
  - Psychiatric advance directives and informed consent processes

Assessment Criteria:

- Depth of ethical reasoning
- Accurate application of professional ethical codes
- Balance between legal, clinical, and moral considerations
- Clarity of decision-making process
- Group collaboration and communication

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration

Assessment: Rubrics based Log book assessment, Interactions

Experiential-Learning 17.9 : 17.9 Ethical Decision-Making in Psychopharmacology

17.9 [2hours x 1session]

[Interaction and Discusion]

1. Code Exploration and Briefing

Students are divided into 3 groups.

- Each group is assigned one ethical code to explore:
  - Group A: American Medical Association (AMA) Code of Ethics
  - Group B: American Psychological Association (APA) Code of Ethics
  - Group C: National Organization for Human Services Code of Ethics

Task:

Each group highlights 3–4 key principles that could influence decisions in psychopharmacological care (e.g., informed consent, competence, dual relationships, cultural sensitivity, non-mal eficence).

2. Ethical Dilemma Simulation

Each group receives 1–2 complex clinical cases involving ethical challenges in prescribing. Examples include:

- A non-consenting elderly patient with psychosis and dementia.
- A teenager refusing medication, but parents insist on treatment.
- A patient with a history of substance use demanding benzodiazepines.
- A pregnant woman with bipolar disorder reluctant to continue medication.
- A psychiatrist offered incentives by a pharmaceutical company.

Task:

Each group must:

- Analyze the ethical dimensions of the case.

- Identify conflicts between ethical principles (e.g., autonomy vs. beneficence).
- Apply their assigned ethical code to propose a course of action.
- Prepare a rationale for their decision and present it.

3. Ethics Roundtable – Peer Presentations and Cross-Code Reflection (30 min)

- Each group presents their case analysis and decisions.
- Other groups respond by analyzing the same case through the lens of their ethical code.
- Discussion focuses on:
  - Differences and overlaps between codes
  - Challenges in choosing the "best" ethical course
  - Real-world applicability and potential outcomes

4. Reflection and Debrief

Students write a brief reflection or discuss:

- Which code aligned most with their own values?
- What was most challenging in applying ethics to pharmacological decisions?
- How will ethical codes shape their future clinical roles?

Include a guest lecture or panel from practicing psychiatrists, clinical psychologists, or bioethics faculty to share real-life ethical challenges in prescribing psychotropics.
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] 1.Explain the Doshaja bheda (Vataja, Pittaja, Kaphaja, Sannipataja, and Agantuja) of Unmada with their characteristic lakshanas (clinical features). How do these correlate with the modern classification of schizophrenia spectrum and other psychotic disorders? 2. Discuss in detail the Chikitsa sutra (treatment principles) of Doshaja Unmada as explained in the classical texts. Illustrate your answer with reference to	4

Samshodhana (purificatory therapy), Samshamana (palliative therapy), Sattvavajaya chikitsa (psychotherapy), and Daivavyapashraya chikitsa (spiritual measures).
3. Evaluate the Ayurvedic perspective of Unmada chikitsa in comparison with the modern management of schizophrenia and psychotic disorders. Highlight the role of diet (Ahara), lifestyle modifications (Vihara), pharmacological therapies (Aushadha), and integrative approaches in ensuring long-term management and relapse prevention.
C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour
Q1. Write any four lakshanas (clinical features) of Vataja Unmada.
Q2. Mention the role of Sattvavajaya Chikitsa in the management of Unmada.
Q3. List any two important Samshodhana therapies indicated in Doshaja Unmada with rationale.

D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]
Question 1. A 28-year-old male patient presents with restlessness, incoherent speech, sudden laughing and crying, disturbed sleep, and fearfulness. Based on Ayurvedic principles, identify the possible Doshaja type of Unmada. Demonstrate how you would approach the case history-taking and clinical examination to arrive at the diagnosis.
Question2:Demonstrate the stepwise plan of management for a case of Pittaja Unmada, including the selection of appropriate Samshodhana, Samshamana therapies, and the role of Sattvavajaya Chikitsa. Justify your choice of therapies with classical references.
E) Experiential Learning Outcome Assessment: [10 marks x 30 mins]
1. Case Study Analysis [10 marks x 01 Hour]
Instructions: You are part of a clinical discussion group where a case of Kaphaja Unmada is presented. Based on your experiential learning, reflect on how you would integrate Ayurvedic principles of diagnosis (Dosha bheda, Lakshana) and management (Samshodhana, Samshamana, Sattvavajaya chikitsa) with modern approaches to psychotic disorders. Share your observations, challenges faced, and the key takeaways you would apply in future clinical practice.
C) Structured or Open Viva-Voce [10 marks x 01 Hour]
D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]
Model on phrasing a question:
'Imagine you are a mental health provider working with a young adult who is experiencing specific mental health concern [e.g. Delusion/ Hallucination/disorganized speech or behaviour]. Describe your initial assessment and proposed treatment approach]
Or
Any practical in converted form can be taken for assessment. [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 18 : Agantuja Unmada, Bhutonmada, Vishaja Unmada, Sutikonmada, Smaronmada, Tattvonmada, Manodukhaja Unmada Chikitsa [Treatment of Personality Disorders and Bipolar Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe classification, signs and symptoms and treatment of Agantuja, bhutonmada
2 Conduct – diagnosis using diagnostic and validated tools
3 Identify - the complaints of the patients, respond appropriately and organize the treatment protocol.

M 18 Unit 1 Bhutonmada Personality disorders, Possession and Trance disorder, Somatoform and somatisation disorders, Malingering

- In-depth understanding of the pathophysiology, clinical manifestations, and Bhutonmada
- Includes management of personality disorders, and bipolar disorder

References: 1,2,3,4,17

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Bhutonmada .	2	Lecture	CC	Know	L&PPT ,PER
CO2,CO5	Describe the Visesha Chikitsa of different Bhutonmada focussing on specific clinical features.	2	Lecture	CC	Know	
CO2,CO5	Demonstrtate comprehensive history taking based on Lakshanas.	2	Practical Training 18.1	CE	Knows-how	CBL
CO2,CO5	Create diagnostic formulations in Bhutonmada. (2HR)	2	Practical Training 18.2	CE	Shows-how	RP,RLE

CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 18.3	CE	Shows-how	PSM
CO2,CO5	Develop suitable non pharmacological mode of treatment in Bhutonmada. (2HR)	2	Practical Training 18.4	CE	Shows-how	RLE
CO2,CO5	Display proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains). (3HR)	3	Experiential-Learning 18. 1	CS	Shows-how	JC,TUT
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making. (3HR)	3	Experiential-Learning 18. 2	CS	Shows-how	PL,IBL
CO2,CO5	Display proficiency in implementing pharmacological therapies.(3HR)	3	Experiential-Learning 18. 3	CS	Shows-how	RP,DA
CO2,CO5	Display proficiency in impementing non- pharmacological therapies (3HR)	3	Experiential-Learning 18. 4	CS	Shows-how	DIS

M 18 Unit 2 Mood disorders- Bipolar disorder, Mania and depression, dysthymia and cyclothymia

- Understanding of clinical presentation, and management of mood disorders
- Focus on diagnosis, differential diagnosis, pharmacological and psychosocial interventions
- Long-term care and relapse prevention strategies

References: 2,4,15,16,22,29,30,34,35,40,41,43,45,53,54,57,58,59,61,63,64,67

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathogenesis and general line of treatment of Mood	2	Lecture	CC	Know	L&PPT

	disorders- Bipolar disorder, Mania and depression, dysthymia and cyclothymia. (2HR)					,PER,L
CO2,CO5	Describe the standard treatments guidelines for Mood disorders- Bipolar disorder, Mania and depression, dysthymia and cyclothymia (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrating Comprehensive History Taking from Clinical Symptoms[2 HR]	2	Practical Training 18.5	CE	Shows-how	SDL
CO2,CO5	Apply diagnostic investigations and assessment tools. (2HR)	2	Practical Training 18.6	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 18.7	CE	Shows-how	DA
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Mood disorders- Bipolar disorder, Mania and depression, dysthymia and cyclothymia.(3HR)	3	Experiential-Learning 18.5	CS	Shows-how	TUT,JC
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies. (3HR)	3	Experiential-Learning 18.6	CS	Shows-how	PL,IBL

M 18 Unit 3 Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada

- Detailed exploration of the, lakshanas, vyavaccheda nidana, vishesha chikitsa
- Includes prognosis, preventive measures, and management

References: 2,3,4,5,6,7,8,9,10,11,16,17,19,25,27,28,39

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the nidana, lakshana, samprapti and chikitsa of mandukhaja unmada, adhija unmada , smaronmada, tattvonmada, vishaja unmada (2HR)	2	Lecture	CC	Know	L,L&PPT,PER

CO2,CO5	Discuss on the Visesha Chikitsa of mandukhaja unmada, adhija unmada , smaronmada, tattvonmada, vishaja unmada (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms.(3HRS)	3	Practical Training 18.8	CE	Shows-how	IBL
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (3HRS)	3	Practical Training 18.9	CE	Shows-how	TUT,CBL ,SIM
CO2,CO5	Justify the rationale considering complex medical situations(specific medical comorbidities, vulnerable groups viz preganant lactating women, children and elderly) with respect to administration of psychotropics. (3HR)	3	Experiential-Learning 18. 7	CS	Shows-how	DA,PL
CO2,CO5	Summarize and document on the role of trividha chikitsa in Adhijonmada , Smaronmada, Tatwonmada (3HR)	3	Experiential-Learning 18. 8	CS	Shows-how	
CO2,CO5	Examine how various code of ethics guide ethical decision making in psychopharmacolgy (2HR)	2	Experiential-Learning 18. 9	CS	Shows-how	RLE

Practical Training Activity

Practical Training 18.1 : 18.1 Comprehensive History Taking through Lakshana Assessment

18.1 [2hours x 1session]
Facilitator explains: Importance of Lakshana-based history taking in Ayurveda. Key components of comprehensive history: Nidana ,Purvarupa, Samprapti, Rupa, Upashaya-Anupashaya, related Lakshanas.
Case Presentation :A real or simulated patient case is presented (written or standardized patient). Learners split into small groups (3–4 students). Roles assigned:
Interviewer (Student Doctor) – takes history focusing on Lakshanas.
Patient (Role Play) – acts as per the given case script.
Observer/Recorder – notes questions asked, missed points, communication skills.
Each group conducts focused history taking (15–20 min per student doctor, switching roles if time permits).

Facilitator observes and provides guidance where necessary.
Group Discussion & Analysis
Facilitator Debrief & Reflection
Assessment: Direct observation checklist mini- viva,Mini CEX/ DOPS [Rubrics based].

Practical Training 18.2 : 18.2 Developing Diagnostic Formulations in Bhutonmada

18.2 [2hours x 1session]
Methodology: Case-based role play with real-life experience sharing, followed by group discussion and facilitator debrief.
Introduction & Briefing
Real-Life Experience Sharing A faculty member narrates a real clinical case of Bhutonmada, covering:Chief complaints, observed Lakshanas (behavioral, cognitive, emotional changes), diagnostic difficulties and final formulation.
Case Scenario Distribution
Role Play Simulation
Diagnostic Formulation Exercise
Group Presentations & Discussion ;Facilitator leads discussion
Facilitator Debrief & Reflection
Assessment: Direct observation checklist, Peer feedback,Mini CEX/ DOPS [Rubrics based]

Practical Training 18.3 : 18.3 Evaluating Pharmacological Protocols in Bhutonmada as per Chikitsa Sutra

18.3 [2hours x 1session]
Introduction & Problem Presentation
Problem Identification (Key Lakshanas relevant to diagnosis.Dosha predominance and suspected Bhootanubandha features.Urgency/severity of symptoms needing immediate pharmacological support.
Information Gathering & Analysis [frame a protocol based on chikitsa sutra]
Problem-Solving Decision-Making[justification for the chikitsa sutra]
Role-Play Simulation- Observer notes clarity, evidence-based reasoning, and adherence to Chikitsa Sutra.
Group Presentations & Comparative Analysis
Facilitator Debrief & Reflection
Assessment: Peer assessment , mini viva, Mini CEX/ DOPS [Rubrics based]

Practical Training 18.4 : 18.4 Selecting Non-Pharmacological Treatment Strategies in Bhutonmada

18.4 [2hours x 1session]
Facilitator briefly reviews:
Concept of non-pharmacological treatment in Bhutonmada: Daivavyapashraya (rituals, mantras), Satvavajaya (counseling, behavioral strategies), supportive therapies (diet, routine, spiritual guidance).Importance of integrating these therapies in patient care.
Real-Life Case Experience Sharing(therapies chosen and difficulties faced)
Case Scenario Distribution
Group Discussion & Decision-Making
Role-Play Simulation [Facilitator observes using a checklist for reasoning, appropriateness of therapy selection, and communication skills.]
Group Presentations & Real-Life Linkage [Feasibility of Daivavyapashraya in modern settings., Importance of Satvavajaya in long-term management, Balancing traditional and contemporary non-drug therapies.]
Reflection & Debrief [Facilitator summarizes take-home messages for applying non-pharmacological approaches practically]
Assessment- Role play performance assessment, short write up .

Practical Training 18.5 : 18.5 Demonstrating Comprehensive History Taking from Clinical Symptoms

18.5 [2hours x 1session]
Orientation & Instructions; Facilitator explains activity, purpose and process. Learners will work individually using case-based materials to self-learn and prepare a comprehensive history-taking framework.
Prepare a structured history-taking format independently
Facilitator Feedback & Key Learning Points
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 18.6 : 18.6 Application of Diagnostic Investigations and Assessment Tools

18.6 [2hours x 1session]
Facilitator explains importance of combining clinical investigations and assessment tools for accurate diagnosis
Case Scenario Distribution- Each student receives a clinical case sheet (e.g., neurological, psychiatric, or general medical condition) with presenting complaints and limited history.
Identify Diagnostic Needs- They prepare a list of priority investigations/tools and their justification.
Application exercise- Practice filling the assessment tools as if they were clinicians examining the patient. Interpret sample test results and link findings with symptoms. Facilitator rotates between groups, prompting deeper reasoning.
Presentation- Diagnostic impression formed from combined data.
Facilitator Debrief- Integration of investigation findings + assessment tool results for accurate diagnosis.

Assessment: Individual reflection, peer feedback,Mini CEX/ DOPS [Rubrics based]

Practical Training 18.7 : 18.7 Evaluating Pharmacological Protocols in Bhutonmada as per Chikitsa Sutra

18.7 [2hours x 1session]
Introduction & Orientation- Brief overview of psychotropic drug classes, importance of analysing drug protocols before selection.
Case Scenario Distribution- Each student/group receives a psychiatric patient case
Each group is provided with drug information sheets (or access to reference texts)
List first-line and alternative drugs recommended for the given disorder.
Analyze for each drug: Mechanism of action, Dosage and route, Therapeutic indications Side effects and safety profile, Drug interactions
Fill in a Drug Analysis Chart (worksheet) comparing the options.
Decision-Making & Protocol Proposal- Prepare a rationale statement for their selection.
Facilitator Debrief- Key differences in treatment protocols across psychiatric disorders. Importance of drug safety, individualized choice, and monitoring. Practical aspects of real-world prescription decision-making.
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 18.8 : 18.8 Demonstrating Comprehensive History Taking from Clinical Symptoms of Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada

18.8 [3hours x 1session]
Orientation & Instructions; Facilitator explains activity, purpose and process. Learners will work individually using case-based materials to self-learn and prepare a comprehensive history-taking framework.
Prepare a structured history-taking format independently
Facilitator Feedback & Key Learning Points
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 18.9 : 18.9 Evaluating Pharmacological Protocols in Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada as per Chikitsa Sutra

18.9 [3hours x 1session]
Introduction & Problem Presentation
Problem Identification (Key Lakshanas relevant to diagnosis.Dosha predominance and suspected Bhootanubandha features.Urgency/severity of symptoms needing

immediate pharmacological support.
Information Gathering & Analysis [frame a protocol based on chikitsa sutra]
Problem-Solving Decision-Making[justification for the chikitsa sutra]
Role-Play Simulation- Observer notes clarity, evidence-based reasoning, and adherence to Chikitsa Sutra.
Group Presentations & Comparative Analysis
Facilitator Debrief & Reflection
Assessment: Peer assessment , mini viva, Mini CEX/ DOPS [Rubrics based]

Experiential learning Activity

Experiential-Learning 18.1 : 18.1 Complex Case Mapping Workshop

18.1 [3hours x 1session]
Introduction: Facilitator introduces the concept of complex needs in clinical practice.
Video Case Presentation
Activity:
Show a 10–15 min recorded patient interview or case vignette (psychiatric case with complex needs).
Video highlights medical history, social background, behavioural observations, and environmental factors.
Objective: Learners observe and note possible risk and maintaining factors.
Guided Group Discussion
Each group lists predisposing, precipitating, and perpetuating factors under biological, psychological, and social categories.
Facilitator circulates, prompting deeper analysis (e.g., “What past factors might have contributed biologically?”).
Output: Draft case-mapping table
Reflective Journaling- Individually, learners write a structured reflection
Case Mapping Presentation
Activity:
Groups present their case-mapping diagrams or tables.
Facilitator summarizes and compares findings, highlighting missing or overlooked factors.
Facilitator summarizes key learning points on identifying complex needs.
Discussion on real-world implications for treatment planning and patient outcomes.

Experiential-Learning 18.2 : 18.2 Collaborative Care Plan Simulation

18.2 [3hours x 1session]

Introduction & Orientation
Facilitator Activity:
Briefly explain patient-centered care principles and the importance of evidence-based decision-making in psychiatry.
Outline session flow and expected outcomes.
Learner Activity: Reflect on prior experiences of designing care plans (if any) and share key thoughts with peers.
Case Presentation- Students generate questions they need answered to design a treatment protocol (IBL approach).
Facilitator guides them to inquire about diagnosis clarification, medication choices, therapy options, and patient preferences.
Inquiry & Peer Research- Each group searches provided resources (treatment guidelines, clinical notes, pharmacological charts) to answer their inquiry questions. Peer teaching: Groups share findings with one another, filling knowledge gaps collectively.
Collaborative Treatment Protocol Design- Groups co-create a patient-centered treatment plan, integrating:
Biological interventions (e.g., pharmacology)
Psychological therapies (e.g., CBT, counseling)
Social interventions (e.g., family support, rehabilitation)
Must include justification for each decision with evidence or reasoning.
Facilitator Role: Encourage critical thinking, challenge assumptions, ensure holistic approach.
Reflective Wrap-Up- Group discussion to summarize key takeaways.
Assessment – Group Assessment, peer assessment, individual assessment

Experiential-Learning 18.3 : 18.3 Hands-On Psychopharmacology Practice Lab

18.3 [3hours x 1session]
Introduction & Orientation
1.Facilitator Activity:
Briefly introduce principles of psychopharmacology, including drug classes, mechanism of action, indications, contraindications, dosage, and monitoring.
Explain drug analysis activity steps and expectations.
Drug Analysis Activity- Learners are divided into groups . Each group is provided with different psychotropic drugs (e.g., SSRIs, antipsychotics, mood stabilizers, anxiolytics). Using drug analysis worksheets, groups analyze the assigned drug based on:
Drug name & class, Mechanism of action, Indications & contraindications, Dosage forms & therapeutic dose, Common side effects & adverse reactions,Drug interactions, Monitoring parameters (labs, clinical signs), Special considerations (elderly, pregnancy, comorbid conditions).
Facilitator Role: Guide learners to evidence-based sources (drug manuals, guidelines) and clarify doubts.
Simulation-Based Implementation Practice: • A simulated patient scenario is presented (case vignette requiring pharmacological intervention).
• Each group uses their drug analysis findings to:

• Select an appropriate medication.
• Determine dosage and route.
• Explain monitoring plan.
• Educate “patient” (played by a peer or facilitator) on use, adherence, and side effect management.
Debriefing & Reflective Wrap-Up: Facilitator summarizes key learning points (rational prescribing, safety checks, patient education). Learners write a short reflection
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 18.4 : 18.4 Critical appraisal of the non-pharmacological treatment protocol of doshaja unmada

18.4 [3hours x 1session]
(Interaction and discussion)- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 18.5 : 18.5 Clinical documentation of perception versus reality

18.5 [3hours x 1session]
Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following: Bipolar disorder, Mania and depression, dysthymia and cyclothymia.
Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format.
Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options
Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan.
Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation.
Assessment – reflective journaling and logbooks

Experiential-Learning 18.6 : 18.6 Critical appraisal of clinical skills in organizing pharmacological therapies.

18.6 [3hours x 1session]
Critical appraisal of clinical skills in organizing pharmacological therapies.

[Inquiry based learning]
- Each student receives detailed clinical cases (realistic patient scenarios) covering:
- Schizophrenia with positive/negative symptoms
- Schizoaffective disorder with mood instability
- Catatonia
- Delusional disorder with somatic delusions
- ATPD with rapid onset
- For each case, students must:
- Identify target symptoms and priorities
- Choose first-line pharmacologic agents (with dose, route, and titration plan)
- Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
- List monitoring parameters and follow-up plan

Role-play a real-time consultation involving:
- Prescription explanation to the patient
- Discussion with a simulated pharmacist regarding drug interactions and side effects
- Consent and psychoeducation

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 18.7 : 18.7 Clinical judgement in psychopharmacology

18.7 [3hours x 1session]
[Self learning, Peer learning]
1. Clinical Scenario Wheel (Rotating Case Stations): student is given different complex medical situations on a rotation basis ; each case will provide clinical summary, current medications and history, laboratory reports etc. student must choose a pharmacological management plan, justify drug choice, dose, route, and monitoring, identify contraindications or cautions, Prepare a brief explanation for the patient/family
2. Group discussion- student shall defend their treatment rationale, while others pose questions or challenge decisions. Faculty acts as a moderator and provides expert feedback.
3. Patient Counseling Role-Play

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 18.8 : 18.8 Ayurvedic Mind-Healing Reflection Circcle

18.8 [3hours x 1session]
Introduction; Facilitator Activity:
Briefly introduce the three conditions (Adhijonmada, Smaronmada, Tatwonmada) and Trividha Chikitsa modalities.
Role Play & Case Enactment
Activity:
Participants are divided into three groups, each assigned one condition (Adhijonmada, Smaronmada, or Tatwonmada).
Each group receives a case scenario card with symptoms, background, and challenges.
Learners act out a patient's journey, depicting symptoms and emotional state.
Other group members take roles of Vaidya (physician), caregiver, and observer, physically enacting treatment approaches (chanting/mantras for Daivavyapashraya, herbal medicine preparation for Yukti Vyapashraya, counseling gestures for Satvavajaya).
Objective: Physically experience and express how Trividha Chikitsa is applied.
Hands-On Trividha Chikitsa Stations
Activity:
Set up three interactive stations:
Daivavyapashraya Station: Learners perform a brief ritual, mantra recitation, or symbolic healing practice.
Yukti Vyapashraya Station: Learners handle mock herbal medicines or tools used in Panchakarma, simulating prescription and preparation.
Satvavajaya Station: Learners role-play counseling gestures, relaxation techniques, or supportive dialogue.
Participants rotate between stations, engaging in hands-on activities for each chikitsa method.
Individual Reflective Journaling- Write a structured journal
Assessment- Peer feedback , Reflective journaling

Experiential-Learning 18.9 : 18.9 Ethical Decision-Making in Psychopharmacology

18.9 [2hours x 1session]
1. Code Exploration and Briefing
Students are divided into 3 groups.
- Each group is assigned one ethical code to explore:
  - Group A: American Medical Association (AMA) Code of Ethics
  - Group B: American Psychological Association (APA) Code of Ethics

o Group C: National Organization for Human Services Code of Ethics

Task:

Each group highlights 3–4 key principles that could influence decisions in psychopharmacological care (e.g., informed consent, competence, dual relationships, cultural sensitivity, non-mal eficence).

2. Ethical Dilemma Simulation

Each group receives 1–2 complex clinical cases involving ethical challenges in prescribing. Examples include:

- A non-consenting elderly patient with psychosis and dementia.
- A teenager refusing medication, but parents insist on treatment.
- A patient with a history of substance use demanding benzodiazepines.
- A pregnant woman with bipolar disorder reluctant to continue medication.
- A psychiatrist offered incentives by a pharmaceutical company.

Task:

Each group must:

- Analyze the ethical dimensions of the case.
- Identify conflicts between ethical principles (e.g., autonomy vs. beneficence).
- Apply their assigned ethical code to propose a course of action.
- Prepare a rationale for their decision and present it.

3. Ethics Roundtable – Peer Presentations and Cross-Code Reflection (30 min)

- Each group presents their case analysis and decisions.
- Other groups respond by analyzing the same case through the lens of their ethical code.
- Discussion focuses on:

o Differences and overlaps between codes

o Challenges in choosing the "best" ethical course

o Real-world applicability and potential outcomes

4. Reflection and Debrief

Students write a brief reflection or discuss:

- Which code aligned most with their own values?
- What was most challenging in applying ethics to pharmacological decisions?
- How will ethical codes shape their future clinical roles?

Include a guest lecture or panel from practicing psychiatrists, clinical psychologists, or bioethics faculty to share real-life ethical challenges in prescribing psychotropics.

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration

Assessment: Rubrics based Log book assessment, Interactions

Modular Assessment	
Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] B) Model LAQ [1 Q x 10 marks x 01 Hour] 1. Explain the Ayurvedic understanding of Anya Unmada Prakaranam with special reference to personality disorders. Discuss the etiological factors, clinical features, and treatment principles (Chikitsa Sutra) as described in classical texts. 2. Describe the clinical presentation, types, and course of Bipolar Disorder from both Ayurvedic and modern perspectives. Critically analyze the role of Samshodhana, Samshamana, and Satvavajaya Chikitsa in its management. 3. Elaborate on the integrated approach to the management of Personality Disorders and Bipolar Disorders. Discuss the application of Ayurvedic therapies (Daivavyapashraya, Yukti Vyapashraya, Satvavajaya) along with modern psychopharmacological and psychotherapeutic interventions. C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour 1. Differentiate between Bipolar I disorder and Bipolar II disorder with reference to their clinical presentation. 2. Write the characteristic features of Mania and how it differs from Hypomania. 3. Define Dysthymia and Cyclothymia. Mention their duration criteria as per diagnostic guidelines D) Practical Learning Outcome Assessment: [10 marks x 01 Hour] 1. A 30-year-old patient presents with sudden changes in behavior, claiming to be possessed by a deity, with alternating episodes of agitation and withdrawal. As a student, demonstrate the steps of clinical history taking and mental status examination to differentiate Bhutonmada from Possession and Trance disorder. 2. A patient frequently visits the clinic with multiple unexplained physical complaints, resistant to reassurance and investigations. How would you assess, identify, and plan the management approach for Somatoform/Somatisation disorder, and differentiate it from Malingering E) Experiential Learning Outcome Assessment: [10 marks x 01 hour] Model on phrasing a question: A 28-year-old married woman is brought to the psychiatry OPD by her family with complaints of sudden episodes where she speaks in a different voice, claims to be controlled by a spirit, and shows aggressive behaviour. Between episodes, she remains fatigued and complains of vague bodily pains like headache and chest discomfort. Describe your initial assessment and proposed treatment approach Or Any practical in converted form can be taken for assessment. [25 Marks]	4

and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 4

Module 19 : Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa [Treatment of Neurotic Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe clinically the nidana, samprapti and vishehsa chikitsa of Chittodvega, Vishada, Atatwabhinivesha and anxiety disorders
2 Conduct different assessments based on lakshanas using disgnostic tools and arrive at a conclusion about diagnosis and treatment protocol
3 Identify the complaints of the patients, respond appropriately and organize the treatment protocol.

M 19 Unit 1 Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD

- Understanding of pathophysiology and clinical features, including diagnostic criteria
- Differential diagnosis, and planning evidence-based management (Pharmacological and non-pharmacological)

References: 1,2,3,4,5,6,7,8,9,11,12,14,17,19,21,29,44

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Chittodwega, Anxiety disorders.(2 hour)	2	Lecture	CC	Know	L&PPT ,L,PER
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Fear and phobic disorders, panic disorder, PTSD. (2 hour)	2	Lecture	CC	Know	DIS

CO2,CO5	Demonstrtate comprehensive history taking based on Lakshanas(2HR)	2	Practical Training 19.1	CE	Shows-how	CBL
CO2,CO5	Create diagnostic formulations in Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD.(2HR)	2	Practical Training 19.2	CE	Shows-how	RLE,RP
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 19.3	CE	Shows-how	PSM
CO2,CO5	Identify suitable non pharmacological mode of treatment in Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD (2HR)	2	Practical Training 19.4	CE	Shows-how	RLE
CO2,CO5	Display proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains).(3HR)	3	Experiential-Learning 19.1	CS	Shows-how	TUT
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making (3HR).	3	Experiential-Learning 19.2	CS	Shows-how	PL,IBL
CO2,CO5	Develop proficiency in implementing pharmacological therapies (3HR)	3	Experiential-Learning 19.3	CS	Shows-how	RP,DA
CO2,CO5	Develop proficiency in implementing non-pharmacological therapies (3HR)	3	Experiential-Learning 19.4	CS	Shows-how	DIS

M 19 Unit 2 Atatvabhinivesha, Obsessive compulsive related disorder, stress disorder, Adjustment disorders, Impulse control disorders

- Covers diagnostic criteria, differential diagnosis, and comorbidities

- Pharmacological and non-pharmacological management strategies

References: 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,18,19,22,33,34,50,51,52

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathogenesis and general line of treatment of Atatvabhinivesha, Obsessive compulsive related disorder, stress disorder, Adjustment disorders, and Impulse control disorders.(2HR)	2	Lecture	CC	Know	L,L&PPT ,PER
CO2,CO5	Describe the standard treatments guidelines for Atatvabhinivesha, Obsessive compulsive related disorder, stress disorder, Adjustment disorders, Impulse control disorders (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms and (2HR)	2	Practical Training 19.5	CE	Shows-how	SDL
CO2,CO5	Apply diagnostic investigations and assessment tools.(2HR)	2	Practical Training 19.6	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 19.7	CC	Shows-how	DA
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Atatvabhinivesha, Obsessive compulsive related disorder, stress disorder, Adjustment disorders, Impulse control disorders and facilitating clinical decison making.(3HR)	3	Experiential-Learning 19.5	CS	Knows-how	JC,TUT
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies.(3HR)	3	Experiential-Learning 19.6	CS	Knows-how	IBL,PL

M 19 Unit 3 Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation

- Covers diagnostic criteria, differential diagnosis, and comorbidities
- Pharmacological and non-pharmacological management strategies

References: 1,2,3,4,5,6,7,8,31,32,46,52

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and chikitsa of Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation-Derealisation (2HR)	2	Lecture	CC	Know	PER,L,L &PPT
CO2,CO5	Comprehend on the Visesha Chikitsa of Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms.(2HRS)	2	Practical Training 19.8	CE	Shows-how	IBL
CO2,CO5	Apply diagnostic investigations and assessment tools.(2HR)	2	Practical Training 19.9	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 19.10	CE	Shows-how	DA
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation-Derealisation.(2HR)	2	Experiential-Learning 19.7	CS	Shows-how	JC,L_VC
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making.(2HR).	2	Experiential-Learning 19.8	CS	Shows-how	PL
CO2,CO5	Develop proficiency in implementing pharmacological therapies.(2HR)	2	Experiential-Learning 19.9	CS	Shows-how	PL,IBL
CO2,CO5	Develop proficiency in implementing non-pharmacological therapies (2HR)	2	Experiential-	CS	Shows-	DIS

			Learning 19.10		how	

Practical Training Activity

Practical Training 19.1 : 19.1 Comprehensive History Taking through Lakshana Assessment

19.1 [2hours x 1session]
Facilitator explains:
Importance of Lakshana-based history taking in Ayurveda. Key components of Facilitated Group comprehensive history: Nidana ,Purvarupa, Samprapti, Rupa, Upashaya-Anupashaya, related Lakshanas.
Case Presentation :A real or simulated patient case is presented (written or standardized patient). Learners split into small groups (3–4 students). Roles assigned:
Interviewer (Student Doctor) – takes history focusing on Lakshanas.
Patient (Role Play) – acts as per the given case script.
Observer/Recorder – notes questions asked, missed points, communication skills.
Each group conducts focused history taking (15–20 min per student doctor, switching roles if time permits).
Facilitator observes and provides guidance where necessary.
Group Discussion & Analysis
Facilitator Debrief & Reflection
Assessment: Direct observation checklist mini- viva,Mini CEX/ DOPS [Rubrics based]

Practical Training 19.2 : 19.2 Developing Diagnostic Formulations in Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa

19.2 [2hours x 1 session]
Methodology: Case-based role play with real-life experience sharing, followed by group discussion and facilitator debrief.
Introduction & Briefing
Real-Life Experience Sharing A faculty member narrates a real clinical case of Bhutonmada, covering:Chief complaints, observed Lakshanas (behavioral, cognitive, emotional changes), diagnostic difficulties and final formulation.
Case Scenario Distribution
Role Play Simulation
Diagnostic Formulation Exercise
Group Presentations & Discussion ;Facilitator leads discussion
Facilitator Debrief & Reflection

Assessment: Direct observation checklist, Peer feedback,Mini CEX/ DOPS [Rubrics based]

Practical Training 19.3 : 19.3 Evaluating Pharmacological Protocols in Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa as per Chikitsa Sutra

19.3 [2hours x 1 session]
Introduction & Problem Presentation
Problem Identification (Key Lakshanas relevant to diagnosis.Dosha predominance and suspected Bhootanubandha features.Urgency/severity of symptoms needing immediate pharmacological support.
Information Gathering & Analysis [frame a protocol based on chikitsa sutra]
Problem-Solving Decision-Making[justification for the chikitsa sutra]
Role-Play Simulation- Observer notes clarity, evidence-based reasoning, and adherence to Chikitsa Sutra.
Group Presentations & Comparative Analysis
Facilitator Debrief & Reflection
Assessment: Peer assessment , mini viva, Mini CEX/ DOPS [Rubrics based]

Practical Training 19.4 : 19.4 Selecting Non-Pharmacological Treatment Strategies in Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD

19.4 [2hours x 1 session]
Facilitator briefly reviews:
Concept of non-pharmacological treatment in Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD : Daivavyapashraya (rituals, mantras), Satvavajaya (counseling, behavioral strategies), supportive therapies (diet, routine, spiritual guidance).Importance of integrating these therapies in patient care.
Real-Life Case Experience Sharing(therapies chosen and difficulties faced)
Case Scenario Distribution
Group Discussion & Decision-Making
Role-Play Simulation [Facilitator observes using a checklist for reasoning, appropriateness of therapy selection, and communication skills.]
Group Presentations & Real-Life Linkage [Feasibility of Daivavyapashraya in modern settings., Importance of Satvavajaya in long-term management, Balancing traditional and contemporary non-drug therapies.]
Reflection & Debrief [Facilitator summarizes take-home messages for applying non-pharmacological approaches practically]
Assessment- Role play performance assessment, short write up .

Practical Training 19.5 : 19.5 Demonstrating Comprehensive History Taking from Clinical Symptoms
19.5 [2hours x 1 session] Orientation & Instructions; Facilitator explains activity, purpose and process. Learners will work individually using case-based materials to self-learn and prepare a comprehensive history-taking framework. Prepare a structured history-taking format independently Facilitator Feedback & Key Learning Points Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 19.6 : 19.6 Application of Diagnostic Investigations and Assessment Tools
19.6 [2hours x 1 session]Facilitator explains importance of combining clinical investigations and assessment tools for accurate diagnosis Case Scenario Distribution- Each student receives a clinical case sheet (e.g., neurological, psychiatric, or general medical condition) with presenting complaints and limited history. Identify Diagnostic Needs- They prepare a list of priority investigations/tools and their justification. Application exercise- Practice filling the assessment tools as if they were clinicians examining the patient. Interpret sample test results and link findings with symptoms. Facilitator rotates between groups, prompting deeper reasoning. Presentation- Diagnostic impression formed from combined data. Facilitator Debrief- Integration of investigation findings + assessment tool results for accurate diagnosis. Assessment: Individual reflection, peer feedback, Mini CEX/ DOPS [Rubrics based]
Practical Training 19.7 : 19.7 Evaluating Pharmacological Treatment Protocols in Psychiatric Disorders
19.7 [2hours x 1 session]Introduction & Orientation- Brief overview of psychotropic drug classes, importance of analysing drug protocols before selection. Case Scenario Distribution- Each student/group receives a psychiatric patient case Each group is provided with drug information sheets (or access to reference texts) List first-line and alternative drugs recommended for the given disorder. Analyze for each drug: Mechanism of action, Dosage and route, Therapeutic indications Side effects and safety profile, Drug interactions Fill in a Drug Analysis Chart (worksheet) comparing the options.

Decision-Making & Protocol Proposal- Prepare a rationale statement for their selection.
Facilitator Debrief- Key differences in treatment protocols across psychiatric disorders. Importance of drug safety, individualized choice, and monitoring. Practical aspects of real-world prescription decision-making.
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 19.8 : 19.8 Demonstrating Comprehensive History Taking from Clinical Symptoms of Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation

19.8 [2hours x 1 session]
Orientation & Instructions; Facilitator explains activity, purpose and process. Learners will work individually using case-based materials to self-learn and prepare a comprehensive history-taking framework.
Prepare a structured history-taking format independently
Facilitator Feedback & Key Learning Points
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 19.9 : 19.9 Application of Diagnostic Investigations and Assessment Tools

19.9 [2hours x 1 session]
Facilitator explains importance of combining clinical investigations and assessment tools for accurate diagnosis
Case Scenario Distribution- Each student receives a clinical case sheet (e.g., neurological, psychiatric, or general medical condition) with presenting complaints and limited history.
Identify Diagnostic Needs- They prepare a list of priority investigations/tools and their justification.
Application exercise- Practice filling the assessment tools as if they were clinicians examining the patient. Interpret sample test results and link findings with symptoms.
Facilitator rotates between groups, prompting deeper reasoning.
Presentation- Diagnostic impression formed from combined data.
Facilitator Debrief- Integration of investigation findings + assessment tool results for accurate diagnosis.
Assessment: Individual reflection, peer feedback, Mini CEX/ DOPS [Rubrics based]

Practical Training 19.10 : 19.10 Evaluating Pharmacological Protocols in Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation

19.10 [2hours x 1session]

Introduction & Problem Presentation
Problem Identification (Key Lakshanas relevant to diagnosis. Dosha predominance and suspected features.Urgency/severity of symptoms needing immediate pharmacological support.
Information Gathering & Analysis [frame a protocol based on chikitsa sutra]
Problem-Solving Decision-Making[justification for the chikitsa sutra]
Role-Play Simulation- Observer notes clarity, evidence-based reasoning, and adherence to Chikitsa Sutra.
Group Presentations & Comparative Analysis
Facilitator Debrief & Reflection
Assessment: Peer assessment , mini viva, Mini CEX/ DOPS [Rubrics based]

Experiential learning Activity

Experiential-Learning 19.1 : 19.1 omplex Case Mapping Workshop

19.1 [3hours x 1 session]
Introduction: Facilitator introduces the concept of complex needs in clinical practice.
Video Case Presentation
Activity:
Show a 10–15 min recorded patient interview or case vignette (psychiatric case with complex needs).
Video highlights medical history, social background, behavioural observations, and environmental factors.
Objective: Learners observe and note possible risk and maintaining factors.
Guided Group Discussion
Each group lists predisposing, precipitating, and perpetuating factors under biological, psychological, and social categories.
Facilitator circulates, prompting deeper analysis (e.g., “What past factors might have contributed biologically?”).
Output: Draft case-mapping table
Reflective Journaling- Individually, learners write a structured reflection
Case Mapping Presentation
Activity:
Groups present their case-mapping diagrams or tables.
Facilitator summarizes and compares findings, highlighting missing or overlooked factors.
Facilitator summarizes key learning points on identifying complex needs.
Discussion on real-world implications for treatment planning and patient outcomes.

Experiential-Learning 19.2 : 19.2 Collaborative Care Plan Simulation

19.2 [3hours x 1 session]Introduction & Orientation
Facilitator Activity:
Briefly explain patient-centered care principles and the importance of evidence-based decision-making in psychiatry.
Outline session flow and expected outcomes.
Learner Activity: Reflect on prior experiences of designing care plans (if any) and share key thoughts with peers.
Case Presentation- Students generate questions they need answered to design a treatment protocol (IBL approach).
Facilitator guides them to inquire about diagnosis clarification, medication choices, therapy options, and patient preferences.
Inquiry & Peer Research- Each group searches provided resources (treatment guidelines, clinical notes, pharmacological charts) to answer their inquiry questions. Peer teaching: Groups share findings with one another, filling knowledge gaps collectively.
Collaborative Treatment Protocol Design- Groups co-create a patient-centered treatment plan, integrating:
Biological interventions (e.g., pharmacology)
Psychological therapies (e.g., CBT, counseling)
Social interventions (e.g., family support, rehabilitation)
Must include justification for each decision with evidence or reasoning.
Facilitator Role: Encourage critical thinking, challenge assumptions, ensure holistic approach.
Reflective Wrap-Up- Group discussion to summarize key takeaways.
Assessment – Group Assessment, peer assessment, individual assessment

Experiential-Learning 19.3 : 19.3 Hands-On Psychopharmacology Practice Lab

19.3 [3hours x 1 session]
Introduction & Orientation
1.Facilitator Activity:
Briefly introduce principles of psychopharmacology, including drug classes, mechanism of action, indications, contraindications, dosage, and monitoring.
Explain drug analysis activity steps and expectations.
Drug Analysis Activity- Learners are divided into groups . Each group is provided with different psychotropic drugs (e.g., SSRIs, antipsychotics, mood stabilizers, anxiolytics). Using drug analysis worksheets, groups analyze the assigned drug based on:
Drug name & class, Mechanism of action, Indications & contraindications, Dosage forms & therapeutic dose, Common side effects & adverse reactions,Drug interactions,

Monitoring parameters (labs, clinical signs), Special considerations (elderly, pregnancy, comorbid conditions).
Facilitator Role: Guide learners to evidence-based sources (drug manuals, guidelines) and clarify doubts.
Simulation-Based Implementation Practice: • A simulated patient scenario is presented (case vignette requiring pharmacological intervention).
• Each group uses their drug analysis findings to:
• Select an appropriate medication.
• Determine dosage and route.
• Explain monitoring plan.
• Educate "patient" (played by a peer or facilitator) on use, adherence, and side effect management.
Debriefing & Reflective Wrap-Up: Facilitator summarizes key learning points (rational prescribing, safety checks, patient education). Learners write a short reflection
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 19.4 : 19.4 Critical appraisal of the non-pharmacological treatment protocol of doshaja unmada

19.4 [3hours x 1 session][Interaction and discussion]- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 19.5 : 19.5 Clinical documentation of perception versus reality

19.5 [3hours x 1 session]
Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following: Bipolar disorder, Mania and depression, dysthymia and cyclothymia.
Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format.
Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options
Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan.
Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation.

Assessment – reflective journaling and logbooks

Experiential-Learning 19.6 : 19.6 Critical appraisal of clinical skills in organizing pharmacological therapies.

19.6 [3hours x 1 session]
[Inquiry based learning]
Each student receives detailed clinical cases (realistic patient scenarios) covering:
1.Schizophrenia with positive/negative symptoms.
2.Schizoaffective disorder with mood instability
3.Catatonia
4.Delusional disorder with somatic delusions
5.ATPD with rapid onset
6.For each case, students must:
7.Identify target symptoms and priorities
8.Choose first-line pharmacologic agents (with dose, route, and titration plan)
9.Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
10. List monitoring parameters and follow-up plan
Role-play a real-time consultation involving:
11. Prescription explanation to the patient
12. Discussion with a simulated pharmacist regarding drug interactions and side effects
13. Consent and psychoeducation
Reflective Journaling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 19.7 : 19.7 Critical appraisal of clinical skills in organizing pharmacological therapies.

19.7 [2hours x 1session]
[Inquiry based learning]
- Each student receives detailed clinical cases (realistic patient scenarios) covering:
- Schizophrenia with positive/negative symptoms
- Schizoaffective disorder with mood instability
- Catatonia
- Delusional disorder with somatic delusions

- ATPD with rapid onset
- For each case, students must:
- Identify target symptoms and priorities
- Choose first-line pharmacologic agents (with dose, route, and titration plan)
- Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
- List monitoring parameters and follow-up plan

Role-play a real-time consultation involving:

- Prescription explanation to the patient
- Discussion with a simulated pharmacist regarding drug interactions and side effects
- Consent and psychoeducation

Reflective Journaling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 19.8 : 19.8 Collaborative Care Plan Simulation

19.8 [2hours x 1session]
Introduction & Orientation
Facilitator Activity:
Briefly explain patient-centered care principles and the importance of evidence-based decision-making in psychiatry.
Outline session flow and expected outcomes.
Learner Activity: Reflect on prior experiences of designing care plans (if any) and share key thoughts with peers.
Case Presentation- Students generate questions they need answered to design a treatment protocol (IBL approach).
Facilitator guides them to inquire about diagnosis clarification, medication choices, therapy options, and patient preferences.
Inquiry & Peer Research- Each group searches provided resources (treatment guidelines, clinical notes, pharmacological charts) to answer their inquiry questions. Peer teaching: Groups share findings with one another, filling knowledge gaps collectively.
Collaborative Treatment Protocol Design- Groups co-create a patient-centered treatment plan, integrating:
Biological interventions (e.g., pharmacology)
Psychological therapies (e.g., CBT, counseling)
Social interventions (e.g., family support, rehabilitation)
Must include justification for each decision with evidence or reasoning.
Facilitator Role: Encourage critical thinking, challenge assumptions, ensure holistic approach.
Reflective Wrap-Up- Group discussion to summarize key takeaways.

Assessment – Group Assessment, peer assessment, individual assessment

Experiential-Learning 19.9 : 19.9 Hands-On Psychopharmacology Practice Lab

19.9 [2hours x 1session]
Introduction & Orientation
1.Facilitator Activity:
Briefly introduce principles of psychopharmacology, including drug classes, mechanism of action, indications, contraindications, dosage, and monitoring.
Explain drug analysis activity steps and expectations.
Drug Analysis Activity- Learners are divided into groups . Each group is provided with different psychotropic drugs (e.g., SSRIs, antipsychotics, mood stabilizers, anxiolytics). Using drug analysis worksheets, groups analyze the assigned drug based on:
Drug name & class, Mechanism of action, Indications & contraindications, Dosage forms & therapeutic dose, Common side effects & adverse reactions,Drug interactions, Monitoring parameters (labs, clinical signs), Special considerations (elderly, pregnancy, comorbid conditions).
Facilitator Role: Guide learners to evidence-based sources (drug manuals, guidelines) and clarify doubts.
Simulation-Based Implementation Practice: • A simulated patient scenario is presented (case vignette requiring pharmacological intervention).
• Each group uses their drug analysis findings to:
• Select an appropriate medication.
• Determine dosage and route.
• Explain monitoring plan.
• Educate “patient” (played by a peer or facilitator) on use, adherence, and side effect management.
Debriefing & Reflective Wrap-Up: Facilitator summarizes key learning points (rational prescribing, safety checks, patient education). Learners write a short reflection
Reflective Journaling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 19.10 : 19.10 Critical appraisal of the non-pharmacological treatment protocol of Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation

19.10 [2hours x 1session]
[Interaction and discussion] - students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability

Suggestions for integrative practice
Reflective Journaling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] Model LAQ [1 Q x 10 marks x 01 Hour] 1 Explain the Ayurvedic concept of Chittodvega and its pathogenesis. Discuss the clinical features and elaborate on the comprehensive treatment approaches recommended in Ayurveda for managing Chittodvega. 2 Define Atatwabhinivesha and describe its etiopathology according to Ayurvedic principles. How does Atatwabhinivesha manifest clinically, and what are the therapeutic modalities suggested for its effective management? 3 Discuss the role of Vishada Chikitsa in the treatment of neurotic disorders. Highlight the importance of mental and spiritual therapies alongside medicinal treatments in Ayurveda for Vishada, and explain how these interventions help in restoring mental balance. B) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour 1 Briefly explain the Ayurvedic concept of Chittodvega and its clinical features. 2.What is Atatwabhinivesha? Mention its correlation with modern neurotic disorders. 3.List the important Ayurvedic treatment modalities (Chikitsa) employed in Vishada. Practical Learning Outcome Assessment: [10 marks x 01 Hour] 1. Case-based Question: A 25-year-old patient presents with excessive worry, restlessness, palpitations, and disturbed sleep. As an Ayurveda practitioner, demonstrate how you would take the history, identify the dosha predominance, and suggest suitable Satvavajaya Chikitsa measures. 2.Skill-based Question: Perform and explain the procedure of a suitable Manasika Chikitsa intervention (e.g., counseling, meditation, or a relaxation practice) for a patient suffering from Vishada. E) Experiential Learning Outcome Assessment: [10 marks x 01 hour] Reflect on a real or simulated clinical encounter with a patient presenting symptoms of Chittodvega or Vishada. Describe how you applied Ayurvedic principles of assessment (Do?ha, Manasika Bh?va, and S?tvavajaya) and justify your choice of treatment modalities. What challenges did you face, and how did this experience enhance your understanding of managing neurotic disorders in Ayurveda?	4

Or
Any practical in converted form can be taken for assessment. [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 20 : Apasmara Chikitsa [Treatment of different Neuropsychiatric Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe clinically the nidana, samprapti and vishehsa chikitsa of apasmara and other neuropsychiatric conditions
2 Conduct different assessments based on lakshanas using investigations and arrive at a conclusion about diagnosis and treatment protocol
3 Identify the complaints of the patients, respond appropriately and organize the treatment protocol.

M 20 Unit 1 Apasmara

- Exploration of chikitsa of Apasmara along
- Exploration of vyavaccheda nidana

References: 1,2,3,4,5,6,7,8,9,10,14,15,16,17,18,51,52,61,62,82

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Samanya Chikitsa of Apasmara (2 HR)	2	Lecture	CC	Know	L,L&PPT ,PER
CO2,CO5	Describe the Vishesha Chikitsa of different Apasmara focussing on specific clinical features.(2 hour)	2	Lecture	CC	Know	D-BED,DIS
CO2,CO5	Demonstrate comprehensive history taking based on symptoms and Doshas (2HR)	2	Practical	CE	Shows-	IBL

			Training 20.1		how	
CO2,CO5	Create diagnostic formulations in Apasmara (2HR)	2	Practical Training 20.2	CE	Shows-how	SIM
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 20.3	CE	Shows-how	CBL
CO2,CO5	Demonstrate Vegakaleen chikitsa and non -pharmacological treatment in Apasmara.(2HR)	2	Practical Training 20.4	CE	Shows-how	L_VC,DIS
CO2,CO5	Develop proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains). (3HR)	3	Experiential-Learning 20.1	CE	Shows-how	JC,L_VC
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making.(3HR)	3	Experiential-Learning 20.2	CE	Shows-how	IBL,SDL,PL
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (3HR)	3	Experiential-Learning 20.3	CE	Shows-how	RP
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Epilepsy, seizure disorders/convulsion disorder, status epilepticus (3HR)	3	Experiential-Learning 20.4	CS	Shows-how	DIS

M 20 Unit 2 Akshepaka and Apatantraka

- Exploration of nidana, purva-roopa, roopa, samprapti and chikitsa.
- Exploration along with vyavaccheda nidana.

References: 1,2,3,10,12,13,14,19,20,22,26,27

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Samanya Chikitsa of Akshepaka and Apatantraka (2HR)	2	Lecture	CC	Know	L&PPT ,PER,L
CO2,CO5	Describe the Vishesha Chikitsa Akshepaka and Apatantraka (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on symptoms and Doshas (2HR)	2	Practical Training 20.5	CE	Shows-how	SIM,CBL ,IBL
CO2,CO5	Create diagnostic formulations in Akshepaka and Apatantraka (2HR)	2	Practical Training 20.6	CE	Shows-how	DIS
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 20.7	CE	Shows-how	DIS,L_VC
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Epilepsy, seizure disorders/convulsion disorder, status epilepticus facilitating clinical decision making (3HR)	3	Experiential-Learning 20.5	CS	Shows-how	TUT,L_VC
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies. (3HR)	3	Experiential-Learning 20.6	CS	Shows-how	RP

M 20 Unit 3 Epilepsy, Seizure disorders/Convulsion disorder, Status epilepticus, Non-epileptic Seizures, Seizures due to secondary causes

- Comprehensive understanding of the etiology, pathophysiology, and diagnostic criteria for epilepsy and related seizure disorders.
- Focus on differential diagnosis, management, including pharmacological and non-pharmacological approaches, and long-term care.
- Emphasis on preventive strategies, diagnostic tools like EEG, and consideration of patient education and ethical/legal issues in treatment.

References: 3,4,15,19,20,53,54,55,56,57,58,59,60,63,64,65,67,68

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the aetiology, symptoms, pathogenesis and general line of treatment of Epilepsy, seizure disorders/convulsion disorder, status epilepticus, Non epileptic seizures, Seizures due to secondary causes (2HR)	2	Lecture	CC	Know	L,PER,L &PPT
CO2,CO5	Describe the standard treatment guidelines for Epilepsy, seizure disorders/convulsion disorder, status epilepticus, Non epileptic seizures, Seizures due to secondary causes (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms (2HR)	2	Practical Training 20.8	CE	Shows-how	IBL
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Non epileptic seizures, Seizures due to secondary causes (3HR)	2	Practical Training 20.9	CE	Shows-how	SIM
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 20.10	CE	Shows-how	CBL
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Epilepsy, seizure disorders/convulsion disorder, status epilepticus (3HR)	3	Experiential-Learning 20.7	CS	Knows-how	SIM
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Non epileptic seizures, Seizures due to secondary causes (3HR)	2	Experiential-Learning 20.8	CS	Knows-how	SIM
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies and emergency management (3HR)	3	Experiential-Learning 20.9	CS	Knows-how	RP
Practical Training Activity						

Practical Training 20.1 : 20.1 Comprehensive Mana pareeksha and neurological examination with emphasis on Doshas.
20.1 [2hours x 1session] [Inquiry based learning] Engage students in discussions focused on detailed history taking. Emphasize key steps of mana pareeksha and neurological, transition from guided response to self-conduct. Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 20.2 : 20.2 Practical application of symptoms, diagnostic investigations and assessment tools Apasmara.
20.2 [2hours x 1session] [Simulated cases] – Discuss the detailed diagnostic investigations and assessment tools in Apasmara. Transition from a guided response to self-conduct. The teacher shall discuss the approach to a patient with Apasmara and demonstrate the methods of deciding relevant diagnostic investigations, assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in Apasmara. Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 20.3 : 20.3 Practical application of Pharmacological treatment protocol based on chikitsa sutra
20.3 [2hours x 1session] [Case based learning] Engage students in discussions focused on the practical application of chikitsa sutra and frame a pharmacological treatment protocol Transition from a guided response to self-conduct. Demonstrate the chikitsa sutra of Apasmara and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol on subjects and then perform under a guided response . Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 20.4 : 20.4 Practical application of Vegakaleen chikitsa and Non-pharmacological mode of treatment in Apasmara
20.4 [2hours x 1session] [Video based learning and interactions]- Engage students in discussions focused on the practical application of non-pharmacological mode of treatment in different Apasmara cases. Transition from a guided response to self-conduct. Guided Practice with Video Based Learning: Organize students into small groups and provide each group with a handout containing case related exercises. Instruct each group to complete the exercises. Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges

Practical Training 20.5 : 20.5 Comprehensive psychiatric history taking and mental status examination
20.5 [2hours x 1session] [Simulated patients, inquiry based learning, Case based learning]: Engage students in discussions focused on detailed history taking. Emphasize key steps of neuropsychiatric examinations, transition from guided response to self conduct. Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 20.6 : 20.6 Practical application of symptoms, diagnostic investigations and assessment tools for Akshepaka and Apatantraka.
20.6 [2hours x 1session] [Facilitated Group Discussions]– Discuss the detailed diagnostic investigations and assessment tools in Akshepaka and Apatantraka. Transition from a guided response to self-conduct. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in Akshepaka and Apatantraka.. Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 20.7 : 20.7 Practical application of Pharmacological treatment protocol based on Chikitsa sutra
20.7 [2hours x 1session] [Video based learning, Interactions] Engage students in videos of cases and conditions focused on the practical application of psychopharmacology and frame a pharmacological treatment protocol. Transition from a guided response to self-conduct. Demonstrate the pharmacology of different classes of antipsychotics and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol and then perform under a guided response. Assessment: Mini CEX/ DOPS [Rubrics based]
Practical Training 20.8 : 20.8 Comprehensive Mana pareeksha and neurological examination with emphasis on Doshas.
20.8 [2hours x 1session] [Inquiry based learning] Engage students in discussions focused on detailed history taking. Emphasize key steps of neurological examinations, transition from guided

response to self-conduct.
Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 20.9 : 20.10 Practical application of Pharmacological treatment protocol

20.10 [2hours x 1session]
[Case based learning] Engage students in discussions focused on the practical application of treatment and frame a pharmacological treatment protocol
Transition from a guided response to self-conduct. Demonstrate the treatment protocol of seizure disorders and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol on subjects and then perform under a guided response
.
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 20.10 : 20.9 Practical application of symptoms, diagnostic investigations and assessment tools in different types of Seizure disorders.

20.9 [2hours x 1session]
[Simulated cases] – Discuss the detailed diagnostic investigations and assessment tools in in different types of Seizure disorders.
Transition from a guided response to self-conduct. The teacher shall discuss the approach to a patient with seizure disorders and demonstrate the methods of deciding relevant diagnostic investigations , assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in seizure disorders
Assessment: Mini CEX/ DOPS [Rubrics based]

Experiential learning Activity

Experiential-Learning 20.1 : 20.1 Recognizing Complex Needs in Clinical Practice

20.1 [3hours x 1session]
[Reflective journaling and video based learning]- A video depicting a psychiatric patient with complex needs (e.g., a young man with complains of Apasmara with h/o head injury).
Group analysis and presentation of the case.
Get the individual reflections of each student as record writing or log book

Experiential-Learning 20.2 : 20.2 Design Individualized neuropsychiatric Care Plans

20.2 [3hours x 1session]
[Self learning, inquiry based learning, peer learning]-The concept of individualized care versus standard protocol.
Each student is given a case scenario. They are instructed to do a collaborative care planning and do a presentation of the same.
The facilitator should debrief on the ethical considerations in patient centred care and collaborative and interdisciplinary care value.
Instruct students to evaluate the doshaja lakshanas in correspondence with psychotic features. Instruct students to present their evaluation and insights in logbooks
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 20.3 : 20.3 Critical appraisal of clinical skills in organizing pharmacological therapies.

20.3 [3hours x 1session]
Role plays to explore the strengths and limitations of the current understanding of pharmacological options and create a specific treatment plan. The student shall educate the patients about the treatment through effective communication.
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 20.4 : 20.4 Critical appraisal of Vegakaleen chikitsa and other external therapies in Apasmara

20.4 [3hours x 1session]
[Interaction and discussion]- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa (focus on Vegakaleen chikitsa and other external therapies)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 20.5 : 20.5 Recognizing Complex Needs in Clinical Practice

20.5 [3hours x 1session]
[Reflective journaling and video based learning]- A video depicting a psychiatric patient with complex needs
Group analysis and presentation of the case.
Get the individual reflections of each student as record writing or log book

Experiential-Learning 20.6 : 20.6 Critical appraisal of clinical skills in organizing pharmacological therapies.
20.6 [3hours x 1session] Role plays to explore the strengths and limitations of the current understanding of pharmacological options and create a specific treatment plan. The student shall educate the patients about the treatment through effective communication. Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration Assessment: Rubrics based Log book assessment, Interactions.
Experiential-Learning 20.7 : 20.7 Clinical documentation of perception versus reality
20.7 [3hours x 1session] Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following:Schizophrenia, Schizoaffective disorder, Catatonia, Delusional disorder, ATPD. Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format. Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan. Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation. Assessment – reflective journaling and logbooks
Experiential-Learning 20.8 : 20.9 Critical appraisal of clinical skills in organizing pharmacological therapies.
20.9 [3hours x 1session] Role plays to explore the strengths and limitations of the current understanding of pharmacological options and create a specific treatment plan. The student shall educate the patients about the treatment through effective communication. Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration Assessment: Rubrics based Log book assessment, Interactions.
Experiential-Learning 20.9 : 20.8 Clinical documentation of perception versus reality

20.8 [2hours x 1session]
Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following:Schizophrenia, Schizoaffective disorder, Catatonia, Delusional disorder, ATPD.
Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format.
Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options
Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan.
Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation.
Assessment – reflective journaling and logbooks

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] Model LAQ [1 Q x 10 marks x 01 Hour] 1 Explain the Ayurvedic concept of Apasm?ra. Discuss its etiological factors, classification, and pathogenesis with reference to Do?a and Manas involvement. 2 Describe the clinical features, diagnosis, and Ayurvedic management of Apasm?ra, including Ah?ra, Vih?ra, and medicinal interventions. 3 Critically analyze the role of Daivavyapashraya, Yukti Vyapashraya, and Satvavajaya Chikits? in the comprehensive management of seizures and other related neuropsychiatric disorders. Provide suitable examples. MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour 1. Define Apasm?ra and mention one classical example. 2. List any two common causes of Apasm?ra according to Ayurveda. 3. Name two Ayurvedic treatment modalities used in the management of Apasm?ra. Practical Learning Outcome Assessment: [10 marks x 01 Hour] 1.Case-based Question:	4

A 12-year-old child presents with recurrent episodes of convulsions, post-ictal drowsiness, and irritability. Demonstrate how you would take the history, assess the condition according to Ayurvedic principles (Do?a, Manasika Bh?va, and Sharira), and outline a management plan.
2.Skill-based Question:
Demonstrate and explain a suitable Ayurvedic therapeutic intervention (e.g., Medhya Ras?yana, Shirodhara, or Satvavajaya Chikits?) for the management of a patient with Apasm?ra, including the rationale for your choice.
E) Experiential Learning Outcome Assessment: [10 marks x 01 hour]
Reflect on your clinical or simulated experience with a patient presenting with Apasm?ra or related neuropsychiatric disorders. Describe how you applied Ayurvedic principles in diagnosis and treatment, the challenges you faced during management, and how this experience enhanced your understanding of holistic care for seizure and neuropsychiatric conditions.
Or
Any practical in converted form can be taken for assessment. [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 5

Module 21 : Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance abuse

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe – clinically understand nidana , lakshana, samprapti and vishesha chikitsa of Madatyaya, Mada, Murcha and Sanyasa . Describe about different substance abuses with specific clinical features and treatment
2 Conduct – different assessments based on lakshanas using investigations and assessment tools and arrive at a conclusion about diagnosis and treatment protocol
3 Identify –the complaints of the patients, respond appropriately and organize the treatment protocol.

M 21 Unit 1 Madatyaya, Mada, murcha, sanyasa

- Laskshanas of madatyaya, mada, murcha and sanyasa.

- Includes vyavaccheda nidana and chikitsa

References: 2,3,4,5,6,7,8,9,12,13,17,18,19,20,58

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Madatyaya, (2 hour)	2	Lecture	CC	Know	L&PPT ,PER,L
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Mada, murcha, sanyasa. (2 hour)	2	Lecture	CC	Know	DIS
CO2,CO5	Demonstrtate comprehensive history taking based on Lakshanas of Madatyaya, Mada, murcha, sanyasa (2HR)	2	Practical Training 21.1	CE	Shows-how	RP,CBL, RLE
CO2,CO5	Create diagnostic formulations in Madatyaya, Mada, murcha, sanyasa (2HR)	2	Practical Training 21.2	CE	Shows-how	RLE,RP
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 21.3	CE	Shows-how	PSM
CO2,CO5	Identify suitable non pharmacological mode of treatment in Madatyaya, Mada, murcha, sanyasa (2HR)	2	Practical Training 21.4	CE	Shows-how	RLE
CO2,CO5	Display proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains). (3HR)	3	Experiential-Learning 21. 1	CS	Knows-how	TUT
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making. (3HR).	3	Experiential-Learning 21. 2	CS	Knows-how	PL,IBL
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (3HR)	3	Experiential-Learning 21.	CS	Knows-how	DA,RP

			3			
CO2,CO5	Develop proficiency in impementing non- pharmacological therapies (3HR)	3	Experiential-Learning 21.4	CS	Knows-how	DIS

M 21 Unit 2 Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.

- Diagnosis, differential diagnosis, and comorbidities, with emphasis on pharmacological interventions, psychosocial therapies, relapse prevention, rehabilitation, and the legal and social implications of addiction.
- Includes preventive strategies, patient education, and long-term support systems

References: 38,41,53,54,55,56,57,58,60,61,62,63

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathogenesis and general line of treatment of Alcohol, Cannabis and tobacco use disorder. (2HR)	2	Lecture	CC	Know	L&PPT,PER
CO2,CO5	Describe the standard treatments guidelines for Alcohol, Cannabis and tobacco use disorder (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms and (2HR)	2	Practical Training 21.5	CE	Shows-how	SDL
CO2,CO5	Apply diagnostic investigations and assessment tools. (2HR)	2	Practical Training 21.6	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 21.7	CE	Shows-how	DA
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Alcohol, Cannabis and tobacco use disorder facilitating clinical decison making.(3HR)	3	Experiential-Learning 21.5	CS	Knows-how	TUT,JC

CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies. (3HR)	3	Experiential-Learning 21.6	CS	Knows-how	PL,IBL

M 21 Unit 3 Alcohol, Cannabis and tobacco use disorder

- Etiology, clinical features, and management.
- Diagnosis, differential diagnosis, and treatment strategies, including pharmacological and therapeutic interventions.
- Emphasis on comorbidities, preventive measures, rehabilitation, social and legal implications, relapse prevention, and long-term care, with a focus on patient education.

References: 1,3,19,48,56,58

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and chikitsa of Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder. (2HR)	2	Lecture	CC	Know	L&PPT ,PER
CO2,CO5	Comprehend on the therapeutic intervention of Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder. (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms . (2HRS)	2	Practical Training 21.8	CE	Shows-how	IBL
CO2,CO5	Apply diagnostic investigations and assessment tools. (2HR)	2	Practical Training 21.9	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 21.10	CE	Shows-how	DA

CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder. (3HR)	2	Experiential-Learning 21.7	CS	Knows-how	JC,TUT
CO2,CO5	Plan patient centered treatment protocols justifying clinical decision making. (3HR).	2	Experiential-Learning 21.8	CS	Knows-how	TUT,PL
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (3HR)	2	Experiential-Learning 21.9	CS	Knows-how	IBL,PL
CO2,CO5	Develop proficiency in implementing non- pharmacological therapies (3HR)	2	Experiential-Learning 21.10	CC	Knows-how	DIS

Practical Training Activity

Practical Training 21.1 : 21.1 Comprehensive History Taking through Lakshana Assessment

21.1 [2hours x 1session]
Facilitator explains: Importance of Lakshana-based history taking in Ayurveda. Key components of Facilitated Group comprehensive history: Nidana ,Purvarupa, Samprapti, Rupa, Upashaya-Anupashaya, related Lakshanas.
Case Presentation :A real or simulated patient case is presented (written or standardized patient). Learners split into small groups (3–4 students). Roles assigned
Interviewer (Student Doctor) – takes history focusing on Lakshanas.
Patient (Role Play) – acts as per the given case script.
Observer/Recorder – notes questions asked, missed points, communication skills.
Each group conducts focused history taking (15–20 min per student doctor, switching roles if time permits).
Facilitator observes and provides guidance where necessary.
Group Discussion & Analysis
Facilitator Debrief & Reflection
Assessment: Direct observation checklist mini- viva,Mini CEX/ DOPS [Rubrics based]

Practical Training 21.2 : 21.2 Developing Diagnostic Formulations in Madatyaya, Mada, murcha, sanyasa

21.2 [2hours x 1session]
Methodology: Case-based role play with real-life experience sharing, followed by group discussion and facilitator debrief.
Introduction & Briefing Real-Life Experience Sharing A faculty member narrates a real clinical case of Madatyaya, Mada, murcha, sanyasa, diagnostic difficulties and final formulation.
Case Scenario Distribution
Role Play Simulation
Diagnostic Formulation Exercise
Group Presentations & Discussion ;Facilitator leads discussion
Facilitator Debrief & Reflection
Assessment: Direct observation checklist, Peer feedback,Mini CEX/ DOPS [Rubrics based]

Practical Training 21.3 : 21.3 Evaluating Pharmacological Protocols in Madatyaya, Mada, murcha, sanyasa as per Chikitsa Sutra

21.3 [2hours x 1session]
Introduction & Problem Presentation
Problem Identification (Key Lakshanas relevant to diagnosis.Dosha predominance and suspected Madatyaya, Mada, murcha, sanyasa features.Urgency/severity of symptoms needing immediate pharmacological support.
Information Gathering & Analysis [frame a protocol based on chikitsa sutra]
Problem-Solving Decision-Making[justification for the chikitsa sutra]
Role-Play Simulation- Observer notes clarity, evidence-based reasoning, and adherence to Chikitsa Sutra.
Group Presentations & Comparative Analysis
Facilitator Debrief & Reflection
Assessment: Peer assessment , mini viva, Mini CEX/ DOPS [Rubrics based]

Practical Training 21.4 : 21.4 Selecting Non-Pharmacological Treatment Strategies in Madatyaya, Mada, murcha, sanyasa

21.4 [2hours x 1session]
Facilitator briefly reviews:
Concept of non-pharmacological treatment in Madatyaya, Mada, murcha, sanyasa Daivavyapashraya (rituals, mantras), Satvavajaya (counseling, behavioral strategies), supportive therapies (diet, routine, spiritual guidance).Importance of integrating these therapies in patient care.
Real-Life Case Experience Sharing(therapies chosen and difficulties faced)
Case Scenario Distribution
Group Discussion & Decision-Making

Role-Play Simulation [Facilitator observes using a checklist for reasoning, appropriateness of therapy selection, and communication skills.]
Group Presentations & Real-Life Linkage [Feasibility of Daivavyapashraya in modern settings., Importance of Satvavajaya in long-term management, Balancing traditional and contemporary non-drug therapies.]
Reflection & Debrief [Facilitator summarizes take-home messages for applying non-pharmacological approaches practically]
Assessment- Role play performance assessment, short write up .

Practical Training 21.5 : 21.5 Demonstrating Comprehensive History Taking from Clinical Symptoms of Alcohol, Cannabis and tobacco use disorder

21.5 [2hours x 1session]
Orientation & Instructions; Facilitator explains activity, purpose and process. Learners will work individually using case-based materials to self-learn and prepare a comprehensive history-taking framework.
Prepare a structured history-taking format independently
Facilitator Feedback & Key Learning Points
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 21.6 : 21.6 Application of Diagnostic Investigations and Assessment Tools

21.6 [2hours x 1session]
Facilitator explains importance of combining clinical investigations and assessment tools for accurate diagnosis
Case Scenario Distribution- Each student receives a clinical case sheet (e.g., neurological, psychiatric, or general medical condition) with presenting complaints and limited history.
Identify Diagnostic Needs- They prepare a list of priority investigations/tools and their justification.
Application exercise- Practice filling the assessment tools as if they were clinicians examining the patient. Interpret sample test results and link findings with symptoms.
Facilitator rotates between groups, prompting deeper reasoning.
Presentation- Diagnostic impression formed from combined data.
Facilitator Debrief- Integration of investigation findings + assessment tool results for accurate diagnosis.
Assessment: Individual reflection, peer feedback,Mini CEX/ DOPS [Rubrics based]

Practical Training 21.7 : 21.7 Evaluating Pharmacological Treatment Protocols in Alcohol, Cannabis and tobacco use disorder

21.7 [2hours x 1session]
Introduction & Orientation- Brief overview of psychotropic drug classes, importance of analysing drug protocols before selection.
Case Scenario Distribution- Each student/group receives a psychiatric patient case
Each group is provided with drug information sheets (or access to reference texts)

List first-line and alternative drugs recommended for the given disorder.
Analyze for each drug: Mechanism of action, Dosage and route, Therapeutic indications Side effects and safety profile, Drug interactions
Fill in a Drug Analysis Chart (worksheet) comparing the options.
Decision-Making & Protocol Proposal- Prepare a rationale statement for their selection.
Facilitator Debrief- Key differences in treatment protocols across psychiatric disorders. Importance of drug safety, individualized choice, and monitoring. Practical aspects of real-world prescription decision-making.
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 21.8 : 21.8 Demonstrating Comprehensive History Taking from Clinical Symptoms of Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.

21.8 [2hours x 1session]
Orientation & Instructions; Facilitator explains activity, purpose and process. Learners will work individually using case-based materials to self-learn and prepare a comprehensive history-taking framework.
Prepare a structured history-taking format independently
Facilitator Feedback & Key Learning Points
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 21.9 : 21.9 Application of Diagnostic Investigations and Assessment Tools for Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.

21.9 [2hours x 1session]
Facilitator explains importance of combining clinical investigations and assessment tools for accurate diagnosis
Case Scenario Distribution- Each student receives a clinical case sheet (e.g., neurological, psychiatric, or general medical condition) with presenting complaints and limited history.
Identify Diagnostic Needs- They prepare a list of priority investigations/tools and their justification.
Application exercise- Practice filling the assessment tools as if they were clinicians examining the patient. Interpret sample test results and link findings with symptoms.
Facilitator rotates between groups, prompting deeper reasoning.
Presentation- Diagnostic impression formed from combined data.
Facilitator Debrief- Integration of investigation findings + assessment tool results for accurate diagnosis.
Assessment: Individual reflection, peer feedback,Mini CEX/ DOPS [Rubrics based]

Practical Training 21.10 : 21.10 Evaluating Pharmacological Protocols in Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other

use disorders, Addictions like gaming addiction, gambling disorder.

21.10 [2hours x 1session]
Introduction & Problem Presentation
Problem Identification (Key Lakshanas relevant to diagnosis and suspected features. Urgency/severity of symptoms needing immediate pharmacological support.
Information Gathering & Analysis [frame a protocol based on treatment protocol]
Problem-Solving Decision-Making[justification for the treatment protocol]
Role-Play Simulation- Observer notes clarity, evidence-based reasoning, and adherence to Treatment protocol.
Group Presentations & Comparative Analysis
Facilitator Debrief & Reflection
Assessment: Peer assessment , mini viva, Mini CEX/ DOPS [Rubrics based]

Experiential learning Activity

Experiential-Learning 21.1 : 21.1 Complex Case Mapping Workshop

21.1 [3hours x 1session]
Introduction: Facilitator introduces the concept of complex needs in clinical practice.
Video Case Presentation
Activity:
Show a 10–15 min recorded patient interview or case vignette (psychiatric case with complex needs).
Video highlights medical history, social background, behavioural observations, and environmental factors.
Objective: Learners observe and note possible ris ankd maintaining factors.
Guided Group Discussion
Each group lists predisposing, precipitating, and perpetuating factors under biological, psychological, and social categories.
Facilitator circulates, prompting deeper analysis (e.g., “What past factors might have contributed biologically?”).
Output: Draft case-mapping table
Reflective Journaling- Individually, learners write a structured reflection
Case Mapping Presentation
Activity:
Groups present their case-mapping diagrams or tables.
Facilitator summarizes and compares findings, highlighting missing or overlooked factors.
Facilitator summarizes key learning points on identifying complex needs.

Discussion on real-world implications for treatment planning and patient outcomes.

Experiential-Learning 21.2 : 21.2 Collaborative Care Plan Simulation

21.2 [3hours x 1session]
Introduction & Orientation
Facilitator Activity:
Briefly explain patient-centered care principles and the importance of evidence-based decision-making in psychiatry.
Outline session flow and expected outcomes.
Learner Activity: Reflect on prior experiences of designing care plans (if any) and share key thoughts with peers.
Case Presentation- Students generate questions they need answered to design a treatment protocol (IBL approach).
Facilitator guides them to inquire about diagnosis clarification, medication choices, therapy options, and patient preferences.
Inquiry & Peer Research- Each group searches provided resources (treatment guidelines, clinical notes, pharmacological charts) to answer their inquiry questions. Peer teaching: Groups share findings with one another, filling knowledge gaps collectively.
Collaborative Treatment Protocol Design- Groups co-create a patient-centered treatment plan, integrating:
Biological interventions (e.g., pharmacology)
Psychological therapies (e.g., CBT, counseling)
Social interventions (e.g., family support, rehabilitation)
Must include justification for each decision with evidence or reasoning.
Facilitator Role: Encourage critical thinking, challenge assumptions, ensure holistic approach.
Reflective Wrap-Up- Group discussion to summarize key takeaways.
Assessment – Group Assessment, peer assessment, individual assessment

Experiential-Learning 21.3 : 21.3 Hands-On Psychopharmacology Practice Lab

21.3 [3hours x 1session]
Introduction & Orientation
1. Facilitator Activity:
Briefly introduce principles of psychopharmacology, including drug classes, mechanism of action, indications, contraindications, dosage, and monitoring.
Explain drug analysis activity steps and expectations.
Drug Analysis Activity- Learners are divided into groups . Each group is provided with different psychotropic drugs (e.g., SSRIs, antipsychotics, mood stabilizers, anxiolytics), Agonist drugs like naltrexone etc. Using drug analysis worksheets, groups analyze the assigned drug based on:
Drug name & class, Mechanism of action, Indications & contraindications, Dosage forms & therapeutic dose, Common side effects & adverse reactions,Drug interactions,

Monitoring parameters (labs, clinical signs), Special considerations (elderly, pregnancy, comorbid conditions).
Facilitator Role: Guide learners to evidence-based sources (drug manuals, guidelines) and clarify doubts.
Simulation-Based Implementation Practice: • A simulated patient scenario is presented (case vignette requiring pharmacological intervention).
• Each group uses their drug analysis findings to:
• Select an appropriate medication.
• Determine dosage and route.
• Explain monitoring plan.
• Educate "patient" (played by a peer or facilitator) on use, adherence, and side effect management.
Debriefing & Reflective Wrap-Up: Facilitator summarizes key learning points (rational prescribing, safety checks, patient education). Learners write a short reflection
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 21.4 : 21.4 Critical appraisal of the non-pharmacological treatment protocol of Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance Use and diseases of altered consciousness]

21.4 [3hours x 1session]
(Interaction and discussion)- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 21.5 : 21.5 Clinical documentation of perception versus reality

21.5 [3hours x 1session]
Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following: Alcohol, Cannabis and tobacco use disorder
Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format.
Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options
Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan.
Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation.

Assessment – reflective journaling and logbooks

Experiential-Learning 21.6 : 21.6 Critical appraisal of clinical skills in organizing pharmacological therapies.

21.6 [3hours x 1session]
[Inquiry based learning]
• Each student receives detailed clinical cases (realistic patient scenarios) covering Alcohol, Cannabis and tobacco use disorder:
• For each case, students must:
• Identify target symptoms and priorities
• Choose first-line pharmacologic agents (with dose, route, and titration plan)
• Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
• List monitoring parameters and follow-up plan
Role-play a real-time consultation involving:
• Prescription explanation to the patient
• Discussion with a simulated pharmacist regarding drug interactions and side effects
• Consent and psychoeducation
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 21.7 : 21.7 Critical appraisal of clinical skills in organizing pharmacological therapies.

21.7 [2hours x 1session]
[Inquiry based learning]
• Each student receives detailed clinical cases (realistic patient scenarios) covering Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.:
• For each case, students must:
• Identify target symptoms and priorities
• Choose first-line pharmacologic agents (with dose, route, and titration plan)
• Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
• List monitoring parameters and follow-up plan
Role-play a real-time consultation involving:
• Prescription explanation to the patient
• Discussion with a simulated pharmacist regarding drug interactions and side effects

- Consent and psychoeducation

Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 21.8 : 21.8 Collaborative Care Plan Simulation

21.8 [2hours x 1session]
Introduction & Orientation
Facilitator Activity:
Briefly explain patient-centered care principles and the importance of evidence-based decision-making in psychiatry.
Outline session flow and expected outcomes.
Learner Activity: Reflect on prior experiences of designing care plans (if any) and share key thoughts with peers.
Case Presentation- Students generate questions they need answered to design a treatment protocol (IBL approach).
Facilitator guides them to inquire about diagnosis clarification, medication choices, therapy options, and patient preferences.
Inquiry & Peer Research- Each group searches provided resources (treatment guidelines, clinical notes, pharmacological charts) to answer their inquiry questions. Peer teaching: Groups share findings with one another, filling knowledge gaps collectively.
Collaborative Treatment Protocol Design- Groups co-create a patient-centered treatment plan, integrating:
Biological interventions (e.g., pharmacology)
Psychological therapies (e.g., CBT, counseling)
Social interventions (e.g., family support, rehabilitation)
Must include justification for each decision with evidence or reasoning.
Facilitator Role: Encourage critical thinking, challenge assumptions, ensure holistic approach.
Reflective Wrap-Up- Group discussion to summarize key takeaways.
Assessment – Group Assessment, peer assessment, individual assessment

Experiential-Learning 21.9 : 21.9 Hands-On Psychopharmacology Practice Lab

21.9 [2hours x 1session]
Introduction & Orientation
1. Facilitator Activity:

Briefly introduce principles of psychopharmacology, including drug classes, mechanism of action, indications, contraindications, dosage, and monitoring.
Explain drug analysis activity steps and expectations.
Drug Analysis Activity- Learners are divided into groups . Each group is provided with different psychotropic drugs (e.g., SSRIs, antipsychotics, mood stabilizers,

anxiolytics),Agonist therapies like naltrexone etc.. Using drug analysis worksheets, groups analyze the assigned drug based on:
Drug name & class, Mechanism of action, Indications & contraindications, Dosage forms & therapeutic dose, Common side effects & adverse reactions,Drug interactions, Monitoring parameters (labs, clinical signs), Special considerations (elderly, pregnancy, comorbid conditions).
Facilitator Role: Guide learners to evidence-based sources (drug manuals, guidelines) and clarify doubts.
Simulation-Based Implementation Practice: • A simulated patient scenario is presented (case vignette requiring pharmacological intervention).
• Each group uses their drug analysis findings to:
• Select an appropriate medication.
• Determine dosage and route.
• Explain monitoring plan.
• Educate “patient” (played by a peer or facilitator) on use, adherence, and side effect management.
Debriefing & Reflective Wrap-Up: Facilitator summarizes key learning points (rational prescribing, safety checks, patient education). Learners write a short reflection
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 21.10 : 21.10 Critical appraisal of the non-pharmacological treatment protocol of Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.

21.10 [2hours x 1session]
(Interaction and discussion)- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] Model LAQ [1 Q x 10 marks x 01 Hour] 1.Explain the concept of Madatyaya in Ayurveda. Discuss its etiological factors, clinical features, and the principles of Ayurvedic management with	4

relevant examples.
2.Describe the conditions of Mada, Murcha, and Sanyasa. Explain their pathogenesis, clinical manifestations, and the Ayurvedic approaches to their treatment.
3.Critically analyze the role of Daivavyapashraya, Yukti Vyapashraya, and Satvavajaya Chikits? in the holistic management of substance use disorders and diseases of altered consciousness. Support your answer with suitable examples.
B) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour
Q1. Define Madatyaya and mention one common cause.
Q2.List any two clinical features of Murcha according to Ayurveda.
Q3,Name two Ayurvedic treatment modalities used in Sanyasa Chikits?.
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C) Practical Learning Outcome Assessment: [10 marks x 01 Hour]
1.Case-based Question:
A 35-year-old patient presents with a history of chronic alcohol consumption, tremors, anxiety, and confusion. Demonstrate how you would take the history, assess the stage of Madatyaya, and outline an appropriate Ayurvedic management plan.
2. Skill-based Question:
Demonstrate and explain a suitable therapeutic intervention (e.g., Mridu Virechana, Shirodhara, or Medhya Rasayana) used in the management of Mada or Murcha, including its rationale and expected outcomes

C) Structured or Open Viva-Voce [10 marks x 01 Hour]
D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]
Model on phrasing a question:
Reflect on a real or simulated case of a patient with Madatyaya, Mada, or Murcha. Describe how you applied Ayurvedic principles in assessment and treatment, the challenges you faced during management, and how this experience enhanced your understanding of holistic care for substance use and altered consciousness disorders.
Or
Any practical in converted form can be taken for assessment. [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 22 : Ashana Vidhi Vikara, Nidra Vikara, Youna Vikara Evam Chikitsa [Treatment of Eating Disorders, Sexual Disorders and Sleep Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe – clinically understand nidana , lakshana, samprapti and vishesha chikitsa ofdifferent pathological conditions of Ahara, Nidra and sexual health.
2 Conduct – different assessments based on lakshanas using investigations and assessment tools and arrive at a conclusion about diagnosis and treatment protocol
3 Identify –the complaints of the patients, respond appropriately and organize the treatment protocol.

M 22 Unit 1 Bhasmaka roga, Eating disorders, Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder

- Etiology, pathophysiology, and clinical features of Bhasmaka Roga and eating disorders.
- Diagnostic tools, differential diagnosis, complications, and comorbidities.
- Pharmacological and psychotherapeutic management, nutritional rehabilitation, family-based therapy, and preventive education.

References: 1,2,3,4,9,10,12,19,37,38,39

3A	3B	3C	3D	3E	3F	3G
CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Bhasmaka roga, Eating disorders.(2 HR)	2	Lecture	CC	Know	L
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Bhasmaka roga, Eating disorders.(2 HR)	2	Lecture	CC	Know	L&PPT ,PER,L
CO2,CO5	Discuss the etiology, symptoms,pathophysiology, and treatment of Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder. (2HR)	2	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on Lakshanas(2HR)	2	Practical Training 22.1	CE	Shows-how	CBL

CO2,CO5	Create diagnostic formulations in Bhasmaka roga, Eating disorders, Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder.(2HR)	2	Practical Training 22.2	CE	Shows-how	RLE,RP
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra for Bhasmaka roga, Eating disorders, Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder (2HR)	2	Practical Training 22.3	CE	Shows-how	PSM
CO2,CO5	Identify suitable non pharmacological mode of treatment in Bhasmaka roga, Eating disorders, Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder (2HR)	2	Practical Training 22.4	CE	Shows-how	RLE
CO2,CO5	Develop proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains).(3HR)	3	Experiential-Learning 22.1	CS	Shows-how	L_VC,JC
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making.(3HR).	3	Experiential-Learning 22.2	CS	Shows-how	PL,IBL
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (3HR)Display proficiency in implementing pharmacological therapies. (3HR)	3	Experiential-Learning 22.3	CS	Shows-how	DA,RP
CO2,CO5	Develop proficiency in impementing non- pharmacological therapies (3HR)	3	Experiential-Learning 22.4	CS	Knows-how	DIS

M 22 Unit 2 Nidranasha, Atinidra, Tandra, Insomnia, Hypersomnolence, sleep related breathing disorder and movement disorders, circadian rhythm sleep wake disorders, Parasomnia

- Etiology, pathophysiology, and clinical features of sleep disorders including Nidranasha (insomnia), Atinidra (hypersomnolence), Tandra (drowsiness), and other sleep-related disorders.
- Diagnostic criteria, differential diagnosis, and management strategies, with emphasis on pharmacological, behavioral, and lifestyle interventions.

- Circadian rhythm disorders, parasomnias, and sleep-related movement and breathing disorders, along with long-term care and preventive measures

References: 1,2,3,4,5,6,10,11,12,13,14,18,19,20,22

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathogenesis and general line of treatment of Nidranasha, Atinidra, Tandra. (2HR)	1	Lecture	CC	Know	PER,L&PPT ,L
CO2,CO5	Describe the standard treatments guidelines for Hypersomnolence, sleep related breathing disorder and movement disorders, circadian rhythm sleep wake disorders, Parasomnia (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms (2HR)	2	Practical Training 22.5	CE	Shows-how	SDL
CO2,CO5	Apply diagnostic investigations and assessment tools.(2HR)	2	Practical Training 22.6	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol (2HR)	2	Practical Training 22.7	CE	Shows-how	DA
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Nidranasha, Atinidra, Tandra, Insomnia, Hypersomnolence, sleep related breathing disorder and movement disorders, circadian rhythm sleep wake disorders, Parasomnia.(3HR)	3	Experiential-Learning 22.5	CS	Knows-how	L_VC,JC
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies. (3HR)	3	Experiential-Learning 22.6	CS	Knows-how	PL,IBL

M 22 Unit 3 Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria

- Etiology, pathophysiology, and clinical features of Manasika Klaibya (psychogenic impotence) and sexual dysfunctions including erectile dysfunction, Dhat

syndrome, vaginismus, dyspareunia, and gender dysphoria.

- Diagnostic criteria, differential diagnosis, and management strategies, with emphasis on pharmacological, psychotherapeutic, and counseling approaches.
- Psychosocial factors, preventive measures, and long-term care.

References: 1,2,3,4,5,12,14,19,25

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and chikitsa of Manasika Klaibya,. (2HR)	1	Lecture	CC	Know	L&PPT ,L,PER
CO2,CO5	Describe on the therapeutic intervention of Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria. (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms of Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria . (2HRS)	2	Practical Training 22.8	CE	Shows-how	IBL
CO2,CO5	Apply diagnostic investigations and assessment tools for Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria (2HR)	2	Practical Training 22.9	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol for Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria (2HR)	2	Practical Training 22.10	CE	Shows-how	DA
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria (2HR)	2	Experiential-Learning 22.7	CS	Knows-how	JC,L_VC

CO2,CO5	Design patient centered treatment protocols justifying clinical decision making.	2	Experiential-Learning 22.8	CS	Knows-how	PL,L_VC
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (2HR)	2	Experiential-Learning 22.9	CS	Knows-how	PL,IBL
CO2,CO5	Develop proficiency in implementing non- pharmacological therapies (2HR)	2	Experiential-Learning 22.10	CS	Knows-how	DIS

Practical Training Activity

Practical Training 22.1 : 22.1 Comprehensive History Taking through Lakshana Assessment

22.1 [2hours x 1session]
Lakshana-Based History Taking: Bhasmaka Roga & Eating Disorders (Practical Activity)
1?.Facilitator Briefing (10 min): Explain importance of Lakshana-focused history in Ayurveda for Bhasmaka Roga, Anorexia, Bulimia, Pica, ARFID, covering Nidana Panchaka and psychological factors.
2?.Case Presentation (5 min): Present a real/simulated patient case (one disorder per group) with Ayurvedic and modern clinical clues.
3?.Role Allocation: Students work in groups of 3–4 as Interviewer (Student Doctor), Patient (Role Play), and Observer/Recorder.
4?.History Taking (15–20 min): Interviewer conducts Lakshana-based history (Agni, Aharashakti, Nidana, Purvarupa, Samprapti, Rupa, Upashaya), focusing on eating behaviors and emotional triggers.
5.Group Discussion & Debrief: Each group presents findings; facilitator provides feedback linking Ayurvedic Lakshanas to modern diagnostic features.
6?.Assessment: Direct Observation Checklist / Mini-CEX (rubrics-based) evaluating completeness, accuracy, clinical reasoning, and communication skills.

Practical Training 22.2 : 22.2 Diagnostic Formulation in Bhasmaka Roga and Eating Disorders

22.2 [2hours x 1session]
Diagnostic Formulation in Bhasmaka Roga and Eating Disorders

1.Real Case Exposure (20 min): Students are introduced to a real patient (OPD/IPD) or a detailed recorded case with symptoms of Bhasmaka Roga, Anorexia Nervosa, Bulimia Nervosa, Pica, or ARFID.
2?.Direct Observation & Interaction (30 min): Learners observe the patient interview conducted by a clinician or interact under supervision to collect Nidana Panchaka, Lakshanas, psychological and dietary patterns.
3?.Group Formulation (30 min): In small groups, students analyze collected data to draft Ayurvedic diagnostic formulations (Dosha, Agni, Dhatvagni, Samprapti) and modern diagnostic impressions based on DSM-5 criteria.
4?.Presentation & Peer Feedback (20 min): Each group presents their diagnostic formulation, receiving feedback from peers and facilitator on accuracy, clinical reasoning, and integration of Ayurveda with modern psychiatry.
5?.Facilitator Debrief & Reflection (20 min): Facilitator summarizes key diagnostic markers, highlights differences and overlaps between Ayurvedic and modern frameworks, and guides learners on refining diagnostic skills for real-life clinical settings.

Practical Training 22.3 : 22.3 Evaluating Pharmacological Treatment Protocols Based on Chikitsa Sutra

22.3 [2hours x 1session]
1.Problem Scenario Presentation (15 min):
Facilitator presents case vignettes of patients with Bhasmaka Roga, Anorexia Nervosa, Bulimia Nervosa, Pica, and ARFID, highlighting symptoms, current medications, and partial or poor treatment response.
2?.Problem Identification (20 min):
In small groups, students identify treatment gaps or concerns, e.g., inappropriate drug choice, overlooked Ayurvedic Chikitsa Sutras, missing psychological interventions, drug–dosha mismatch.
3?.Data Analysis & Resource Utilization (40 min):
Learners review Ayurvedic classical texts (Chikitsa Sutra), pharmacological references, and modern treatment guidelines, then analyze whether current therapy aligns with principles like Agnideepana, Pachana, Dosha Shamana, Medhya Rasayana, or modern pharmacological protocols (SSRIs, appetite stimulants, antipsychotics).
4?.Solution Development (25 min):
Groups propose revised treatment protocols combining Ayurvedic pharmacological therapy (e.g., Trikatu, Chitrakadi Vati, Medhya Rasayana, Deepana dravyas) and modern drug recommendations, justifying choices based on Chikitsa Sutra principles and evidence-based medicine.
5?.Presentation, Feedback & Reflection (20 min):
Each group presents their problem-solving process and revised protocol. Facilitator and peers give feedback on clinical reasoning, adherence to Chikitsa Sutra, safety, and holistic approach.

Practical Training 22.4 : 22.4 Identifying Suitable Non-Pharmacological Treatments in Bhasmaka Roga & Eating Disorders

22.4 [2hours x 1session]

1.Scenario Exposure (20 min):
Students are introduced to a real patient (OPD/IPD) or a detailed case video/recorded consultation with Bhasmaka Roga or other eating disorders, focusing on dietary habits, emotional triggers, lifestyle factors, and psychosocial background.
2?.Observation & Interaction (30 min):
Learners observe clinician-patient interactions or interact under supervision to gather information on non-pharmacological needs, including Ahara (diet), Vihara (lifestyle), Yoga, Counseling, Behavioral therapies, Satvavajaya chikitsa, and supportive family involvement.
3?.Group Analysis & Planning (30 min):
Students, in small groups, analyze case details and discuss possible non-pharmacological interventions, e.g.,
•Bhasmaka Roga: Ahara parimarjana (pathya-apathya), Yoga for satiety, mindful eating techniques.
•Anorexia/Bulimia: Cognitive Behavioral Therapy (CBT), Satvavajaya chikitsa, Yoga-Nidra, Pranayama, nutrition counseling.
•Pica/ARFID: Sensory integration therapy, nutritional correction, behavioral reinforcement.
4?.Action Plan Development (20 min):
Groups prepare a structured, holistic non-drug treatment plan integrating Ayurvedic and modern lifestyle-based approaches, justifying each choice based on real patient needs and evidence-based outcomes.
5?.Presentation, Feedback & Reflection (20 min):
Groups present their plans; facilitator provides feedback on practical applicability, individualization of therapy, and alignment with both Ayurveda chikitsa sutra and modern guidelines. Students reflect on the importance of non-pharmacological measures in long-term recovery.

Practical Training 22.5 : 22.5 [2hours x 1session]
Comprehensive History Taking in Sleep-Related Disorders

22.5 [2hours x 1session]
1.Pre-Session Reading/Material Review (20 min):
Students individually review self-learning resources (handouts, e-modules, recorded lectures) covering clinical features, Nidana Panchaka, and key history elements for Nidranasha (Insomnia), Atinidra (Hypersomnolence), Tandra, Sleep-related breathing & movement disorders, Circadian rhythm sleep-wake disorders, Parasomnia.
2?.Case Scenario Allocation (15 min):
Each student receives different patient case vignettes (real or simulated) describing symptoms of one sleep disorder.
3?.Independent History Template Drafting (30 min):
Using their learning materials, students independently design a structured history-taking checklist, focusing on Nidana, Purvarupa, Samprapti, Rupa, Upashaya.;Sleep pattern, triggers, psychological/behavioral associations, family history, and associated Lakshanas.
4?.Peer Practice & Role Play (30 min):
Students pair up and practice history taking (one as clinician, one as patient based on vignette), applying their drafted checklist. They self-assess and refine their approach using provided rubrics.

5?.Facilitator-Led Debrief & Reflection (25 min):
Facilitator summarizes the ideal comprehensive sleep history, highlights missing or incorrect points, and guides learners on improving questioning skills, clinical reasoning, and patient communication. Students reflect on what they learned through self-study and practice.

Practical Training 22.6 : 22.6 Application of Diagnostic Investigations & Assessment Tools in Sleep Disorders

22.6 [2hours x 1session]
1.Case-Based Trigger (20 min):
Facilitator presents brief case scenarios covering Nidranasha, Atinidra, Tandra, Insomnia, Hypersomnolence, sleep-related breathing & movement disorders, circadian rhythm disturbances, and parasomnia.
Example: A patient with excessive daytime sleepiness and snoring suggestive of sleep apnea.
2?.Group Discussion & Tool Identification (40 min):
Students are divided into small groups (4–5 members) to discuss:
- Appropriate diagnostic investigations (e.g., Polysomnography, Actigraphy, EEG, Epworth Sleepiness Scale, Sleep diaries).
- Ayurvedic assessment tools (Nidana Panchaka, Dosha & Agni assessment, Manasika lakshanas).

Each group lists investigations, their rationale, and expected findings for assigned disorders.
3?.Application Exercise (40 min):
Groups analyze given patient data/reports (sample polysomnography chart, sleep diary, assessment questionnaire) and interpret results, correlating them with Ayurvedic diagnostic parameters.
4?.Presentation & Facilitator Feedback (20 min):
Each group presents their chosen investigations, interpretations, and integrated Ayurvedic-modern diagnostic approach. Facilitator provides clarifications, corrections, and highlights best practices in sleep disorder diagnosis.

Practical Training 22.7 : 22.6 Analyzing Pharmacological Treatment Protocols in Nidranasha & Sleep Disorders

22.6 [2hours x 1session]
1.Case & Drug List Distribution (20 min):
Facilitator presents patient case vignettes of Nidranasha and other sleep disorders (e.g., Insomnia, Sleep Apnea, Circadian Rhythm Disorders) along with a list of commonly prescribed Ayurvedic and modern drugs (e.g., Tagara, Ashwagandha, Medhya Rasayana, Benzodiazepines, Melatonin).
2?.Drug Profile Analysis (40 min):
In small groups, students analyze each drug in terms of:
- Ayurvedic Perspective: Rasa, Guna, Virya, Vipaka, Prabhava, Karma (action on Nidra, Manas, Dosha balance).

- Modern Perspective: Mechanism of action, dosage, pharmacokinetics, side effects, contraindications, interactions.

3?.Protocol Evaluation (40 min):

Groups critically evaluate the given treatment protocols, identifying:

- Appropriateness of drug selection per Nidana Panchaka & clinical features.
- Combination therapy rationale (Ayurvedic + modern).
- Risks of overuse, dependency, or drug interactions.

They propose optimized pharmacological protocols based on analysis.

4?.Presentation & Facilitator Feedback (20 min):

Groups present their analysis and recommended changes. Facilitator provides input on evidence-based pharmacological management aligned with Chikitsa Sutra principles and safe prescribing practices.

Practical Training 22.8 : 22.8 Comprehensive History Taking in Manasika Klaibya & Sexual Dysfunctions

22.8 [2hours x 1session]

1. Problem Presentation & Question Generation (25 min):

Facilitator introduces brief clinical triggers/case vignettes (e.g., patient with erectile dysfunction, vaginismus, gender dysphoria, Dhat syndrome).

Students individually or in small groups generate inquiry questions, such as:

- What are the essential domains to be covered in sexual history?
- How do Nidana Panchaka and psychosocial factors influence these disorders?
- What sensitive communication strategies are needed?

2.Self-Directed Exploration (35 min):

Students use reference materials, clinical guidelines, Ayurvedic texts, and WHO sexual health manuals to find answers to their generated questions.

Focus areas include:

- Physical, psychological, social, and spiritual dimensions of sexual dysfunctions.
- Ayurvedic Lakshana-based history components and modern assessment tools.

3?.Simulated History-Taking Practice (40 min):

In small groups, students role-play as clinician, patient, and observer, conducting comprehensive history-taking using their inquiry findings.

Observers record questions asked, missed domains, empathy, and communication style, especially focusing on confidentiality and non-judgmental approach.

4. Facilitator Debrief & Reflection (20 min):

Groups share their inquiry outcomes and experiences.

Facilitator consolidates the ideal structure of sexual history-taking, clarifies misconceptions, and emphasizes Ayurvedic and modern perspectives on diagnostic inquiry for sexual health disorders.

Practical Training 22.9 : 22.9 Application of Diagnostic Investigations & Assessment Tools in Manasika Klaibya and Sexual Dysfunctions

22.9 [2hours x 1session]
1.Case & Investigation List Distribution (20 min):
Facilitator presents short patient vignettes (e.g., erectile dysfunction, vaginismus, Dhat syndrome, dyspareunia, gender dysphoria) and provides a list of possible diagnostic investigations and assessment tools, such as:

- Modern tools: Hormonal profile (testosterone, prolactin), Penile Doppler, Psychometric scales (IIEF-5, FSFI, DSM-5 criteria), Psychological counseling assessments.
- Ayurvedic tools: Nidana Panchaka, Manasika dosha assessment, Satvavajaya chikitsa evaluation, Bala-Pariksha (physical and mental strength assessment).

2?.Tool Analysis (40 min):
In small groups, learners analyze each investigation/tool for:

- Purpose: What information does it provide?
- Indication: When should it be used in a sexual health case?
- Ayurvedic relevance: Relation to Dosha, Agni, Manas bhavas, Ojas.
- Limitations/Contraindications: Potential challenges or patient sensitivity issues.

3?.Application to Case (40 min):
Students apply their analyzed tools to the given case scenario, selecting appropriate investigations, justifying their choices, and correlating findings with both Ayurvedic and modern perspectives.
Example: Choosing hormonal testing + psychological questionnaire for ED with suspected stress etiology, alongside Manasika Bala and Nidana Panchaka evaluation.
4?.Presentation & Feedback (20 min):
Each group presents their investigation plan and rationale.
Facilitator provides feedback on tool selection, sequencing, and holistic integration, emphasizing practical application in real clinical settings.

Practical Training 22.10 : 22.10 Analysis of Pharmacological Treatment Protocols in Manasika Klaibya & Sexual Dysfunctions

22.10 [2hours x 1session]
1.Case & Drug List Presentation (20 min):
Facilitator presents short patient scenarios related to:

- Manasika Klaibya

- Erectile Dysfunction
- Dhat Syndrome
- Vaginismus
- Dyspareunia
- Gender Dysphoria

and provides a list of prescribed Ayurvedic and modern drugs (e.g., Vrishya dravyas, Medhya Rasayanas, Ashwagandha, Kapikacchu, SSRIs, PDE-5 inhibitors, hormonal therapies).

2?.Drug Profile Analysis (40 min):

Students, in small groups, analyze each drug in terms of:

- Ayurvedic perspective: Rasa, Guna, Virya, Vipaka, Prabhava, Karma (effect on Shukra dhatu, Manas, Vata-Pitta-Kapha balance).
- Modern perspective: Mechanism of action, therapeutic indication, dosage, pharmacokinetics, side effects, drug interactions, and safety concerns in sexual dysfunction cases.

3?.Protocol Evaluation & Optimization (40 min):

Groups evaluate the appropriateness of the given drug regimen, considering:

- Relevance to Nidana Panchaka and root cause analysis.
- Potential need for drug substitution, dosage adjustments, or combination therapy.
- Integration of Ayurvedic and modern drugs for a holistic approach.

They prepare a revised treatment protocol, justifying choices based on evidence and Chikitsa Sutra principles.

4?.Presentation & Facilitator Feedback (20 min):

Groups present their drug analysis findings and optimized pharmacological plan.

Facilitator provides feedback on clinical reasoning, rational drug use, and safe pharmacological practices, reinforcing alignment with Ayurvedic principles and modern guidelines.

Experiential learning Activity

Experiential-Learning 22.1 : 22.1 Identifying Complex Needs in Eating, Sleep, and Sexual Disorders

22.1 [3hours x 1session]

1.Video Case Exposure (40 min):

Students watch recorded clinical case videos depicting patients with Ashana Vidhi Vikara (Eating disorders), Nidra Vikara (Sleep disorders), and Youna Vikara (Sexual disorders).

Each video highlights patient narratives, medical history, psychosocial factors, and environmental influences, allowing learners to observe real-life complexities of these cases.

2?.Individual Observation & Note-Taking (30 min):
Students individually document observed predisposing, precipitating, and perpetuating factors across biological, psychological, and social domains, identifying markers of a complex needs patient.
They are guided to focus on Ayurvedic Nidana Panchaka correlations and modern perspectives.
3?.Small Group Discussion & Analysis (40 min):
Learners discuss their findings in groups, comparing observations, and creating a comprehensive list of complexity factors for each case.
Facilitator prompts students to differentiate between primary disorders, comorbidities, and socio-environmental barriers to treatment.
4?.Reflective Journaling & Facilitator Feedback (30 min):
Students write a short reflective journal entry, covering:

- Key complexity factors identified.
- How these influence diagnosis and chikitsa planning.
- Insights on patient-centered and holistic approaches in Ayurveda and integrative care.

Facilitator provides feedback on their reflections, linking theoretical understanding to real-world application

Experiential-Learning 22.2 : 22.2 Designing Patient-Centered Treatment Protocols in Eating, Sleep & Sexual Disorders

22.2 [3hours x 1session]
1.Clinical Trigger & Question Framing (40 min):
Facilitator presents 3–4 patient case scenarios (covering Ashana Vidhi Vikara, Nidra Vikara, and Youna Vikara).
Students, in small groups, generate inquiry questions such as:

- What are the biological, psychological, and social factors influencing this case?
- Which Ayurvedic Chikitsa Sutra principles apply?
- What combination of pharmacological and non-pharmacological interventions would best address patient needs?

2?.Self-Directed Exploration & Peer Sharing (50 min):
Learners research using Ayurvedic classics, modern guidelines, and evidence-based resources, identifying possible interventions (Ahara, Vihara, Satvavajaya chikitsa, Yoga, Rasayana therapy, modern therapy integration).
Groups share findings with peers, discussing merits, limitations, and individualized approaches for each case.
3?.Protocol Development (50 min):
Each group designs a patient-centered treatment protocol, including:

- Ayurvedic Nidana Panchaka-based rationale.
- Short-term and long-term treatment goals.
- Combination of diet, lifestyle, counseling, pharmacological, and supportive therapies tailored to patient needs.

- Justification for clinical decision-making choices.

4?.Peer Review, Presentation & Facilitator Feedback (40 min):
Groups present their protocols to peers for critical feedback on feasibility, safety, and holistic approach.
Facilitator provides expert guidance, emphasizing individualized care, patient autonomy, and integration of Ayurvedic and modern perspectives.

Experiential-Learning 22.3 : Implementing Pharmacological Therapies in Eating, Sleep & Sexual Disorders

1.Case Scenario & Drug Chart Presentation (40 min):
Facilitator provides 3–4 patient case vignettes representing Ashana Vidhi Vikara, Nidra Vikara, and Youna Vikara, along with a list of prescribed Ayurvedic and modern drugs (e.g., Deepana-Pachana dravyas, Medhya Rasayanas, Vrishya dravyas, Melatonin, SSRIs, PDE-5 inhibitors).
Students review the case details, current prescriptions, and expected therapeutic outcomes.
2?.Drug Analysis in Small Groups (50 min):
Groups analyze the drugs prescribed for each case, focusing on:

- Ayurvedic Aspect: Rasa, Guna, Virya, Vipaka, Karma, relation to Nidana Panchaka.
- Modern Aspect: Mechanism of action, therapeutic indication, dosage, side effects, interactions.
- Appropriateness of drug selection for the patient's biological, psychological, and social context.

They prepare a rationale for drug choice and possible modifications to improve therapy.
3?.Role-Play Implementation (50 min):
Students simulate a clinical consultation, taking turns as:

- Physician: Explains drug regimen, dosage, expected effects, and precautions to the patient.
- Patient: Asks questions, expresses concerns, describes side effects or adherence barriers.
- Observer: Notes clarity of explanation, patient understanding, and shared decision-making approach.

4?.Group Debrief & Facilitator Feedback (40 min):
Groups present their drug analysis findings and simulated implementation process.
Facilitator provides feedback on pharmacological accuracy, communication skills, patient counseling effectiveness, and alignment with Chikitsa Sutra principles and safe drug use practices.

Experiential-Learning 22.4 : 22.4 Implementing Non-Pharmacological Therapies in Eating, Sleep & Sexual Disorders

22.4 [3hours x 1session]
1.Case Scenario Introduction (40 min):

Facilitator presents 3–4 patient cases related to Ashana Vidhi Vikara (Eating disorders), Nidra Vikara (Sleep disorders), and Youna Vikara (Sexual dysfunctions).
Students observe real or recorded consultations where non-pharmacological therapies (Ahara-Vihara, Yoga, Satvavajaya chikitsa, Counseling, Behavioral therapy, Mindfulness, Sleep hygiene practices) are part of management.
2?.Interactive Exploration (50 min):
Students, in small groups, interact and discuss:

- Key non-pharmacological therapies suitable for each case.
- Ayurvedic principles (Dinacharya, Ritucharya, Sadvritta, Pathya-apathya).
- Modern complementary approaches (CBT, nutrition counseling, relaxation training).
- Barriers to patient compliance and strategies to overcome them.

3?.Implementation Planning (50 min):
Groups collaboratively design a step-by-step non-drug intervention plan for their assigned case, including:

- Specific lifestyle modifications.
- Yoga/meditation routines or behavioral interventions.
- Family and psychosocial support recommendations.

Plans should be individualized to the patient's biological, psychological, and social needs.
4?.Presentation, Peer Review & Facilitator Feedback (40 min):
Groups present their implementation plans to peers, followed by interactive discussion and feedback on feasibility, effectiveness, and holistic alignment with Ayurvedic chikitsa sutra and modern care standards.
Facilitator summarizes best practices and guides on practical application in real-life clinical settings.

Experiential-Learning 22.5 : 22.5 Documenting Symptoms in Sleep Disorders

22.5 [3hours x 1session]
1.Video Observation of Clinical Cases (45 min):
Students watch real or simulated patient consultation videos depicting various sleep disorders:

- Nidranasha (Insomnia)
- Atinidra (Hypersomnolence)
- Tandra, Parasomnia
- Sleep-related breathing and movement disorders
- Circadian rhythm disturbances

Videos highlight patient narratives, presenting complaints, associated factors, and clinician questioning style.
2?.Individual Symptom Documentation (40 min):

Learners independently document observed symptoms, organizing them under:
- Ayurvedic framework: Nidana Panchaka, Dosha involvement, Lakshanas.
- Modern framework: Sleep patterns, duration, frequency, triggers, associated medical or psychological conditions.

They use a structured documentation template to ensure completeness and clarity.
3?.Group Discussion & Peer Feedback (45 min):
Students share and compare documentation notes in small groups, identifying:
- Missing or vague symptoms.
- Overlapping or unclear information.
- Best practices for comprehensive, patient-centered documentation.

4?.Reflective Journaling & Facilitator Evaluation (50 min):
Each student writes a short reflective journal entry on:
- Key learnings from the video observation.
- Areas where their documentation can improve.
- Importance of precise symptom documentation in planning treatment.

Facilitator reviews notes and reflections, providing feedback on accuracy, clarity, and depth of documentation.

Experiential-Learning 22.6 : 22.6 Clinical Skill Evaluation in Pharmacological Management of Nidra Vikaras

22.6 [3hours x 1session]
1.Clinical Scenario & Inquiry Generation (40 min):
Facilitator presents real or simulated cases of Nidranasha, Atinidra, Parasomnia, Sleep-related breathing/movement disorders with partial or poor treatment outcomes.
Students, in small groups, formulate inquiry questions, such as:
- Why was this particular drug regimen chosen?
- How do these drugs act according to Ayurvedic & modern pharmacology?
- What patient safety considerations must be addressed while implementing therapy?

2?.Self-Directed Exploration & Peer Sharing (50 min):
Learners search resources (Ayurvedic classics, modern pharmacology references, clinical guidelines) to answer their inquiry questions.
Groups then share findings, comparing:
- Ayurvedic Chikitsa Sutra rationale (Dosha, Agni, Nidana).
- Modern evidence-based indications, dosages, side effects, contraindications.

3?.Peer Role-Play Practice (50 min):
Students simulate a clinical consultation implementing the chosen pharmacological therapy:

- One acts as Physician, explaining the therapy and counseling on adherence and side effects.
- One acts as Patient, asking realistic questions or expressing concerns.
- One acts as Observer, using a structured checklist to evaluate accuracy, clarity, empathy, and patient safety focus.

Peer feedback is exchanged for skill improvement.

4?.Group Debrief & Facilitator Evaluation (40 min):

Each group summarizes key learning points, clinical reasoning, and challenges in implementing pharmacological therapy.

Facilitator evaluates proficiency based on knowledge accuracy, decision-making, communication skills, and integration of Ayurveda with modern practice, providing final feedback for improvement.

Experiential-Learning 22.7 : 22.7 Documenting Symptoms in Sexual Dysfunction Cases

22.7 [2hours x 1session]

Video Case Exposure (45 min):

Students watch real or simulated clinical consultations depicting patients with:

- Manasika Klaibya
- Erectile Dysfunction
- Dhat Syndrome
- Vaginismus
- Dyspareunia
- Gender Dysphoria

Videos highlight patient complaints, emotional state, relationship factors, and clinician questioning techniques.

2?.Individual Symptom Documentation (40 min):

Students independently document relevant symptoms under:

- Ayurvedic framework: Nidana Panchaka, Lakshanas, Manasika Doshas, Satva/Satvavajaya factors.
- Modern framework: Onset, duration, severity, psychological impact, comorbid conditions.

They use a structured case documentation template for clarity and completeness.

3?.Group Discussion & Peer Review (45 min):

Learners share and compare documentation within small groups to identify:

- Missed or ambiguous symptoms.
- Differences in interpretation or terminology.
- Best practices for accurate, sensitive, and comprehensive documentation of sexual health concerns.

4?.Reflective Journaling & Facilitator Feedback (50 min):

Each student writes a reflective journal entry addressing:
- Key insights gained from the video observation.
- Challenges faced in documenting sensitive symptoms.
- Importance of non-judgmental, empathetic, and holistic documentation in sexual dysfunctions.

Facilitator evaluates documentation and reflections using a rubric focusing on completeness, accuracy, clarity, and patient-centred approach.

Experiential-Learning 22.8 : 22.8 Designing Patient-Centered Treatment Protocols in Sexual Health Disorders

22.8 [2hours x 1session]

1.Video Case Exposure (45 min):

Students watch real or simulated clinical videos depicting consultations for:
- Manasika Klaibya
- Erectile Dysfunction
- Dhat Syndrome
- Vaginismus
- Dyspareunia
- Gender Dysphoria

Videos show history taking, diagnostic process, psychosocial factors, and partial treatment plans, highlighting complexities in sexual health management.

2?.Peer Group Analysis (45 min):

In small groups, students discuss the observed case, identifying:
- Biological, psychological, and social factors influencing treatment.
- Ayurvedic principles (Nidana Panchaka, Dosha imbalance, Satvavajaya chikitsa).
- Modern therapeutic considerations (behavioral therapy, counseling, pharmacological options).

They brainstorm possible treatment strategies focusing on individualized, patient-centered care.

3?.Protocol Design (45 min):

Each group prepares a comprehensive treatment protocol, including:
- Ayurvedic approach: Ahara-Vihara recommendations, Rasayana or Vrishya dravyas, Satvavajaya chikitsa.
- Modern approach: Counseling, CBT, sex therapy, hormonal or supportive interventions.
- Justification for each decision, ensuring holistic, safe, and empathetic management.

4?.Peer Presentation & Facilitator Feedback (45 min):

Groups present their protocols to peers, receiving constructive feedback on feasibility, cultural sensitivity, and holistic integration.

Facilitator highlights best practices for shared decision-making, emphasizing patient autonomy, confidentiality, and individualized care.

Experiential-Learning 22.9 : 22.9 Implementing Pharmacological Therapies in Sexual Health Disorders

22.9 [2hours x 1session]
1.Case Scenario & Inquiry Generation (45 min):
Facilitator presents real or simulated patient cases covering:

- Manasika Klaibya
- Erectile Dysfunction
- Dhat Syndrome
- Vaginismus
- Dyspareunia
- Gender Dysphoria

Students, in small groups, formulate inquiry questions, such as:

- Which pharmacological therapies are most effective for this condition?
- How do Ayurvedic drugs (Vrishya, Rasayana, Medhya dravyas) act compared to modern medicines (PDE-5 inhibitors, SSRIs, hormonal therapy)?
- What are safety concerns, dosage, duration, and possible interactions?

2?.Collaborative Exploration (45 min):
Groups research answers using Ayurvedic texts, pharmacology references, and modern clinical guidelines.
They compile information on:

- Drug choice & rationale based on Nidana Panchaka and pathology.
- Mechanism of action, pharmacokinetics, side effects, contraindications.
- Integration of Ayurvedic and modern pharmacological therapies for patient-centric care.

3?.Peer Role-Play Practice (45 min):
Students role-play a clinical consultation, where:

- One acts as Clinician, implementing pharmacological therapy and counseling the patient.
- One acts as Patient, asking realistic questions or expressing concerns about medication.
- One acts as Observer, evaluating drug explanation, safety instructions, and patient engagement using a peer feedback checklist.

4?.Group Debrief & Facilitator Evaluation (45 min):
Each group summarizes their implementation process, drug rationale, and communication skills observed during role-play.
Facilitator evaluates proficiency based on accuracy of pharmacological knowledge, decision-making, and patient-centered counseling, providing final feedback and corrections.

Experiential-Learning 22.10 : 22.10 Implementing Non-Pharmacological Therapies in Sexual Health Disorders

22.10 [2hours x 1session]
1.Case Scenario Presentation (40 min):
Facilitator presents 3–4 patient cases covering Manasika Klaibya, Erectile Dysfunction, Dhat Syndrome, Vaginismus, Dyspareunia, Gender Dysphoria, focusing on psychosocial and emotional aspects of the disorders.
Students observe key details highlighting the need for non-pharmacological interventions such as counseling, behavioral therapy, Satvavajaya chikitsa, and couple therapy.
2?.Interactive Brainstorming Session (50 min):
In small groups, students discuss possible non-pharmacological therapies for each case, considering:

- Ayurvedic approaches: Satvavajaya chikitsa, Sadvritta, Pathya-apathya, Yoga, meditation, counseling.
- Modern approaches: Cognitive Behavioral Therapy (CBT), sex therapy, mindfulness, pelvic floor exercises, couple counseling, psychoeducation.

Groups list out specific interventions, expected benefits, and possible challenges in implementation.
3?.Group Activity – Planning Implementation (50 min):
Each group designs a structured non-drug therapy plan, including:

- Therapy type and step-by-step process.
- Frequency and duration of sessions.
- Strategies for improving patient acceptance and compliance.

Plans are tailored to patient's biological, psychological, and social needs.
4?.Discussion, Peer Review & Facilitator Feedback (40 min):
Groups present their plans to peers, engaging in open discussion on:

- Practical feasibility of interventions.
- Ethical and cultural sensitivity in sexual health counseling.
- Integration of Ayurvedic and modern non-pharmacological strategies.

Facilitator concludes with best practice recommendations for real-world implementation.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C.	4

Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks

A) MCQ on Psychopharmacology [10 marks X 30 Mins]

Model LAQ [1 Q x 10 marks x 01 Hour]

1. Explain the concept of ??ana Vidhi Vik?ra. Discuss the etiological factors, clinical manifestations, and principles of Ayurvedic management of eating disorders.

2 Describe the pathophysiology and clinical features of Nidr? Vik?ra. Critically analyze the role of D?navy?p?ra (daily regimen), Sattvavajaya, and medicinal interventions in their management.

3 Discuss the Ayurvedic understanding of Youna Vik?ra. Explain the importance of Ras?yana, Vaj?kara?a, and psychological counseling in their comprehensive treatment.

B)

C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour

Q1. Define ??ana Vidhi Vik?ra and give two examples.

Q2.Mention any two common causes of Nidr? Vik?ra according to Ayurveda.

Q3. List two Vaj?kara?a dravyas used in the management of Youna Vik?ra.

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D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]

1. Case-based Question:

A patient presents with irregular food habits, indigestion, and disturbed sleep. Demonstrate how you would elicit history, assess do?ha involvement, and plan Ayurvedic management including Ahara-Vih?ra, Satvavajaya, and Aushadhi Chikits?.

2. Skill-based Question:

Demonstrate the procedure of a suitable therapeutic intervention (e.g., Shirodhara for Nidr? Vik?ra, Vaj?kara?a yoga prayoga for Youna Vik?ra, or Pathya-Apathya counseling in ??ana Vidhi Vik?ra) and explain its rationale.

Experiential Learning Outcome Assessment: [10 marks x 30 mins]

1. Case Study Analysis [10 marks x 01 Hour]

Reflect on your clinical or simulated experience with a patient presenting with either an eating disorder, sleep disturbance, or sexual dysfunction. How did you apply Ayurvedic principles of assessment and management? Describe the challenges you faced and explain how this experience improved your understanding of holistic care in these conditions.

C) Structured or Open Viva-Voce [10 marks x 01 Hour]

D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]

Model on phrasing a question:

'Imagine you are a mental health provider working with a young adult who is experiencing specific mental health concern [e.g. Delusion/ Hallucination/disorganized speech or behaviour]. Describe your initial assessment and proposed treatment approach]

Or
Any practical in converted form can be taken for assessment. [25 Marks] and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 6

Module 23 : Baalya-Yoshita-Vardhakya Janya Manovikara Evam Smruti Vikara Chikitsa [Treatment of Childhood disorders, Disorders afflicting Women's Mental Health, Geriatric and Neurodegenerative Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe the clinical contexts of etiology, psychopathology, symptomatology and treatment of psychiatric disorders of children, women and geriatric population
2 Critically analyse symptomatology based on appropriate validated tools and investigations, develop diagnostic formulations, derive case formulations (diagnostic formulation along with treatment plan)
3 Justify patient centered clinical skills in detecting, diagnosing and effectively responding to clinical scenarios; gauge the individuals' attitude, motivation and values towards clinical practice.

M 23 Unit 1 Pediatric mental disorders - Elimination disorders, Communication disorders, Conduct disorders The unit emphasizes

- Developmental disorders- autism spectrum disorders, learning disorders, ADHD
- Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions
- Clinical features, and management of pediatric mental disorders, including Elimination disorders, communication Disorders, Conduct disorders, and Developmental disorders such as Autism Spectrum Disorders, Learning Disorders, and ADHD.
- Women's mental health, including Sutikonmada, Perinatal mental disorders, Yoshapasmara, and perimenopausal psychological conditions.

References: 1,2,3,4,9,10,11,24,25,72,73

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Bala -Yoshita mano vikara, Sutikonmada, Yoshapasmara and etiology, symptomatology and treatments of elimination disorders, communication disorders, conduct disorders, Developmental disorders- autism spectrum disorders, learning disorders, ADHD Perinatal mental disorders, Perimenopausal psychological conditions (2hour)	2	Lecture	CC	Know	L,L&PPT ,PER
CO2,CO5	Describe the Visesha Chikitsa of Bala -Yoshita mano vikara wrt elimination disorders, communication disorders, conduct disorders, Developmental disorders- autism spectrum disorders, learning disorders, ADHD Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions (2hour)	2	Lecture	CC	Know	TBL
CO2,CO5	Demonstrate comprehensive history taking based on symptoms (2HR)	2	Practical Training 23.1	CE	Shows-how	IBL
CO2,CO5	Create diagnostic formulations in Bala and Yoshita mano vikara using various investigations, assessment tests and tools (2HR)	2	Practical Training 23.2	CE	Shows-how	SIM
CO2,CO5	Evaluate pharmacological and non- pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 23.3	CE	Shows-how	CBL,L_VC,DIS
CO2,CO5	Develop proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains).(2HR)	2	Experiential-Learning 23.1	CS	Shows-how	JC,L_VC
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making.(2HR).	2	Experiential-Learning 23.2	CS	Shows-how	PL,SDL,IBL
CO2,CO5	Develop proficiency in implementing pharmacological therapies (2HR)	2	Experiential-	CS	Shows-	RP

			Learning 23.3		how	
CO2,CO5	Develop proficiency in implementing non- pharmacological therapies (2HR)	2	Experiential-Learning 23.4	CS	Shows-how	L_VC

M 23 Unit 2 Vardhakya janya manasika vikara, Senile depression, Senile psychotic disordersr

- Etiology, pathophysiology, and clinical features of Smriti Vikara (memory disorders), including Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder.
- Diagnostic criteria, differential diagnosis, and management strategies.
- Pharmacological treatments, non-pharmacological interventions, preventive measures, and long-term care, with a focus on cognitive rehabilitation, family support, and the use of diagnostic tools like neuroimaging and cognitive assessments.

References: 1,2,3,4,5,32,33,34

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Vardhakya manovikara, Vardhakya Janya Manasika Vikara, and etiology, psychopathology, symptomatology and treatment senile depression, and senile psychotic disorders. (2hour)	2	Lecture	CC	Know	L,L&PPT,PER
CO2,CO5	Describe the Visesha Chikitsa of of Vardhakya Janya Manasika Vikara wrt senile depression, and senile psychotic disorders focussing on specific clinical features. (2 hour)	2	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on symptoms (2HR)	2	Practical Training 23.4	CE	Shows-how	IBL
CO2,CO5	Create diagnostic formulations in Vardhakya Janya Manasika Vikara using various assessment tests and tools (2HR)	2	Practical Training 23.5	CE	Shows-how	SIM

CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 23.6	CE	Shows-how	CBL
CO2,CO5	Select suitable non pharmacological mode of treatment.(2HR)	2	Practical Training 23.7	CE	Shows-how	DIS,L_VC
CO2,CO5	Develop proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains). (3HR)	3	Experiential-Learning 23.5	CS	Shows-how	JC,L_VC
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making. (3HR).	3	Experiential-Learning 23.6	CS	Shows-how	IBL,PL
CO2,CO5	Develop proficiency in implementing pharmacological therapies. (2HR)	2	Experiential-Learning 23.7	CS	Shows-how	RP
CO2,CO5	Develop proficiency in implementing non- pharmacological therapies (2HR)	2	Experiential-Learning 23.8	CS	Shows-how	FV,DIS

M 23 Unit 3 Smriti vikara,– Alzheimers dementia, Vascular dementia etc, Mild neurocognitive disorder The unit emphasizes
Focus on the

- Etiology, pathophysiology, and clinical features of Smriti Vikara (memory disorders), including Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder.
- Diagnostic criteria, differential diagnosis, and management strategies.
- Pharmacological treatments, non-pharmacological interventions, preventive measures, and long-term care, with a focus on cognitive rehabilitation, family support, and the use of diagnostic tools like neuroimaging and cognitive assessments.

References: 5,15,16,17,23,24,25,31,38,55,56,62,63,64,65,66

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of Smriti vikara and aetiology, symptomatology and treatment of Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder(1hour)	1	Lecture	CC	Know	L,L&PPT ,PER
CO2,CO5	Describe the Visesha Chikitsa of Smriti vikara wrt Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder focussing on specific clinical features. (1hour)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on symptoms (2HR)	2	Practical Training 23.8	CE	Shows-how	IBL
CO2,CO5	Create diagnostic formulations in Smriti Vikara, Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder using various investigations, assessment tests and tools (2HR)	2	Practical Training 23.9	CE	Shows-how	CBL,SIM
CO2,CO5	Evaluate pharmacological and non pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical Training 23.10	CE	Shows-how	L_VC
CO2,CO5	Evaluate proficiency in documenting relevant symptoms in Smriti vikara wrt Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder focussing on specific clinical features. and facilitating clinical decision making.(2HR)	2	Experiential-Learning 23.9	CS	Shows-how	JC,L_VC
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making. (2HR).	2	Experiential-Learning 23.10	CS	Shows-how	PL,SDL,IBL
CO2,CO5	Evaluate proficiency in clinical skills of implementing pharmacological therapies. (2HR)	2	Experiential-Learning 23.	CS	Shows-how	RP

			11			
CO2,CO5	Development of proficiency in implementing non- pharmacological therapies. (2HR)	2	Experiential-Learning 23.12	CS	Shows-how	DIS

Practical Training Activity

Practical Training 23.1 : 23.1 Comprehensive psychiatric history taking and mental status examination

23.1 [2hours x 1session]
[Simulated patients, inquiry based learning, Case based learning]: Engage students in discussions focused on detailed history taking. Emphasize key steps of mental status examinations, transition from guided response to self conduct.
Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.2 : 23.2 Practical application of symptoms, diagnostic investigations and assessment tools for Smriti vikara Bala and Yoshita mano vikara wrt elimination disorders, communication disorders, conduct disorders, Developmental disorders- autism spectrum disorders, learning disorders, ADHD, Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions

23.2 [2hours x 1session]
[Facilitated Group Discussions]– Discuss the detailed diagnostic investigations and assessment tools in Bala and Yoshita mano vikara wrt elimination disorders, communication disorders, conduct disorders, Developmental disorders- autism spectrum disorders, learning disorders, ADHD, Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions
Transition from a guided response to self-conduct. The teacher shall discuss the approach to Bala and Yoshita patients with Mano vikara and demonstrate the methods of deciding relevant diagnostic investigations, assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in Mano vikara of Bala and Yoshita.
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.3 : 23.3 Practical application of Pharmacological and non pharmacological treatment protocol

23.3 [2hours x 1session]
[Video based learning , Interactions] Engage students in videos of cases and conditions focused on the practical application of psychopharmacology and frame a pharmacological treatment protocol.
Transition from a guided response to self-conduct. Demonstrate implementation of pharmacological and non pharmacological treatment protocol and discuss the findings.

The student shall observe and practice the implementation of pharmacological treatment protocol and then perform under a guided response .
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.4 : 23.4 Comprehensive Mana pareeksha and mental status examination with emphasis on Doshas.

23.4 [2hours x 1session]
(Inquiry based learning)Engage students in discussions focused on detailed history taking. Emphasize key steps of mental status examinations, transition from guided response to self-conduct.
Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.5 : 23.5 Practical application of symptoms, diagnostic investigations and assessment tools Vardhakya Janya Manasika Vikara.

23.5 [2hours x 1session]
(Simulated cases) – Discuss the detailed diagnostic investigations and assessment tools in Vardhakya Janya Manasika Vikara.
Transition from a guided response to self-conduct. The teacher shall discuss the approach to a patient with Vardhakya Janya Manasika Vikara and demonstrate the methods of deciding relevant diagnostic investigations, assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in Vardhakya Janya Manasika Vikara.
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.6 : 23.6 Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)

23.6 [2hours x 1session]
(Case based learning)Engage students in discussions focused on the practical application of chikitsa sutra and frame a pharmacological treatment protocol
Transition from a guided response to self-conduct. Demonstrate the chikitsa sutra of Vardhakya Janya Manasika Vikara and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol on subjects and then perform under a guided response.
Assessment: Mini CEX/ DOPS [Rubrics based]
Interactions, Field visits, Discussions

Practical Training 23.7 : 23.7 Practical application of Non- pharmacological mode of treatment in Vardhakya Janya Manasika Vikara.

23.7 [2hours x 1session]
(Video based learning and interactions)- Engage students in discussions focused on the practical application of non-pharmacological mode of treatment in different Vardhakya Janya Manasika Vikara cases. Transition from a guided response to self-conduct.
Guided Practice with Video Based Learning: Organize students into small groups and provide each group with a handout containing case related exercises. Instruct each group to complete the exercises.
Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges
Field visits to old age homes, shelter homes and emphasis on social isolation, ethical and legal considerations, and preventive measures such as lifestyle interventions.

Practical Training 23.8 : 23.8 Comprehensive psychiatric history taking and mental status examination

23.8 [2hours x 1session]
[Simulated patients, inquiry based learning, Case based learning]: Engage students in discussions focused on detailed history taking. Emphasize key steps of mental status examinations, transition from guided response to self conduct.
Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.9 : 23.10 Practical application of Pharmacological and non-pharmacological treatment protocol

23.10 [2hours x 1session]
[Video based learning , Interactions] Engage students in videos of cases and conditions focused on the practical application of psychopharmacology and frame a pharmacological treatment protocol .
Transition from a guided response to self-conduct. Demonstrate the pharmacology of different classes of antipsychotics and implementation of pharmacological treatment protocol and discuss the findings. The student shall observe and practice the implementation of pharmacological treatment protocol and then perform under a guided response .
Assessment: Mini CEX/ DOPS [Rubrics based]

Practical Training 23.10 : 23.9 Practical application of symptoms, diagnostic investigations and assessment tools for Smriti vikara wrt Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder

23.9 [2hours x 1session]
[Facilitated Group Discussions]– Discuss the detailed diagnostic investigations and assessment tools in Smriti vikara wrt Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder
Transition from a guided response to self-conduct. The teacher shall discuss the approach to a patient with Smriti vikara and demonstrate the methods of deciding relevant diagnostic investigations, assessment tools and documentation of the findings at bedside/ OP. The student shall observe the procedure and then perform under a guided response followed by practicing diagnostic and assessment tools in Smriti vikara.
Assessment: Mini CEX/ DOPS [Rubrics based]

Experiential learning Activity

Experiential-Learning 23.1 : 23.1 Recognizing Complex Needs in Clinical Practice

23.1 [2hours x 1session]
(Reflective journaling and video based learning)- A video depicting a psychiatric patient with complex needs (e.g., a middle-aged man with depression, substance use, job loss, strained relationships, and a history of childhood trauma). Group analysis and presentation of the case.
Facilitator debrief on need for collaboration across psychiatry, psychology, social work, etc.
Get the individual reflections of each student as record writing or log book

Experiential-Learning 23.2 : 23.2 Design Individualized Psychiatric Care Plans

23.2 [2hours x 1session]
(Self learning, inquiry based learning, peer learning)-The concept of individualized care versus standard protocol.
Each student is given a case scenario. They are instructed to do a collaborative care planning and do a presentation of the same.
The facilitator should debrief on the ethical considerations in patient centred care and collaborative and interdisciplinary care value.
Instruct students to evaluate the doshaja lakshanas in correspondence with presenting features. Instruct students to present their evaluation and insights in logbooks
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 23.3 : 23.3 Critical appraisal of clinical skills in organizing pharmacological therapies.

23.3 [2hours x 1session]
[Inquiry based learning]
• Each student receives detailed clinical cases (realistic patient scenarios) covering:
elimination disorders, communication disorders, conduct disorders, Developmental disorders- autism spectrum disorders, learning disorders, ADHD, Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions
• For each case, students must:
• Identify target symptoms and priorities
• Choose first-line pharmacologic agents (with dose, route, and titration plan)
• Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
• List monitoring parameters and follow-up plan
Role-play a real-time consultation involving:
• Prescription explanation to the patient
• Discussion with a simulated pharmacist regarding drug interactions and side effects
• Consent and psychoeducation
Reflective Journaling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 23.4 : 23.4 Practical application of Non- pharmacological mode of treatment in doshaja unmada.

23.4 [2hours x 1session]
(Video based learning and interactions)- Engage students in discussions focused on the practical application of non-pharmacological mode of treatment in different Bala and Yoshita Mano Vikara cases. Transition from a guided response to self-conduct.
Guided Practice with Video Based Learning: Organize students into small groups and provide each group with a handout containing case related exercises. Instruct each group to complete the exercises.
Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges

Experiential-Learning 23.5 : 23.5 Recognizing Complex Needs in Clinical Practice

23.5 [3hours x 1session]
[Reflective journaling and video based learning]- A video depicting a psychiatric patient with complex needs (e.g., a middle-aged man with depression, substance use, job loss, strained relationships, and a history of childhood trauma).

Group analysis and presentation of the case.
Facilitator debrief on need for collaboration across psychiatry, psychology, social work, etc.
Get the individual reflections of each student as record writing or log book

Experiential-Learning 23.6 : 23.6 Design Individualized Psychiatric Care Plans

23.6 [3hours x 1session]
[Self learning, inquiry based learning, peer learning]-The concept of individualized care versus standard protocol.
Each student is given a case scenario. They are instructed to do a collaborative care planning and do a presentation of the same.
The facilitator should debrief on the ethical considerations in patient centred care and collaborative and interdisciplinary care value.
Instruct students to evaluate the doshsaja lakshanas in correspondence with presenting features. Instruct students to present their evaluation and insights in logbooks
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 23.7 : 23.7 Critical appraisal of clinical skills in organizing pharmacological therapies.

23.7 [2hours x 1session]
Role plays to explore the strengths and limitations of the current understanding of pharmacological options and create a specific treatment plan. The student shall educate the patients about the treatment through effective communication.
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Experiential-Learning 23.8 : 23.8 Critical appraisal of the non-pharmacological treatment protocol of Vardhakya mano vikara

23.8 [2hours x 1session]
[Interaction and discussion]- students are given cases or scenarios
They are instructed to do protocol mapping based on trividha chikitsa(focus on non-pharmacological interventions)
Compare the mapped protocol with contemporary literature
Critical appraisal presentation by highlighting the strengths, limitations, feasibility, cultural relevance, modern applicability
Suggestions for integrative practice
Field visits and camps at old age home to conduct psychological with support psychological therapies and rehabilitation.
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Experiential-Learning 23.9 : 23.10 Design Individualized Psychiatric Care Plans
23.10 [2hours x 1session] [Self learning, inquiry based learning, peer learning]-The concept of individualized care versus standard protocol. Each student is given a case scenario. They are instructed to do a collaborative care planning and do a presentation of the same. The facilitator should debrief on the ethical considerations in patient centred care and collaborative and interdisciplinary care value. Instruct students to evaluate the doshaja lakshanas in correspondence with presenting features. Instruct students to present their evaluation and insights in logbooks Assessment: Rubrics based Log book assessment, Interactions.
Experiential-Learning 23.10 : 23.12 Practical application of Non-pharmacological mode of treatment in Smriti Vikara.
23.12 [2hours x 1session] [Video based learning and interactions]- Engage students in discussions focused on the practical application of non-pharmacological mode of treatment in different Smriti vikara cases. Transition from a guided response to self-conduct. Guided Practice with Video Based Learning: Organize students into small groups and provide each group with a handout containing case related exercises. Instruct each group to complete the exercises. Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges
Experiential-Learning 23.11 : 23.9 Clinical documentation of perception versus reality
23.9 [2hours x 1session] Simulated Clinical Exposure (Role Play or Video Vignettes): Each student is given a simulated patient case (either through role-play, recorded patient videos, or instructor-led dramatization) representing one of the following: Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder focussing on specific clinical features. Symptom Documentation Exercise: Documenting key positive, negative, affective, cognitive, and behavioral symptoms in a SOAP (Subjective-Objective-Assessment-Plan) or ICF-based format. Diagnostic Reasoning & Clinical Formulation: Justify their provisional diagnosis using DSM-5/ICD-11 criteria. Discuss the differential diagnosis. Identify red flags (e.g., suicidality, medical mimics). Formulate a bio-psycho-social treatment plan including pharmacological and non-pharmacological options Clinical Decision-Making Debate: Groups engage in a debate or peer discussion, defending their clinical formulation and management plan. Instructors provide real-time feedback on accuracy, clinical reasoning, use of terminology, and clarity of documentation. Assessment – reflective journaling and logbooks

Experiential-Learning 23.12 : 23.11 Critical appraisal of clinical skills in organizing pharmacological therapies.

23.11 [2hours x 1session]
[Inquiry based learning] Each student receives detailed clinical cases (realistic patient scenarios) covering: Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder focussing on specific clinical features,For each case, students must:
1.Identify target symptoms and priorities
2.Choose first-line pharmacologic agents (with dose, route, and titration plan)
3.Explain rationale (mechanism of action, safety, onset, cost, comorbidities)
4.List monitoring parameters and follow-up plan
Role-play a real-time consultation involving:
1.Prescription explanation to the patient
2.Discussion with a simulated pharmacist regarding drug interactions and side effects
3.Consent and psychoeducation
Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration
Assessment: Rubrics based Log book assessment, Interactions.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] Model LAQ [1 Q x 10 marks x 01 Hour] 1 .Discuss the common B?lya avasth? janya manovik?ras (childhood mental health disorders). Explain their causes, clinical features, and principles of Ayurvedic management with suitable examples. 2. Describe the mental health disorders commonly seen in Yoshit? (women). Critically analyze the role of hormonal, psychological, and sociocultural factors along with Ayurvedic treatment approaches. 3. Explain the Ayurvedic understanding of Vardhakya janya manovik?ras and Sm?ti vik?ras (geriatric and neurodegenerative disorders). Discuss the role of Ras?yana, Medhya drugs, and Satvavajaya Chikits? in their management. B)	4

C) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour

Q1. Mention any two common manovik?ras of childhood (B?lya avasth?) described in Ayurveda.

Q2. List two factors contributing to women's mental health disorders (Yoshit? janya manovik?ra).

Q3.Name two Medhya Ras?yana drugs beneficial in the management of Sm?ti Vik?ra.

D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]

1. Case-based Question:

A 7-year-old child presents with hyperactivity, poor concentration, and irritability. Demonstrate how you would assess the condition from an Ayurvedic perspective (Do?ha, Manasika Bh?va, and Sa?hanana) and plan a line of management.

2.Skill-based Question:

Demonstrate and explain the procedure of a suitable therapeutic intervention (e.g., Medhya Ras?yana Prayoga for Sm?ti Vik?ra, Satvavajaya counseling for postpartum depression, or Dinacharya management in geriatric manovik?ra).

Experiential Learning Outcome Assessment: [10 marks x 30 mins]

1. Case Study Analysis [10 marks x 01 Hour]

Instructions: You are part of a clinical discussion group where a case of Kaphaja Unmada is presented. Based on your experiential learning, reflect on how you would integrate Ayurvedic principles of diagnosis (Dosha bheda, Lakshana) and management (Samshodhana, Samshamana, Sattvavajaya chikitsa) with modern approaches to psychotic disorders. Share your observations, challenges faced, and the key takeaways you would apply in future clinical practice.

C) Structured or Open Viva-Voce [10 marks x 01 Hour]

D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]

Model on phrasing a question:

Reflect on your clinical or simulated experience with a patient suffering from either a childhood disorder, a women's mental health condition, or a geriatric/neurodegenerative disorder. How did you apply Ayurvedic diagnostic principles and treatment approaches? What challenges did you face, and how did this experience enhance your ability to provide holistic mental health care across different stages of life?

Or

Any practical in converted form can be taken for assessment. [25 Marks]

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 24 : Manodaihika Vyadhi Chikitsa [Treatment of Psychosomatic Disorders]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe clinically geriatric, pediatric and women mental disorders along with etiology, slinical features and specific treatment.
2 Conduct different assessments based on lakshanas using investigations and arrive at a conclusion about diagnosis and treatment protocol
3 Identify the complaints of the patients, respond appropriately and organize the treatment protocol.

M 24 Unit 1 Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders

- Etiology, pathophysiology, and clinical features of mind-body disorders, including psychosomatic disorders affecting various srotas (body channels) and organic mental disorders.
- Diagnostic criteria, differential diagnosis, and management strategies, with emphasis on pharmacological, psychosomatic, and mind-body therapies.
- Comorbidities, preventive measures, and the importance of long-term care and holistic approaches in treatment

References: 1,2,4,6,7,8,11,13,14,18,19,20,21,31,43,54

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the Nidana, Lakshana, Samprapti and Chikitsa of disorders of mind-body, psychosomatic disorders of different srotas,.(2 hour)	2	Lecture	CC	Know	L&PPT ,PER
CO2,CO5	Discuss the etiology, symptoms,pathophysiology, and treatment of Organic mental disorders. (2 hour)	2	Lecture	CC	Know	DIS
CO2,CO5	Discuss the etiology, symptoms,pathophysiology, and treatment of Organic mental disorders. (2 hour)	2	Practical Training 24.1	CE	Shows-how	CBL
CO2,CO5	Create diagnostic formulations in disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders (2HR)	2	Practical Training 24.2	CE	Shows-how	RP,RLE
CO2,CO5	Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2	Practical	CE	Shows-	PSM

			Training 24.3		how	
CO2,CO5	Identify suitable non pharmacological mode of treatment in Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders (2HR)	2	Practical Training 24.4	CE	Shows-how	RLE
CO2,CO5	Development of proficiency in identifying a clinical case as a complex need person (enlisting predisposing, precipitating, perpetuating factors wrt biological, psychological and social domains). (3HR)	3	Experiential-Learning 24. 1	CS	Knows-how	JC,TUT
CO2,CO5	Design patient centered treatment protocols justifying clinical decision making in disorders of mind-body, psychosomatic disorders of different srotas, organic mental disorders. (3HR).	3	Experiential-Learning 24. 2	CS	Knows-how	IBL,PL
CO2,CO5	Development of proficiency in implementing pharmacological therapies in Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders. (3HR)	3	Experiential-Learning 24. 3	CS	Knows-how	DA,RP
CO2,CO5	Development of proficiency in impementing non- pharmacological therapies in disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders (3HR)	3	Experiential-Learning 24. 4	CS	Knows-how	DIS

M 24 Unit 2 Mental disorders due to known physiological conditions/ liaison psychiatry

- Etiology, pathophysiology, and clinical features of mental disorders related to physiological conditions, such as endocrine, metabolic, and neurological disorders.
- Liaison psychiatry, integrating mental and physical health care.
- Diagnostic tools, differential diagnosis, and biopsychosocial management strategies, including pharmacological treatments, psychosocial interventions, and patient-family education

References: 49,50,52,53,54,56,57,58,71

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathogenesis and general line of treatment of mental disorders due to known physiological conditions. (2HR)	2	Lecture	CC	Know	PER,L&PPT

CO2,CO5	Describe the standard treatments guidelines for liaison psychiatry (1HR)	1	Lecture	CC	Know	DIS
CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms of Mental disorders due to known physiological conditions (2HR)	2	Practical Training 24.5	CE	Shows-how	SDL
CO2,CO5	Apply diagnostic investigations and assessment tools in mental Disorders with Physiological origins. (2HR)	2	Practical Training 24.6	CE	Shows-how	DIS
CO2,CO5	Analyse the application of liason psychiatry in a hospital set up (2HR)	2	Practical Training 24.7	CE	Shows-how	RLE
CO2,CO5	Develop proficiency in documenting relevant symptoms in Mental disorders due to known physiological conditions.(3HR)	3	Experiential-Learning 24.5	CS	Shows-how	L_VC,JC
CO2,CO5	Development of proficiency in clinical skills of implementing liason psychiatry in a hospital set up. (3HR)	3	Experiential-Learning 24.6	CS	Shows-how	IBL,PL

M 24 Unit 3 Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson's disease, Multiple sclerosis, Huntington's chorea Chronic fatigue syndrome- Fibromyalgia

- Comorbidities, rehabilitation, and the role of multidisciplinary care.
- Includes legal and ethical considerations, preventive strategies, and the importance of long-term support and holistic approaches

References: 34,35,38,50,80,81,82,83,96,98

3A	3B	3C	3D	3E	3F	3G
CO2,CO5	Discuss the etiology, symptoms, pathology anf treatment of Psychiatric and Neurocognitive disorders of secondary origin.(2HR)	2	Lecture	CC	Know	L&PPT
CO2,CO5	Comprehend on the therapeutic intervention of Parkinson's disease, Multiple sclerosis, Huntington's chorea ,Chronic fatigue syndrome- Fibromyalgia.(1HR)	1	Lecture	CC	Know	L&GD

CO2,CO5	Demonstrate comprehensive history taking based on clinical symptoms of Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson's disease, Multiple sclerosis, Huntington's chorea ,Chronic fatigue syndrome- Fibromyalgia(2hrs)	2	Practical Training 24.8	CE	Shows-how	IBL
CO2,CO5	Apply diagnostic investigations and assessment tools for Parkinson's disease, Multiple sclerosis, Huntington's chorea ,Chronic fatigue syndrome- Fibromyalgia.. (2HR)	2	Practical Training 24.9	CE	Shows-how	DIS
CO2,CO5	Analyse pharmacological treatment protocol for psychiatric and Neurocognitive disorders of secondary origin (2HR)	2	Practical Training 24.10	CE	Shows-how	DA
CO2,CO5	Development of proficiency in documenting relevant symptoms in Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson's disease, Multiple sclerosis, Huntington's chorea ,Chronic fatigue syndrome- Fibromyalgia. (2HR)	2	Experiential-Learning 24.7	CS	Shows-how	L_VC,JC
CO2,CO5	Design patient centered treatment protocols in Psychiatric and Neurocognitive disorders of secondary origin justifying clinical decision making. (2HR).	2	Experiential-Learning 24.8	CS	Shows-how	PL,L_VC
CO2,CO5	Develop proficiency in implementing pharmacological therapies in Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson's disease, Multiple sclerosis, Huntington's chorea ,Chronic fatigue syndrome- Fibromyalgia.(2HR)	2	Experiential-Learning 24.9	CS	Shows-how	IBL,PL
CO2,CO5	Develop proficiency in impementing non- pharmacological therapies in in Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson's disease, Multiple sclerosis, Huntington's chorea ,Chronic fatigue syndrome- Fibromyalgia (2HR)	2	Experiential-Learning 24.10	CS	Knows-how	DIS

Practical Training Activity

Practical Training 24.1 : 24.1 Case-Based History Taking in Mind-Body Disorders

24.1 [2hours x 1session]
Step 1 – Case Introduction & Orientation (20 min)

- Facilitator briefly explains the purpose of history-taking in Ayurveda, focusing on Lakshanas and srotas involvement.
- Students are divided into small groups and provided with three different case scenarios (one for each disorder type).

Step 2 – Case Analysis & History Taking (40 min)

- Each group studies their assigned case and prepares a comprehensive history, including:
  - Chief complaints and chronology.
  - Identification of Lakshanas (psychological, somatic, srotas-specific).
  - Nidana Panchaka (Hetu, Purvarupa, Rupa, Upashaya, Samprapti).
  - Organic or psychosomatic links.
- Facilitator moves around groups to guide and prompt deeper questioning.

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Step 3 – Role Play & Presentation (40 min)

- Each group performs a mock doctor-patient interaction, demonstrating history-taking.
- Other students observe and note key Lakshanas and diagnostic hints.
- Groups present their findings and probable clinical reasoning.

Step 4 – Discussion, Feedback & Key Learning Points (20 min)

- Facilitator leads a collective discussion, comparing approaches and highlighting missing or crucial Lakshanas.
- Constructive feedback is given on:
  - Completeness and structure of history.
  - Identification of psychosomatic features.
  - Linking Lakshanas to Ayurvedic and organic mental disorders.
- Key takeaways are summarized for clinical application.

Practical Training 24.2 : 24.2 Real-Life Role-Play in Mind-Body Disorders

24.2 [2hours x 1session]

Step 1 – Real-Life Case Exposure & Experience Sharing (20 min)

- Facilitator presents real or documented patient experiences (video/audio recordings, case notes, or live interaction with a consenting patient).
- Students observe and note:
  - Presenting complaints.
  - Physical, mental, and srotas-specific Lakshanas.
  - Behavioral patterns and psychosomatic links.
- A short discussion follows on initial impressions and possible diagnostic considerations.

Step 2 – Role Allocation & Role Play (40 min)

- Students are divided into groups of 3–4.

- Roles assigned: Vaidya (doctor), patient, family member, observer.
- Using the real-life case or a similar scenario, the "patient" presents symptoms while the "doctor" performs a detailed history-taking and tries to elicit psychosomatic and mind-body features.
- Observers record key diagnostic clues.

Step 3 – Formulating Diagnosis (40 min)

- Each group collaborates to create a diagnostic formulation, including:
  - Ayurvedic perspective: Dosha imbalance, Manasika Bhava, Nidana Panchaka, Srotodushti.
  - Modern perspective: Possible DSM/ICD categorization (for organic mental disorders).
  - Psychosomatic connection: Link between emotional/mental triggers and physical symptoms.
- Groups prepare a short presentation or chart of their diagnostic reasoning.

Step 4 – Presentation, Peer Review & Feedback (20 min)

- Groups present their diagnostic formulation to the class.
- Peers and facilitator provide feedback, focusing on:
  - Accuracy and depth of diagnostic reasoning.
  - Inclusion of both mind-body and srotas-based analysis.
  - Clarity in connecting Lakshanas to final diagnostic impression.
- Facilitator concludes with key learning points and common pitfalls in diagnostic formulation.

Practical Training 24.3 : 24.3 Evaluating Pharmacological Protocols through Chikitsa Sutra

24.3 [2hours x 1session]

Step 1 – Problem Presentation (20 min)

- Facilitator provides 3 brief clinical problem statements, for example:

1. Manasika Vyadhi: A patient with Chittodvega (anxiety disorder) with associated insomnia.
2. Psychosomatic Disorder of Srotas: A patient with Grahani (IBS-like symptoms) aggravated by chronic stress.
3. Organic Mental Disorder: A patient with early-onset dementia showing cognitive decline and behavioral issues.

- Each case includes current pharmacological treatment details (Ayurvedic medicines/formulations being used, dosage, duration).
- Students are asked to identify potential issues or gaps in these protocols.

Step 2 – Group Analysis Using Chikitsa Sutra (40 min)

- Students are divided into small groups.
- Each group works on one case problem, analyzing it step by step:
  - Dosha, Dushya, Srotas involvement.
  - Nidana Panchaka & Samprapti Ghatakas.

o Current pharmacological protocol assessment: appropriateness of dravya, dosage, anupana, duration.
o Mapping treatment to Chikitsa Sutra principles: Shodhana, Shamana, Medhya Rasayana, Sattvavajaya, etc.
• Groups prepare an alternative or improved protocol, justifying every step as per Chikitsa Sutra.
Step 3 – Solution Development & Presentation (40 min)
• Each group presents:
1. Problems identified in the given treatment protocol.
2. Modified pharmacological plan aligned with Chikitsa Sutra.
3. Expected outcomes and possible limitations.
• Other groups ask questions, testing the strength of their reasoning.
Step 4 – Facilitator Feedback & Key Learning (20 min)
• Facilitator reviews each solution, adding clinical pearls and evidence-based updates.
• Highlights how to systematically evaluate a pharmacological protocol:
o Does it follow Samprapti Vighatana principles?
o Are medicines and dosages rational for Dosha-Srotas involvement?
o Are possible modern pharmacological equivalents considered for organic disorders?
• Summarizes the problem-solving framework for real-world use.

Practical Training 24.4 : 24.4 Exploring Non-Pharmacological Interventions in Mind-Body Disorders

24.4 [2hours x 1session]Step 1 – Real-Life Case Exposure (30 min)
• Facilitator presents real patient experiences, such as:
o A case of anxiety disorder improving with Yoga and Satvavajaya Chikitsa.
o A case of Grahani (psychosomatic GI disorder) responding to diet regulation, counseling, and meditation.
o A dementia patient benefiting from cognitive stimulation therapy and music therapy.
• Presentation can include live patient interaction, recorded interviews, or documented case files.
• Students observe and list non-pharmacological measures used and their impact.
Step 2 – Group Brainstorming & Analysis (30 min)
• Students are divided into 3–4 groups.
• Each group is assigned one disorder type and asked to:
o Identify all possible non-pharmacological treatments suitable for that case (e.g., Satvavajaya Chikitsa, Yoga, Pranayama, Music therapy, Panchakarma, Counseling).
o Map interventions to Dosha involvement, Srotas Dushti, Manasika Bhava, and expected outcomes.
o Discuss how lifestyle modification (Ahara, Vihara) plays a role.

. Step 3 – Practical Role-Play (40 min)

- Each group enacts a realistic doctor-patient counseling session recommending non-pharmacological interventions.
- Roles: Vaidya (doctor), patient, patient's caregiver, observer.
- Students practice:
  - Explaining non-drug therapies empathetically.
  - Justifying the treatment plan based on Chikitsa Sutra principles.
  - Handling patient doubts about non-medicine therapies

Step 4 – Reflection & Feedback (20 min)

- Groups present their final non-pharmacological treatment plan for the case.
- Facilitator and peers give feedback on feasibility, appropriateness, and alignment with Ayurvedic principles.
- Key non-pharmacological modalities for each disorder type are summarized, forming a practical reference sheet for students.

Practical Training 24.5 : 24.5 Self-Directed History Taking in Mental Disorders with Physiological Causes

24.5 [2hours x 1session]

Step 1 – Self-Learning Resource Exploration (30 min)

- Facilitator provides study materials (case notes, articles, video demonstrations) on mental disorders due to known physiological conditions. Examples:
  - Hypothyroidism presenting with depression.
  - Epilepsy with psychosis.
  - Dementia following cerebrovascular accidents.
- Students individually explore:
  - Key clinical symptoms to focus on during history-taking.
  - Overlap of psychiatric and physiological symptoms.
  - Questions required for differential understanding.
- Each student prepares a checklist for history taking based on their reading.

Step 2 – Independent Case Review (30 min)

- Students are given written or recorded patient cases depicting mental disorders with physiological causes.
- Working independently, each student:
  - Identifies chief complaints, onset, duration, course of illness.
  - Lists relevant medical history and physiological factors.
  - Drafts a structured history format covering both psychiatric and medical perspectives.

Step 3 – Practical Demonstration (Role Play) (40 min)

- Each student pairs with a peer (one acts as patient, one as clinician).

- Using their prepared format, students conduct a simulated history-taking session focusing on:
  - Mental symptoms and cognitive status.
  - Past medical illnesses, trauma, or physiological triggers.
  - Current medications and possible side effects contributing to mental changes.
- Facilitator observes selected role plays, noting strengths and gaps.

Step 4 – Reflection, Peer Feedback & Consolidation (20 min)

- Students self-assess their performance using their checklist.
- Peers provide constructive feedback on clarity, completeness, and empathy in history-taking.
- Facilitator summarizes essential components of history taking in these cases and provides a model history format for future use.

Practical Training 24.6 : 24.6 Diagnostic Tools for Mental Disorders with Physiological Origins

24.6 [2hours x 1session]

Step 1 – Case Introduction & Group Allocation (20 min)

- Facilitator presents 3–4 brief case vignettes (e.g., depression in hypothyroidism, psychosis in epilepsy, cognitive impairment post-stroke, delirium due to infection).
- Students are divided into small groups (4–6 per group).
- Each group receives one case scenario and a list of potential investigations and assessment tools (both psychiatric and physiological).
  - Objective: Decide which tools and tests are essential for confirming diagnosis and ruling out differentials.

Step 2 – Group Brainstorming & Selection of Investigations (40 min)

- Within each group, students discuss:
  - Key mental health symptoms and possible physiological contributors.
  - Relevant laboratory tests (e.g., thyroid profile, vitamin B12, CBC, electrolyte levels, infectious markers).
  - Neuroimaging or EEG (for seizures, brain injury).
  - Psychiatric assessment tools (e.g., MMSE for cognition, HAM-D for depression, PANSS for psychosis).
  - Justification of each chosen investigation based on case details.
- Groups prepare a diagnostic plan flowchart showing the sequence of investigations.

Step 3 – Presentation & Cross-Group Discussion (40 min)

- Each group presents their diagnostic plan to the class.
- Other groups question or challenge the selection of tests and tools, promoting critical thinking.
- Facilitator moderates, ensuring coverage of:
  - Link between physiological abnormality and mental health symptoms.
  - Avoiding unnecessary investigations while ensuring accuracy.
  - Integrating Ayurvedic diagnostic perspectives where relevant (e.g., dosha/srotas-based assessment).

Step 4 – Facilitator Feedback & Key Takeaways (20 min)

- Facilitator summarizes best practice guidelines for investigations and assessment in such cases:
  - Initial screening vs. confirmatory tests.
  - Role of psychiatric rating scales alongside medical tests.
  - How diagnostic findings guide treatment planning.
- A reference chart of investigations & tools for common physiological-linked mental disorders is shared for future practice.

Practical Training 24.7 : 24.7 Analysing Liaison Psychiatry in a Hospital Setting

24.7 [2hours x 1session]

Step 1 – Case-Based Introduction (20 min)

- Facilitator presents 2–3 real-life or simulated hospital cases, for example:

1. A post-operative patient developing acute delirium.
2. A cancer patient with severe anxiety and sleep disturbance.
3. A diabetic patient with non-compliance due to depression.

- Students are asked to identify where psychiatric input could improve patient care in each case.

Step 2 – Small Group Analysis (40 min)

- Students are divided into small groups (4–5 per group).
- Each group analyses one case and discusses:
  - Medical condition and its psychiatric implications.
  - Role of a liaison psychiatrist: Assessment, collaboration with primary medical/surgical team, communication with family.
  - Diagnostic tools and interventions required.
  - Possible challenges (stigma, lack of referral, overlapping symptoms).
- Groups prepare a short action plan for managing the case using liaison psychiatry principles.

Step 3 – Role Play: Liaison Psychiatry in Action (40 min)

- Groups enact a hospital scenario, assigning roles (liaison psychiatrist, primary physician, nurse, patient, caregiver).
- They demonstrate:
  - Initial psychiatric consultation.
  - Discussion with treating team.
  - Coordinated management plan (pharmacological & non-pharmacological).
- Other students observe and note strengths and areas for improvement in the liaison approach.

Step 4 – Reflection, Discussion & Key Learning (20 min)

- Each group shares their analysis and lessons learned about liaison psychiatry in hospital settings.

- Facilitator provides feedback, emphasizing:
  - Importance of interdisciplinary communication.
  - Early psychiatric intervention in medical-surgical wards.
  - How liaison psychiatry improves overall patient outcomes and reduces hospital stay.

Practical Training 24.8 : 24.8 History Taking in Secondary Psychiatric and Neurocognitive Disorders

24.8 [2hours x 1session]

Step 1 – Pre-Class Preparation (Flipped Classroom) (Before Session)

- Students are given pre-reading/video material covering:
  - Common psychiatric symptoms associated with neurological conditions (Parkinson's, MS, Huntington's, Fibromyalgia).
  - Key aspects of history-taking relevant to these disorders (motor symptoms, cognitive decline, mood disturbances, fatigue patterns).
  - Example structured interview formats (Ayurvedic + modern clinical approach).
- Each student prepares a draft checklist of questions to ask during history taking.
- Facilitator ensures all resources are accessible before the session.

Step 2 – Group Case Review (30 min)

- During the session, students are divided into small groups (4–5 per group).
- Each group is given a case vignette or video-recorded patient interaction (e.g., a Parkinson's patient with depression, or a Fibromyalgia patient with anxiety).
- Students discuss and identify:
  - Key presenting complaints.
  - Neurological symptoms influencing psychiatric manifestations.
  - Questions needed to clarify onset, progression, triggers, and impact on daily life.

Step 3 – Simulated History Taking & Peer Feedback (60 min)

- Groups conduct a mock history-taking session, assigning roles (clinician, patient, observer).
- Focus is on eliciting:
  - Psychiatric symptoms (mood, psychosis, anxiety, fatigue, cognitive impairment).
  - Neurological/physical symptoms.
  - Impact on functioning and quality of life.
  - Medication and past illness history.
- Observers provide peer feedback, highlighting missed questions or unclear clinical reasoning.
- Facilitator rotates between groups, giving guidance and prompts.

Step 4 – Consolidation & Best Practices (30 min)

- Each group presents a summary of their history findings and highlights how neurological illness influenced mental health presentation.

- Facilitator leads a whole-class discussion, emphasizing:
  - How to differentiate primary psychiatric disorders from secondary causes.
  - Essential questions and red flags during history taking.
  - Importance of multidisciplinary collaboration in such cases.
- A reference template for history-taking in secondary psychiatric/neurocognitive disorders is shared for future practice.

Practical Training 24.9 : 24.9 Applying Investigations and Assessment Tools in Neuropsychiatric Disorders.

24.9 [2hours x 1session]

Step 1 – Case Introduction (20 min)

- Facilitator presents 4 brief case vignettes, for example:

1. A patient with tremors, depression, and rigidity ? Possible Parkinson's disease.
2. A young adult with recurrent neurological relapses, mood changes ? Multiple sclerosis.
3. A middle-aged person with involuntary movements, personality change ? Huntington's chorea.
4. A patient with widespread pain, fatigue, and poor sleep ? Fibromyalgia/Chronic fatigue syndrome.

- Each group is assigned one case for discussion.
- A list of possible investigations and assessment tools is provided (imaging, blood tests, neurological exams, psychiatric rating scales).

Step 2 – Group Discussion and Selection of Tools (40 min)

- Within small groups (4–5 students), learners discuss:
  - Key symptoms to focus on.
  - Primary diagnostic investigations (MRI, CT, PET, genetic testing, EMG, sleep study, blood tests).
  - Psychiatric and functional assessment tools (e.g., UPDRS for Parkinson's, EDSS for MS, MMSE for cognition, Fatigue Severity Scale for CFS, Fibromyalgia Impact Questionnaire).
  - Rationale for choosing each tool or test.
- Groups prepare a stepwise diagnostic plan for their case.

Step 3 – Presentations & Peer Exchange (40 min)

- Each group presents:

1. Selected investigations and tools.
2. Justification for choices (why these tests, how they confirm diagnosis or rule out differentials).
3. Sequence of application (which test first, which assessment tool next).

- Other groups ask questions, leading to short, focused discussions guided by the facilitator.

Step 4 – Expert Feedback & Summary (20 min)

- Facilitator provides final inputs, ensuring:

o Correct investigations are chosen for each disorder.
o Appropriate use of psychiatric rating scales alongside neurological tests.
o Avoidance of unnecessary or invasive testing.
• A summary chart is shared listing investigations and assessment tools for each condition as a ready reference.

Practical Training 24.10 : 24.10 Analysing Pharmacological Protocols in Secondary Psychiatric and Neurocognitive Disorders

24.10 [2hours x 1session]
Step 1 – Introduction & Case Prescription Presentation (20 min)
• Facilitator presents 4 brief clinical cases, each with a realistic drug prescription, for example:
1. Parkinson's disease with depression – prescription includes Levodopa, SSRI.
2. Multiple Sclerosis with anxiety and neuropathic pain – prescription includes interferons, duloxetine.
3. Huntington's chorea with psychosis – prescription includes tetrabenazine, antipsychotic.
4. Fibromyalgia with insomnia and mood disturbances – prescription includes pregabalin, amitriptyline.
• Students are grouped and assigned one case and its treatment chart for analysis.
Step 2 – Drug Analysis in Groups (40 min)
Each group examines the prescription based on:
• Drug Name, Class & Mechanism of Action.
• Indication for psychiatric/neurocognitive symptoms secondary to the main disorder.
• Dosage, route, frequency, and duration.
• Drug interactions and contraindications considering the patient's neurological illness.
• Possible side effects impacting mental or cognitive function.
• Ayurvedic pharmacological alternatives or adjuncts where applicable.
• Groups prepare a drug analysis table summarizing their findings.
Step 3 – Presentation & Peer Comparison (40 min)
• Groups present their drug analysis and suggest modifications (if needed) to make the protocol more effective or safer.
• Peers question and compare treatment approaches across disorders.
• Facilitator encourages discussion on rational drug choice in complex cases with neurological and psychiatric overlap.
Step 4 – Expert Feedback & Summary Chart (20 min)
• Facilitator reviews presentations and provides clinical insights:
o Evidence-based first-line and second-line drugs for each disorder.
o Avoiding drug-induced psychiatric worsening (e.g., Levodopa-induced psychosis, steroid-induced mania).
o Use of adjunct therapies to optimize treatment.

- A final summary table of drugs, indications, dosages, and cautions is prepared collaboratively as a take-home reference.

Experiential learning Activity

Experiential-Learning 24.1 : 24.1 Identifying Complex Needs in Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders

24.1 [3hours x 1session]
Step 1 – Video Case Exposure (45 min)
- Facilitator presents a video-recorded real-life or simulated patient interview showing a complex clinical scenario (e.g., a patient with chronic depression, substance use, and poor social support).
- Students watch the video twice:

1. First viewing: To understand the patient's story.
2. Second viewing: To note clues about biological, psychological, and social factors contributing to the patient's condition.

- Students individually list observed problems without yet categorizing them.

Step 2 – Guided Group Discussion (30 min)
- Small groups discuss the case to differentiate factors into:
  - Predisposing: Genetic vulnerability, early trauma, chronic illness.
  - Precipitating: Recent loss, acute stressors, medical event.
  - Perpetuating: Family conflict, lack of treatment adherence, social isolation.
- Each group prepares a complex needs map (bio-psycho-social model) for the case.

Step 3 – Reflective Journaling (60 min)
- Students individually write a reflective journal entry addressing:
  - What made the case complex?
  - How did biological, psychological, and social domains interact in this scenario?
  - Which factors were most challenging to identify and why?
  - How this exercise changes their approach to real patients in future.
- Facilitator prompts deeper thinking with guiding questions (e.g., "What assumptions did you make initially that changed after rewatching the video?").

Step 4 – Sharing & Feedback (45 min)
- Volunteers read excerpts from their reflective journals in small groups or plenary session.
- Facilitator provides feedback, highlighting:
  - Strength of case conceptualization.
  - Ability to interlink factors and recognize complexity.
  - Empathy and clinical reasoning displayed in reflections.

Experiential-Learning 24.2 : 24.2 Designing Patient-Centered Protocols through Collaborative Clinical Inquiry

24.2 [3hours x 1session]

Step 1 – Case Scenario Exploration (Inquiry Trigger) (45 min)

- Facilitator presents 3 complex clinical case vignettes (one for each disorder type):

1. A patient with Manasika Vyadhi (e.g., generalized anxiety disorder with sleep disturbance).
2. A patient with a psychosomatic disorder of srotas (e.g., Grahani due to chronic stress).
3. A patient with an organic mental disorder (e.g., dementia secondary to cerebrovascular disease).

- Students are given minimal but key information, prompting inquiry:
  - What are the patient's primary and secondary needs?
  - Which bio-psycho-social factors need addressing?
  - Which Ayurvedic and modern approaches could be integrated?
- Students list questions they need to answer before designing a treatment plan (inquiry phase).

Step 2 – Guided Investigation and Peer Learning (45 min)

- Students work in small peer groups, researching and discussing:
  - Available treatment modalities (Shodhana, Shamana, Satvavajaya, Medhya Rasayana, supportive therapy, lifestyle modifications).
  - Modern pharmacological and non-pharmacological adjuncts relevant to the condition.
  - Evidence and rationale for choosing specific interventions.
- Groups share findings with each other, filling knowledge gaps through peer-to-peer teaching.

Step 3 – Designing and Justifying the Treatment Protocol (60 min)

- Each group designs a comprehensive, patient-centered treatment plan, including:
  - Ayurvedic interventions (medicines, Panchakarma, diet, lifestyle changes, counseling).
  - Non-pharmacological approaches (Yoga, meditation, cognitive therapies).
  - Possible modern treatments where applicable.
  - Clear justification for each chosen intervention based on:
    - Dosha and srotas involvement.
    - Mental health and psychosomatic symptoms.
    - Safety, feasibility, and patient preferences.
- Groups prepare a visual flowchart or table of their protocol for presentation.

Step 4 – Peer Presentation, Inquiry Reflection & Feedback (30 min)

- Each group presents its protocol to peers and facilitator.
- Other students pose clinical questions, challenging decisions to test reasoning.

- Facilitator gives expert feedback, highlighting:
  - Strengths in decision-making.
  - Areas needing more evidence or patient-centered consideration.
  - How to adapt protocols in real-world practice.

Experiential-Learning 24.3 : 24.3 Implementing Pharmacological Therapies in Complex Mental Health Disorders

24.3 [3hours x 1session]

Step 1 – Case-Based Prescription Exercise (45 min)

- Facilitator presents 3 real-world style clinical cases, for example:

1. Manasika Vyadhi: A patient with severe anxiety and insomnia.
2. Psychosomatic disorder of srotas: A patient with Grahani (IBS-like) symptoms linked to chronic stress.
3. Organic mental disorder: A dementia patient with behavioral disturbances.

- Students individually draft a pharmacological therapy plan, including:
  - Ayurvedic drug selection (e.g., Medhya Rasayana, Manasika Chikitsa medicines).
  - Dosage, route, duration, and anupana.
  - Possible modern medicine adjuncts (if clinically justified).
- They note their reasoning for each drug choice

Step 2 – Peer Sharing and Implementation Planning (45 min)

- Students pair up and exchange their prescription plans.
- Each student plays the role of a clinician explaining the therapy to a patient (role-play), covering:
  - Drug name and rationale.
  - Expected outcomes.
  - Possible side effects and monitoring.
- Peer gives feedback on clarity, safety, and patient-centered communication.

Step 3 – Reflective Journaling (60 min)

- Students write an individual reflective journal entry, addressing:
  - What guided my choice of drugs in this case?
  - How confident was I in justifying my decisions to a patient/peer?
  - Did I miss any safer or more effective alternatives?
  - What challenges did I face in implementing pharmacological therapy in this context?
  - How can I improve my drug selection and explanation skills in future practice?
- Facilitator provides prompt questions to deepen reflection (e.g., "What biases or assumptions influenced my drug choices?").

Step 4 – Group Debrief and Expert Feedback (30 min)

- Volunteers share key insights from their reflections in a guided discussion.
- Facilitator summarizes and provides:
  - Best practices in pharmacological implementation for each disorder type.
  - Strategies for balancing efficacy, safety, and patient preferences.

Experiential-Learning 24.4 : 24.4 Implementing Non-Pharmacological Approaches in Mental Health Care

24.4 [3hours x 1session]

Step 1 – Case Interaction (40 min)

- Facilitator presents 2 short patient case stories, for example:

1. A patient with stress-induced Grahani (psychosomatic digestive disorder).
2. A patient with Parkinson's disease with depression and sleep disturbances.

- Facilitator leads an interactive discussion, asking students:
  - What non-pharmacological interventions could be considered?
  - How would you explain these therapies to the patient?
  - What challenges might arise in implementation?

Step 2 – Demonstration of Therapies (50 min)

- Facilitator or trained student demonstrates selected non-pharmacological techniques, such as:
  - Simple Yoga postures and breathing techniques.
  - Relaxation training or guided meditation.
  - Counseling strategies based on Satvavajaya Chikitsa principles.
  - Lifestyle and diet advice (Ahara-Vihara modifications).
- Students observe and ask clarifying questions to ensure proper understanding.

Step 3 – Small Group Practice & Role-Play (60 min)

- Students form small groups and practice implementing one or more therapies by role-playing:
  - Therapist: Explains and demonstrates therapy to a "patient."
  - Patient: Responds with doubts or hesitations.
  - Observer: Notes clarity, accuracy, and empathy in implementation.
- Groups discuss what worked well and what could be improved in their approach.

Step 4 – Discussion & Feedback (30 min)

- Each group shares their experience, focusing on:
  - Ease or difficulty in explaining therapies.

o How patients might accept or resist non-drug interventions.
o Integration of therapies with pharmacological treatment when necessary.

Experiential-Learning 24.5 : 24.5 Symptom Documentation in Secondary Mental Disorders

24.5 [3hours x 1session]
Step 1 – Video Case Observation (45 min)
• Facilitator presents 2–3 short patient interview videos showing:
1. A patient with hypothyroidism presenting with depression and fatigue.
2. A patient with epilepsy and psychotic features.
• Students watch the videos twice:
o First viewing ? Observe overall patient behavior and verbal clues.
o Second viewing ? Note down specific psychiatric symptoms linked to the physiological condition.
• Facilitator gives a symptom checklist template for structured note-taking.
Step 2 – Individual Documentation Exercise (40 min)
• Students independently document the symptoms observed from the video under headings:
o Mental state findings: Mood, cognition, thought process, behavior.
o Medical/physiological indicators: Seizures, thyroid changes, head trauma signs, etc.
o Associated risk factors or comorbidities.
• Each student completes a short clinical note as if preparing for a case file.
Step 3 – Reflective Journaling (60 min)
• Students write a reflective journal entry on their experience, addressing:
o Which symptoms were easiest and hardest to recognize?
o Did I miss any important details on first observation?
o How confident am I in linking physiological conditions to psychiatric symptoms?
o What skills do I need to improve for better documentation?
• Facilitator provides prompt questions to deepen thinking (e.g., “What did you learn about observation skills from re-watching the video?”).
Step 4 – Group Sharing & Facilitator Feedback (35 min)
• Volunteers share excerpts from their journals and symptom notes.
• Peer discussion focuses on differences in observation and documentation.
• Facilitator highlights:
o Key symptoms that must not be overlooked.
o How to document clearly and clinically, ensuring it aids diagnosis.

o Common errors and strategies for improvement.

Experiential-Learning 24.6 : 24.6 Practicing Liaison Psychiatry in a Multidisciplinary Hospital Setup

24.6 [3hours x 1session]

Step 1 – Case Scenario Exposure (45 min)

- Facilitator presents 2–3 real or simulated hospital cases requiring liaison psychiatry, for example:

1. A post-surgical patient with acute delirium and agitation.
2. A cancer patient with severe depression and poor treatment compliance.
3. A diabetic patient with psychosomatic symptoms interfering with glucose control.

- Students observe a short recorded or live demonstration of how liaison psychiatry consultations are initiated, emphasizing:
  - Communication with medical/surgical teams.
  - Psychiatric assessment in non-psychiatric wards.
  - Patient and family counseling.

Step 2 – Small Group Simulation (60 min)

- Students are divided into small groups (4–5) and given one case each.
- Roles are assigned: Liaison psychiatrist, treating physician, patient, caregiver, nurse.
- The group simulates a real hospital scenario, practicing:
  - Gathering information from medical teams.
  - Conducting a brief psychiatric evaluation in a medical/surgical ward setting.
  - Suggesting pharmacological or non-pharmacological interventions.
  - Communicating findings and treatment plan to the primary care team.
- Observers use a checklist to evaluate key liaison skills (communication, assessment, collaboration).

Step 3 – Reflective Journaling (45 min)

- Individually, students write a reflective journal entry, addressing:
  - How comfortable was I in the liaison role?
  - Did I collaborate effectively with the non-psychiatric team?
  - What skills or knowledge gaps were exposed during the simulation?
  - How can I improve my liaison psychiatry skills for real hospital scenarios?
- Facilitator provides guided prompts to enhance critical thinking (e.g., “What barriers to liaison psychiatry did you experience during the simulation?”).

Step 4 – Group Debriefing & Feedback (30 min)

- Groups share their reflections and challenges experienced during role-play.
- Facilitator leads a discussion on best practices, focusing on:

- Effective team-based decision-making in hospital psychiatry.
- Handling conflicting treatment priorities between departments.
- Ensuring patient-centered care within a multidisciplinary framework.

Experiential-Learning 24.7 : 24.7 Symptom Mapping in Secondary Psychiatric & Neurocognitive Disorders

24.7 [2hours x 1session]
Step 1 – Video Case Exposure (45 min)Facilitator plays 3 short patient interview videos, showing different scenarios:
1. Parkinson's disease: Tremors, bradykinesia, depression, cognitive slowing.
2. Multiple sclerosis: Fatigue, mood fluctuations, cognitive deficits.
3. Huntington's chorea or Fibromyalgia: Motor tics or widespread pain with associated anxiety/depression.

First viewing: Students observe overall symptoms.
Second viewing: Students take structured notes on mental, neurological, and psychosocial symptoms using a symptom documentation template.
Step 2 – Individual Documentation Practice (45 min)
Students prepare a brief clinical note for each case, including:
1.Chief complaints related to psychiatric and neurocognitive domains.
2.Associated physical symptoms linked to the underlying condition.
3.Behavioral observations from the video.
4.Possible risk factors and impact on functioning.
Facilitator reviews selected documentation samples, pointing out accuracy and completeness.
Step 3 – Reflective Journaling (60 min)
Students write a reflective journal entry on their experience, focusing on:
1.Which symptoms were easy or difficult to recognize and document?
2.How well did I differentiate primary psychiatric symptoms from secondary neurological causes?
3.Did I miss any subtle, clinically important signs?
4.How can I improve my observation and documentation skills in real-life practice?
Facilitator provides prompt questions such as:
1."What assumptions did you make during documentation that changed after reviewing the video twice?"
2."Which symptom links to the physiological condition were most challenging to establish?"
Step 4 – Group Sharing & Feedback (30 min)
Volunteers share short excerpts from their reflective journals and documentation attempts.
A peer-discussion session highlights different approaches to documenting symptoms.
Facilitator summarizes:

1.Key symptoms that must be documented for each disorder.
2.Common errors and how to avoid missing subtle signs.
3.Best practices for clear, structured clinical notes.

Experiential-Learning 24.8 : 24.8 Designing Patient-Centered Treatment Protocols for Complex Neuropsychiatric Cases

24.8[2hours x 1session]
Step 1 – Video Case Presentation (45 min)
- Facilitator presents 2–3 recorded or simulated patient cases, for example:

1. Parkinson's disease with depression and cognitive slowing.
2. Multiple sclerosis with anxiety, chronic fatigue, and functional impairment.
3. Huntington's chorea with behavioral disturbances and caregiver stress.

- Students observe:
  - Patient's primary neurological symptoms.
  - Psychiatric manifestations (mood, cognitive, behavioral).
  - Social and functional challenges.
- They take notes on patient needs, ensuring focus on patient-centered care.

Step 2 – Peer Group Brainstorming (45 min)
- Students form small groups (4–5) and discuss:
  - Immediate and long-term treatment goals for the patient.
  - Suitable pharmacological therapies considering neurological condition.
  - Non-pharmacological interventions (counseling, occupational therapy, yoga, caregiver education).
  - Patient preferences and quality of life considerations.
- Each group begins to outline a draft treatment protocol, integrating modern and Ayurvedic principles if applicable.

Step 3 – Protocol Design and Justification (60 min)
- Groups finalize a structured treatment plan, including:
  - Stepwise management: Acute phase ? Maintenance ? Rehabilitation.
  - Multidisciplinary involvement (neurologist, psychiatrist, counselor, physiotherapist).
  - Justification for every clinical decision, citing symptom relief, side effect minimization, and patient priorities.
- A visual flowchart/table is created to present the protocol.

Step 4 – Peer Review and Facilitator Feedback (30 min)
- Groups present their protocols to the class.
- Peers critically evaluate:

o Relevance to patient needs.
o Balance between pharmacological and non-pharmacological strategies.
o Justification of choices and ethical considerations.
• Facilitator provides expert input, highlighting:
o Best practices in patient-centered care for secondary neuropsychiatric disorders.
o Common pitfalls in protocol design.

Experiential-Learning 24.9 : 24.9 Implementing Evidence-Based Pharmacological Therapies in Secondary Neuropsychiatric Disorders.

24.9 [2hours x 1session]
Step 1 – Data Set Familiarization (45 min)
Facilitator provides 3 anonymized clinical data sets, each including:
1.Patient demographics, neurological diagnosis, psychiatric symptoms.
2.Previous drug history and response.
3.Lab results, comorbidities, potential drug interactions.
Example cases:
1. Parkinson's disease patient on Levodopa developing psychosis.
2. Multiple sclerosis patient with fatigue and depression on interferon therapy.
3. Fibromyalgia patient with chronic pain, anxiety, and sleep disturbances on polypharmacy.
Students review the data, highlighting key issues influencing drug choice (e.g., contraindications, side effects, non-response to prior meds).
Step 2 – Group Data Analysis and Drug Selection (45 min)
Students form small groups (3–4) to discuss:
1.Which drug or drug combination would be most effective?
2.What dose, route, and duration are appropriate?
3.What drug interactions or contraindications should be avoided?
4.How to integrate Ayurvedic medications or adjuvant therapies where relevant?
Groups prepare a draft pharmacological plan, listing primary drug choice, rationale, and safety considerations.
Step 3 – Implementation Strategy and Monitoring Plan (60 min)
Each group expands their plan to include:
1.Stepwise implementation of therapy (starting dose, titration, tapering if needed).
2.Monitoring parameters (e.g., cognitive changes, motor symptom response, adverse effects).
3.Backup strategies in case of treatment resistance or side effects.
Groups create a data-driven treatment algorithm (flowchart/table) for their assigned patient case.

Step 4 – Presentation, Peer Review & Feedback (30 min)
Groups present their pharmacological implementation plan, supported by data analysis findings.
Peers ask questions, pointing out gaps or suggesting safer alternatives.
Facilitator provides expert feedback, emphasizing:
1.Rational prescribing principles.
2.Use of data for individualized treatment decisions.
3.Importance of combining pharmacological and supportive therapies.

Experiential-Learning 24.10 : 24.10 Practicing Non-Pharmacological Interventions for Secondary Neuropsychiatric Disorders.

24.10 [2hours x 1session]
Step 1 – Interactive Case Introduction (40 min)
Facilitator presents 2–3 short patient scenarios, for example:
1. Parkinson's patient with depression, sleep issues, and motor stiffness.
2. Multiple sclerosis patient with anxiety and chronic fatigue affecting daily life.
3. Fibromyalgia patient with widespread pain and poor coping skills.

Open discussion: Students brainstorm possible non-pharmacological interventions (e.g., cognitive-behavioral therapy, Satvavajaya Chikitsa, yoga, occupational therapy, physiotherapy, dietary changes).
Facilitator encourages question-based learning: "What therapy could improve this patient's quality of life without drugs?"
Step 2 – Group-Based Therapy Planning (45 min)
1.Students form small groups, each assigned one case.
2.They collaboratively design a stepwise non-pharmacological therapy plan, considering:
3.Symptom-specific interventions (e.g., tremor reduction exercises for Parkinson's, fatigue management for MS).
4.Counseling approaches (stress management, patient education, coping strategies).
5.Lifestyle modifications (sleep hygiene, diet, relaxation techniques).
Groups prepare a therapy implementation chart for presentation.
Step 3 – Role-Play and Skill Demonstration (60 min)
Within each group, students simulate therapist-patient interactions, practicing:
1.Explaining therapy to the patient in simple terms.
2.Demonstrating relaxation techniques or basic physical/mental exercises.
3.Handling patient doubts or non-compliance concerns.
Other group members act as patients or caregivers, asking realistic questions to test communication skills.
Step 4 – Peer Discussion and Facilitator Feedback (35 min)

Groups share their therapy plans and role-play experience with the class.
A peer-led discussion highlights the most practical and effective interventions.
Facilitator provides final expert input, summarizing:
1.Best evidence-based non-drug therapies for each disorder.
2.How to integrate these therapies with pharmacological management.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Psychopharmacology [10 marks X 30 Mins] Model LAQ [1 Q x 10 marks x 01 Hour] 1. Explain the concept of Manodaihika Vy?dhi in Ayurveda. Discuss its pathogenesis with reference to the interaction of Do?a, Manas, and ?ar?ra. 2. Describe the clinical features and Ayurvedic management of any two psychosomatic disorders, highlighting the role of Ah?ra, Vih?ra, and Satvavajaya Chikits?. 3.Critically analyze the role of Yukti Vyap??raya, Daiva Vyap??raya, and Satvavajaya Chikits? in the holistic management of psychosomatic disorders. Give suitable examples. B) MODEL SAQ [2 Q x 10 marks (5 marks each) X 01 Hour Q1. Define Manodaihika Vy?dhi with one example. Q2. Mention any two common etiological factors for psychosomatic disorders according to Ayurveda. Q3. List two Ayurvedic treatment modalities commonly employed in Manodaihika Vy?dhi Chikits?. C) Practical Learning Outcome Assessment: [10 marks x 01 Hour] • Case-based Question: A 35-year-old patient presents with complaints of acidity, disturbed sleep, and constant worry. Demonstrate how you would assess the case from an Ayurvedic perspective, identify the role of Manasika and Sharirika Do?has, and suggest a management plan. • Skill-based Question: Demonstrate and explain the application of a suitable therapeutic intervention (e.g., Shirodhara for stress-induced headache, Satvavajaya counseling for anxiety, or Pathya-Apathya planning for irritable bowel syndrome) in the management of a psychosomatic disorder. A) Experiential Learning Outcome Assessment: [10 marks x 30 mins]	4

1. Case Study Analysis [10 marks x 01 Hour] Reflect on a real or simulated case of a patient presenting with a psychosomatic disorder. Describe how you applied Ayurvedic principles to assess the interaction between Manas and Sharira, the treatment strategies you chose, the challenges you faced, and how this experience enhanced your understanding of managing psychosomatic disorders holistically. C) Structured or Open Viva-Voce [10 marks x 01 Hour] Or Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	

Paper No : 4 Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry]

Semester No : 3

Module 25 : Manasaroge Vishishta Chikitsayam Prayogika Upayogita – I [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- I]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe – The significant role specialized therapeutic procedures of Panchakarma in Manasa Roga and its applied aspects in Prevention, Cure and Rehabilitation in Manasa roga crosslinking on the concepts of on Gut Brain Axis, Gut Microbiome and latest research findings.
2 Conduct -Vamana, Virechana, Asthapana, Anuvasana, Nasya and Raktamokshana after the poorva karma of Snehana and Swedana and followed by Paschat karma proficiently and effectively in prevention, cure and rehabilitation of Manasa Roga
3 Identify -The need of Pancha karma therapy in a patient, the eligibility for the therapy considering the comorbidities, specific indication in the patient, need of Deepana/Pachana prior to Poorva karma, the drugs and formulations needed at various stages, the characteristics addressing heena yoga, samyak yoga and atiyoga as per classical parameters and necessity of referral in case of any critical situation.

M 25 Unit 1 Importance of specialized therapeutic procedures (Shodhana Therapy) in Manasaroga

- Clinical importance of specialized therapeutic procedures (Shodhana Therapy) in Manasaroga.
- Specialized therapeutic procedures in Manasaroga for Secondary and Tertiary Prevention, management and Rehabilitation
- Plausible effectiveness of specialized therapeutic procedures on Gut Brain Axis and Gut Micro biome.

References: 2,4,5,6,21,22,23,47,83,93,98,99

3A	3B	3C	3D	3E	3F	3G
CO5,CO7,CO8	Analyze the role of repeated Shodhana Therapy in the management of Manasaroga, its	2	Lecture	CAN	Knows-	CD,CBL

	impact on quality of life, secondary and tertiary prevention, management, and rehabilitation aligning with age-specific procedural, dietary, and regimen-based considerations.				how	
CO5,CO7	Analyse and summarize the role of diet, lifestyle, and environmental factors, on Gut-Brain Axis (GBA) and Gut Microbiome (GM); the role of GBA and GM in the pathophysiology of psychiatric disorders.	2	Lecture	CAN	Knows-how	L
CO5,CO7,CO8	Interpret relevance of Gut Brain Axis and Gut Microbiota in mediating the therapeutic effects of Panchakarma in Manasaroga.	2	Practical Training 25.1	CE	Shows-how	L&GD,DIS
CO5,CO7	Observe and document gut-related symptoms and vegetative signs in psychological and psychosomatic disorders, including clinical responses following Panchakarma interventions.	3	Practical Training 25.2	PSY-SET	Shows-how	CBL,D-BED,DIS
CO5,CO7	Interpret the therapeutic rationale (Yukti) of Poorva Karma in specific manasaroga.	3	Practical Training 25.3	CE	Shows-how	DIS,JC
CO5,CO7	Demonstrate clinical proficiency in screening, effective planning and implementing Panchakarma therapies in Manasaroga aligning with dasavidha pareeksha vidhi.	3	Experiential-Learning 25.1	PSY-GUD	Shows-how	D,IBL,CD,CBL,D-BED
CO5,CO7	Review and reflect upon the add on clinical significance of counselling whilst poorva karma in manasaroga.	3	Experiential-Learning 25.2	AFT-CHR	Shows-how	PL,DIS,IBL,BS
CO5,CO7	Review quality indices and treatment response parameters post Panchakarma procedures in Manasaroga.	3	Experiential-Learning 25.3	AFT-CHR	Shows-how	LS,DIS,ML,JC

M 25 Unit 2 Application of Vamana & Virechana in Manasaroga

- Role of Vamana and Virechana in Manasaroga
- Specific Indications and Contraindications.
- Formulating therapeutic protocols, including patient preparation (Psychological support facilitating the proposed therapeutic outcomes) and administration of

specific Yogas.
- Plausible mode of action of Vamana and Virechana in Manasa roga.

References: 25,26,27,28,29,30,31,97

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Describe the impact of Vamana therapy in the management of Manasaroga, articulating its plausible mode of action through Ayurvedic and contemporary scientific perspectives.	1	Lecture	CAN	Know	L&PPT
CO5,CO7	Describe the importance of Virechana therapy in the management of Manasaroga, elucidating its plausible mode of action through Ayurvedic concepts and contemporary scientific understanding.	1	Lecture	CAN	Know	L&PPT
CO5,CO7	Demonstrate clinical competence in inducting patients with Manasaroga into Vamana therapy.	2	Practical Training 25.4	PSY-MEC	Shows-how	CBL
CO5,CO7	Demonstrate clinical competence in inducting Manasaroga patients to Virechana therapy.	2	Practical Training 25.5	PSY-MEC	Shows-how	CBL
CO5,CO7	Synthesise person-centred management strategies in the administration of Vamana therapy in Manasaroga.	2	Experiential-Learning 25.4	AFT-SET	Shows-how	CBL,DIS,SIM
CO5,CO7	Synthesise person-centred management strategies in the administration of Virechana therapy in Manasaroga.	3	Experiential-Learning 25.5	AFT-SET	Shows-how	CBL

M 25 Unit 3 Practical application of Basti in Manasa roga

- Role of Anuvasana and Nirooha Basti in Manasa roga.
- Specific Indications and Contraindications.
- Formulating therapeutic protocols, including patient preparation (Psychological support facilitating the proposed therapeutic outcomes) and administration of specific Yogas.

- Plausible mode of action of Anuvasana and Nirooha in Manasaroga.

References: 13,32,47

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyze the impact of Nirooha and Anuvasana Basti in the management of Manasaroga, articulating its plausible mode of action through Ayurvedic and contemporary scientific perspectives.	2	Lecture	CAN	Knows-how	L&PPT
CO5,CO7	Demonstrate clinical competence in administering Anuvasana Basti in Manasaroga.	2	Practical Training 25.6	PSY-MEC	Shows-how	CBL
CO5,CO7	Demonstrate clinical proficiency in administering Nirooha Basti in Manasaroga.	2	Practical Training 25.7	PSY-MEC	Shows-how	CBL
CO5,CO7	Analyze the role of repeated Shodhana Therapy in the management of Manasaroga, its impact on quality of life, secondary and tertiary prevention, management, and rehabilitation aligning with age-specific procedural, dietary, and regimen-based considerations.	3	Experiential-Learning 25.6	AFT-SET	Does	CBL,DIS
CO5,CO7	Synthesise person-centred management strategies in the administration of Nirooha Basti protocols.	3	Experiential-Learning 25.7	AFT-SET	Does	RP,TBL

M 25 Unit 4 Practical application of Nasya and Raktamokshana in Manasaroga

- Significance and practical application of nasal administration of medicaments in in Manasaroga
- Types of Nasya and specific Yogas in Manasaroga
- Significance and practical application of Raktamokshana in Manasaroga.

References: 2,3,4,5,6,9,27,29,30,31,100,101,102

3A	3B	3C	3D	3E	3F	3G

CO5,CO7	Analyse the impact of Nasya karma highlighting nasal bio- adhesive and transnasal drug delivery to brain; enlist commonly used formulations in Manasaroga	1	Lecture	CAN	Knows-how	DIS,C_L,BS,L&PPT
CO5,CO7	Discuss the significance and methods of Raktamokshana in Manasaroga with relevant contexts and indications.	1	Lecture	CC	Knows-how	L&GD,DIS
CO5,CO7	Demonstrate clinical proficiency in Nasya administration in Manasaroga.	2	Practical Training 25.8	PSY-MEC	Shows-how	CBL,D,D-BED
CO5,CO7	Plan person-centred management strategies in the administration of Raktamokshana in psychiatric cases.	2	Practical Training 25.9	AFT-SET	Does	DIS,BS,D
CO5,CO7	Plan person-centred management strategies in the administration of Nasya therapy for Manasaroga	3	Experiential-Learning 25.8	AFT-SET	Does	BS,C_L,L&GD
CO5,CO7	Reflect up on the role of Raktamokshana in specific conditions in Manasaroga	3	Experiential-Learning 25.9	CE	Shows-how	DIS

Practical Training Activity

Practical Training 25.1 : Assessment of the Gut-Brain Axis and Gut Microbiota in Mediating Panchakarma Outcomes in Manasaroga.

2 Hours x 2 Learning Activity
25.1 a [1 Hour x 1 session]
Facilitated Group Discussions and Video Based Learning: Discuss key concepts and the importance of Gut-Brain Axis and Gut Microbiota in Mental Health. Display educative short video clips and discuss on “How the gut-brain axis works (visualization of neural pathways and microbiome communication with the brain), “Effects of gut microbiome dysbiosis on mental health (link between gut imbalance and anxiety, depression), “Introduction to Panchakarma therapy and its impact on overall well-being with a focus on mental health improvements”.
25.1 b [1 Hours x 1 session]
Guided Practice, Discussion and Feedback: Assessment of the Gut-Brain Axis and Gut Microbiota in mediating Panchakarma outcomes in Manasaroga: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) of a psychiatric condition administered with Panchakarma procedures

demonstration/Video clips and reflection of the knowledge gained through interaction. Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and observations on the connection between the gut-brain axis, gut microbiome, and how Panchakarma affects Manasaroga through these mechanisms. Provide constructive feedback to enhance the learning experience.
Assessment- Checklist based assessment, DOPS (Rubrics based).

Practical Training 25.2 : Assessment of the Gut-Brain Axis and Gut Microbiota in Mediating Panchakarma Outcomes in Manasaroga.

3 Hours x 2 Learning Activity
25.2 a [1 Hours x 1 session]
Case study analysis: Conduct a pilot survey at the OPD/IPD or a pilot retrospective observational study [number of observations 1-5, at OPD/IPD/with available case records] to identify gut related symptoms in psychological and psychosomatic disease and their eligibility for specific panchakarma procedures.
25.2 b [2 Hours x 1 session]
Case documentation highlighting the vegetative signs and gut related symptoms post panchakarma treatments [treatment response].
Assessment- Mini CEX, Checklist based assessment.

Practical Training 25.3 : Rationale and Clinical Execution of Poorva Karma in Manasaroga

3 Hours x 3 Learning Activity
25.3 a [1 Hour x 1 session]
Case study analysis, Discussion and Assessment: Divide students into small groups and provide each group with a Manasaroga case study (real case scenario/ case records/case files) where Panchakarma is indicated. Discuss the significance of poorvakarma correlating the lipophilic and tissue-lubricating properties of Ghrita (with its ability to cross lipid-rich biological membranes) and modern drug delivery analogues of Blood Brain Barrier transport processes, Trans-vascular brain drug delivery and nano-carrier and molecular strategies. Assess the necessity of extent of Poorvakarma in each case is assessed.
25.3 b [1 Hour x 1 session]
Synthesis of a Poorva Karma Protocol: Design individualized Poorva Karma protocols appropriate for the case, including: Deepana and Pachana (Metabolic correction), Snehana (Internal and/or external oleation) using medicated oils/ghee suitable for the patient's condition and Manasa Dosha involvement, Svedana (Fomentation) for whole body or localized sudation therapy to facilitate Dosha liquefaction and mobilization.
25.3 c [1 Hour x 1 session]
Group Discussions, Presentation or Brainstorming: Present the recorded case details and protocol for group discussion, evaluate emphasizing the therapeutic Yukti (reasoning) in selection of Poorva Karma, expected responses, and subjective/objective outcomes.
Assessment- Mini CEX, Checklist based assessment.

Practical Training 25.4 : Clinical Induction and Competency in Vamana Therapy for Manasaroga.

3 Hours x 3 Learning Activity
25.4 a [1 Hour x 1 session]
Case Study Analysis and Guided Discussions: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) where Vamana is indicated. Analyse the clinical presentation followed by demonstration of patient centred eligibility and fitness, counselling of patients and bystanders, obtaining informed consent, explaining risks, preparation steps, and expectations specific to Manasaroga and guide the students in the process of inducting the patient to the therapy.
25.4 b [1 Hour x 1 session]
Protocol Planning & Procedure Simulation: Students create individualized Vamana protocols including selection of Vamana dravyas, and supportive measures tailored to psychiatric conditions. Set up the Vamana procedure area, demonstrating preparation of materials, medicines, vital monitoring, supportive equipments and emergency preparedness.
25.4 c [1 Hour x 1 session]
Supervised Implementation & Reflective Discussion: Under faculty supervision, participate in or observe the actual (if feasible) / simulated administration of Vamana or participate in a detailed case study review. Practice recording the session, including vital sign monitoring, assessment of Samyak Yoga Lakshana, post-Vamana care and immediate complication management. Engage in guided group discussion to reflect on learning, clarify doubts, discuss clinical challenges, and receive individualized feedback on competency.
Assessment, Mini CEX, DOPS, OSPE, Log book.

Practical Training 25.5 : Clinical Induction and Competency in Virechana Therapy for Manasaroga.

2 Hours x 2 Learning Activity
25.5 a [1 Hour x 1 session]
Case Study Analysis and Guided Discussions: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) where Virechana is indicated. Analyse the clinical presentation followed by demonstration of patient centred eligibility and fitness, counselling of patients and bystanders, obtaining informed consent, explaining risks, preparation steps, and expectations specific to Manasaroga and guide the students in the process of inducting the patient to the therapy.
25.5 b [1 Hour x 1 session]
Protocol Planning, Supervised Implementation & Reflective Discussion: Students create individualized Vamana protocols including selection of Virechana dravyas, vital monitoring, post therapy care, emergency preparedness and supportive measures tailored to psychiatric conditions. Under faculty supervision guide the patient, instinctively adjusting techniques to accommodate individual patient needs, ensuring optimal therapeutic outcomes. Practice recording the session, including vital sign monitoring, assessment of Samyak Yoga Lakshana, post-virechana care and immediate complication management. Engage in guided group discussion to reflect on learning, clarify doubts, discuss clinical challenges, and receive individualized feedback on competency.
Assessment, Mini CEX, DOPS, OSPE, Log book.

Practical Training 25.6 : Hands-on Competency in Anuvasana Therapy for Manasaroga Patients

2 Hours x 02 Learning Activity
25.6 a [1 Hour x 1 session]
Case Study Analysis and Guided Discussions: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) where Anuvsana is indicated. Discuss patient centred eligibility and fitness, demonstrate counselling of patients and bystanders, obtaining informed consent, explaining risks, preparation steps, and expectations specific to Manasaroga and guide the students in the process of inducting the patient to the therapy.
25.6 b [1 Hour x 1 session]
Protocol Planning, Supervised Implementation & Reflective Discussion: Students create individualized Anuvasana protocols including selection of yogas/medicines, vital monitoring, post therapy care, emergency preparedness and supportive measures tailored to psychiatric conditions. Under faculty supervision administer Anuvasana, ensuring optimal therapeutic outcomes. Practice recording the session, including vital sign monitoring, assessment of Samyak Yoga Lakshana, post-virechana care and immediate complication management. Engage in guided group discussion to reflect on learning, clarify doubts, discuss clinical challenges, and receive individualized feedback on competency.
Assessment, Mini CEX, DOPS, OSPE, Log book.

Practical Training 25.7 : Practical Proficiency in Nirooha Administration in Manasaroga.

2 Hours x 2 Learning Activity
25.7 a [1 Hour x 1 session]
Case Study Analysis and Guided Discussions: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) where Nirooha is indicated. Discuss patient centred eligibility and fitness, demonstrate counselling of patients and bystanders, obtaining informed consent, explaining risks, preparation steps, and expectations specific to Manasaroga and guide the students in the process of inducting the patient to the therapy.
25.7 b [1 Hour x 1 session]
Protocol Planning, Supervised Implementation & Reflective Discussion: Students plan individualized Nirooha protocols including selection of yogas/medicines, vital monitoring, post therapy care, emergency preparedness and supportive measures tailored to psychiatric conditions. Under faculty supervision administer Nirooha, ensuring optimal therapeutic outcomes. The patient’s response is monitored closely and noting the number of vegas which signifies the therapy’s effectiveness. Practice recording the session, including vital sign monitoring, assessment of Samyak Yoga Lakshana, post-Nirooha care and immediate complication management. Engage in guided group discussion to reflect on learning, clarify doubts, discuss clinical challenges, and receive individualized feedback on competency.
Assessment, Mini CEX, DOPS, OSPE, Log book.

Practical Training 25.8 : Practical Proficiency in Nasya Administration in Manasaroga.

2 Hours x 2 Learning Activity
25.8 a [1 Hour x 1 session]
Case Study Analysis and Guided Discussions: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) where

Nasya is indicated. Discuss patient centred eligibility and fitness, demonstrate counselling of patients and bystanders, obtaining informed consent, explaining risks, preparation steps, and expectations specific to Manasaroga and guide the students in the process of inducting the patient to the therapy.
25.8 b [1 Hour x 1 session]
Protocol Planning, Supervised Implementation & Reflective Discussion: Students plan individualized Nasya protocols including type of Nasya, selection of yogas/medicines, vital monitoring, post therapy care, emergency preparedness and supportive measures tailored to psychiatric conditions. Under faculty supervision administer Nasya, ensuring optimal therapeutic outcomes. Practice recording the session, including vital sign monitoring, assessment of Samyak Yoga Lakshana, post-Nirooha care and immediate complication management. Engage in guided group discussion to reflect on learning, clarify doubts, discuss clinical challenges, and receive individualized feedback on competency.
Assessment, Mini CEX, DOPS, OSPE, Log book.

Practical Training 25.9 : Practical Proficiency in Raktamokshana administration in Manasaroga.

2 Hours x 2 Learning Activity
25.9 a [1 Hour x 1 session]
Case Study Analysis and Guided Discussions: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) where Raktamokshana is indicated. Discuss patient centred eligibility and fitness, demonstrate counselling of patients and bystanders, obtaining informed consent, explaining risks, preparation steps, and expectations specific to Manasaroga and guide the students in the process of inducting the patient to the therapy.
25.9 b [1 Hour x 1 session]
Protocol Planning, Supervised Implementation & Reflective Discussion: Students plan individualized Raktamokshana protocols including type of Raktamokshana, site of application, vital monitoring, post therapy care, emergency preparedness and supportive measures tailored to psychiatric conditions. Demonstrate administration of Raktamokshana in real-time Panchakarma clinical settings/Simulation based Teaching/Video tutorial, ensuring optimal therapeutic outcomes. Practice recording the session, including vital sign monitoring, assessment of Samyak Yoga Lakshana, aftercare and immediate complication management. Engage in guided group discussion to reflect on learning, clarify doubts, discuss clinical challenges, and receive individualized feedback on competency.
Assessment, Mini CEX, DOPS, OSPE, Log book.

Experiential learning Activity

Experiential-Learning 25.1 : Applied Clinical Proficiency in Panchakarma for Manasaroga: Integrating Dasavidha Pareeksha

3 Hours x 3 Learning Activity
25.1 a [1 Hour x 1 session]
Divide students into small groups; assign real or simulated Manasaroga cases. Each group systematically apply Dasavidha Pareeksha (tenfold examination) to assess patient suitability for Panchakarma. Identify case-specific factors: Prakriti/Vikriti, Satva (mental strength), Agni (digestive fire), Dosha predominance, comorbidities, etc. Discuss eligibility and approach for Panchakarma selection in Manasaroga

25.1 b [1 Hour x 1 session]
Panchakarma Planning & Preparation: Faculty-led demonstration in a Panchakarma clinical/lab setting (or use mannequins if live demo not feasible). Demonstrate protocol development: choice of Panchakarma therapy (e.g., Vamana, Basti, Nasya), rationale, individualization based on Dashavidha Pareeksha findings. Show/ discuss practical steps and students take turns rehearsing protocol steps, instrument handling, and patient interaction under supervision
25.1 c [1 Hour x 1 session]
Procedure Execution & Communication: Simulation with standardized patients, peers, or mannequins. (as per the planned therapy), monitor for complications, and manage emergencies in a risk-free environment. Debrief as a group, discussing outcomes, challenges, and receive feedback for skill enhancement and reflection.
Assessment of reflective journaling on experiences from logbooks.

Experiential-Learning 25.2 : Reflective Competency in Counselling during Poorva Karma for Manasaroga.

3 Hours x 3 Learning Activity
25.2 a [1 Hour x 1 session]
Clinical Review & Reflection: Divide students into small groups; assign each a case scenario of Manasaroga where Poorva Karma is planned. Each group reviews the clinical presentation and discusses the added clinical significance of counselling during Poorva Karma—focusing on patient engagement, mental preparedness, and informed participation. Facilitate group presentations and reflective discussion emphasizing how counselling shapes the overall treatment outcome in mental health settings.
25.2 b [1 Hour x 1 session]
Counselling Process in Practice: Faculty demonstrates actual patient counselling during Poorva Karma (preferably in a Panchakarma unit or clinical setting) clarifying risks and expectations, and building therapeutic rapport. Students observe and then participate in role-play or live demonstration, receiving targeted feedback on communication, empathy, and patient-centric approach.
25.2 c [1 Hour x 1 session]
Skill Application & Feedback: Using standardized patients, mannequins, or peer role-play, students conduct simulated counselling sessions for Manasaroga cases scheduled for Poorva Karma. Focus on integrating active listening, empathetic communication, and personalized explanation of procedural steps and aftercare. Each student/group receives peer and faculty evaluation highlighting the clinical impact of add on clinical significance of counselling whilst poorva karma in manasaroga, self-reflects, and documents key takeaways for future practice.
Assessment of reflective journalling on experiences from logbooks.

Experiential-Learning 25.3 : Reflective Analysis of Quality Indices and Treatment Response Post-Panchakarma in Manasaroga.

3 Hours x 3 Learning Activity
25.3 a [1 Hour x 1 session]
Identification and Documentation of Quality Indices & Response Parameters: Each student/group reviews post-Panchakarma case data for Manasaroga, extracting key quality indices and response parameters. Eg; improvement in mental attention, sleep quality (e.g., Pittsburgh Sleep Quality Index), strength, flexibility, reduction in specific

symptoms, and overall quality of life. Students record initial observations on treatment outcomes, noting positive trends, unexpected results, and salient patient feedback.
25.3 b [1 Hour x 1 session]
Clinical Interpretation and Challenges: Students analyze and interpret the extracted parameters, linking Ayurvedic concepts (Dosha balance, Agni, Satva) with clinical changes observed in Manasaroga cases. Encourage reflection on clinical reasoning—why certain responses occurred, what challenges were faced in measuring outcomes, and how individual variability (prakriti, comorbidities) affects treatment result interpretation.
25.3 c [1 Hour x 1 session]
Synthesis and Peer Exchange of Reflections: Guided group session where students review their journal entries and select key insights or patterns. Each student shares a brief summary of their reflections, highlighting learning points about monitoring quality and response post-Panchakarma. Faculty prompts discussion on best practices and lessons learned, emphasizing how reflective journalling enhances self-awareness, clinical judgement, and long-term skill retention in evaluating post-therapy outcomes.
Assessment of reflective journalling on experiences from logbooks.

Experiential-Learning 25.4 : Patient-Centric Strategies in Vamana for Manasaroga - Application and Synthesis.

3 Hours x 3 Learning Activity
25.4 a [1 Hour x 1 session]
Person-Centred Assessment & Eligibility: Divide students into small groups and each group conducts comprehensive, patient-focused assessment in a patient to undergo Vamana (RLE/Simulated). Evaluate psychiatric and physical aspects relevant to Manasaroga, acknowledge inclusive eligibility criteria (clinical, psychological, social factors). Demonstrate empathy, rapport-building, and cultural sensitivity during assessment.
25.4 b [1 Hour x 1 session]
Explaining Tailored Vamana Protocols:Under supervision, students participate in planning and preparation of Vamana therapy for the assessed case. Individualize protocol based on person-centred findings, with clear communication of preparation steps, risks, and individualized expectations with the patient and family/bystanders. Emphasize shared decision-making and patient participation at every stage.
25.4 c [1 Hour x 1 session]
Administering Vamana & Communication Skills: Using standardized patients, mannequins, or peer simulation, students carry out the Vamana procedure with focus on patient comfort, monitoring of Samyak lakshanas and real-time responsiveness to needs or complications. Practice post-procedure care, including providing psychological support and person-centred instructions for aftercare. Simulate management of adverse scenarios and address patient concerns, fostering reflective feedback on improving person-centred care for Vamana therapy in psychiatric cases.
Assessment of reflective journaling on experiences from logbooks.

Experiential-Learning 25.5 : Patient-Centric Strategies in Virechana for Manasaroga - Application and Synthesis.

3 Hours x 2 Learning Activity
25.5 a [1 Hour x 1 session]

Comprehensive Assessment & Eligibility for Virechana: In clinical Panchakarma settings, divide students into small groups. Conduct thorough patient-centered assessments focused on Manasaroga, evaluating physical and mental suitability and readiness for Virechana. Emphasize empathetic communication, rapport-building, and culturally sensitive patient interaction during assessment.
25.5 b [1 Hour x 1 session]
Individualized Virechana Protocol application and Monitoring: Under faculty supervision, students apply a personalized Virechana therapy protocol tailored to the assessed Manasaroga case, considering mental and physical factors. Demonstrate preparation and administering of medicine, counseling the patient and family members, explaining therapy rationale, procedures, possible discomforts, and expectations, fostering shared decision-making. Observe of Samyak Yoga Lakshana, and timely response to complications providing reassurance and answering patient/bystander questions. Simulate post-procedure aftercare including rest, dietary advice psychological support and instructions, followed by group debrief and reflective feedback to improve person-centred practice of Virechana.
Assessment of reflective journaling on experiences from logbooks.

Experiential-Learning 25.6 : Patient-Centric Strategies in Anuvasana Basti for Manasaroga - Application and Synthesis

3 Hours x 3 Learning Activity
25.6 a [1 Hour x 1 session]
Person-Centred Patient Assessment & Preparation: In a Panchakarma clinical setting, students are divided into small groups. Each group conducts comprehensive, patient-focused assessment in a patient to undergo Anuvasana Basti (RLE/Simulated). Evaluate psychiatric symptoms, physical health, and psychosocial factors affecting Vata imbalance.Assess clinical and person-centred eligibility criteria for Anuvasana Basti, focusing on patient comfort, readiness, and consent. Practice empathetic communication, active listening, and rapport-building to address anxiety and explain expectations. Demonstrate preparatory steps.
25.6 b [1 Hour x 1 session]
Individualized Protocol Execution & Patient Counselling: Under supervision, students discuss personalized Anuvasana Basti protocols tailored to Manasaroga presentations (choice of medicated oil/ghee, dose adjustments, timing). Role-play patient counselling, explaining the therapy's purpose, procedure, retention expectations, possible experiences, and post-procedure self-care.
25.6 c [1 Hour x 1 session]
Basti Procedure, Monitoring & Reflection: Use mannequins or standardized patients for simulated administration of Anuvasana Basti. Monitor for Samyak yoga lakshana, practice aftercare, guide the patient on rest, dietary advice, and psychological reassurance post-procedure. Groups debrief, reflect on challenges, and receive feedback on both technical skill and the person-centred approach.
Assessment of reflective journaling on experiences from logbooks.

Experiential-Learning 25.7 : Patient-Centric Strategies in Nirooha Basti for Manasaroga - Application and Synthesis

3 Hours x 3 Learning Activity
25.7 a [1 Hour x 1 session]

Clinical Assessment and Patient-Centred Preparation (RLE): Divide the students in to small groups. Conduct comprehensive assessments for Manasaroga patients planned for Nirooha Basti, assess readiness, appetite and dietary modifications, evaluate psychiatric/physical status, including person-centred needs, anxieties, and social background and patient-centric eligibility criteria. Practice empathetic history-taking, informed consent discussions, and address concerns about bowel-cleansing procedures.
25.7 b [1 Hour x 1 session]
Patient Engagement and Protocol Execution: Under faculty supervision, groups apply individualized Nirooha Basti protocols tailored to Manasaroga clinical findings. Role-play patient counselling: explain procedure steps, sensations to expect, risks, potential discomfort, and post-procedure advice. A student engages in a hands-on experience in executing the Nirooha treatment using mannequins or standardized patients, support the patient throughout the procedure.
25.7 c [1 Hour x 1 session]
Monitoring and Reflective Debrief: Monitor for signs of discomfort and practice verbal support throughout, till the appearance of Samyak lakshanas and managing complications arising, if any. Practice aftercare, guide the patient on rest, dietary advice, and psychological reassurance post-procedure. Groups debrief, reflect on challenges, and receive feedback on both technical skill and the person-centred approach. Aftercare guidance: rest, hydration, and psychological support.
Assessment of reflective journaling on experiences from logbooks.

Experiential-Learning 25.8 : Person-Centred Nasya Therapy for Manasaroga- Application and Synthesis.

3 Hours x 3 Learning Activity
25.8 a [1 Hour x 1 session]
Person-Centred Patient Assessment & Preparation: Divide the students into convenient groups and each group performs patient-centred stage wise and assessment in Manasaroga cases' clinical presentation, Mental status examination, level of dosha vitiation, eligibility/ absence of contra indications, co morbidities, age, strength of the patient,ritu etc. Screen for clinical and person-centred eligibility criteria for Nasya therapy (e.g., presence of nasal pathologies, readiness, mental state, and consent).
25.8 b [1 Hour x 1 session]
Protocol Synthesis & Patient Counselling: Under supervision, students develop individualized Nasya protocols for their Manasaroga case, selecting appropriate medicated oils/herbal preparations, dose, and scheduling. Explain the purpose, procedure, sensations to expect, risks, and benefits, using simple, reassuring language.
25.8 c [1 Hour x 1 session]
Procedure Performance, Monitoring, and Aftercare: Use mannequins, standardized patients, or peers for simulated Nasya administration. Practice the step wise Nasya Karma protocol and patient guidance during and after the procedure, providing reassurance, addressing real-time concerns, and managing minor complications if they arise. Deliver aftercare instructions for rest, dietary guidance, and psychological support, fostering a sense of safety and well-being. Groups debrief challenges faced, receive feedback, and identify opportunities to enhance person-centred care in future clinical practice.
Assessment of reflective journaling on experiences from logbooks.

Experiential-Learning 25.9 : Reflective Synthesis on the Role of Raktamokshana in Manasaroga.

3 Hours x 3 Learning Activity

25.9 a [1 Hour x 1 session]
Evidence Review and Individual Reflection: Students independently explore classical texts, authentic case literature, and recent research on the role and indications of Raktamokshana in specific Manasaroga. Each learner identifies and records conditions where Raktamokshana is beneficial, theoretical rationale, and current clinical application—including any debates or limitations. Learners reflect individually on how blood purification, reduction of Pitta/Rakta vitiation, and toxin removal may influence mental health, based on Ayurvedic principles.
25.9 b [1 Hour x 1 session]
Group Sharing and Case-Based Debate: Students selects a specific Manasaroga condition, form small peer groups to present their findings, comparing interpretations and clinical insights and discusses clinical criteria for recommending Raktamokshana. Potential mechanisms and expected outcomes, supported by textual and experiential evidence. Ethical, safety, and practical considerations in psychiatric contexts. Groups engage in constructive debate, sharing divergent views, and co-create a consensus statement on the clinical role of Raktamokshana in Manasaroga.
25.9 c [1 Hour x 1 session]
Integrative Insights and Future Application: Students compose a reflective journal entry. Summarize key learnings on the use of Raktamokshana in mental disorders. Assess how this knowledge may reshape their clinical decision-making and patient communication. Identify remaining personal doubts or questions about using Raktamokshana in psychiatry and set goals for further learning. Optionally, share selected reflections with peers or faculty for feedback, fostering integrative growth.
Assessment- Checklist based assessment, DOPS (Rubrics based).

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) LAQ/SAQ on Importance of Pancha shodhana/Panchakarma in Mansaroga [10 marks X 01 Hour] B) Practical Learning Outcome Assessment: 1. Case Study Analysis [20 marks x 01 Hour] Instructions: A case study on a psychiatric disorder is provided to each student (a clinical case in the ward or a simulated case with clinical presentations, age of onset, course/duration, premorbid personality, substance use history as appropriate, other relevant information) a) The students are instructed to develop a treatment plan incorporating the Samanya Chikitsa Siddhanta/ Vishishta Chikitsa krama incorporating specific shodhana modalities. [15 marks] b) Justify the use of specific shodhana modalities in the given case [5 marks] C) Structured or Open Viva-Voce [10 marks x 01 Hour]	4

D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]
Model on phrasing a question:
Describe a case (real or observed) where Panchakarma therapy (any of Vamana, Virechana, Basti, Nasya, or Raktamokshana) was administered for Manasaroga.

a) What was the patient's condition and presenting complaints?
b) Which special procedure under Panchakarma was chosen and why?
c) What response or changes did you observe in the patient's condition?
d) What clinical lesson or insight did you gain from this experience?

Or

Any practical in converted form can be taken for assessment [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 26 : Manasaroge Vishishta Chikitsayam Prayogika Upayogita - II [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- II]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe – The significant role of Upakarma/ Bahiparimarjana chikitsa in Manasa Roga and its applied aspects in in Manasa roga and mode of action along with research findings.
2 Conduct - Upakarmas like Murdhni thaila, Different types of dhara, dhooma, dhoopana and Anjana applications in Manasa Roga
3 Identify -The need of Upakarmas in a patient, the eligibility for the therapy considering the comorbidities, specific indication in the patient, different medicines and methods to be adopted in the application of these upakarmas.

M 26 Unit 1 Practical application of Murdhni Taila

- Types of Murdhni thaila with their specific application in Manasaroga.
- Practical utility specific Yogas suggested for Murdhni thaila including their indications and contra indications.

- Procedure of Administration and plausible mode of action.

References: 2,3,5,6,9,22,23,28,103,104,105

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Discuss the role of Murdhni Taila (Shiroabhyanga, Shira Seka, Shiro Pichu, Shirobasti) in Manasaroga with reference to 'Urdhvamoolamadhashakham', highlighting their therapeutic effects, age-specific precautions, and plausible actions based on Ayurvedic and neurophysiological parameters.	2	Lecture	CC	Know	L&GD,L &PPT
CO5,CO7	Analyze the prescription rationale, ingredients, and therapeutic indications of various Murdhni Taila preparations and their modes of administration in different Manasaroga conditions.	2	Lecture	CAN	Knows-how	BS,DIS,I BL
CO5,CO7	Demonstrate clinical skills in Shiro-Abhyanga and Shiro-Seka by selecting appropriate oils and techniques, ensuring patient comfort, communication, and effective execution for desired outcomes in Manasaroga.	2	Practical Training 26.1	PSY-MEC	Shows-how	L&GD,B S
CO5,CO7	Demonstrate clinical skills in administering Shiro Pichu for Manasaroga using appropriate materials, technique, and patient-centred care to ensure comfort and therapeutic efficacy.	3	Practical Training 26.2	PSY-MEC	Shows-how	DIS,BS
CO5,CO7	Demonstrate clinical skills in administering Shirobasti for Manasaroga using suitable materials, patient motivation, and proper technique to achieve optimal outcomes.	3	Practical Training 26.3	PSY-MEC	Shows-how	D,CBL,R LE
CO5,CO7	Display proficiency in assessing eligibility and administering Abhyanga, Seka, Pichu, and Shirobasti in Manasaroga with appropriate oils, techniques, outcome monitoring, and case documentation.	3	Experiential-Learning 26. 1	AFT-SET	Does	RLE,D,C BL
CO5,CO7	Display proficiency in implementing patient centred therapeutic protocols considering patient fitness and comorbidities, for Murdhni Thaila prayoga in Manasaroga.	3	Experiential-Learning 26. 2	AFT-CHR	Does	RLE,DIS, CBL
CO5,CO7	Appraise of the quality indices and treatment response parameters post Murdhni Thaila	4	Experiential-	AFT-RES	Does	JC

	procedures at theatres and at bedside w.r.t patients diagnosed with Manasaroga.		Learning 26.3			

M 26 Unit 2 Practical application of other Masthishkya procedures in Manasaroga

- Practical application of Thakra dhara, Kashaya dhara, Ksheera dhara and Jala dhara.
- Practical application of Shirolepa, Thala Pothichil and Shiro thalam in Manasaroga
- Practical utility specific Yogas suggested for selected Masthishkya procedures including their indications and contra indications.
- Plausible mode of action of selected Masthishkya procedures in Manasaroga.

References: 29,30,33,34,35,36,37

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Discuss the role of Takradhara, Kashayadhara, Ksheeradhara, and Jaladhara in Manasaroga highlighting their indications, therapeutic effects, precautions and contemporary scientific basis.	2	Lecture	CC	Know	L&GD,L&PPT
CO5,CO7	Analyse the prescription rationale, ingredients, and therapeutic indications of various Shirolepa /Thalapothichil, and Shirothalam preparations, their modes of administration in different Manasaroga conditions.	2	Lecture	CAN	Knows-how	L&PPT
CO5,CO7	Discuss the plausible mode of action of the selected Masthiskya procedures cross linking Ayurvedic and neurophysiological mechanisms.	2	Practical Training 26.4	CE	Knows-how	BS
CO5,CO7	Demonstrate clinical skills in administering different types of Dhara therapies (Takradhara, Ksheeradhara, Kashayadhara, Jaladhara) in Manasaroga using appropriate materials, technique, and patient-centred care to ensure comfort and therapeutic efficacy.	3	Practical Training 26.5	PSY-MEC	Shows-how	CBL,DIS,RLE
CO5,CO7,CO8	Demonstrate clinical skills in administering various types of Shirolepa /Thalapothichil, and Shirothalam for Manasaroga, assess outcomes using Ayurvedic and modern psychiatric scales (e.g., BPRS, HAM-A, DASS-21), and document cases.	3	Practical Training 26.6	PSY-MEC	Shows-how	CBL,DIS,RLE
CO5,CO7	Demonstrate proficiency in implementing patient centred therapeutic protocols considering patient fitness and comorbidities, for selected Masthishkya procedures in	3	Experiential-Learning 26.	AFT-VAL	Shows-how	SIM,RLE

	Manasaroga.		4			
CO5,CO7	Demonstrate proficiency in implementing patient centred treatment protocols favouring therapeutic needs and socio demographic factors for selected Masthishkya procedures in Manasaroga.	3	Experiential-Learning 26.5	AFT-CHR	Shows-how	PL,L&GD,SDL
CO5,CO7	Appraise the quality indices and treatment response parameters post selected Masthishkya procedures at theatres and at bedside w.r.t patients diagnosed with Manasaroga.	2	Experiential-Learning 26.6	AFT-RES	Shows-how	L&GD

M 26 Unit 3 Practical application of Dhooma, Ksheera dhooma, Dhoomapaana and Anjana

- Applied aspects of Dhooma, Ksheera dhooma, Dhoomapaana and Anjana in Manasaroga.
- Practical utility specific Yogas for selected procedures including their indications and contra indications.
- Probable mode of action of selected procedures in Manasaroga.

References: 2,3,4,5,6,9,26,106

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Discribe on the classical basis, indications and psycho-physiological relevance of Upakramas like Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana in Manasaroga.	2	Lecture	CC	Knows-how	L&PPT,L&GD
CO5,CO7	Evaluate the potentials of fumigation-based drug delivery.	2	Practical Training 26.7	CE	Knows-how	L&GD
CO5,CO7	Demonstrate clinical skills in administering Dhoomapana/ Ksheeradhooma/ Dhoopana/Anjana in Manasaroga, assess outcomes using Ayurvedic and modern psychiatric scales.	2	Practical Training 26.8	PSY-MEC	Shows-how	RLE,DIS,CBL
CO5,CO7	Display proficiency in implementing patient centred treatment protocols for Dhoomapana/ Ksheeradhooma/ Dhoopana/Anjana procedures in Manasaroga.	4	Experiential-Learning 26.7	AFT-VAL	Does	SIM
CO5,CO7	Appraise the quality indices and treatment response parameters post selected Upakarmas	4	Experiential-	AFT-SET	Knows-	L&GD

	at theatres and at bedside w.r.t patients diagnosed with Manasaroga.		Learning 26.8		how	

Practical Training Activity

Practical Training 26.1 : Mastering Clinical Proficiency in Shiro-Abhyanga and Shiro-Seka for Manasaroga Management.

2 Hour x 2 Learning Activity
26.1 a [1 Hour x 1 session]
Students are divided into convenient groups and are given case studies (2-4 cases) where Shiro-Abhyanga/Shiro-Seka are indicated. Engage in a case-based discussion outlining patient assessment and clinical indications for Shiro-Abhyanga and Shiro-Seka, including medicine selection, then observe a real-time demonstration focusing on proper oil selection and core procedural techniques
26.1 b [1 Hour x 1 session]
Learners actively perform the therapies in the Panchakarma clinic under supervision, emphasizing patient comfort, therapeutic communication, and refinement of skills; each session concludes with group reflection and integration of feedback to strengthen clinical competence. Teacher concludes the session after proper remarks. The students document the case and procedure in log book.
Assessment- Mini CEX, DOPS, Case based assessment, Rubrics based Log book assessment.

Practical Training 26.2 : Clinical Proficiency in Shiro Pichu Administration for Manasaroga.: Patient-Centered Training.

3 Hours x 3 Learning Activity
26.2 a [1 Hour x 1 session]
Students are divided into convenient groups and are given case studies (2-4 cases) where Shiro Pichu is indicated. Students discuss these cases to identify outlining patient assessment, indications, contraindications, and medicine selection for Shiro Pichu in Manasaroga, in real scenarios. Engage in a observation of a real-time demonstration focusing on proper oil selection and core procedural techniques.
26.2 b [1 Hour x 1 session]
Learners actively involves in instructor-led hands-on demonstration, where students closely observe correct preparation, application technique, and key aspects of patient comfort therapeutic communication, and refinement of skills.
26.2 c [1 Hour x 1 session]
Learners use the theoretical knowledge and sensory cues and study the cases, do group discussion on each case of Shiro –Pichu, receive immediate feedback, and reflect on optimizing therapeutic outcomes and patient care through brief group discussion. Teacher concludes the session after proper remarks. The students document the case and procedure in log book.
Assessment- Mini CEX, DOPS, Case based assessment, Rubrics based Log book assessment.

Practical Training 26.3 : Clinical Mastery in Shirobasti for Manasaroga: Patient- Centered Practice.

3 Hours x 3 Learning Activity
26.3 a [1 Hour x 1 session]
Students are divided into convenient groups and are given RLE/Simulated case studies (2-4 cases) where Shirobasti is indicated. and medicine selection Students discuss these cases to identify outlining patient assessment, indications, contraindications, for Shirobasti in Manasaroga, in real/ simulated scenarios.
26.3 b [1 Hour x 1 session]
Learners actively involves in instructor-led hands-on demonstration, where students closely observe correct preparation, application technique, and key aspects of patient comfort, therapeutic communication, core procedural techniques and refinement of skills.
26.3 c [1 Hour x 1 session]
Learners use the theoretical knowledge and sensory cues and study the cases, do group discussion on each case of Shirobasti, apply feedback to refine technique and ensure patient-centric care, and conclude with group reflection to integrate learning and optimize clinical outcomes. Teacher concludes the session after proper remarks. The students document the case and procedure in log book.
Assessment- DOPS, Case based assessment, Rubrics based Log book assessment.

Practical Training 26.4 : Integrative Dialogue on Masthiskya: Bridging Ayurvedic and Neurophysiological Mechanisms.

2 Hours x 2 Learning Activity
26.4 a [1 Hour x 1 session]
Students are divided into convenient groups and they brainstorm to explore classical Ayurvedic references and hypotheses on the action of Masthiskya procedures for Manasaroga, sharing ideas on dosha modulation, srotas, and mind–body balance.
26.4 b [1 Hour x 1 session]
Each syndicate presents their synthesized understanding by cross-linking Ayurvedic concepts with contemporary neurophysiological mechanisms—such as stress pathway modulation, neuroendocrine responses, and neuroplasticity—followed by interactive discussion and summary of key integrative insights for clinical application. Teacher concludes the session after proper remarks.
Assessment - OSPE/DOPS , Checklist based assessment.

Practical Training 26.5 : Comprehensive Clinical Training in Dhara Therapies for Manasaroga: Practice-Based Skill Development.

3 Hours x 3 Learning Activity
26.5 a [1 Hour x 1 session]
Teacher demonstrates case-based analysis to identify specific indications, contraindications, and patient assessment criteria for each type of Dhara therapy (Takradhara, Ksheeradhara, Kashayadhara, Jaladhara) in Manasaroga, focusing on material selection and clinical reasoning.

26.5 b [1 Hour x 1 session]
Students are divided into convenient groups and are given RLE/Simulated case studies (4-6 cases) where each type of Dhara therapy is indicated. Students discuss these cases to identify outlining patient assessment, indications, contraindications, and medicine selection for Dhara in Manasaroga, in real/ simulated scenarios.
26.5 c [1 Hour x 1 session]
Learners use the guidance, sensory cues and study the cases, do group discussion on each case of Dhara, actively involves in instructor-led hands-on demonstration, where students closely observe correct preparation, application technique, and key aspects of patient comfort, therapeutic communication, core procedural techniques and refinement of skills. They apply feedback to refine technique and ensure patient-centric care, and conclude with group reflection to integrate learning and optimize clinical outcomes. Teacher concludes the session after proper remarks. The students document the case and procedure in log book.
Assessment - OSPE/DOPS , Interactions, Checklist based assessment.

Practical Training 26.6 : Integrated Clinical Skills in Shirolepa/ Thalapothichil, and Shirothalam for Manasaroga: Therapeutic Practice and Outcome Assessment.

3 Hours x 3 Learning Activity
26.6 a [1 Hour x 1 session]
Teacher demonstrates case scenarios to determine indications, contraindications, materials, and patient preparation for various types of Shirolepa/ Thalapothichil, and Shirothalam, discussing protocol selection in the context of Manasaroga and general assessment techniques
26.6 b [1 Hour x 1 session]
Students engage in instructor-led hands-on demonstration in a Panchakarma clinic, where learners observe pre- therapy status using relevant Ayurvedic and modern psychiatric assessment scales such as BPRS, HAM-A, and DASS-21, stepwise application techniques, patient-centered care, and immediately document post-therapy status using respective Ayurvedic and modern psychiatric assessment scales.
26.6 c [1 Hour x 1 session]
Participants assess the effect of therapy under supervision, complete comprehensive outcome assessments and prepare structured case documentation, concluding with a group reflection to integrate therapeutic and assessment skills for holistic patient care. They apply feedback to refine technique and ensure patient-centric care, and conclude with group reflection to integrate learning and optimize clinical outcomes. Teacher concludes the session after proper remarks. The students document the case and procedure in log book.
Assessment- DOPS, Case based assessment, Rubrics based Log book assessment.

Practical Training 26.7 : Critical Appraisal of Fumigation-Based Drug Delivery: Potentials and Perspectives.

2 Hours x 2 Learning Activity
26.7 a [1 Hour x 1 session]
Under instructor’s supervision, students engage in an interactive group discussion to explore the classical references, effects on dosha and manas, proposed mechanisms, and possible advantages of fumigation-based drug delivery, critically examining evidence from classical sources and current research.

26.7 b [1 Hour x 1 session]
Each students presents their synthesized understanding by cross-linking Ayurvedic concepts with potentials (new bio-active components and potent drug delivery System) and challenges (Standardization of fumigants, analysis of chemical composition, Toxicity) of fumigation-based drug delivery. Teacher concludes the session after proper remarks.
Assessment – Checklist based assessment.

Practical Training 26.8 : Evaluation of Quality Indices and Treatment Responses Post-Upakarma in Manasaroga: Evidence-Based Appraisal.

2 Hours x 2 Learning Activity
26.8 a [1 Hour x 1 session]
Students conduct focused library research to identify relevant quality indices and treatment response parameters for various Upakarmas performed in theatre and bedside settings for Manasaroga, compiling evidence and best practice guidelines.
26.8 b [1 Hour x 1 session]
Learners share findings in a group discussion, critically appraise the strengths and limitations of different assessment approaches, and discuss clinical scenarios highlighting practical application. group synthesizes insights to develop recommendations for optimal monitoring of treatment quality and documenting therapeutic outcomes, integrating both classical and contemporary evidence for holistic patient care.
Assessment –Case based assessment, Checklist based assessment. Rubrics based Log book assessment.

Experiential learning Activity

Experiential-Learning 26.1 : Skill Development in Murdhni taila Procedures for Manasaroga: Eligibility Assessment, Administration, and Case Documentation.

2 Hours x 2 Learning Activity
26.1 a [1 Hour x 1 session]
Students analyze clinical cases to assess patient eligibility for the procedures (Abhyanga, Seka, Pichu, Shirobasti) for Manasaroga and appreciate the need of special skills in inducting to the procedures. They discuss selection of oils and individualized procedure planning for Manasaroga.
26.1 b [1 Hour x 1 session]
Learners perform the procedures, highlighting preparation, technique in real or simulated Panchakarma settings, actively monitor, note therapeutic outcomes, integrating faculty feedback to enhance their proficiency in holistic clinical care. They might observe differences in outcomes between patients with a different mental status and clinical presentation and what adjustments could have improved the session.
26.1 c [1 Hour x 1 session]
Students record the observations, and complete detailed case documentation, with faculty-guided reflection to consolidate safe and effective clinical practice.
Assessment – Mini CEX, Assessment of Log book (Rubrics Based).

Experiential-Learning 26.2 : Personalized Therapeutic Planning and Implementation of Murdhni Thaila Protocols in Manasaroga: Patient-Centered Approaches.
2Hours x 2 Learning Activity 26.2 a [1 Hour x 1 session] Students independently review literature to understand fitness, comorbidities, and patient assessment relevant to Murdhni Thaila prayoga, formulating potential therapeutic protocols. 26.2 b [1 Hour x 1 session] Learners involves peer and team-based learning as small groups collaboratively evaluate real or simulated cases, refine individualized protocols, and consult library resources to substantiate their plans. 26.2 c [1 Hour x 1 session] Students in teams present their patient-centred protocols and rationale to the class, receive feedback, and discuss practical adaptations for holistic, safe implementation in diverse Manasaroga scenarios and record in Log Book. Assessment – Checklist based assessment, Peer assessment, Assessment of Log book (Rubrics Based).
Experiential-Learning 26.3 : Reflective Appraisal of Quality and Treatment Response Following Murdhni Thaila in Manasaroga.
2 Hours x 2 Learning Activity 26.3 a [2 Hour x 1 session] Students observe or participate in Murdhni Thaila procedures at theatre and bedside settings for patients with Manasaroga, then record detailed reflections on quality indices, patient monitoring, and immediate treatment responses at theatres and bedside. 26.3 b [2 Hour x 1 session] Learners revisit their entries to critically analyze patterns in care quality and outcome parameters, deepening understanding through guided individual reflection and class discussion, and subsequently update their journals with insights on optimizing therapeutic effectiveness and patient-centred care. Assessment – Mini CEX, Checklist based assessment.
Experiential-Learning 26.4 : Patient-Centered Clinical proficiency in Selected Masthishkya Procedures in Manasaroga.
3 Hours x 3 Learning Activity 26.4 a [1 Hour x 1 session] Students assess patient fitness and comorbidities in real or simulated Panchakarma clinical settings, prepare patient centred therapeutic protocols, participate in planning and preparation of medicine and patient for selected Masthishkya procedures. 26.4 b [1 Hour x 1 session] Students in teams present their patient-centred protocols and rationale to the class, receive feedback, and discuss practical adaptations for holistic, safe implementation in

diverse Manasaroga scenarios
26.4 c [1 Hour x 1 session]
Learners administer/ assist with the implementation of selected protocols under supervision, focusing on patient safety, comfort, and technique adaptation. Observe the findings and record it.
Assessment – Checklist based assessment, Peer assessment, Assessment of Log book (Rubrics Based).

Experiential-Learning 26.5 : Personalized Masthishkya Protocol Design and Implementation in Manasaroga: Integrating Therapeutic and Socio-Demographic Considerations.

3 Hours x 3 Learning Activity
26.5 a [1 Hour x 1 session]
Students independently select and analyze case scenarios, focusing on tailoring Masthishkya protocols to therapeutic requirements and socio-demographic profiles viz; age, gender household income, lifestyle patterns, and social support systems, in Manasaroga.
26.5 b [1 Hour x 1 session]
Students in teams prepare the protocol with appropriate changes and present their patient-centred protocols and rationale to the class, receive feedback, and discuss practical adaptations for holistic, safe implementation in diverse Manasaroga scenarios
26.5 c [1 Hour x 1 session]
Learners administer/ assist with the implementation of selected protocols under supervision, focusing on patient safety, comfort, and technique adaptation. Observe the findings and record it.
Assessment –Mini CEX, Checklist based assessment, Peer assessment, Assessment of Log book (Rubrics Based).

Experiential-Learning 26.6 : Critical Appraisal of Quality and Treatment Outcomes Following Masthishkya Procedures in Manasaroga.

2 Hours x 2 Learning Activity
26.6 a [1 Hour x 1 session]
Students utilize library resources to analyse quality indices and treatment response parameters relevant to Masthishkya procedures, compiling evidence on their assessment both in theatre and at the bedside for Manasaroga patients.
26.6 b [1 Hour x 1 session]
Learners participate in a focused group discussion and add their own view points, critics and comments to the knowledge to compare findings, analyze practical approaches for real-world clinical assessment, and collaboratively propose strategies for optimizing quality monitoring and treatment evaluation in diverse care settings.
Assessment –Checklist based assessment.

Experiential-Learning 26.7 : Proficiency in designing Patient-Centered Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana Protocols for Manasaroga.

4 Hours x 2 Learning Activity
26.8 a [2 Hours x 1 session]
Students independently review classical texts, research articles, and clinical manuals to understand indications, contraindications, and patient-centred adaptations of Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana for Manasaroga.
26.8 b [2 Hours x 1 session]
Students individually design detailed treatment protocols considering patient fitness and comorbidities, and refine these protocols by seeking guidance from faculty, mentors, or peer-reviewed resources
Assessment- Checklist based assessment (Rubrics based).

Experiential-Learning 26.8 : Proficiency in designing Patient-Centered Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana Protocols for Manasaroga.

4 Hours x 3 Learning Activity
26.7 a [2 Hours x 1 session]
Students independently review classical texts, research articles, and clinical manuals to understand indications, contraindications, and patient-centered adaptations of Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana for Manasaroga.
26.7 b [1 Hour x 1 session]
Students individually design detailed treatment protocols considering patient fitness and comorbidities, and refine these protocols by seeking guidance from faculty, mentors, or peer-reviewed resources
26.7 c [1 Hour x 1 session]
Students self-evaluate their protocols by mapping them to hypothetical or previous clinical cases, document their rationale, and reflect on challenges and solutions to ensure optimal, personalized patient care. They might observe differences in outcomes between patients with a different mental status and clinical presentation and what adjustments in the materials /medicines and methods could have improved the therapy and record it.
Assessment –Checklist based assessment, Peer assessment, Assessment of Log book (Rubrics Based).

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) LAQ/SAQ/MCQ on Moordhnitaila/ Other Mastishkya Procedure/ Dhoomapana/Anjana/ in Manasaroga [10 marks X 01 Hour] B) Practical Learning Outcome Assessment:	4

1. Case Study Analysis [20 marks x 01 Hour]

Instructions: A case study on a psychiatric disorder is provided to each student (a clinical case in the ward or a simulated case with clinical presentations, age of onset, course/duration, premorbid personality, substance use history as appropriate, other relevant information)

a) The students are instructed to develop a treatment plan incorporating the Samanya Chikitsa Siddhanta/ incorporating specific Moordhnitaila/ Other Mastishkya Procedure/ Dhoomapana/Anjana modalities. [15 marks]

b) Justify the use of specific Moordhnitaila/ Other Mastishkya Procedure/ Dhoomapana/Anjana modalities in the given case [5 marks]

C) Structured or Open Viva-Voce [10 marks x 01 Hour]

D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]

Model on phrasing a question:

Describe a case (real or observed) where specific Moordhnitaila/ Other Mastishkya Procedure/ Dhoomapana/Anjana was administered in Manasaroga.

a) What was the patient's condition and presenting complaints?

b) Which specific Moordhni Taila/Mastishkya/Anya Upakrama was chosen and why?

c) What response or changes did you observe in the patient’s condition?

d) What clinical lesson or insight did you gain from this experience?

Or

Any practical in converted form can be taken for assessment. [25 Marks]

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 4

Module 27 : Manasaroge Satvavajaya Chikitsayam Prakara evam Prayogika Upayogita [Modalities of Satvavajaya Chikitsa and its practical application in Ayurveda Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: The principles and concepts behind Satwavajaya Chikitsa (mind control therapy) and Daivavyapashraya Chikitsa (spiritual therapy) as part of Ayurvedic treatment for mental disorders. The therapeutic relevance of Satwavajaya (control over the mind) in promoting mental health, and Daivavyapashraya (spiritual healing practices) in addressing mental imbalances. How these approaches are integrated into contemporary mental health care, including their philosophical underpinnings and the role of spirituality in mental well-being.
2. Conduct: Therapeutic interventions using Satwavajaya techniques such as counseling, cognitive control practices, and mindfulness in clinical settings for

mental health management. Suggest specific spiritual therapies under Daivavyapashraya Chikitsa, such as mantras, rituals, and meditation practices, as per traditional texts, and adapt them to modern clinical contexts. Identify the specific mental health conditions where Satvavajaya and Daivavyapashraya interventions can be particularly beneficial, including recognizing individual patient needs. The ethical and cultural considerations when applying spiritual and mind-based therapies in different populations and clinical settings.

M 27 Unit 1 Specific modalities of Satvavajaya Chikitsa, and its Practical Applicability

- Specific modalities of Satvavajaya Chikitsa.
- Applied aspects of Satvavajaya Chikitsa in clinical practice.

References: 2,3,5,6,9,11,17,38,80,87

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyze the principles, definitions, and modalities of Satvavajaya Chikitsa, exploring Manonigraha and its role in balancing Trigunas.	2	Lecture	CAN	Knows-how	L&PPT ,DIS
CO5,CO7	Demonstrate skills in administering Satvavajaya chikitsa in Manasaroga through Samprapti Vighatana with w.r.t Trividha hetu.	2	Practical Training 27.1	PSY-MEC	Shows-how	BS,L&GD
CO5,CO7	Develop patient centred proforma for administering Satwajaya protocol in Manasaroga	3	Experiential-Learning 27.1	CS	Does	BS,LS,IBL,PL,DIS
CO5,CO7	Demonstrate proficiency in implementing patient centred Satvavajaya protocols considering eligibility parameters in Manasaroga.	3	Experiential-Learning 27.2	AFT-CHR	Does	BS,DIS,PBL

M 27 Unit 2 Applied aspects of Psychotherapy & Counselling techniques

- Patient centred screening and assessment for eligibility goals, processes and applied techniques.
- Applied aspects of Psychotherapy namely; Psychoanalytical, Behavioural, Cognitive, Cognitive Behavioural therapies, Acceptance and Commitment Therapy,

Transactional analysis, Existential, Gestalt, Adlerian and other Person-centred therapies.

References: 66,69,70,71,74,75

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Describe counselling principles, screening, and techniques, with focus on goals, red flags, and methods for individuals, family, premarital, marital, and group counselling scenarios.	2	Lecture	CC	Shows-how	ML,CBL,BS,L_VC
CO5,CO7	Discuss the techniques, screening & assessment for eligibility, ethical aspects, and therapeutic process of psychotherapy, along with key approaches viz; psychoanalytic, behavioural, cognitive, CBT, ACT, Transactional analysis, Existential, Gestalt, Adlerian, and Client-centred therapies.	2	Lecture	CC	Knows-how	JC,DIS,IBL,BS
CO5,CO7	Demonstrate skills in establishing a professional relationship with the client.	3	Practical Training 27.2	PSY-GUD	Shows-how	L&GD,BS,DIS
CO5,CO7	Demonstrate skills in adopting the basic process of clinical counselling, identifying the challenges and quality indices for an effective counselling.	3	Practical Training 27.3	PSY-MEC	Shows-how	CD,BS,IBL
CO5,CO7	Demonstrate skills in Counselling for Populations of different age groups, different diagnosis and different life situations, scope and challenges.	3	Practical Training 27.4	PSY-MEC	Shows-how	CD,CBL,DIS,L&GD
CO5,CO7	Analyse the treatment response of counselling techniques in any two clinical conditions in a clinical setting engaging with a counsellor and client.	3	Experiential-Learning 27.3	AFT-VAL	Knows-how	PBL,RLE,CBL
CO5,CO7	Analyse the treatment response of counselling techniques in any two scenarios concerned with relationship and gender identity in a clinical setting engaging with a counsellor and client.	3	Experiential-Learning 27.4	AFT-VAL	Shows-how	CBL,L_VC
CO5,CO7	Analyse the treatment response in any two conditions in childhood onset disorders in a clinical setting engaging with a counsellor and client	2	Experiential-Learning 27.	AFT-VAL	Shows-how	CBL,L_VC,RLE

			5			
CO5,CO7	Evaluate and reflect on published literature regarding counselling techniques for addictive conditions such as substance use disorders, gaming, and gambling.	2	Experiential-Learning 27.6	CE	Knows-how	DIS,JC

M 27 Unit 3 Practical application of Psychotherapy and Rehabilitation in specific Manasaroga conditions

- Screening, assessment and application of Psychotherapeutic techniques and Rehabilitation in different stages of Anxiety Disorders, Depression, Bipolar Disorder, Post-Traumatic Stress Disorder (PTSD), Eating Disorders, Personality Disorders, Schizophrenia, Attention-Deficit/ Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and Conduct Disorders.

References: 66,69,70,71,74,75

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Discuss the applications of Psychotherapeutic techniques viz; Behavioural therapy (BT) &Cognitive therapy (CT) techniques, Cognitive Behaviour therapy (CBT), Dialectical Behaviour Therapy (DBT), Person-Centred Therapy (PCT), Acceptance and Commitment Therapy (ACT) and Eclectic Therapy techniques in Manasaroga.	2	Lecture	CAP	Knows-how	CBL,L&PPT ,L&GD,BS
CO5,CO7	Analyse the significance and application of Psychotherapy in different stages of anxiety group disorders, Mood disorders, Schizophrenia, Childhood onset disorders and Substance use disorders.	2	Lecture	CAN	Knows-how	CBL,DIS,L&PPT
CO5,CO7	Demonstrate skills in developing psychiatric rehabilitation protocols in enhancing quality of life, independence, and social reintegration across various stages of Manasaroga.	3	Practical Training 27.5	CS	Shows-how	TBL,BS,IBL,TPW
CO5,CO7	Demonstrate skills in applying psychotherapeutic techniques in Anxiety disorders and Clinical Depression.	3	Practical Training 27.6	PSY-GUD	Shows-how	RP,BS,RLE,CBL
CO5,CO7	Demonstrate clinical skills in screening, eligibility assessment and selection /assigning of appropriate Psychotherapeutic techniques in diverse clinical conditions and treatment response assessment.	3	Practical Training 27.7	PSY-GUD	Shows-how	RLE,PSM,BS,CBL

CO5,CO7	Analyse the direct experiences, emotional processing and inter personal communication skills while counselling/psychotherapy favouring personal growth.	2	Experiential-Learning 27.7	AFT-VAL	Knows-how	RLE,DIS,PL,CBL,PBL
CO5,CO7	Analyse the key defence mechanisms exhibited by clients in open/ professional interactions.	2	Experiential-Learning 27.8	AFT-VAL	Knows-how	BS,IBL
CO5,CO7	Analyse the key conflicts exhibited by clients in open/ professional interactions.	3	Experiential-Learning 27.9	AFT-VAL	Knows-how	RLE,L&GD,BS
CO5,CO7	Analyse the key challenges while administering counselling/psychotherapy.	3	Experiential-Learning 27.10	AFT-CHR	Knows-how	DIS

Practical Training Activity

Practical Training 27.1 : Applied Satvavajaya Chikitsa in Manasaroga: Case-Based Skill Development through Samprapti Vighatana with Trividha Hetu.

2 Hours x 2 Learning Activity
27.1 a [1 Hour x 1 session]
Teacher discusses real or simulated cases of Manasaroga conditions viz; anxiety, depression, or stress-related disorders, gadget addiction etc to identify Thrividha Hetu (Asatmya indriyartha samyoga, Prajnaparadha, and Parinama/Kala). Teacher demonstrates case discussion and maps the pathogenesis (Samprapti), assessment of the Satva of the case, highlight how correction of Dhee, Dhriti and Smriti help in restoring mental balance and self-control by addressing Prajnaparadha, Asatmyendriyartha Samyoga, and Parinama and improve the satva. Then discuss how activities can be employed to interrupt disease progression. Eg; Instructions for awareness in sensory perception and sense organ activity day wise may be planned. The patients may recreate visual memory as per choice and may be subjected to visual cues, exposure to sensory stimuli such as hot & cold, rough & smooth etc may done.
27.1 b [1 Hour x 1 session]
Learners design and role-play Satvavajaya chikitsa interventions tailored to each case, focusing on targeted Samprapti Vighatana, and reflect on practical challenges and strategies for integrating counseling techniques into holistic patient care. The positive outcomes from the patient's case and Satva are discussed analysed after undergoing Satvavajaya chikitsa and the importance is summarized in breaking the cycle of Manasaroga by addressing its root causes and record it.
Assessment- Mini CEX, DOPS, Case based assessment, Rubrics based Log book assessment.

Practical Training 27.2 : Establishing Professional Client Relationships: and Clinical Communication Skills.

3 Hours x 3 Learning Activity
27.2 a [1 Hour x 1 session]
The teacher selects realistic case scenarios of either a standardized patient (SP) from OPD/ IPD or another trainee to role-play the "client" to create a safe, controlled training settings /environment. Discuss scenario highlighting initial client interaction challenges, collaboratively identifying key elements of building trust, clarifying roles, and professional boundaries.
27.2 b [1 Hour x 1 session]
The learners explore complex client situations requiring effective communication, empathy, and conflict resolution, working in small groups to propose solutions and strategies.
27.2 c [1 Hour x 1 session]
Groups synthesize their learning by role-playing professional interactions in challenging contexts, receive facilitator feedback, and reflect on adapting their approaches to diverse client needs for optimal therapeutic relationships.
Assessment- DOPS (Rubrics based).

Practical Training 27.3 : Fundamentals of Clinical Counselling: Skill Acquisition, Challenges, and Quality Assessment.

3 Hours x 3 Learning Activity
27.3 a [1 Hour x 1 session]
The teacher provides a brief overview of the counseling skills like the clinic setting with essential tools and materials and confidential record-keeping system, the importance of establishing trust, effective communication and confidentiality and self-care for the counselor, rapport-building, initial disclosure, active listening, empathizing, open-ended questioning, appropriate body language, in depth exploration, goal setting, Counselling intervention, evaluation-reflective statements and summarization, and termination followed by interactive quizzes.
27.3 b [1 Hour x 1 session]
The teacher demonstrates the process of counselling, through different phases, provide assignments, planning for follow ups and termination. The student engage in virtual or in-person discussions and role-plays, practices these skills under the supervision of the teacher in a different case. They where learners practice basic counselling processes, identify real-world challenges, and observe modelled sessions highlighting key quality indices.
27.3 c [1 Hour x 1 session]
Students involve in supervised practice of counselling skills with peer or simulated clients, critically reflecting on performance, documenting encountered challenges, and evaluating effectiveness using established quality benchmarks for counselling sessions. The teacher provides feedback on what went well and identify areas for improvement on aspects such as body language, listening, and questioning skills to improve competencies.
Assessment- DOPS (Rubrics based).

Practical Training 27.4 : Counselling Across the Lifespan: Practical Skills for Diverse Diagnoses and Life Situations

3 Hours x 3 Learning Activity
27.4 a [1 Hour x 1 session]
Teacher provides a brief overview of diverse condition viz; Individuals with Physical Disability, Hearing and Visual Disability, Single Parents, Homeless Individuals, Children in Foster Care, Individuals in Armed Forces, Geriatric Population, Counselling the Terminally ill, Counselling Parents of Children with Special Needs, Caregiver Burden, Grief, Trauma and Natural Disasters, scope and challenges and core techniques of counselling suited to each condition. The study materials are assigned like reading materials /videos on counselling for specific conditions before the session.
27.4 b [1 Hour x 1 session]
Learners engage in group discussions to analyze these cases more deeply and work on complex, open-ended counselling scenarios (e.g., managing anxiety of parents of Children with Special Needs), identify key counselling techniques and frameworks they could apply identify barriers, and propose context-appropriate counselling strategies, refining their insights through peer feedback.
27.4 c [1 Hour x 1 session]
Students involve in supervised practice of counselling skills with peer or simulated clients followed by critical review by other students and teacher. Teacher conclude the session and provide feedback on what went well, identify areas for improvement regarding the approaches with cues to customize these techniques based on each individual's needs, goals, and responses.
Assessment- DOPS (Rubrics based).

Practical Training 27.5 : Designing Psychiatric Rehabilitation Strategies for Manasaroga: Enhancing Quality of Life and Social Independence.

3 Hours x 3 Learning Activity
27.5 a [1 Hour x 1 session]
Teacher provides a brief overview of Psychiatric Rehabilitation and divide the students as per feasibility and assign the topics on Psychiatric Rehabilitation. The students collate all the relevant material from Text Books, Journals and other sources related to the Role of Psychiatric Rehabilitation, Enhancing Quality of Life, Independence, and Social Reintegration Across Psychiatric Stages. Students research and synthesize evidence to draft visual posters or charts outlining psychiatric rehabilitation principles and protocol components.
27.5 b [1 Hour x 1 session]
Learners engage in group discussions and synthesise the data and create diagrams/charts/ posters/ illustrations to depict the information.
27.5 c [1 Hour x 1 session]
All the groups present the charts/ posters involve in discussion, sharing insights and the session is concluded by the teacher with feed backs and suggestions.
Assessment- Evaluating Diagram/Poster/illustrations using Rubrics method.

Practical Training 27.6 : Applied Psychotherapeutic Techniques for Anxiety and Clinical Depression.

Practical Activity details:
1 Hr x 3 Learning Activity
27.3 a [1 Hour x 1 session]
Teacher begins with an overview of different psychotherapeutic approaches effective in treating anxiety and depression disorders, such as Cognitive Behavioral Therapy (CBT), Mindfulness-Based Therapy, and Exposure Therapy. Explain the theoretical basis for each and how they address these symptoms. Demonstrate how to conduct a comprehensive assessment of an individual's symptoms. Guide students in gathering relevant information through interviews or questionnaires to formulate a case and determine the most suitable therapeutic approach.
27.6 b [1 Hour x 1 session]
Learners involves in group exploration of specific techniques such as cognitive-behavioral strategies, supportive counselling, and relaxation exercises, with case discussions highlighting their application, tailoring, and adaptation for diverse patient contexts.
27.6 c [1 Hour x 1 session]
Students practice specific skills within each therapy, such as cognitive restructuring in CBT, mindfulness exercises, and relaxation techniques. Provide role-play or case scenarios to allow students to apply these skills in realistic situations. Conduct a debriefing session to review each technique and reflect on the challenges and benefits of using these therapies. Teacher concludes the session with feedback.

Practical Training 27.7 : Comprehensive Clinical Application of Psychotherapeutic Techniques: Screening, Eligibility Assessment, and Outcome Evaluation.

Practical Activity details:
1 Hr x 3 Learning Activity
27.7 a [1 Hour x 1 session]
Teacher begins with an overview of different psychotherapeutic approaches and techniques applicable in general clinical conditions and select eligible cases from OPD/IPD, demonstrate screening for mental health conditions and conduct eligibility assessments for different psychotherapeutic interventions, identifying patient profiles and specific needs. The teacher shall discuss the approach, the methods of active listening, observation and documentation of the initial findings.
27. 7 b [1 Hour x 1 session]
Based on the diagnosis and individual patient needs, teacher conduct therapy sessions using the selected psychotherapeutic approach. Employ appropriate strategies, techniques, and tools relevant to the method, adjusting as needed to meet patient responses and progress. Assess treatment effectiveness through validated outcome measures and patient feedback.
27.7 c [1 Hour x 1 session]
The student shall observe the diagnostic interrogations, selection of the appropriate psychotherapy technique, implementation of psychotherapy, assessments and then perform under a guided response in similar cases. Teacher concludes the session with feedback.
Assessment- Mini CEX, DOPS (Rubrics based).

Experiential learning Activity

Experiential-Learning 27.1 : Developing Patient - Centred Satvavajaya Proforma for Manasaroga.

3 hours x 3 Learning Activity
27.1 a [1 Hour x 1 session]
Students reflect up on the theoretical knowledge, identify and define the diagnostic conditions that will be addressed through the Satvavajaya protocol to provide a comprehensive framework for planning.
27.1 b [1 Hour x 1 session]
Build peer learning group and gather expertise on diverse perspectives on how different individuals with the same condition may experience varying emotional and cognitive challenges evaluating elements like emotional state of the individual, cognitive patterns, coping mechanisms, social and environmental factors influencing mental health.
27.1 c [1 Hour x 1 session]
Apply the insights from the peer learning and develop personalized Satvavajaya protocols for each diagnostic condition, adaptable to the individuals, focusing on mental resilience, emotional regulation and empowering cognitive faculty.
Assessment- Self-assessment, Peer assessment, Problem Based Assessment.

Experiential-Learning 27.2 : Patient-Centered Satvavajaya Protocol Implementation in Manasaroga.

3 hours x 3 Learning Activity
27.2 a [1 Hour x 1 session]
The student selects realistic case scenarios of either a standardized patient (SP) from OPD/ IPD or another trainee to role-play the "client". Students review Satvavajaya protocols and eligibility parameters, analyze relevant case scenarios, and draft initial patient-centered intervention plans for Manasroga.
27.2 b [1 Hour x 1 session]
Peers share and critique their protocols, collaboratively refining approaches by discussing challenges in eligibility assessment and adaptation to individual patient contexts.
27.2 c [1 Hour x 1 session]
Learners apply their refined protocols to new simulated cases using problem-based learning, reflect on implementation outcomes, and incorporate feedback to optimize effective, individualized clinical practice.
Assessment- Self-assessment, Peer assessment, Problem Based Assessment.

Experiential-Learning 27.3 : Reflective Analysis of Counselling Outcomes in Clinical Practice: Case-Based Engagement with Counsellor and Client.

3 Hours x 3 Learning Activity
27.3 a [1 Hour x 1 session]
Present a real or simulated counselling case with background, presenting issue, and session details. Learners individually reflect on the client-counsellor interaction and jot

down initial observations. Small group discussions to analyze what worked, what didn't, and possible alternatives. Facilitator debriefs with key insights and prompts for further reflection.
27.3 b [1 Hour x 1 session]
Present a follow-up or progression of the same case, highlighting new challenges. Groups analyze key themes: empathy, ethics, communication, and outcomes. Learners map observed interventions to psychological models and Ayurvedic counselling principles. Summarize insights with reflective prompt to personalize learning.
27.3 c [1 Hour x 1 session]
Conduct short role-plays with learners acting as client, counsellor, and observer. Provide peer and facilitator feedback using a structured rubric. Learners reflect on personal style and prepare an action plan for clinical application. Conclude with a group discussion on transferable skills and integration into practice.
Assessment- Case Based Assessment, Checklist based assessment.

Experiential-Learning 27.4 : Reflective Exploration of Counselling Responses in Relationship and Gender Identity Scenarios.

3 Hours x 3 Learning Activity
27.4 a [1 Hour x 1 session]
Present two distinct counselling case scenarios—one on relationship conflict and another on gender identity concerns. Learners engage in guided reading and group discussion to understand client background, concerns, and counselling context, followed by initial reflections on therapist approach and client response.
27.4 b [1 Hour x 1 session]
Learners analyze the client responses and counsellor strategies in both cases through small group discussion. They map the interventions to psychological theories and Ayurvedic counselling principles (like Satvavajaya), identifying strengths, limitations, and contextual sensitivity in each approach.
27.4 c [1 Hour x 1 session]
Participants role-play selected parts of the two cases, practicing empathetic engagement, active listening, and therapeutic communication. Peer and facilitator feedback is given, followed by a brief self-reflection and formulation of an action plan for handling similar real-life cases in practice.
Assessment-, Case Based Assessment, Checklist based assessment

Experiential-Learning 27.5 : Reflective Case Learning on Counselling Outcomes in Childhood-Onset Disorders.

2 Hours x 2 Learning Activity
27.5 a [1 Hour x 1 session]
Present two counselling case scenarios—e.g., one with ADHD and another with childhood anxiety or autism spectrum disorder. Learners review case histories, observe counsellor-client interactions, and reflect in small groups on the therapeutic strategies used and the child's response.
27.5 b [1 Hour x 1 session]
Learners analyze the treatment outcomes, link observed interventions with psychological and Ayurvedic frameworks, and discuss factors influencing counselling effectiveness. The session ends with role-based discussion or reflective journaling on tailoring approaches for paediatric mental health settings.

Assessment- Mini CEX, Case Based Assessment, Checklist based assessment.

Experiential-Learning 27.6 : Case-Informed Critical Appraisal of Counselling Strategies in Addictive Disorders.

2 Hours x 2 Learning Activity
27.6 a [1 Hour x 1 session]
Present brief clinical vignettes on substance use, gaming, and gambling disorders. Learners are assigned relevant published literature on counselling techniques (e.g., CBT, motivational interviewing) and critically examine the strategies used, guided by prompts related to clinical context and effectiveness.
27.6 b [1 Hour x 1 session]
In small groups, learners present their critique of the literature in relation to the cases, reflecting on cultural sensitivity, practical applicability, and gaps in evidence. Facilitator guides integration of insights and encourages formulation of context-specific counselling recommendations.
Assessment –Interactions, Rubrics based on Presentation, Checklist based assessment.

Experiential-Learning 27.7 : Personal Growth through Reflective Practice in Counselling.

2 Hours x 2 Learning Activity
27.7 a [1 Hour x 1 session]
Learners are presented with real-life counselling case snippets emphasizing emotional processing and interpersonal communication. In peer groups, they discuss their own reactions, share past experiences, and reflect on their emotional responses and communication style in therapeutic settings.
27.7 b [1 Hour x 1 session]
Using SDL tools (e.g., guided journal prompts or reflection templates), learners critically reflect on how counselling experiences contribute to their own personal growth. Through peer exchange, they share insights and identify skills or attitudes to strengthen for improved therapeutic presence.
Assessment- Self-assessment, Peer assessment, Problem Based Assessment.

Experiential-Learning 27.8 : Reflective Exploration of Client Coping Mechanisms in Therapeutic Interactions.

2 Hours x 2 Learning Activity
27.8 a [1 Hour x 1 session]
Learners examine real or simulated clinical scenarios highlighting common defence mechanisms (e.g., denial, projection, rationalization). In peer groups, they discuss observed behaviours, possible triggers, and how these defences manifest in professional interactions.
27.8 b [1 Hour x 1 session]
Learners reflect on their own reactions and challenges in managing such defences, guided by prompts. Peer sharing encourages integration of perspectives, and group discussion focuses on adapting counselling approaches to support client insight and therapeutic alliance.
Assessment- Self-assessment, Peer assessment, Problem Based Assessment.

Experiential-Learning 27.9 : Recognizing and Reflecting on Client Conflicts in Therapeutic Encounters.3
3 Hours x 3 Learning Activity 27.9 a [1 Hour x 1 session] During a field visit or clinical posting, learners observe real-life counselling sessions or client interactions, focusing on verbal and non-verbal cues of internal or interpersonal conflict. Key observations are noted for guided discussion and debrief. 27.9 b [1 Hour x 1 session] Learners review anonymized cases or compile their field experiences to identify common patterns of conflict (e.g., value conflict, role conflict, identity conflict). Group analysis highlights how these conflicts influence client engagement and therapeutic progress. 27.9 c [1 Hour x 1 session] Learners reflect on their emotional responses and challenges faced in managing client conflicts. The group discusses culturally sensitive, ethically grounded strategies to address such conflicts in professional settings, fostering growth in clinical reasoning and empathy. Assessment- Self-assessment, Peer assessment, Problem Based Assessment (Rubric Based).
Experiential-Learning 27.10 : Reflective Inquiry into Challenges in Counselling Practice.
3 Hours x 3 Learning Activity 27.10 a [1 Hour x 1 session] Learners participate in or observe counselling sessions during field visits, noting key challenges such as client resistance, emotional disengagement, or ethical dilemmas. Reflections are shared in a facilitated group to initiate experiential dialogue. 27.10 b [1 Hour x 1 session] Using cases derived from field experiences, learners identify recurring challenges in therapy delivery. Through group discussion and peer input, they analyze underlying factors and counsellor responses, drawing links to psychological and contextual frameworks. 27.10 c [1 Hour x 1 session] Learners reflect on their personal reactions and limitations when facing counselling challenges. In collaborative discussions, they formulate practical strategies and mindset shifts to enhance resilience, effectiveness, and ethical sensitivity in therapeutic practice. Assessment- Self-assessment, Peer assessment, Problem Based Assessment (Rubric Based).
Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C.	4

Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks

A) LAQ/SAQ/MCQ on Satvavajaya/ Psychotherapy applicable in Manasaroga [10 marks X 01 Hour]

B) Practical Learning Outcome Assessment:

1. Case Study Analysis [20 marks x 01 Hour]

Instructions: A case study on a psychiatric disorder is provided to each student (a clinical case in the ward or a simulated case with clinical presentations, age of onset, course/duration, premorbid personality, substance use history as appropriate, other relevant socio-economic-marital information)

a) The students are instructed to develop a Satvavajaya plan incorporating specific modalities of Satvavajaya and specific psychotherapy applicable in the given condition (as stand-alone or as add-on to Ayurvedic treatment modalities. [15 marks]

b) Justify the use of specific Satvavajaya modality and psychotherapeutic modalities adoptable in the given case. [5 marks]

C) Structured or Open Viva-Voce [10 marks x 01 Hour]

D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]

Model on phrasing a question:

Describe a case (real or observed) where specific Satvavajaya/ Psychotherapy was administered in Manasaroga.

a) What was the patient's condition and presenting complaints?

b) Which specific Psychotherapy was chosen and why?

c) What response or changes did you observe in the patient’s condition?

d) What clinical lesson or insight did you gain from this experience?

Or

Any practical in converted form can be taken for assessment. [25 Marks]

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 28 : Adravyabhoota, Daivavyapashraya evam Naishtiki Chikitsayam Prayogika Upayogita [Pragmatic utility of Adravyabhoota, Daivavyapashraya and Naishtiki Chikitsa]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe – The significant role of different types of Psychotherapy techniques like Behavioral Therapy (BT), Cognitive Therapy (CT), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Transactional analysis, and Hypnotherapy utilised in Manasa Roga, Importance of rehabilitation and its applied aspects in improving the quality of life of patients.

2 Conduct - Different types of Psychotherapies like Behavioral Therapy (BT), Cognitive Therapy (CT), Cognitive Behavioral Therapy (CBT) and Hypnotherapy utilised in Manasa Roga.
3 Identify -The need of Psychotherapy techniques in a patient, the specific type of interventions to be adopted best suiting the patient considering the clinical features, comorbidities and specific indication in the patient and the need for rehabilitation in cases.

M 28 Unit 1 Practical application of Adravyabhoota Chikitsa in Manasaroga

- Concept and Practical application of Adravyabhoota Chikitsa, Paraspara pratidwanta chikitsa wrt Rational Emotive Behavioural Therapy (REBT).
- Concept and Practical application of Meditative techniques like Transcendental Meditation (TM), Vipassana, Sudarshana Kriya Yoga (SKY), and Smriti meditation.
- Concept and Practical application of Relaxation techniques, Jacobson's Progressive Muscular Relaxation (JPMR) and Hypnotherapy.

References: 2,5,6,32,75,107,108,109,110

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Compare and contrast Adravyabhuta Chikitsa and Parasparapratidwanta chikitsa and explain in line with Rational Emotive Behavioural Therapy (REBT).	2	Lecture	CAN	Knows-how	L&GD
CO5,CO7	Analyze the influence of Transcendental Meditation (TM), Vipassana, Sudarshana Kriya Yoga (SKY), Neuro – Linguistic Programming (NLP), Relaxation techniques, Jacobson's Progressive Muscular Relaxation (JPMR) and Hypnotherapy in mental health and illness.	2	Lecture	CAN	Knows-how	L&GD
CO5,CO7	Demonstrate understanding of Adravyabhuta Chikitsa by identifying non-pharmacological modalities appropriate to different stages of Manasaroga.	3	Practical Training 28.1	CC	Knows-how	L&GD
CO5,CO7	Demonstrate practical skills in meditative practices viz; Transcendental Meditation (TM), Vipassana & Sudarshana Kriya Yoga (SKY).	3	Practical Training 28.2	PSY-GUD	Shows-how	SIM

CO5,CO7	Demonstrate practical skills in Relaxation techniques, Jacobson’s Progressive Muscular Relaxation (JPMR) and Hypnotherapy.	3	Practical Training 28.3	PSY-GUD	Shows-how	SIM
CO5,CO7	Development of fundamental skills in imparting the Meditative sessions viz; Transcendental Meditation (TM), Vipassana & Sudarshana Kriya Yoga (SKY) in Manasaroga (I).	3	Experiential-Learning 28.1	AFT-CHR	Does	W,TUT,RLE,D
CO5,CO7	Display fundamental skills in imparting the Meditative sessions like Transcendental Meditation (TM), Vipassana & Sudarshana Kriya Yoga (SKY in Manasaroga (II).	3	Experiential-Learning 28.2	AFT-CHR	Does	D,RLE
CO5,CO7	Display fundamental skills in imparting Jacobson’s Progressive Muscular Relaxation (JPMR) in Manasaroga.	3	Experiential-Learning 28.3	AFT-CHR	Does	W,RLE,TUT
CO5,CO7	Display fundamental skills in imparting Relaxation sessions of Hypnotherapy in Manasaroga.	3	Experiential-Learning 28.4	AFT-CHR	Does	RLE,W,L_VC

M 28 Unit 2 Applied aspects Daivavyapashraya chikitsa and Naishtiki Chikitsa in Manasaroga

- Applied aspects and cross- cultural implications of various modalities of Daivavyaasraya chikitsa and Naishtiki Chikitsa in Manasaroga.

References: 2,4,15,16,18,19,40,42

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Examine the principles and therapeutic application of Daivavyapashraya and Naishtiki Chikitsa in strengthening Sattva and managing Manasa and Manodaihika Vyadhi.	2	Lecture	CE	Knows-how	L&PPT

CO5,CO7	Analyze the concept of Trividha Roga and evaluate the scientific basis of Daivavyapashraya and Naishtiki Chikitsa in addressing their karmic and idiopathic etiologies.	2	Practical Training 28.4	CE	Knows-how	L&GD
CO5,CO7	Reflect up on the socio- cultural correlates of mental health and illness, role of Daivavyapashraya Chikitsa and Naishtiki Chikitsa in Agantuja Manasaroga crosslinking with the concept of Faith Based Treatments in biopsychosocial model of mental health.	2	Experiential-Learning 28.5	AFT-VAL	Knows-how	TBL,PL

M 28 Unit 3 Practical application of Satvavaisheshyakara Upaya in competency enhancement

- Concept and significance of Satvavaisheshyakara Upaya in clinical practice.
- Applied aspects of Personality development and Stress management programs in clinical practice.
- Interpersonal Management Skills and Motivational Programs in competency enhancement.

References: 2,76

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyze the significant role of Satvavaisheshyakara Upaya (measures in enhancing Satva) in preventive mental Health domains (Work-life balance, promoting overall well-being and spiritual growth). . and curative mental health domains.	2	Lecture	CAN	Knows-how	L&GD,L&PPT
CO5,CO7	Discuss the role of Satvavaisheshikara Upaya in strengthening Satva for the management of Manasaroga.	2	Lecture	CC	Knows-how	L&GD,L&PPT
CO5,CO7	Demonstrate person centred training skills on Emotional Intelligence and Mindfulness Practices.	3	Practical Training 28.5	PSY-ORG	Shows-how	SIM,CBL,RP
CO5,CO7	Demonstrate training skills on Time Management and Productivity Enhancement.	3	Practical	PSY-	Shows-	SIM,CBL

			Training 28.6	ORG	how	
CO5,CO7	Demonstrate training skills on Public Speaking Practices and Confidence Booster Sessions, on core speaking skills, and interactive exercises to maximize participant engagement.	3	Practical Training 28.7	PSY-ORG	Shows-how	SIM,CBL
CO5,CO7	Facilitate and adapt training on Effective Communication and Interpersonal Skills tailored to various contexts.	3	Experiential-Learning 28.6	AFT-CHR	Shows-how	W,L_VC
CO5,CO7	Development of proficiency in imparting training on Leadership skills.	3	Experiential-Learning 28.7	AFT-CHR	Shows-how	L_VC,W
CO5,CO7	Development of proficiency in imparting training on Decision-making skills.	3	Experiential-Learning 28.8	AFT-CHR	Shows-how	W,L_VC
CO5,CO7	Development of proficiency in imparting training on Stress Management and Resilience Building.	3	Experiential-Learning 28.9	AFT-CHR	Shows-how	W,L_VC

Practical Training Activity

Practical Training 28.1 : Exploring Adravyabhuta Chikitsa Modalities for Manasaroga.

3 Hours x 3 Learning Activity
28.1 a [1 Hour x 1 session]
The teacher provides a brief introduction of Adravyabhuta Chikitsa and explore non-pharmacological techniques/ Upaya viz; bhayadarshana, Vismapana, Vismarana, Kshobhana, Harshana, Bharsana, Vadha, Bandhana, Swapna, Samvahanaand Techniques of langhana like Pipasa, Atapa, Maruta, Upavasa and Vyayama in various stages of Manasaroga. utilised in Manasaroga and divide students into groups as per feasibility and the portions are assigned. Each group discuss about the type of intervention, and analyze how each technique works on the mind and body, such as by reducing stress, improving mental clarity, and promoting well-being.
28.1 b [1 Hour x 1 session]

Each group present the topic, explain their technique’s underlying mechanism and expected benefits based on Ayurvedic principles. Discuss how it relates to modern wellness concepts. Other groups are encouraged to share their key insights on the level of impact of the intervention, special indications, possibility of any challenges, precautions to be taken and probable mode of action inducing a samprati vighatana.
28.1 c [1 Hour x 1 session]
The teacher Conduct a debrief session to discuss individual and group performance, consolidates the outcome of the activity adding additional pints if any. The groups work together to compile a document detailing the concept, techniques, and insights gathered during the session, emphasizing the practical application, how these techniques can be implemented as complementary therapies alongside conventional treatments.
Assessment : Checklist based assessment.

Practical Training 28.2 : Demonstrate Meditative Practices: Transcendental Meditation (TM), Vipassana, and Sudarshana Kriya Yoga (SKY).

3 Hours x 3 Learning Activity
28.2 a [1 Hour x 1 session]
The demonstrator provides an overview of Transcendental Meditation (TM), Vipassana, and Sudarshana Kriya Yoga (SKY) practice with its origin, purpose, and unique approach.
Guide the students through a basic session of Transcendental Meditation to stay focussed and to settle the mind into a deep state of relaxation by use of a neutral silent mantra suitable for beginners. Allow participants to practice silently, guiding them to return to the mantra if their thoughts wander and help them experience focused silent meditation.
28.2 b [1 Hour x 1 session]
Demonstrate the basics of mindfulness and body-awareness meditation central to Vipassana. Guide the students to focus on the breath, observe sensations and thoughts without reaction, fostering non-judgmental awareness. Encourage them to maintain an open awareness, noting distractions and gently bringing attention back to the breath or sensations. After the session, allow a few moments for reflection on their experience
28.2 c [1 Hour x 1 session]
Demonstrate the fundamentals of Sudarshana Kriya, which focuses on rhythmic breathing to clear mental blocks and boost energy. Lead participants through a simplified version of SKY breathing techniques. Ujjayi breathing (victorious breath): Slow, deep breathing to center the mind. Bhastrika (bellows breath): Short, intense breaths to energize. Sudarshan Kriya: Rhythmic breathing cycles at different speeds, ending with a few minutes of silence. Conclude with a relaxation phase to let participants experience the calming effect of SKY.
Demonstrator provide guidance on how these practices could be incorporated into their daily lives and in healing patients. Provide handouts or digital resources that include simple guides to practice TM, Vipassana, and SKY at home.
Assessment: DOPS (Rubrics based).

Practical Training 28.3 : Applied Relaxation Techniques in Therapeutic Practice: JPMR and Hypnotherapy Skills Training.

1 Hr x 3 Learning Activity
28.3 a [1 Hour x 1 session]
The demonstrator gives a brief introduction to Meditative Practices and outline workshop objectives on relaxation techniques, JPMR, and hypnotherapy. Relaxation techniques starts with short grounding exercise, like mindful breathing or body scanning, to help everyone focus and relax and familiarize participants with basic relaxation methods and guide the group in deep breathing, guided imagery, and body scanning.
28.3 b [1 Hour x 1 session]
Facilitator demonstrates the basics of JPMR technique with explanation of muscle group sequencing. Demonstrate a guided Jacobson's Progressive Muscular Relaxation (JPMR)that involves tensing and relaxing different muscle groups progressively starting from the feet and working up to the head. Pause after each muscle group to let participants feel the relaxation effect. After completing the full sequence, allow a few moments for quiet reflection. Learners practice under supervision, simulating client instruction and gaining hands-on experience with tone modulation and stress reduction effects.
28.3 c [1 Hour x 1 session]
Demonstrate a guided hypnosis session for relaxation, such as focusing on deep breathing, imagining a calming environment, or using positive affirmations. Students engage in a simulated therapeutic session to practice basic hypnotherapeutic induction (e.g., eye fixation, deepening techniques). After the session, encourage participants to reflect on their experience and share any insights or feelings of calm. Emphasis is placed on voice modulation, client readiness assessment, and ensuring ethical considerations in a simulated setup.
Teacher concludes the session with suggestions for how these practices could be integrated into daily life or used for specific goals like stress relief or improved concentration in patients.
Assessment: DOPS (Rubrics based), Interactions.

Practical Training 28.4 : Critical Appraisal of Daivavyapashraya and Naishtiki Chikitsa in Karmic and Idiopathic Disorders.

1 Hr x 3 Learning Activity
28.4 a [1 Hour x 1 session]
Teacher gives a brief review of the concept of trividhavyadhi in Manasaroga, karmic and idiopathic origins of diseases and role Daivavyapashraya and Naishtiki Chikitsa as spiritual therapies in Samprapti Vighatana. Small groups are formed to encourage collaborative discussion, each group focussing on Trividha Roga, Karmaja and Ubhayaja Vyadhi and Daivavyapashraya, Naishtiki Chikitsa and spiritual therapies.
28.4 b [1 Hour x 1 session]
Each groups collate the information from Ayurvedic texts, case studies, and articles and do group discussion cross linking on the belief and socio- cultural correlates of

manasaroga and the samprapti vighatana, After discussions, each group will prepare a presentation that covers, summary of their assigned topic, insights from group discussions, examples or case studies they reviewed followed by open discussion.
Teacher gives feedback and summarize the key points of each topic, ask Students to reflect on how they can apply these concepts in real-world scenarios and conclude the session.
Assessment: DOPS (Rubrics based), Interactions.

Practical Training 28.5 : Emotional Intelligence and Mindfulness Practices

1 Hr x 3 Learning Activity
28.5 a [1 Hour x 1 session]
Teacher begins by exploring the core components of Emotional Intelligence (e.g., self-awareness, self-regulation, empathy, social skills) and the principles of mindfulness (e.g., present-moment awareness, non-judgment). Discuss how these skills contribute to mental well-being and stress management. Have participants complete an Emotional Intelligence self-assessment to understand their current strengths and areas for improvement. Set personal goals for enhancing specific aspects of Emotional Intelligence (e.g., improving emotional self-awareness or empathy) and mindfulness (e.g., developing focus or reducing reactivity).
28.5 b [1 Hour x 1 session]
Guide the participants through various mindfulness practices, such as mindful breathing, body scan meditation, and mindfulness of emotions. Encourage them to observe thoughts and emotions without judgment, promoting awareness of internal experiences in the present moment.
Practice Emotional Intelligence techniques, such as active listening, empathetic communication, and emotional regulation strategies. Engage participants in role-playing scenarios to apply these skills in realistic situations, fostering greater self-regulation and interpersonal awareness.
28.5 c [1 Hour x 1 session]
Facilitate a reflection session where participants share their experiences with mindfulness and Emotional Intelligence exercises. Teacher gives feedback and summarizes the key points. Provide resources for further practice and encourage participants to implement these skills in their daily routine and to support emotional resilience and well-being of patients.
Assessment: DOPS (Rubrics based), Interactions.

Practical Training 28.6 : Training in Time Management and Productivity Enhancement.

1 Hr x 3 Learning Activity
28.6 a [1 Hour x 1 session]

The demonstrator gives a brief overview of the importance of time management and productivity in professional and personal life using core concepts like the Eisenhower Matrix and SMART goals. Proceed with an interactive discussion or icebreaker activity on participants' current time management habits. Introduce prioritization techniques such as the Eisenhower Matrix or ABC Method. Have participants list their tasks, categorize them by importance and urgency, and practice using the matrix.
28.6 b [1 Hour x 1 session]
Guide participants in setting specific, measurable, achievable, relevant, and time-bound (SMART) goals creating one short-term and one long-term goal, breaking each down into actionable steps. Discuss productivity techniques like Pomodoro Technique, Time Blocking, and Batching Tasks. Conduct a hands-on practice session using a timer or calendar app to implement these techniques in real time.
28.6 c [1 Hour x 1 session]
Have participants complete a self-assessment on their time management and productivity skills. Conclude with a discussion on tracking progress, staying accountable, and adapting strategies over time. Teacher gives feedback and summarize the key points. Provide resources for further practice and encourage participants to implement these skills in their daily routine and to support emotional resilience and well-being of patients.
Assessment- Interactions, Rubrics based assessments.

Practical Training 28.7 : Public Practical Training in Public Speaking and Confidence Building

1 Hr x 3 Learning Activity
28.7 a [1 Hour x 1 session]
The teacher gives and introduction to Public Speaking and explain key elements like clarity, structure, and audience engagement. Demonstrates posture, gestures, eye contact, pacing and pausing, how to incorporate slides or props and vocal techniques to enhance confidence and presence. Teach breathing and visualization techniques to manage stage fright and boost confidence.
28.7 b [1 Hour x 1 session]
The students prepare and deliver short speeches, focusing on key techniques.
28.1 c [1 Hour x 1 session]
Teacher summarize key takeaways, provides constructive feedback and set personal improvement goals for future speaking opportunities and resources for further practice, such as tips on managing stage fright, exercises for voice control, and online resources for public speaking. Teacher concludes the session with tips for conducting training sessions on Public Speaking Practices and Confidence Booster Sessions.
Assessment- Interactions, Rubrics based assessments.

Experiential learning Activity

Experiential-Learning 28.1 : Skills Development in Meditative Practices for Manasaroga: Transcendental Meditation (TM), Vipassana, and Sudarshan Kriya Yoga (SKY) - (I).

1 Hr x 3 Learning Activity
28.1 a [1 Hour x 1 session]
Teacher assigns eligible diagnosed patients / simulated scenario to the students with baseline assessment or provides video tutoring. students observe model meditative sessions and core instructional techniques for TM, Vipassana, and SKY via curated video tutorials, noting effective guidance strategies
28.1 b [1 Hour x 1 session]
Student with his knowledge of Meditative Techniques imparts /practice guided meditation sessions for peers or small groups with appropriate Meditative sessions. Learners participate in a hands-on workshop or demonstration where they practice leading short segments of each meditative practice in real-time or simulated clinical settings.
28.1 c [1 Hour x 1 session]
Student tracks patients' reflections, receive feedback on their instructional approach, and records observations over time by using a structured log template. Student discusses the observations, applying learned techniques with peer and facilitator feedback and records important insights. They reflect on adapting techniques to address diverse patient needs in Manasaroga.
Assessment-DOPS, logbooks, Checklist.

Experiential-Learning 28.2 : Skills Development in Meditative Practices for Manasaroga: Transcendental Meditation (TM), Vipassana, and Sudarshan Kriya Yoga (SKY) - (II)

1 Hr x 3 Learning Activity
28.2 a [1 Hour x 1 session]
Teacher assigns eligible diagnosed patients / simulated scenario to the students with baseline assessment or provides video tutoring. students observe model meditative sessions and core instructional techniques for TM, Vipassana, and SKY via curated video tutorials, noting effective guidance strategies
28.2 b [1 Hour x 1 session]
Student with his knowledge of Meditative Techniques imparts /practice guided meditation sessions for peers or small groups with appropriate Meditative sessions. Learners participate in a hands-on workshop or demonstration where they practice leading short segments of each meditative practice in real-time or simulated clinical settings.
28.1 c [1 Hour x 1 session]
Student tracks patients' reflections, receive feedback on their instructional approach, and records observations over time by using a structured log template. Student discusses the observations, applying learned techniques with peer and facilitator feedback and records important insights. They reflect on adapting techniques to address diverse patient needs in Manasaroga.

Assessment-DOPS, logbooks, Checklist.

Experiential-Learning 28.3 : Skill Development in Jacobson’s Progressive Muscular Relaxation for Manasaroga.

1 Hr x 3 Learning Activity
28.3 a [1 Hour x 1 session]
Teacher assigns eligible diagnosed patients / simulated scenario to the students with baseline assessment or provides video tutoring. Students refresh their knowledge on Jacobson’s Progressive Muscular Relaxation (JPMR) and its core instructional techniques noting effective guidance strategies.
28.1 b [1 Hour x 1 session]
Student imparts /practice guided meditation sessions for peers or small groups of patients with JPMR OR Learners participate in a hands-on workshop or demonstration where they practice leading JPMR practice in real-time or simulated clinical settings.
28.3 c [1 Hour x 1 session]
Student tracks peers’/ patients’ reflections, receive feedback on their instructional approach, and records observations over time by using a structured log template. Student discusses the observations, applying learned techniques with peer and facilitator feedback and records important insights. They reflect on adapting techniques to address diverse patient needs in Manasaroga.
Assessment-DOPS, logbooks, Checklist.

Experiential-Learning 28.4 : Foundational Facilitation Skills in Hypnotherapy-Based Relaxation for Manasaroga.

3 Hours x 3 Learning Activity
28.4 a [1 Hour x 1 session]
Teacher assigns eligible diagnosed patients / simulated scenario to the students with baseline assessment or provides video tutoring. Students refresh their knowledge on Hypnotherapy and its core instructional techniques noting effective guidance strategies.
28.4 b [1 Hour x 1 session]
Student imparts /practice guided meditation sessions for peers or small groups of patients with Hypnotherapy OR Learners participate in a hands-on workshop or demonstration where they practice leading Hypnotherapy in real-time or simulated clinical settings.
28.4 c [1 Hour x 1 session]
Student tracks peers’/ patients’ reflections, receive feedback on their instructional approach, and records observations over time by using a structured log template. Student discusses the observations, applying learned techniques with peer and facilitator feedback and records important insights. They apply instructional skills, reflect on adapting

Hypnotherapy techniques to address diverse patient needs in Manasaroga.
Assessment-DOPS, logbooks, Checklist.

Experiential-Learning 28.5 : Socio-Cultural correlates of Faith-Based Interventions in Agantuja Manasaroga.

2 Hours x 2 Learning Activity
28.5 a [1 Hour x 1 session]
Create small peer groups with varying levels of understanding and interest in mental health, socio-cultural studies, and Ayurvedic practices. Each group focuses on one theme: socio-cultural impacts, Ayurvedic therapies, faith-based treatments, or Agantuja Manasaroga and share relevant readings and case studies.
28.5 b [1 Hour x 1 session]
Peers share reflections linking classical Ayurvedic approaches with contemporary perspectives, analyzing the therapeutic value, limitations, and practical integration of faith-based treatments within holistic mental health care. Recap main points on cultural, spiritual, and biopsychosocial aspects. End with reflections and feedback on learned insights.
Assessment- Interactions, Checklist based assessment.

Experiential-Learning 28.6 : Effective Communication and Interpersonal Skills Training.

3 Hours x 3 Learning Activity
28.6 a [1 Hour x 1 session]
Facilitator briefly cover the goals of Effective Communication and Interpersonal Skills, adapt Training Content, Guide Exercises, explain fundamental concepts of communication, including verbal and nonverbal cues, active listening, empathy, and assertiveness, and their impact on building strong relationships, tailored to various contexts, such as workplace and family, helping in conflict resolution, and team collaboration.
28.6 b [1 Hour x 1 session]
Students engage in interactive exercises, role-play scenarios to apply skills in workplace and family contexts, nonverbal communication and active listening drills.
28.6 c [1 Hour x 1 session]
Groups discuss communication challenges and solutions. Simulate scenarios to practice respectful conflict resolution. Facilitate reflection on communication styles and answer questions. Recap skills and gather peer feedback to conduct similar training sessions.
Assessment-DOPS, logbooks, Checklist.

Experiential-Learning 28.7 : Foundations of imparting Leadership Skills

3 Hours x 3 Learning Activity
28.7 a [1 Hour x 1 session]
The facilitator gives introduction on core leadership skills such as strategic thinking, vision-setting, delegation, conflict resolution, identifying risks, developing controls, effective implementation and preparing participants to inspire and influence effectively.
28.7 b [1 Hour x 1 session]
Guide participants in setting a clear vision and strategic goals, use scenarios to practice effective delegation, decision-making and risk analysis drills, conflict resolution simulations.
28.7 c [1 Hour x 1 session]
Encourage self-assessment and peer feedback on leadership approaches. Recap core leadership skills and emphasize continuous improvement through feedback to conduct similar training sessions.
Assessment-DOPS, Checklist.

Experiential-Learning 28.8 : Foundations of imparting Decision-making skills.

3 Hours x 3 Learning Activity
28.8 a [1 Hour x 1 session]
The facilitator set goals, introduce objectives, teaching strategic thinking, vision-setting, delegation, risk identification, and decision-making fundamentals and conflict resolution. Explain the importance of feedback and adaptability.
28.8 b [1 Hour x 1 session]
Engage participants in risk identification, control planning, skill-building exercises focusing on communication and decision-making exercises. Facilitate role-play to practice resolving conflicts constructively.
28.8 c [1 Hour x 1 session]
Student receive feedback from peers and facilitators, and reflect on strategies for personal leadership growth and effective team management. Recap core decision making skills and emphasize continuous improvement through feedback to conduct similar training sessions.
Assessment- DOPS, Checklist.

Experiential-Learning 28.9 : Foundations of imparting Stress Management and Resilience Building Skills.

3 Hours x 3 Learning Activity
28.9 a [1 Hour x 1 session]
The facilitator set goals, introduce objectives, present key stress management concepts and resilience-building for varied stress contexts. Cover the basics of relaxation, mindfulness, breathing techniques, and cognitive reframing. Explain how these can be tailored to different types of stressors (work, personal, high-stress environments).
28.9 b [1 Hour x 1 session]
Learners engage in interactive Demonstrations, Breathing and Relaxation Exercises, Lead a short mindfulness session focusing on present-moment awareness, cognitive reframing by providing examples and practice reinterpreting stressful thoughts.
28.9 c [1 Hour x 1 session]
In small groups, discuss common and personal stressors and how specific techniques could help. Practice routine integration by creating a plan to incorporate these practices into daily life. Facilitate reflection on personal stress triggers and answer questions. Recap key techniques and gather feedback on the most effective practices to conduct similar training sessions.
Assessment-DOPS, Checklist.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) LAQ/SAQ/MCQ on Daivavyapasraya/ Naishtiki/ Adravyabhoota Chikitsa/ Pratidwanta chikitsa/Satvavaisheshyakara bhava/ Other techniques (Hypnotherapy, REBT, JPMR, Vippassana/Sudarshanakriya/Transcendental Meditation) applicable in Manasaroga/Manodaihiki Vyadhi [10 marks X 01 Hour] B) Practical Learning Outcome Assessment: 1. Case Study Analysis [20 marks x 01 Hour] Instructions: a) The students are instructed to develop feasible stress management protocols/personality development programme with selected meditation/relaxation modalities as stand-alone/ add-on modality to Ayurvedic treatments in a given condition or for a specific working community [15 marks] b) Justify the influence of Satvavaisheshyakara bhava in a given clinical case. [5 marks]	4

C) Structured or Open Viva-Voce [10 marks x 01 Hour]
D) Experiential Learning Outcome Assessment: [10 marks x 01 hour]
Model on phrasing a question:
What are the prevalent Daivavyapasraya modalities adopted by psychiatric patient community in the current era? What is the impact of prevalent Daivavyapsraya modalities self - adopted by patient and care givers in terms of compliance, socio-cultural influences, disease severity and relapse-remission of symptoms?
Any practical in converted form can be taken for assessment. [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 5

Module 29 : Manasaroge Yoga Shastrasya Prayogika Upayogita [Practical utility of Yoga Shastra in Ayurveda Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1. Describe: The theoretical basis of how Yoga can impact mental health (Manasaroga) through various pathways such as stress reduction, neuroplasticity, and autonomic nervous system regulation. The role of specific Yogic practices (like asanas, pranayama, and meditation) in managing symptoms of mental disorders.

2. Conduct: A session that integrates appropriate Yoga techniques tailored for patients with different types of mental disorders.A clinical assessment of a patient with Manasaroga before and after Yoga interventions to evaluate changes in mental state and physiological markers (e.g., heart rate variability, vagal tone).

3. Identify: The specific Yogic techniques that are most beneficial for different types of Manasaroga (e.g., calming asanas for anxiety, breathing exercises for depression). Contraindications or precautions while using Yoga in mental health settings, especially for patients with severe psychiatric conditions.

M 29 Unit 1 Significance of Yoga, concept of Panchakosha & Shatkarma in Mental Health

- Therapeutic effects of Yoga on Psycho- Neuro- Endocrino- Immunological axis.
- Introduction to Panchakosha model and its implication in Manasaroga.
- Applied aspect of Integrated Approach of Yoga Therapy (IAYP).
- Practical utility of Neti, Dhauti, Nauli, Basti, Kapalabhati and Tra?aka mentioned in Manasaroga.

References: 43,44,46,48,51

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyse the neurophysiological effects of Shatkarma.	2	Lecture	CAN	Knows-how	IBL
CO5,CO7	Analyse the ontological model of Panchakosha theory.	2	Lecture	CAN	Knows-how	L,L&GD
CO5,CO7	Discuss the philosophical foundations of Ashtanga Yoga and critically analyse its eight components, as outlined in Patanjali's Yoga Sutras, in relation to enhancing psychological well-being, emotional stability, and cognitive functioning.	2	Practical Training 29.1	CAN	Knows-how	L&GD
CO5,CO7	Compare the therapeutic applications of Shatkarma techniques (Neti, Dhauti, Nauli, Basti, Kapalabhati, and Trataka) in managing mental health conditions, and relate them to the principles and practices of Panchakarma.	2	Practical Training 29.2	CAN	Knows-how	PER,L&GD
CO5,CO7	Evaluate the impact of integrated Yoga practice in mental health and overall quality of life.	3	Experiential-Learning 29.1	AFT-VAL	Knows-how	PBL
CO5,CO7	Demonstrate proficiency in rendering community awareness in in mental health and overall quality of life through Yoga.	3	Experiential-Learning 29.2	AFT-CHR	Shows-how	CBL

M 29 Unit 2 Practical application of Ashtanga Yoga

- Physiological and psychological effects of Asana (postures) and Pranayama (breath control) on the human body and mind.
- Practical application of Ashtanga Yoga in in specific Manasaroga conditions.

References: 42,43,44,45,46,48,68,73,74,111,112

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyse the neurophysiological effects of Ashtanga yoga. on modulation of Hypothalamic–Pituitary–Adrenal (HPA) axis; Psycho - Neuro - Endocrine - Immunology (PNEI) effects; molecules affected by stress and Immune system function.	2	Lecture	CAN	Knows-how	L&PPT ,L&GD
CO5,CO7	Analyse the role of Ashtangayoga on neurophysiological parameters (viz; neuroplasticity, Higher mental functions, Autonomic Nervous System, neuro hormones and neuro transmitters).	2	Lecture	CAN	Knows-how	L&GD
CO5,CO7	Discuss how the practice of Yama and Niyama cultivates mental discipline, emotional regulation, ethical and moral behaviour, and builds mental resilience in the context of Manasaroga.	3	Practical Training 29.3	CC	Knows-how	L&GD,PER
CO5,CO7	Demonstrate practical skills in selected Pranayama Techniques for appropriate integration in Manasaroga chikitsa.	3	Practical Training 29.4	PSY-GUD	Knows-how	L&GD
CO5,CO7	Conduct Yoga sessions in Manasaroga cases and analyse the clinical changes/bio feedback using vital parameters.	2	Practical Training 29.5	PSY-MEC	Knows-how	RLE,RP,W
CO5,CO7	Demonstrate proficiency in implementing patient centred Yoga protocols favouring patient eligibility (Mental status and physical fitness)	2	Experiential-Learning 29.3	AFT-CHR	Knows-how	RLE,W,PL,RP

CO5,CO7	Demonstrate proficiency in implementing patient centred Yoga protocols favouring therapeutic applicability in Manasaroga.	3	Experiential-Learning 29.4	AFT-CHR	Knows-how	RP,SIM,CBL,RLE,D
CO5,CO7	Appreciate and observe patient responses, gaining insight into the practical implementation and real-time effects of yoga interventions for patient care in various Manasaroga conditions.	2	Experiential-Learning 29.5	AFT-VAL	Knows-how	SIM,RP,RLE
CO5,CO7	Summarize the field observations, outline areas of strongest clinical impact and identify conditions where integration with conventional treatment is essential to derive actionable insights on yoga's role as a mind–body therapeutic tool.	3	Experiential-Learning 29.6	AFT-VAL	Knows-how	IBL

M 29 Unit 3 Validated Yoga protocols for selected Manasaroga

- Scientifically validated yoga protocols designed for the management of major *psychological disorders* including Stress, Anxiety, Depression and Schizophrenia.

References: 48

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Evaluate the role of evidence-based scientific models of integrated yoga protocols in the management of Manasaroga, challenges, indications, contraindications and research updates.	2	Lecture	CE	Knows-how	L&GD,L&PPT
CO5,CO7	Demonstrate skills in carrying out integrated yoga protocols in Schizophrenia cases.	3	Practical Training 29.6	PSY-GUD	Shows-how	SIM,RP
CO5,CO7	Demonstrate skills in implementing integrated yoga protocols in Depression.	3	Practical Training 29.7	PSY-GUD	Shows-how	D
CO5,CO7	Demonstrate practical skills in implementing integrated yoga protocols in Autistic	2	Practical	PSY-	Shows-	D

	Spectrum Disorders.		Training 29.8	GUD	how	
CO5,CO7	Demonstrate competency in performing and teaching validated yoga protocol in Mild Cognitive Impairment.	3	Experiential-Learning 29.7	AFT-RES	Shows-how	RLE,RP
CO5,CO7	Demonstrate competency in performing and teaching validated yoga protocol in Substance Use Disorder.	3	Experiential-Learning 29.8	AFT-CHR	Shows-how	D
CO5,CO7	Demonstrate competency in performing and teaching validated yoga protocol in Obsessive Compulsive Disorder.	2	Experiential-Learning 29.9	AFT-CHR	Shows-how	D
CO5,CO7	Demonstrate competency in performing and teaching validated yoga protocol in Generalised Anxiety Disorder.	2	Experiential-Learning 29.10	AFT-CHR	Shows-how	D

Practical Training Activity

Practical Training 29.1 : Exploring Ashtanga Yoga: Philosophical Roots and Psychocognitive Applications

2 Hours x 2 Learning Activity
29.1 a [1 Hour x 1 session]
Divide students into small groups. Teacher discusses the philosophical context of Ashtanga Yoga from Patanjali's Yoga Sutras and briefly explores each of the eight limbs (Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana, Samadhi). Encourage groups to reflect on how these components relate to personal and collective psychological well-being and emotional stability and prepares key discussion points.
29.1 b [1 Hour x 1 session]
Each group presents their insights on how specific limbs of Ashtanga Yoga contribute to emotional regulation, psychological resilience, and cognitive functioning. Emphasize critical thinking, drawing on contemporary research or experiential understanding (if applicable). Encourage feedback and inter-group dialogue after each presentation. Teacher summarizes practical implications and therapeutic potential of Ashtanga Yoga in modern integrative mental health settings.
Assessments: Interactions, Checklist based assessments.

Practical Training 29.2 : Shatkarma and Panchakarma: Comparative Therapeutic Insights for Mental Health Management.

2 Hours x 2 Learning Activity
29.2 a [1 Hour x 1 session]
Divide students into convenient groups. Assign each group 1–2 Shatkarma techniques (Neti, Dhauti, Nauli, Basti, Kapalabhati, Trataka). Groups will discuss:
1. The physiological and psychological mechanisms of the assigned techniques.
2. Their traditional references and therapeutic applications in managing conditions like anxiety, depression, OCD, etc under the supervision of teacher.
Each group prepares a comparative note on their techniques and how they might align with the dosha-specific approaches of Panchakarma.
29.2 b [1 Hour x 1 session]
Each group presents their findings, focusing on:
1. Therapeutic relevance of their assigned Shatkarma in mental health.
2. How these align with or differ from Panchakarma practices like Vamana, Virechana, Basti, etc.
Highlight integrative potential—e.g., using Shatkarma as pre-Panchakarma procedures or adjunct therapies for Manasika Roga. A collective chart or mind map is created by the class and the teacher summarize key overlaps, distinctions, and applications.
Assessments: Interactions, Assessment of chart/ Documentation, Checklist based assessments.

Practical Training 29.3 : Yama and Niyama in Manasaroga: Foundations of Mental Discipline and Emotional Resilience.

3 Hours x 2 Learning Activity
29.3 a [1 Hour x 1 session]
The teacher gives a brief introduction on Yama and Niyamaand its role in cultivating mental discipline, emotional regulation, ethical &moral behaviour and in building a foundation for mental resilience in Manasaroga. Divide students in small groups. Assign each group one or two of the Yamas and Niyamas (e.g., Ahimsa, Satya, Shaucha, Santosha, etc.).
29.3 b [2 Hour x 1 session]
Each group discuss and explores the psychological relevance of their assigned principles—how they contribute to emotional regulation, ethical conduct, and mental stability, especially in conditions like anxiety, depression, or stress-related disorders. Groups create a short summary linking their principles with observed or potential clinical benefits in Manasaroga.
29.3 c [2 Hour x 1 session]

Each group presents their findings with specific examples or case-based scenarios (if applicable), showing how adherence to these ethical observances can aid in managing mental disorders. Encourage critical thinking and discussion on how these principles can be incorporated in therapeutic yoga protocols for mental health.
Under the guidance of the teacher, the class collaboratively develops a conceptual model or visual framework (e.g., poster/chart) connecting Yama–Niyama practices with therapeutic goals in Manasaroga and teacher concludes the session.
Assessments: Interactions, Checklist based assessments.

Practical Training 29.4 : Pranayama for Mental Wellness: Practical Training and Therapeutic Integration in Manasaroga.

3 Hours x 3 Learning Activity
29.4 a [1 Hour x 1 session]
Facilitator demonstrates foundational Pranayama techniques (e.g., Nadi Shodhana, Bhramari, Anuloma-Viloma, Sheetali). Learners participate in guided practice with emphasis on posture, breath control, and mental state awareness. Group discussion follows to reflect on perceived effects.
29.4 b [1 Hour x 1 session]
Facilitator demonstrates specific Pranayama techniques relevant to mental health viz; anxiety, depression, stress, insomnia. Learners participate in guided practice followed group discussion on the mechanism of action and reduction of symptoms.
29.4 c [1 Hour x 1 session]
The students practice pranayama techniques in groups changing their role of the therapist, adapting instructions, pace, and approach to suit the peer/simulated patient's mental and physical state. Encourage real-time adjustment, therapist–patient interaction, and mindful observation of patient response. Facilitator conclude the session with remarks.
Assessments: DOPS, Checklist based assessments.

Practical Training 29.5 : Clinical Application of Yoga in Manasaroga: Biofeedback-Based Analysis of Therapeutic Outcomes

2 Hours x 2 Learning Activity
29.5 a [1 Hour x 1 session]
Divide students into small groups. Provide each group with a brief case vignette representing a specific Manasaroga (e.g., depression, anxiety, insomnia, schizophrenia). Each group discusses and designs a simple yoga session suitable for the assigned condition under the guidance of teacher, and referring to classical texts and evidence-based protocols. The groups also decide which vital parameters (e.g., HR, BP, RR, SpO?, HRV, GSR) they would monitor to assess changes.
29.5 b [1 Hour x 1 session]

Groups assess the parameters and conduct the yoga sessions in RLE/ SIM cases observation of the parameters. Emphasis is placed on interpreting these changes in the context of therapeutic goals—such as reduced anxiety, improved autonomic balance, or better emotional regulation. Each group presents their findings and teacher provides remarks on the clinical implications of their yoga session, discussing what worked, what could improve, and what the results suggest.
Assessments: DOPS, Checklist based assessments.

Practical Training 29.6 : Simulated Practice of Integrated Yoga Protocols in Schizophrenia: Skill-Based Clinical Training.

3 Hours x 3 Learning Activity
29.6 a [1 Hour x 1 session]
Teacher orient students to the clinical scenario and objective. Provide a brief overview of Schizophrenia—symptom profile, dosha imbalance, and yoga therapy considerations. Explain the components of the Integrated Yoga Protocol for Schizophrenia (e.g., loosening practices, asana, pranayama, chanting, OM meditation, guided relaxation). Discuss therapeutic precautions and contraindications.
29.6 b [1 Hour x 1 session]
Teacher/ Facilitator demonstrates the steps of the Integrated Yoga Protocol for Schizophrenia and students practice the steps under guidance.
29.6 c [1 Hour x 1 session]
Assign students the role of therapist, patient, caregiver/ observer and on rotation basis. The therapist demonstrates the Integrated Yoga Protocol for Schizophrenia, adapting instructions, pace, and approach to suit the simulated patient's mental and physical state. Encourage real-time adjustment, therapist–patient interaction, and mindful observation of patient response (body language, restlessness, compliance, etc.). The teacher concludes the session with feedback discussing what worked, what could improve.
Assessments: DOPS, Checklist based assessments.

Practical Training 29.7 : Simulated Delivery of Integrated Yoga Protocols in Depression: A Skill-Based Training Module.

3 Hours x 3 Learning Activity
29.7 a [1 Hour x 1 session]
Teacher introduces students to the clinical profile of depression, dosha imbalance and yoga therapy considerations. Introduce components of the Integrated Yoga Protocol for Depression, which may include: Sookshma Vyayama (loosening exercises), Gentle Asanas (e.g., Setu Bandhasana, Bhujangasana), Pranayama (e.g., Nadi Shuddhi, Bhramari), Om chanting and Yoga Nidra. Discuss therapist communication strategies, contraindications, and emotional sensitivity while working with depression patients.
29.7 b [1 Hour x 1 session]

Teacher/ Facilitator demonstrates the steps of the Integrated Yoga Protocol for Depression and students practice the steps under guidance.
29.7 c [1 Hour x 1 session]
Assign students the role of therapist, patient (reflecting mild to moderate depression), caregiver/observer on rotation basis. The therapist demonstrates the Integrated Yoga Protocol for depression. Each student therapist conducts the full yoga protocol with appropriate verbal cues, pacing, and empathetic interaction tailored to a "patient" with depression. Observers note patient response, therapist body language, sequencing, and adaptation. Reflect on performance and integrate feedback for skill enhancement. Each group shares their experiences and challenges during the simulation. Faculty and peers provide structured feedback on therapeutic communication, clarity of instruction, sensitivity to the patient's state, and execution of the protocol. Key learning points are summarized, including best practices and areas of improvement.
Assessments: DOPS, Checklist based assessments.

Practical Training 29.8 : Simulated Implementation of Integrated Yoga Protocols in Autism Spectrum Disorders: A Practical Skills Training.

2 Hours x 3 Learning Activity
29.8 a [1 Hour x 1 session]
Teacher familiarizes students with Autism Spectrum Disorders (ASD). Briefly discuss on core features of ASD (e.g., sensory sensitivities, communication challenges, social interaction deficits, repetitive behaviors). Introduction to components of an Integrated Yoga Protocol for ASD, such as: Grounding Asanas (e.g., Tadasana, Shashankasana), Breath awareness and simple Pranayama (e.g., deep breathing, Bee breathing), Use of visual aids, structured routine, chants, and relaxation techniques. Highlight the importance of therapist tone, consistency, and behavioral reinforcement while working with children on the spectrum. Teacher/ Facilitator demonstrates the steps of the Integrated Yoga Protocol for Depression and students practice the steps under guidance.
29.8 b [1 Hour x 1 session]
Assign students the role of yoga therapist, ASD child (based on a role-play script), caregiver/observer. The therapist conducts a simplified yoga session tailored for the child's sensory tolerance and attention span. Observers note therapist behavior, child engagement, use of visual/verbal cues, and session structure. Focus on therapist adaptability, patience, and reinforcement techniques. Reflect on the experience and receive peer/faculty feedback for improvement. Each group shares reflections on what worked, what was challenging, and how they adapted the protocol. Faculty provides feedback on communication, posture adaptation, emotional engagement, and session structuring. Wrap up with key takeaways for applying yoga therapy effectively in ASD populations.
Assessments: DOPS, Checklist based assessments.

Experiential learning Activity

Experiential-Learning 29.1 : Impact of integrated Yoga practice in mental health and overall quality of life.

3 Hours x 3 Learning Activity
29.1 a [1 Hour x 1 session]
Simulate real-life emotional challenges involving mental stressors (e.g., anxiety triggers, emotional conflicts, low self-worth scenarios) through brief role-plays, stories, or visualizations. Encourage writing reflective journals or notes on bodily sensations, mood changes, breath pattern awareness, and thought processes. and allow students to relate the effects of yoga on affect regulation and mental clarity.
29.1 b [1 Hour x 1 session]
Enable students to experience a full integrated yoga session including Asana, Pranayama, Meditation, and Relaxation (e.g., Yoga Nidra or mindfulness-based breath awareness) focusing on inner awareness and emotional shifts. Instructors guide the session with emphasis on self-awareness, emotional observation, and inner stillness. Students are encouraged to stay silent and inwardly observant throughout.
29.1 c [1 Hour x 1 session]
Ask students to introspect on how their emotional responses differ before and after yoga practice. Students share their reflections in small circles or with the full class (voluntarily). Guide discussions around themes like emotional resilience, clarity of mind, inner calmness, and improved self-regulation. End with a group synthesis of key affective learnings and practical ways to integrate yoga into daily life to facilitate affective expression, peer empathy, and integration of the perceived benefits of yoga into personal and professional life, for sustained mental health and enhanced quality of life.
Assessment :Reflective note submission, Participation in group debriefs.

Experiential-Learning 29.2 : Community awareness in in mental health and overall quality of life through Yoga.

3 Hours x 3 Learning Activity
29.2 a [1 Hour x 1 session]
Engage students with a real-life or hypothetical case highlighting gaps in mental health awareness and quality of life in the community. Present a detailed case study (e.g., a rural community with stigma around mental illness, a school with rising anxiety cases, or a slum with poor mental health hygiene). In small groups, students analyze the case to identify, Community-specific challenges, Cultural and social barriers, Opportunities for intervention. Encourage discussion around ethical responsibility, empathy, and the role of a health educator/therapist.
29.2 b [1 Hour x 1 session]
Each group designs a community outreach or awareness plan integrating mental health education, yoga-based practices, and lifestyle guidance. Plans may include: street plays, posters, community yoga sessions, family counselling, or youth sensitization programs. Focus on inclusivity, sustainability, and empathy-driven communication.
29.2 c [1 Hour x 1 session]
Reinforce internalization of community responsibility and value-based action. Each group presents their plan, justifying how it reflects compassion, social commitment, and character development. Reflective dialogue follows like, How has this session shaped your perspective on mental health in the community? What values are you more

committed to as a result of this exercise? How do you envision your role as a healthcare professional beyond clinical spaces?
Assessment :Reflective note submission, Participation in group debriefs.

Experiential-Learning 29.3 : Therapeutic Yoga Customization Based on Mental and Physical Eligibility.

29.3 [2 Hours x 1 Learning Activity]
Prepare students to approach the field visit with a patient-centred, ethically sensitive mindset. Brief students on the setting (e.g., mental health ward, integrative medicine OPD, rehabilitation center). Discuss how to assess a patient's mental status and physical capacity before designing or implementing yoga protocols. Emphasize key affective values: respect for individuality, empathy, adaptability, clinical humility, therapeutic intent, respect for mental vulnerability and non-judgmental presence.
Observation and Engagement in Field Visit expose the students to experience real-time patient-centred implementation of yoga protocols. At the field site, students observe or assist in delivering tailored yoga sessions to patients with different mental and physical profiles. Tasks may include: Interacting with patients (where appropriate), observing the physical ability (related to age, comorbidities, un wanted effects of contemporary medicines, withdrawal symptoms) and mental eligibility (related to severity of illness, level of insight) of the patients for the specific yoga sessions, noting adaptations made by the therapist, reflecting on patients' emotional responses and engagement levels, emphasis on how yoga was adjusted based on the individual's needs, comfort, and capacity.
Post visit reflections may be made on physical and mental eligibility of the patients for the yoga sessions and the specific customisations introduced.
Assessment: Reflective note submission, Participation in group debriefs.

Experiential-Learning 29.4 : Therapeutic Yoga Customization Based on Therapeutic Applicability.

29.4 [3 Hr x 1 Learning Activity]
Pre-Visit Orientation and Value Priming can be done by equiping students with the ethical, therapeutic, and clinical framework needed to apply individualized yoga protocols in Manasaroga. Brief students on common Manasaroga (e.g., depression, anxiety, schizophrenia, OCD) and associated patient-specific needs. Discuss principles of patient-centred care, therapeutic alliance, adaptability of yoga modules, and professional boundaries. Introduce value themes: empathy,
Field Visit – Clinical Observation and/or Participation
Observe and/or assist in real-time implementation of yoga protocols adapted for individual patients with diverse mental health conditions. At the field site (mental health ward/integrative psychiatry OPD), students observe therapists delivering patient-specific yoga sessions. They focus on how protocols are-tailored to the patient's diagnosis, symptoms, and response (receptiveness to command, ability to maintain focus, ability to maintain posture, level of rapport, cooperation level, cognition), handling of the patients singly or in groups, emotional sensitivity and professional integrity in delivering sessions. Students debrief and reflect on the observations on therapeutic applicability of yoga along diverse mental health conditions.

Assessment : Reflective note submission, Participation in group debriefs.

Experiential-Learning 29.5 : Observational Insights into Patient Response and Clinical Impact of Yoga in Manasaroga.

29.5 [2 Hr x 1 Learning Activity]
For Field Observation, to assess patient response in real-time yoga interventions, enable students to to emotionally connect with their role in patient care. At the field site (hospital, mental health clinic, integrative care center), students silently observe yoga sessions being conducted for individuals or groups with Manasaroga. They must attentively note: Patient engagement, mood shifts, behavioral changes, therapist approach and any modifications made, group dynamics or individual responsiveness, add on therapies during yoga intervention and difference in their dosage pre and post therapy, adherence to therapy, feedback from care givers/ family regarding status of the condition and quality of life pre and post therapy and inputs from experts of the center. Students are encouraged to reflect on the clinical impact of yoga in Manasaroga.
Assessment: Reflective note submission, Participation in group debriefs.

Experiential-Learning 29.6 : Actionable insights on Integrated Yoga for Mental Health Care.

3 Hours x 2 Learning Activity
29.6 a [1 Hour x 1 session]
Students process their field observations and connect the dots between yoga practices and mental health improvements. Begin with silent journaling for 10 minutes: “What aspects of the yoga interventions had the most emotional or therapeutic impact?”. Follow with guided prompts:
1. What stood out to you across different patients?
2. Were there any moments that changed your perception of yoga as therapy?
Encourage discussion on personal responses and key clinical insights they observed regarding the areas of strongest clinical impact, Symptoms affected (e.g., agitation, attention, sleep, affect), when might yoga alone not be sufficient, role of yoga as a healing modality as an adjuvant / standalone therapy to contemporary/ alternative medicine, conditions where integration with conventional treatment is essential, what medical red flags demand a collaborative model.
29.6 b [2 Hour x 1 session]
Students collaborately summarize the field observations, creates a “Clinical Impact Map”/“ Decision-tree” with actionable insights for interdisciplinary collaboration in Mental healthcare.
Assessment : Reflective summary submission, Participation in group debriefs.

Experiential-Learning 29.7 : Skilled Delivery of Validated Yoga Protocol for Mild Cognitive Impairment (MCI).

3 Hours x 2 Learning Activity
29.7 a [1 Hour x 1 session]
Students refer to the validated yoga protocol for MCI (e.g., simplified asana, guided relaxation, memory-based practices). Develop empathetic understanding and value orientation toward people with MCI with an affective cue, How does a yoga therapist honor the dignity and personhood of someone with cognitive challenges? Involve in self - training using related materials, videos and taking help from peers.
29.7 b [2 Hour x 1 session]
Students practice validated yoga protocol for MCI in in teams, rotating through roles of therapist, patient and observer. Engage as a therapist in 20–30 mins of the protocol (adapted to memory, attention span). As the patient: simulate mild cognitive impairment traits (distraction, slow response, emotional reactivity). As the observer: assess affective delivery, gentleness, inclusion, emotional safety. Get real-time feedback focused on affective comportment (e.g., tone, pacing, facial expressions, verbal encouragement).
End the session with reflection and peer feedback on what worked, what could improve and how the protocol can be integrated along with regular pharmacological interventions.
Assessment : DOPS, Self Assessment, Peer Assessment.

Experiential-Learning 29.8 : Skilled Delivery of Validated Yoga Protocol for Substance Use Disorder

3 Hours x 2 Learning Activity
29.8 a [1 Hour x 1 session]
Students refer to the validated yoga protocol for Substance Use Disorder (e.g., from NIMHANS/ AYUSH). Deepen empathy and internal commitment toward yoga as a rehabilitative tool in SUD care. with an affective cue, What values must a yoga teacher embody when teaching SUD patients? Involve in self - training using related materials, videos and taking help from peers.
29.8 b [2 Hour x 1 session]
Students practice validated yoga protocol for Substance Use Disorder in teams, rotating through roles of therapist, patient and observer. Engage as a therapist in 20–30 mins of the protocol with emphasis on Clear and compassionate instruction. Sensitivity to trauma or withdrawal symptoms, Motivational communication and grounding techniques. As the observer: assess affective delivery, gentleness, inclusion, emotional safety. Get real-time feedback focused on affective comportment (e.g., tone, pacing, facial expressions, verbal encouragement).
End the session with reflection and peer feedback on what worked, what could improve and how the protocol can be integrated along with regular pharmacological interventions.
Assessment : DOPS, Self Assessment, Peer Assessment.

Experiential-Learning 29.9 : Skilled Delivery of Validated Yoga Protocol for Obsessive Compulsive Disorder (OCD).

2 Hours x 2 Learning Activity
29.9 a [1 Hour x 1 session]
Students refer to the validated yoga protocol for Obsessive Compulsive Disorder (OCD) with an overview of OCD: psychosocial context, clinical features, role of Yoga. and protocol summary. Involve in self - training using related materials, videos and taking help from peers.
29.9 b [1 Hour x 1 session]
Students practice validated yoga protocol for OCD in teams, rotating through roles of therapist, patient and observer. Engage as a therapist in 20–30 mins of the protocol with emphasis on ideal behavior, technique, tone, empathy and body language. As a standardized patient (OCD case), demonstrating adaptations for common OCD challenges (e.g., compulsions, anxiety). As the observer: assess affective, cognitive, and psychomotor integration. Get real-time feedback focused on affective comportment (e.g., tone, pacing, facial expressions, verbal encouragement).
Learners rate themselves and peers on empathy, clarity, responsiveness, and adaptability. Wrap-up of session highlighting therapeutic nuances, communication challenges, and values embedded in delivery of Yoga therapy for OCD and its integration along with regular pharmacological interventions.
Assessment : DOPS, Self Assessment, Peer Assessment.

Experiential-Learning 29.10 : Skilled Delivery of Validated Yoga Protocol for Generalised Anxiety disorder (GAD).

2 Hours x 2 Learning Activity
29.10 a [1 Hour x 1 session]
Students refer to the validated yoga protocol for Generalised Anxiety disorder (GAD) with an outlook of affective competencies required when teaching individuals with anxiety: patience, grounding presence, attuned communication. Practice validated yoga protocol for GAD (e.g., involving grounding asanas, gentle pranayama, relaxation techniques), get self - training using related materials, videos and taking help from peers with an affective cue: What values and attitudes are essential to create a safe space for someone with anxiety?
29.10 b [1 Hour x 1 session]
Students practice validated yoga protocol for GAD in teams, rotating through roles of therapist, patient and observer. Engage as a therapist in 20–30 mins of the protocol with emphasis on Emphasis on: Using calming voice tone and language, Pacing instruction to soothe anxiety, encouraging present-moment awareness, handling patient distress or resistance with compassion. As a standardized GAD patient demonstrating behavior highlighting emotional dysregulation and cognitive hyperactivity. As the observer: assess the embodiment of therapeutic values (not just technical correctness). Get real-time feedback focused on affective comportment (e.g., tone, pacing, facial

expressions, verbal encouragement).
Learners rate themselves and peers on empathy, clarity, responsiveness, and adaptability. Wrap-up of session highlighting therapeutic nuances, communication challenges, and values embedded in delivery of Yoga therapy for OCD and its integration along with regular pharmacological interventions.
Assessment : DOPS, Self Assessment, Peer Assessment.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) LAQ Model [01 Q x 10 marks x 30 mins] 1. Discuss the practical utility of yoga in the management of selected Manasaroga (Vishada/Chittodwega, Anidra etc) 2. Explain the role of Ashtanga Yoga in restoring HPA/PNEI axis deviations with reference to Manasaroga, citing suitable examples SAQ Model [01 Q x 05 marks x 15 mins] 1. Write a short note on Shatkarma in Manasaroga B) Practical Learning Outcome Assessment: [01 x 15 marks x 02 Hour] 1. Design a 7/14 day Yoga protocol for a patient diagnosed with any selected Manasaroga Instructions: A case study on a psychiatric disorder is provided to each student (a clinical case in the ward or a simulated case with clinical presentations, age of onset, course/duration, premorbid personality, substance use history as appropriate, other relevant socio-economic-marital information) a) The students are instructed to develop a 7/14 day Yoga protocol applicable in the given condition (as stand-alone or as add-on to Ayurvedic treatment modalities). [10 marks] b) Justify the use of specific Yoga postures adoptable in the given case. [05 marks] C) Experiential Learning Outcome Assessment: [10 marks x 01.15 minutes] Model on phrasing a question: Describe a case (real or observed) where specific Yoga Protocol was administered in Manasaroga. a) What was the patient's condition and presenting complaints? b) Which specific Yoga Protocol was chosen and why? c) What response or changes did you observe in the patient’s condition? d) What clinical lesson or insight did you gain from this experience? Or	4

Any practical in converted form can be taken for assessment. [25 Marks]
and
Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 30 : Manasaroge Aushadha Prayogasya Samagra Jnanam [Pragmatic Knowledge of Psychopharmacology in Ayurveda Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

Describe: The pharmacological basis and therapeutic actions of Ayurvedic medicines used in the treatment of mental disorders (Manasa Roga. The indications, contraindications, dosages, and mechanisms of these medicines in treating conditions like anxiety, depression, schizophrenia, and cognitive disorders. The interactions between Ayurvedic medicines and modern psychotropic drugs, emphasizing integrative approaches.
Conduct: An evidence-based prescription of Ayurvedic medicines tailored for specific mental health conditions, ensuring safe integration with modern psychiatric treatments where necessary. A thorough patient assessment, including mental state examination and dosha imbalance analysis, to customize the use of medicines in Manasa Roga.
Identify: The most appropriate herbal or pharmaceutical interventions for specific Manasa Roga conditions, based on the patient's mental and physical constitution (Prakriti) and disease presentation. Potential side effects, adverse reactions, and contraindications of Ayurvedic medicines in mental health care, especially when combined with other therapies.

M 30 Unit 1 Potential effects of Eka mulika dravya in mental states

- Neuro-adaptogenic properties of Medhya Aushadha and their role in the management of specific Manasaroga conditions.
- Potential effects of Madakari, Pramadhi, Vyavayi, Vikasi, Hridya, Abhishyandi, Rasayana, Jeevaneeya, Balya, Tarpana and Vrishya drugs.on mental states

References: 2,3,5,6,8,9,10,11,12,13,14

3A	3B	3C	3D	3E	3F	3G
CO7	Distinguish and analyse the pharmacological properties of Medhya Rasayanas,	2	Lecture	CAN	Knows-	L&PPT

	mechanism of action, clinical application and their role in enhancing higher mental functions and managing mental disorders				how	,L&GD
CO7	Analyse key herbs, active principles, indications, contraindications, dose, administration forms, anupana, pharmacological actions and therapeutic rationale for single-drug applications in Manasaroga	2	Lecture	CAN	Knows-how	L&PPT ,L&GD
CO5,CO7	Create patient tailored prescriptions comprising single herbs or its combinations w.s.t to special precautions (contra indications), optimal therapeutic dose (as per Ayurvedic pharmacopeia), adverse reactions, toxic dosages and patient compliance in Manasaroga	3	Practical Training 30.1	CS	Shows-how	IBL,PBL, TBL
CO5,CO7	Demonstrate skills in selecting and prescribing Eka Mulika Aushadhi with specific effects on mental states (Madakari, Pramadhi, Vyavayi, Vikasi, Hridya, Abhishyandi, Rasayana, Jeevaneeya, Balya, Tarpana, and Vrishya) in Manasaroga	3	Practical Training 30.2	PSY-ADT	Shows-how	D,FV
CO5,CO7	Apply the most appropriate single Ayurvedic formulations favouring eligibility (mental status and physical fitness) and patient responses	3	Experiential-Learning 30.1	AFT-VAL	Knows-how	PL,LS
CO7	Apply insight into the practical implementation (as stand alone, add on/ complementary therapy to modern psychotropic drugs) and real-time effects of various single drug medicaments in Manasaroga.	3	Experiential-Learning 30.2	AFT-CHR	Knows-how	PrBL,PL, SDL

M 30 Unit 2 Selected poly herbal formulations in Manasaroga

- Selected classical poly herbal- mineral based formulations with their specific indications & contra indications, ingredients, dose and route of administration, therapeutic efficacy, and research updates in Manasaroga.

References: 2,3,5,6,8,9,10,11,12,13,15

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Enlist the commonly administered Aushadha yogas – Kashaya, Ghrita, Choorna, Gutika, Asava, Arishta applicable in Manasaroga.	2	Lecture	CK	Knows-how	BS,L&GD,L&PPT
CO5,CO7	Enlist the commonly administered Aushadha yogas – Thaila, Avaleha, Rasuashadhi, and Anya kalpanas (Mantha, Ksheerapaka, Hima) applicable in Manasaroga.	2	Lecture	CK	Knows-how	L&PPT , L&GD,BS
CO5,CO7	Demonstrate skills in formulating and prescribing appropriate polyherbal medicines for Manasaroga, considering patient eligibility, dose adjustments based on age, Prakriti, illness severity, digestive capacity, clinical stage, and co-morbidities – (I)	7	Practical Training 30.3	PSY-GUD	Shows-how	PAL,CBL,D-BED,D,DIS
CO5,CO7	Demonstrate skills in formulating and prescribing appropriate polyherbal medicines for Manasaroga, considering patient eligibility, dose adjustments based on age, Prakriti, illness severity, digestive capacity, clinical stage, and co-morbidities – (II)	5	Practical Training 30.4	PSY-GUD	Shows-how	CBL,IBL,D-BED,TBL,RLE
CO5,CO7	Apply the most appropriate compound Ayurvedic formulations favouring patient eligibility (Mental status and physical fitness), patient responses and untoward events.	6	Experiential-Learning 30.3	AFT-CHR	Knows-how	LS,SDL,PL,RLE
CO5,CO7	Apply gaining insight into the practical implementation (as stand alone, add on/ complementary therapy to modern psychotropic drugs) and real-time effects of poly herbal medicaments in Manasaroga.	6	Experiential-Learning 30.4	AFT-CHR	Knows-how	PL,SDL,LS
CO5,CO7	Value and critically reflect on current research and clinical evidence, including case studies, supporting the efficacy of Ayurvedic formulations in managing mental health conditions	2	Experiential-Learning 30.5	AFT-VAL	Knows-how	PBL,PL

CO5,CO7	Enlist the contemporary nootropic herbs commonly prescribed in mental disorders. promoting cognitive function, memory, and neuro- protection.	2	Lecture	CK	Knows-how	L&GD,L &PPT

M 30 Unit 3 Basic knowledge about contemporary herbal nootropics & cognitive enhancers

- Pharmacological actions of contemporary nootropic herbs and their mechanisms in promoting cognitive function, memory, and neuroprotection.
- Clinical applications of herbal nootropics in treating cognitive disorders, mental fatigue, dementia, Alzheimer's disease, attention-deficit disorders, and improving overall mental clarity and concentration.

References: 113,114,115

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyse the therapeutic potential and practical application of contemporary nootropic herbs in managing cognitive disorders, mental fatigue, neurodegenerative disorders, and attention-deficit disorders	2	Practical Training 30.5	CAN	Knows-how	PBL
CO5,CO7	Apply the therapeutic value of contemporary nootropic herbs in real-world clinical practice.	6	Experiential-Learning 30.6	CE	Knows-how	SDL,LS

Practical Training Activity

Practical Training 30.1 : Designing Safe and Effective Single drug Ayurvedic Prescriptions in Manasaroga.

3 Hours x 3 Learning Activity
30.1 a [1 Hour x 1 session]
The students are divided in convenient groups and are assigned with the single drugs viz; Haridra, Daru haridra, Brahmi, Sarpagandha, Kushmanda, Ashwagandha, Kushtha, Tagara, Jyotishmati and Gokshura and those of Sajnastapana gana. Students refer and compile the material from library sources and prepare notes on single and combined

use of these in different stages of Manasaroga in different forms.
30.1 b [1 Hour x 1 session]
Learners engage in a brainstorming session followed by a DIS on selection criteria for single herbs and compound formulations in various stages and diagnosis of Manasaroga, focusing on therapeutic indications, dosage norms (per Ayurvedic Pharmacopoeia), modes of usage and known contraindications.
30.1 c [1 Hour x 1 session]
Each group present the prescriptions, explain their usage in specific conditions, underlying mechanism and expected benefits based on Ayurvedic principles. Other groups are encouraged to share their key insights on the level of impact of the intervention, special indications, possibility of any challenges, precautions to be taken and probable mode of action. The teacher Conduct a debrief session to discuss the group performance, consolidates the outcome of the activity adding additional points if any. The groups work together to compile a project document.
Assessment : Checklist based assessment.

Practical Training 30.2 : Skill development in prescribing Eka Mulika Aushadhi with specific effects on mental states.

3 Hours x 3 Learning Activity
30.2 a [1 Hour x 1 session]
The teacher briefly describes about the Madakari, Pramadhi, Vyavayi, Vikasi, Hridya, Abhishyandi, Rasayana, Jeevaneeya, Balya, Tarpana, and Vrishya group of drugs, their psychotropic actions and specific effects on mental states. The students are divided in convenient groups and are assigned with 3-4 groups of these drugs. Students refer and compile the material from library sources and prepare notes on single and combined use of these with specific effects on mental states in different dosage forms.
30.2 b [1 Hour x 1 session]
The groups are exposed to Manasaroga cases from OPD/IPD/SIM. The groups analyses the mental states of these cases, discuss the on most appropriate use of the drug categories in single or combinations, as different dosage forms. Teams collaboratively develop patient-tailored prescription plans.
30.2 c [1 Hour x 1 session]
Each group present the prescriptions, explain their rationale for selection of the drugs, usage in specific conditions, underlying mechanism and expected benefits. Other groups are encouraged to share their key insights. The teacher conduct a debrief session to discuss the group performance, consolidates the outcome of the activity adding additional points if any. The groups work together to compile a project document.
Assessment : Checklist based assessment.

Practical Training 30.3 : Skill development in formulating Safe and Effective poly herbal Ayurvedic Prescriptions in Manasaroga - (I)

7 Hours x 2 Learning Activity

30.3 a [2 Hour x 3 session]
The students are divided in convenient groups and are assigned with the polyherbal Ayurvedic formulations mentioned in Brihat trayi, Laghu trayi, Yogaratnakara, Sharngadhara samhita, Gadanigraha, Bhavaprakasha. Sahasrayoga etc. for Manasaroga before the practical session.
Kashayas viz; (not limited to) Kalyanaka/ Varavishaladi Kashaya, Brahmidrakshadi Kashaya, Thikthaka Kashaya and Maha thiktaka Kashaya, Drakshadi Kashaya, Mridweekadi Kashaya
Ghrita viz; (not limited to) Kalyanakaghrita, Panchagavyaghrita, Mahat Panchagavyaghrita, Brahmi ghrita, Mahathiktakaghrita, Saraswataghrita, Paishachikaghrita, Mahapaishachikaghrita, Purana ghrita, Hinguvadighrita, Lasunadyaghrita, Kushmandaghrita, Sidharthakaghrita
Taila viz; (not limited to) Ksheerabala Taila, Chandanadi Taila, Himasagara Taila, Tungadrumadi Taila, Shankhapushpadi Taila, Arukaladi Taila, Anu Taila, Sahacharadi Taila, Dhanwantara Taila, Bala Taila
The groups study the drug formulations in classics with indications & Contra indications, ingredients, Dose and route of administration.
Students refer and compile the material from library sources and prepare notes on single and combined use of these in different stages of Manasaroga in different forms.
30.3 b [1 Hour x 1 session]
The groups are exposed to Manasaroga cases from OPD/IPD/SIM. The groups analyses the mental states of these cases, discuss the on most appropriate use of the drug categories in single or combinations, as different dosage forms. Teams collaboratively develop patient-tailored prescription plans. Learners engage in a brainstorming session followed by a DIS on selection criteria for single herbs and compound formulations. The teacher Conduct a debrief session to discuss the group performance, consolidates the outcome of the activity adding additional points if any. The groups work together to compile a project document as homework.
Assessment : Checklist based assessment.

Practical Training 30.4 : Skill development in formulating Safe and Effective poly herbal Ayurvedic Prescriptions in Manasaroga - (II)

5 Hours x 2 Learning Activity
30.4 a [2 Hour x 2 session]
The students are divided in convenient groups and are assigned with the polyherbal Ayurvedic formulations mentioned in Brihat trayi, Laghu trayi, Yogaratnakara, Sharngadhara samhita, Gadanigraha, Bhavaprakasha. Sahasrayoga etc. for Manasaroga before the practical session.
Asava and Arishta viz; (not limitted to) Saraswatarishta, Ashwagandharishta, Srikandasava, Parthadyarishtam, Draksharishtam, Ashokarishtam Aravindasava, Kumaryasava.
Choorna viz; (not limited to) Saraswata Choorna, Ashwagandha Choorna, Kalyanavaleha Choorna, Shankhapushpee Choorna, Vacha Yshtayhwadi Choorna, Panchagandha Choorna, Kachooradi Choorna, Ashtanga Lavana.
Gutika/ Vati viz; (not limited to) Manasamitra Vatakam, Brahmi Vati, Vilwadi Gulika.
Avaleha viz; (not limited to) Brahma Rasayana, Kushmanda Avaleha, Kushmanda Rasayana, Chyavanaprasha, Narasinha Rasayana.
Rasuashadhi viz; (not limited to) Smritisagara Ras, Unmada Gajakesari Rasa, Mukta Pishti, Pravala Pishti, Swarna Bhasma, Rajata basma, Krishna Chaturmugha Rasa, Krishna Chaturbhuja Rasa.

Anya Kalpanas viz; (not limited to) Kharjuradi Mantha, Ajamodarkka, Kalyana Kshara in manasaroga.
The groups study the drug formulations in classics with indications & Contra indications, ingredients, Dose and route of administration.
Students refer and compile the material from library sources and prepare notes on single and combined use of these in different stages of Manasaroga in different forms.
30.4 b [1 Hour x 1 session]
The groups are exposed to Manasaroga cases from OPD/IPD/SIM. The groups analyses the mental states of these cases, discuss the on most appropriate use of the drug categories in single or combinations, as different dosage forms. Teams collaboratively develop patient-tailored prescription plans. Learners engage in a brainstorming session followed by a DIS on selection criteria for single herbs and compound formulations. The teacher Conduct a debrief session to discuss the group performance, consolidates the outcome of the activity adding additional points if any. The groups work together to compile a project document as homework.
Assessment : Checklist based assessment.

Practical Training 30.5 : Contemporary Nootropic Herbs in Mental Health.

2 Hours x 2 Learning Activity
30.5 a [1 Hour x 1 session]
Teacher gives a brief introduction to contemporary nootropics/ smart drugs/ brain boosters that enhance cognitive functions such as memory, learning, attention, and mental clarity. Explains the diverse physiological. mechanisms of Natural (Bacopa monnieri, Ginkgo biloba, Panax ginseng, Withania somnifera (Ashwagandha), and Centella asiatica and Synthetic nootropics (piracetam, modafinil, methylphenidate). Divide students into groups and assigns them with studying the clinical evidence, and therapeutic potential in cognitive disorders, mental fatigue, neurodegenerative, and attention-deficit disorders.
30.5 b [1 Hour x 1 session]
Learners review clinical charts or case vignettes showing cognitive dysfunction, mental fatigue, or neurodegenerative symptoms. Using chart-stimulated recall, they identify opportunities where nootropic herbs could be integrated, analyzing their pharmacological actions, dose, and safety.
Assessment : Checklist based assessment.

Experiential learning Activity

Experiential-Learning 30.1 : Selection of Single Drug Ayurvedic Formulations Based on Patient Eligibility and Response in Manasaroga.

3 Hours x 3 Learning Activity
30.1 a [1 Hour x 1 session]
Learners observe or review real-life cases of Manasaroga from OPD/IPD where single drug Ayurvedic formulations were prescribed. They note the rationale behind

formulation choice, considering the patient’s mental state, physical fitness, and clinical context.
30.1 b [1 Hour x 1 session]
In small peer groups, learners share observed cases and reflect on formulation selection. Discussion focuses on therapeutic goals, eligibility criteria, patient feedback, and observed clinical outcomes.
29.1 c [1 Hour x 1 session]
Participants collaboratively synthesize principles and develop practical criteria for optimal formulation selection, reflecting on insights gained from peer experiences and proposing strategies to personalize interventions for improved patient outcomes.
Assessment : Reflective note submission, Participation in group debriefs.

Experiential-Learning 30.2 : Integration of Single Drug Medicaments in Manasaroga: Practical Insights.

3 Hours x 3 Learning Activity
30.2 a [1 Hour x 1 session]
Students conduct a focused library review to gather evidence and classical references on the practical implementation of various single drug medicaments in Manasaroga.
30.2 b [1 Hour x 1 session]
Participants engage in a group discussion to critically analyze findings, deliberate on integration strategies, share observed or potential real-time effects, and identify clinical challenges, best practices in diverse therapeutic contexts, exploring their roles as standalone, add-on, or complementary therapies alongside psychotropic drugs.
30.2 c [1 Hour x 1 session]
Participants collaboratively synthesize principles and develop practical criteria for optimal formulation selection, reflecting on insights gained from peer experiences and proposing strategies to personalize interventions for improved patient outcomes.
Assessment : Reflective note submission, Participation in group debriefs.

Experiential-Learning 30.3 : Analysis of Compound Ayurvedic Formulations: Patient Eligibility, Responses, and Safety

6 Hours x 3 Learning Activity
30.3 a [2 Hours x 1 session]
Students embark on self-directed and team exploration of compound Ayurvedic formulations, identifying criteria for patient eligibility, factoring in mental status and physical fitness. Each team member draws on real-life clinical encounters or documented cases as a foundation for scenario-based problem solving.
30.3 b [2 Hours x 1 session]

Teams collaboratively analyze and discuss patient responses to selected compound formulations using problem-based learning. They document both beneficial effects and any untoward events (adverse reactions, contraindications), integrating insights through peer learning and structured group reflection.
30.3 c [2 Hours x 1 session]
Participants collaboratively synthesize principles and develop practical criteria for optimal formulation selection, reflecting on insights gained from peer experiences and proposing strategies to personalize interventions for improved patient outcomes.
Assessment : Reflective note submission, Participation in group debriefs.

Experiential-Learning 30.4 : Analysis of Compound Ayurvedic Formulations: Patient Eligibility, Responses, and Safety

Experiential details:
6 Hr , 3 Learning Activity
30.4 a [1 Hour x 1 session]
Students engage in self-directed and team research on polyherbal medicaments used in Manasaroga, examining their roles as standalone, add-on, or complementary therapies with modern psychotropic drugs, grounded in classical texts and contemporary evidence.
30.4 b [1 Hour x 1 session]
Teams collaboratively analyze clinical cases or real-life scenarios to discuss application strategies, assess patient eligibility, and identify observed or potential therapeutic effects and safety concerns, integrating peer insights and problem-solving approaches.
30.3 c [2 Hour x 1 session]
Teams prepare and present their synthesized practical guidelines or decision frameworks for polyherbal medicament use in Manasaroga, reflecting on clinical outcomes, challenges, and adapting strategies for personalized patient care, followed by peer and facilitator feedback to consolidate learning.

Assessment : Reflective note submission, Participation in group debriefs.

Experiential-Learning 30.5 : Critical Appraisal of Evidence: Ayurvedic Formulations for Mental Health Management.

2 Hours x 2 Learning Activity
30.5 a [1 Hour x 1 session]
Students individually or in pairs review current research articles, clinical trial data, and relevant case studies on the efficacy of Ayurvedic formulations in managing mental

health conditions. Focus is given to summarizing key findings, comparing outcomes with conventional therapies, and noting methodological strengths/limitations from contemporary literature
30.5 b [1 Hour x 1 session]
Learners engage in a group discussion to critically reflect on the collected evidence, debating clinical relevance, strengths, gaps, and application to real-world practice. Each group presents a concise appraisal—using selected case studies and research data—to highlight effective formulations, practical challenges, and future research needs, followed by peer and facilitator feedback.
Assessment : Reflective note submission, Participation in group debriefs.

Experiential-Learning 30.6 : Appreciating the Therapeutic Value of Contemporary Nootropic Herbs in Clinical Practice.

6 Hours x 2 Learning Activity
30.6 a [3 Hour x 1 session]
Students are assigned or select recent peer-reviewed articles, case reports, or reviews highlighting therapeutic outcomes and clinical experiences with contemporary nootropic herbs—Natural and Synthetic. Each participant prepares a structured summary covering the clinical context, mechanisms of action, evidence quality, and patient responses observed in real-world settings. The group then meets to present, discuss, and critically appraise the selected literature, focusing on strengths, limitations, and clinical implications
30.6 b [3 Hour x 1 session]
Building on insights from the first session, participants engage in a guided group discussion to reflect on practical applications, patient selection, safety, observed benefits, and challenges of using these herbal nootropics in practice. The session concludes with each member sharing key takeaways, evidence-based recommendations, and personal reflections on integrating nootropic herbs into holistic, patient-centered care, with facilitators encouraging deeper appreciation for research translation and clinical reasoning
Assessment : Reflective note submission, Participation in group debriefs.

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQs [10 marks x 30 mins] B) LAQs [1 Q x 10 marks x 01 Hour] Model LAQs	4

1. Discuss the pharmacological basis, mechanisms of action and clinical applications of Medhya Rasayanas in the management of Manasaroga
2. Critically evaluate the role of classical Ghrita formulation (any two ghrita from syllabus) in the management of Manasaroga.
3. Explain the role and practical application of integrated therapies viz; music, art, expressive arts viz; dance, writing drama etc in Manasaroga.

C) SAQs [2 Q x 10 marks (5 marks each) X 01 Hour]

Model SAQs

1. Define “Pramadhi” and list two examples of use in manasa roga chikitsa.
2. Briefly describe the challenges while prescribing medicines to chronic psychiatric cases on long standing psychiatric medications.
3. What are the rational for choice of drugs in a patient of Mania?
4. List two possible complications of unscientific prescriptions of Contemporary Nootropics.
5. Enlist the commonly administered Mantha kalpanas applicable in Manasaroga.

D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]

Model Questions

? In a brief case of a 36-year-old female teacher with recent-onset insomnia (Anidra), increased anxiety, and poor concentration, no major medical comorbidity. Vitals stable. Prepare a complete single-drug (eka-m?lika) Ayurvedic prescription for this patient.

? Prepare a prescription for a case of Madatyaya explaining choice of drugs and rationale presenting with an altered LFT.

E) Experiential Learning Outcome Assessment: [10 marks x 30 mins]

Model Questions

1. Study a given OPD prescription (on a specific case) and write a reflective note (max 500 words) synthesizing: (a) the rationale behind formulation selection in one chosen case (b) possible patient response and untoward events; (c) two practice changes you would adopt in future prescriptions based on the observation and why (4 marks). Include brief references to classical sources or recent evidence where relevant.
2. As part of a journal-club on nootropic herbs, review a recent paper on mild cognitive impairment and prepare a critical appraisal.

Or

Any practical in converted form can be taken for assessment. [25 Marks]

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Semester No : 6

Module 31 : Manasaroge Atyayika evam Anya Chikitsa [Emergency Management and other Integrated Approaches in Ayurveda Psychiatry]

Module Learning Objectives
(At the end of the module, the students should be able to)

1 Describe Various psychiatric emergency conditions, measures in acute crisis arising out of various psychiatric illnesses, the procedure of Viddhakarma, Marma chikitsa and Allied therapies namely music and art in the management of Manasaroga.
2 Conduct assessment and manage a psychiatric emergency ethically as part of a team, coordinate appropriate interventions and referrals, and demonstrate Viddha karma and Marma therapy techniques used in Manasa roga
3 Demonstrate sensitivity in recognizing psychiatric situations needing urgent intervention, value timely referral to appropriate centers, and appreciate the supportive role of allied therapies like Viddha karma, Marma chikitsa, music, and art in patient care.

M 31 Unit 1 Fundamentals of Psychiatric Emergency

- Introduction to General Psychiatric emergencies
- General management Objectives and Techniques for safeguarding lives, prioritizing safety of the physician and patient.
- Patient centred disposition with effective screening assessment, appropriate psychological support & medical treatment.

References: 54,55,56,59,62,64

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Describe psychiatric and medical symptoms, in Psychiatric emergencies, common presentationss, risk factors and understand the General management techniques.(Guest Lecture).	1	Lecture	CK	Know	L&PPT
CO5,CO7	Analyse different psychiatric conditions like deliberate self-harm, suicidal attempt, panic & anxiety attacks, delirium, violent and excited behaviour, acute psychosis and extreme substance withdrawal, assess cognitive function, and comprehend the specific management techniques.	2	Lecture	CC	Knows-how	L&PPT
CO5,CO7	Demonstrate skills to identify psychiatric emergency cases and arrive at an accurate diagnosis based on clinical features.	2	Practical Training 31.1	PSY-SET	Shows-how	D

CO5,CO7	Demonstrate skills to plan and document a treatment protocol for specific cases of psychiatric emergency.	3	Practical Training 31.2	PSY-SET	Shows-how	
CO5,CO7	Demonstrate skills in assisting psychiatric emergencies by assessing patient presentation, performing risk assessment, applying interventions (medication, restraint), and documenting follow-up care for legal and clinical records.	3	Practical Training 31.3	PSY-ADT	Shows-how	PBL
CO5,CO7	Value the importance of critical thinking, clinical reasoning, and collaborative problem-solving when analyzing psychiatric emergency conditions.	2	Experiential-Learning 31.1	AFT-VAL	Knows-how	TBL
CO5,CO7	Reflect on the use of appropriate management techniques and a skilled, patient-centered approach when handling diverse psychiatric emergencies	2	Experiential-Learning 31.2	AFT-RES	Does	FV
CO5,CO7	Acknowledge the responsibility to assess psychiatric emergency scenarios, recognize the key roles of healthcare workers, and follow an effective protocol to manage the situation.	3	Experiential-Learning 31.3	AFT-CHR	Does	FV
CO5,CO7	Demonstrate positive emotional attitudes, ethical conduct, and effective communication while coordinating interventions and working collaboratively in a team to manage a psychiatric emergency	3	Experiential-Learning 31.4	AFT-CHR	Does	PBL

M 31 Unit 2 Management of specific psychiatric emergencies

- Description of the specific psychiatric emergency condition, signs and symptoms.
- Risk Assessment, and Principles of management of psychiatric emergency in various psychiatric emergency conditions.

References: 59,62,64

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Assess the distinguishing characteristics of psychiatric emergency in deliberate self – harm, suicidal attempt, panic &anxiety attacks, delirium, violent and excited behaviour, acute psychosis and extreme substance withdrawal and their risk assessment.	2	Lecture	CE	Knows-how	L&GD,L &PPT
CO5,CO7	Assess the objectives and techniques for safeguarding lives, principles of management, ethical dilemmas &legal implications, compassionate and ethical crisis communication	2	Lecture	CE	Knows-how	L&PPT ,L&GD
CO5,CO7	Demonstrate the skill to identify red flag signs and manage patients with deliberate self-harm or suicide attempts by performing targeted interventions, conducting safety assessments, and implementing safety protocols.	3	Practical Training 31.4	PSY-GUD	Shows-how	SIM
CO5,CO7	Demonstrate the ability to assess and manage panic attacks, anxiety attacks, and delirium in psychiatric emergencies using safety assessments, crisis de-escalation techniques, and appropriate medical interventions.	2	Practical Training 31.5	PSY-GUD	Shows-how	SIM
CO5,CO6,CO7	Demonstrate the ability to assess and manage violent or excited behavior, acute psychosis, and severe substance withdrawal by performing targeted interventions, safety assessments, crisis de-escalation, and implementing safety protocols.	3	Practical Training 31.6	PSY-GUD	Shows-how	SIM
CO5,CO7	Value the importance of skilful assessment and management of patients in various psychiatric emergencies.	3	Experiential-Learning 31.5	AFT-VAL	Does	FV
CO5,CO7	Demonstrate commitment to implementing safety protocols, referral strategies, and crisis communication with ethics, empathy, and professionalism	3	Experiential-Learning 31.6	AFT-CHR	Knows-how	FV

CO5,CO7	Develop initiative to collect, compile, and organize information to create an SOP-based handout for managing psychiatric emergencies in clinical practice	4	Experiential-Learning 31.7	CS	Knows-how	LS

M 31 Unit 3 Application of Viddhakarma, Marma chikitsa and Integrated Therapies namely Music and Art

- Principles and practices of Viddhakarma and Marma chikitsa in Manasaroga.
- Integrated therapies namely Music and Art in Manasaroga.

References: 2,3,5,6,116,117,118,119,120,121,122,123,124

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyze and interpret the role of Viddha karma in tridoshaja and raktaja Manasaroga from Ayurvedic and modern perspectives.	1	Lecture	CAN	Knows-how	L&GD
CO5,CO7	Analyze and interpret the role of Marma chikitsa in specific Manasaroga from Ayurvedic and modern perspectives.	2	Lecture	CAN	Know	L&GD
CO5,CO7	Demonstrate the basic steps of performing Viddha karma for use in Manasa roga	2	Practical Training 31.7	PSY-GUD	Shows-how	D
CO5,CO7	Demonstrate the basic steps of performing Marma Thearpy for use in Manasa roga.	2	Practical Training 31.8	PSY-GUD	Shows-how	D
CO5,CO7	Review and interpret the importance of identifying eligible conditions, marma points, techniques, and expected outcomes of Marma Therapy in Manasa roga	3	Experiential-Learning 31.8	AFT-RES	Shows-how	PBL
CO5,CO7	Review and document the supportive role of music and art therapy in Manasa roga.	3	Experiential-Learning 31.9	AFT-VAL	Shows-how	RLE

Practical Training Activity

Practical Training 31.1 : Diagnosis of Psychiatric Emergencies

02 Hours x 01 Learning Activity
31.1 [02 Hours x 01 session]
The facilitator begins with a live or simulated demonstration of a psychiatric emergency case, focusing initially on the assessment of the patient's physical and mental state, which includes evaluation of vital signs, consciousness level, and observable behaviour.
The facilitator will then guide students through the identification of immediate risks, such as potential for self-harm, harm to others, severe agitation, or medical instability. This is followed by a focused short history taking, emphasizing pertinent questions that elicit psychiatric symptoms relevant to emergencies. The facilitator will also perform a Mini Mental Status Examination (MMSE) and point out red flags that indicate critical conditions requiring urgent attention, such as suicidal ideation, psychosis, or altered mental status.
Finally, the session proceeds to instruct students on the process of formulating an accurate diagnosis along with potential differential diagnoses based on observed clinical features.
After this demonstration, students will be encouraged to simulate the decision-making process including identifying key symptoms (along with dosha analysis), conducting brief examinations, and arriving at a working diagnosis. The facilitator will provide feedback throughout the session, ensuring that each student understands the rationale behind clinical decisions and can apply the same to similar psychiatric emergency presentations.
Assessment: Direct Observation of Clinical Skills, Interactions, Checklist based assessments

Practical Training 31.2 : Treatment Protocols in Psychiatric Emergencies

03 Hours x 01 Learning Activity
31.2 [03 Hours x 01 session]
The facilitator begins with a structured demonstration of a psychiatric emergency case, initiating with a comprehensive assessment of the patient's physical and mental condition. This includes instructing students on how to perform short history taking, conduct the dosha analysis, MMSE, identify clinical red flags, and arrive at a diagnosis and differential diagnosis based on presenting features. The facilitator then proceeds to demonstrate the step-by-step process of planning a treatment protocol (stand alone or complementary Ayurveda treatment protocols and non-pharmacological strategies such as de-escalation techniques, cognitive-behavioral approaches, and crisis intervention strategies.
Additionally, the facilitator addresses the importance of managing co-existing medical conditions. The role of the multidisciplinary team, including psychiatry, nursing, and social work, is emphasized along with the need for continuous monitoring of the patient and students may plan a role play. The session concludes with guidance on accurate

documentation and effective communication of the treatment protocol to the healthcare team and caregivers.
Assessment: Direct Observation of Clinical Skills, Interactions, Role play, Checklist based assessments

Practical Training 31.3 : Clinical Management and Documentation in Psychiatric Crises

03 Hours x 01 Learning Activity
31.3 [03 Hours x 01 session]
The facilitator begins with a comprehensive demonstration of managing a psychiatric emergency, starting with a detailed explanation of the emergency protocol, including the preparation of essential equipment, mobilization of manpower, and implementation of initial safety measures for both the patient and healthcare team.
The facilitator proceeds to instruct students on how to perform an initial assessment of the patient's presentation, focusing on mental status, behavior, and physical condition. The session includes a demonstration of both verbal and non-verbal de-escalation techniques, with emphasis on empathy, calm communication, and body language. Once the situation is stabilized, the facilitator explains how to arrive at a diagnosis, and demonstrates the use of Ayurvedic treatment protocol (stand-alone/complementary) and, when required, non-pharmacological measures including physical restraint ensuring ethical and legal considerations are clearly addressed.
Students are also instructed on how to offer emotional support and maintain effective communication with the patient and their caregivers throughout the crisis.
The session continues with the facilitator highlighting the need for continuous monitoring, followed by proper documentation of the interventions and follow-up care as part of clinical and legal requirements. The demonstration concludes with a post-emergency debriefing process, emphasizing its importance in clinical review (risk assessment), perform interventions, emotional processing for staff, future care planning, and document actions accurately, developing the necessary skills to assist effectively in psychiatric emergencies.
Assessments:Direct Observation of Clinical Skills, Objective Structured Clinical examination, Assessment of Documentation

Practical Training 31.4 : Red Flag Identification and Self-Harm Management

03 Hours x 01 Learning Activity
31.4 [03 Hours x 01 session]
The Facilitator begins with a comprehensive demonstration of managing patients with deliberate self-harm (DSH) or suicide attempts. The session opens with a detailed explanation of the emergency protocol, including the importance of gathering appropriate equipment, assembling required manpower, conducting an initial assessment of the patient's physical and mental condition, and implementing immediate safety measures to ensure the protection of both the patient and healthcare personnel. The facilitator will then instruct students on how to recognize red flag signs such as suicidal ideation, previous attempts, hopelessness, severe agitation, or psychosis.
This is followed by the demonstration of verbal and non-verbal de-escalation techniques, tailored for patients in distress, while also guiding students in arriving at a working

diagnosis.
The facilitator explains and demonstrates appropriate Ayurvedic treatment protocols and non-pharmacological interventions, focusing on safety and ethical practice. Emotional support, empathetic communication with the patient and their family, and maintaining a non-judgmental approach are emphasized. The facilitator also covers steps for conducting a safety assessment, which includes evaluating the risk of further self-harm, planning for safe discharge or admission, and activating safety protocols including observation levels and removal of potentially harmful items. Finally, the importance of continuous monitoring, clear documentation, and post-emergency debriefing is demonstrated, highlighting legal and clinical communication requirements.
Assessment: Direct Observation of Clinical Skills, Interactions, Checklist based assessments

Practical Training 31.5 : Assessment and Care of Anxiety-Related Psychiatric Conditions.

02 Hours x 01 Learning Activity
31.5 [02 Hours x 01 session]
The facilitator begins with a comprehensive demonstration of assessing and managing psychiatric emergencies, specifically panic attacks, anxiety attacks, and delirium. The session starts with a clear explanation of the emergency protocol, which includes preparing the treatment protocol, required equipment, organizing manpower, conducting an initial assessment of the patient's physical and mental state, and ensuring safety measures are in place to prevent harm.
The facilitator will then instruct students on the use of verbal and non-verbal de-escalation techniques (Muscular relaxation, breathing pattern correction, improving room ventilation), helping to calm and stabilize patients experiencing acute anxiety, panic, or altered sensorium. A stepwise approach to arriving at a diagnosis is demonstrated, distinguishing between anxiety spectrum conditions and delirium, followed by the application of appropriate medical interventions, such as short-acting anxiolytics for panic, antipsychotics for delirium, or environmental modifications.
The facilitator also emphasizes the importance of providing emotional support and ensuring effective communication with the patient and their caregivers. Students are introduced to safety assessments, including monitoring consciousness, orientation, autonomic signs, and risk of self-injury or agitation.
The session concludes with a demonstration on continuous monitoring, accurate documentation, and post-emergency debriefing, stressing the need for coordinated communication within the clinical team and adherence to legal standards.
Assessment: Direct Observation of Clinical Skills, Interactions, Interactions, Checklist based assessments

Practical Training 31.6 : Management of Aggression, Psychosis, and Substance Withdrawal.

03 Hours x 01 Learning Activity
31.6 [03 Hours x 01 session]

The facilitator begins with a structured demonstration focusing on the assessment and management of violent or excited behavior, acute psychosis, and severe substance withdrawal in psychiatric emergencies. The session opens with a detailed explanation of the emergency protocol, including the gathering of essential equipment, mobilization of adequate manpower, and implementation of initial safety measures to protect both the patient and healthcare team.
The facilitator will then instruct students on how to assess the clinical presentation of agitation or psychosis, followed by using verbal and non-verbal de-escalation techniques to calm the patient. The demonstration continues with guidance on how to arrive at a clinical diagnosis, distinguishing between psychosis, substance withdrawal, and other causes of violent behavior.
The facilitator explains and demonstrates the use of targeted interventions, which may include Ayurvedic treatments (Moordhni taila, Mastishkya procedures) as well as non-pharmacological approaches such as environmental control and supportive communication. Emphasis is placed on maintaining a therapeutic stance and ensuring emotional support and clear communication with the patient and caregivers. The session also includes instruction on performing thorough safety assessments, managing risks, and applying institutional safety protocols, including the ethical and legal considerations around the use of restraints when necessary. The demonstration concludes with steps for continuous monitoring, accurate documentation, and post-emergency debriefing, highlighting the importance of team-based communication and legal compliance in emergency psychiatric care.
Assessment: Direct Observation of Clinical Skills, Interactions, Checklist based assessments

Practical Training 31.7 : Viddha Karma in Manasa Roga

02 Hours x 01 Learning Activity
31.7 [02 Hours x 01 session]
The facilitator introduces the concept of Viddha Karma in Manasaroga and shares Tutorials enabling students to observe and understand the practical application of Viddha Karma specifically in the management of Manasa Roga
The facilitator takes the students to observe Viddha Karma in the concerned wing or co-ordinates a field visit with specific reference to its application in Manasa Roga. The session starts with a detailed explanation of its indications, contraindications, and the eligibility criteria for selecting patients for Viddha Karma.
The facilitator will then instruct students on the preparatory steps or Poorva Karma, covering essential aseptic measures, patient positioning, site identification, and necessary materials required for the procedure. The facilitator continues by demonstrating the administration of Viddha Karma at specific anatomical points as per classical and clinical protocol, explaining the rationale behind point selection and its therapeutic relevance in mental health conditions.
Attention is given to instructing students on patient observation during and after the procedure. The demonstration also includes advice on post-procedure care, such as dietary restrictions and lifestyle regimen, which are essential to enhance the effectiveness of the treatment and avoid complications. The session concludes with a discussion on follow-up measures and precautions to be taken while performing or assisting in the procedure.
Assessment: Direct Observation of Procedural Skills, Interactions, Checklist based assessments

Practical Training 31.8 : Marma Therapy in Manasa Roga

02 Hours x 01 Learning Activity
31. 8 [02 Hours x 01 session]
The facilitator introduces the concept of Marma therapy in Manasaroga and shares Tutorials enabling students to observe and understand the practical application of Marma Therapy specifically in the management of Manasa Roga.
The facilitator shall demonstrate/ share Tutorials on the fundamental procedures of Marma Therapy relevant to the management of Manasa Roga. The session will begin with a comprehensive description including the identification and significance of specific Marma points that influence mental health, such as Shankha, Adhipati, Sthapani, and Hridaya Marma.
The facilitator will instruct on the precise location of these Marma points and explain their physiological and therapeutic relevance in the context of Manasa Roga. The demonstration will include methods of manipulation such as mild pressure application, circular and rhythmic movements, and the importance of maintaining awareness and synchrony with controlled breathing during therapy.
The facilitator will guide students on correct techniques for touch, pressure intensity, duration of stimulation, and the breathing control that should accompany each step of the procedure. Additionally, the facilitator will instruct on recommended dietary restrictions and regimes (pathya-apathya) to be followed during and after the course of Marma Therapy for optimal mental and physical well-being.
Assessment: Direct Observation of Procedural Skills, Interactions, Checklist based assessments

Experiential learning Activity

Experiential-Learning 31.1 : Critical Thinking and Collaborative Reasoning in Psychiatric Emergencies

02 Hours x 01 Learning Activity
31.1 [02 Hours x 01 session]
Students form small teams. A simulated psychiatric emergency case is introduced, requiring each team to assess the situation, formulate a working diagnosis, and present a structured intervention plan. Teams then simulate implementation of the management strategy through role-play this may involve enacting medication administration, de-escalation techniques, or interactions with family members. Each team articulates the reasoning behind their decisions, including the selection of diagnostic criteria and chosen therapeutic interventions. A post-simulation debriefing is conducted for group-wide reflection, comparison of approaches, and discussions on diagnostic accuracy and management outcomes. Finally, each participant engages in individual self-reflection, analyzing their own decision-making, application of clinical reasoning, and areas for improvement in handling psychiatric emergencies.
Assessment: Direct Observation of Clinical Skills, Role play, Interactions, Checklist based assessments

Experiential-Learning 31.2 : Patient-Centered Approaches in Emergency Psychiatric Management

02 Hours x 01 Learning Activity
31.2 [02 Hours x 01 session]
Students form small working groups. The session involves observation of real-time or simulated psychiatric emergency situations, allowing active engagement with the complexity and urgency of patient presentations. During the observation, attention is given to the variety of psychiatric emergencies encountered, including aggressive behavior, suicidal ideation, substance intoxication, or acute psychosis. Emphasis is placed on recognizing the feasibility and application of general management techniques such as de-escalation strategies, verbal and non-verbal communication, pharmacological intervention, and environmental control. Teams are encouraged to identify components of patient-centered care including empathy, respect for autonomy, and clear communication. The process highlights the significance of maintaining physical safety for both patients and healthcare providers. After observing, participants analyze and internalize how such techniques can be realistically adopted in their future clinical practice.
Assessments:Assessmet of role plays, Peer and Teacher feedback, Review of reflective notes,

Experiential-Learning 31.3 : Healthcare Roles and Protocol Adherence in Psychiatric Emergencies.

03 Hours x 01 Learning Activity
31.3 [03 Hours x 01 session]
The students form small working groups. The session begins with active observation of various psychiatric emergency scenarios in a specialty psychiatry clinic/ observing shared Tutorials, exposing participants to real-life complexities in the assessment and management of acute mental health crises. Close attention is given to how healthcare professionals including physicians, nurses, mental health workers, and support staff contribute through distinct yet coordinated roles in the care process. Each scenario is observed with a focus on the sequence of actions, communication flow, and adherence to established protocols for psychiatric emergency management. Participants identify the interventions used ranging from verbal de-escalation to medication administration and analyze how these are integrated with safety measures such as physical space arrangement and personnel positioning. Participants then map how these practices can be adapted in future clinical settings, emphasizing coordinated action, personal accou
Assessment: Direct Observation of Clinical Skills, Interactions, Checklist based assessments

Experiential-Learning 31.4 : Emotional Intelligence and Team Dynamics in Crisis Intervention

03 Hours x 01 Learning Activity
31.4 [03 Hours x 01 session]
The session involves active participation in a simulated psychiatric emergency through structured role-play. Participants rotate through roles such as physician (team leader), nurse or support staff, security or restraint specialist, patient, and bystanders, engaging in a dynamic team-based scenario designed to reflect real-life psychiatric crises such as a patient becoming aggressive or severely agitated. A detailed script guides the simulation, allowing participants to practice coordinated responses including verbal de-escalation, ethical handling of aggression, and appropriate non-verbal communication. The scenario emphasizes the importance of empathy, emotional regulation, and professionalism while carrying out emergency medication administration or physical restraint with team coordination and patient safety. Psychomotor skills such as safe patient positioning and the use of protective measures are rehearsed collaboratively. After the scenario, each participant engages in reflective observation, reviewi
Assessment: Direct Observation of Clinical Skills, Interactions, Checklist based assessments

Experiential-Learning 31.5 : Reflective Practice in Emergency Psychiatric Care

03 Hours x 01 Learning Activity
31.5 [03 Hours x 01 session]
The session begins with direct observation of diverse psychiatric emergency scenarios within a specialty psychiatry clinic, offering a real-world view of how acute mental health crises are assessed and managed. During the observation, close attention is paid to how symptoms are recognized, how decisions are made in high-pressure situations, and how different emergency conditions such as acute agitation, suicidal behavior, or substance-induced psychosis are approached with clinical skill and ethical consideration.
Emphasis is placed on identifying the feasibility and appropriateness of general management techniques including risk assessment, verbal de-escalation, rapid tranquilization, environmental control, and patient-centered communication.
These techniques are studied in relation to the coordination among healthcare personnel, their roles in the intervention, and the physical safety measures maintained throughout. After the observation, reflection is focused on internalizing the core principles of effective emergency management and exploring how these approaches could be applied in future settings with improved readiness, clinical judgement, and teamwork.
Assessment: Direct Observation of Clinical Skills, Review of reflective notes, Checklist based assessments

Experiential-Learning 31.6 : Ethical Safety Practices and Crisis Communication.

03 Hours x 01 Learning Activity
31.6 [03 Hours x 01 session]

The session begins with direct observation of various psychiatric emergency situations in a specialty psychiatry clinic (Field Visit), offering firsthand exposure to real-time decision-making and multi-disciplinary coordination. Each scenario highlights the critical importance of implementing safety protocols such as maintaining a secure environment, using non-threatening body language, and ensuring safe patient handling.
Students focus on how healthcare personnel communicate during crises—with clarity, empathy, and ethical sensitivity, both with the patient and involved family members. Referral strategies are noted, including timely escalation to higher care, liaison with emergency teams, or admission procedures based on patient needs. Feasibility of these strategies is assessed by observing their integration into the clinical workflow and team dynamics.
Students then reflect on how such practices can be applied in future settings, including the importance of teamwork, maintaining composure, and responding with respectful, well-informed communication during psychiatric crises.
Assessment: Direct Observation of Clinical Skills, Review of reflective notes

Experiential-Learning 31.7 : Standard Operating Procedure Development for Psychiatric Emergencies.

04 Hours x 02 Learning Activities
31.7 a [02 Hours x 01 session]
Students are divided into small groups, with each group assigned specific types of psychiatric emergencies such as acute psychosis, suicidal behavior, aggression, or substance-induced emergencies. Within their groups, members independently collect and compile data through available clinical guidelines, reference texts, and observed practices. Emphasis is placed on accurate information gathering, identifying essential steps in emergency assessment, safety protocols, communication strategies, and referral processes
31.7 b [02 Hours x 01 session]
The session is dedicated to collaborative team coordination and effective communication, where each group organizes the collected data into a structured format. The information is then reviewed, refined, and synthesized into a concise Standard Operating Procedure (SOP)-based handout tailored for clinical use.
Assessment: Interactions, Assessment of documentation/ compilation, Checklist based assessments

Experiential-Learning 31.8 : Clinical Parameters and Therapeutic Outcomes in Marma Therapy.

03 Hours x 01 Learning Activity
31.8 [03 Hours x 01 session]
The session begins with students collecting and compiling relevant data on Marma Therapy, specifically in relation to its application in Manasa Roga. Participants explore

classical references, clinical practices, and documented evidence to identify eligible psychiatric conditions, specific Marma points involved, techniques of stimulation or manipulation, and the therapeutic outcomes expected. Teams of 3 to 5 are formed, with one member designated as the moderator to guide the process. A fixed time limit is set to encourage focused discussion. Each team discusses their findings, shares existing knowledge, and collaboratively generates new insights or hypotheses based on their data. Through critical discussion, ideas are clarified, refined, and organized into a structured format. The session concludes with each team reflecting on their collective understanding, identifying gaps, and summarizing key takeaways regarding the role of Marma Therapy in managing Manasa Roga.
Assessment: Interactions, Assessment of documentation, Checklist based assessments

Experiential-Learning 31.9 : Integrative Role of Music and Art Therapy in Manasa Roga

03 Hours x 01 Learning Activity
31.9 [03 Hours x 01 session]
The session begins with students gathering and reviewing information related to the therapeutic use of music and art in the management of Manasa Roga. Emphasis is placed on traditional concepts, clinical evidence, and modern applications that highlight how creative therapies contribute to emotional regulation, cognitive stimulation, and psychosocial well-being. Students are divided into small teams of 3 to 5 members, with one member assigned as moderator to guide the activity. Within a set time limit, each team discusses the collected data, shares insights, and generates ideas on how music and art therapy can be integrated as supportive modalities alongside other treatment approaches. The discussion includes identifying suitable mental health conditions, methods of application, and expected outcomes. Teams clarify and refine their ideas, organizing them into meaningful frameworks for possible therapeutic protocols or interventions. The session concludes with each group reflecting on their learning experience
Assessment: Interactions, Assessment of documented protocols,Review of reflective notes, Checklist based assessments

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQs [10 marks x 30 mins] B) LAQs [1 Q x 10 marks x 01 Hour] Model LAQs	4

1. Discuss risk assessment and general principles of management in patients with deliberate self-harm or suicidal attempt.
2. Describe the clinical features and management plan of acute psychosis as a psychiatric emergency.
3. Explain the role and practical application of integrated therapies like music and art in the management of Manasaroga

C) SAQs [2 Q x 10 marks (5 marks each) X 01 Hour]

Model SAQs

1. Define psychiatric emergency and list two examples.
2. Briefly describe two objectives when handling violent-excited behaviour.
3. What are two important aspects of patient-centred disposition in emergencies?
4. List two signs of extreme substance withdrawal.
5. Mention two principles of Marma chikitsa in the management of Manasaroga

D) Practical Learning Outcome Assessment: [10 marks x 01 Hour]

Model Questions

1. You are called to see a 30-year-old male with acute violent behaviour. Outline your immediate steps to ensure safety, assess and manage him.
2. Prepare a brief practical screening tool/checklist to assess the severity of anxiety in a patient presenting with a panic attack

E) Experiential Learning Outcome Assessment: [10 marks x 30 mins]

Model Questions

1. Reflect on how you would communicate empathetically with the family of a patient who has attempted suicide.
2. Describe how integrating Marma chikitsa with conventional psychiatric care could benefit patients in emergencies.

Or

Any practical in converted form can be taken for assessment. [25 Marks]

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]

Module 32 : Manasaswasthya Chikitsayam Proudyogiki Vikasa evam Manasaswasthya Samsthanam Vidhividhanam [Technological advancements in Mental health care and mandates for setting up of Mental Health Establishment]

Module Learning Objectives
(At the end of the module, the students should be able to)

Describe: the latest trends and breakthroughs in mental health research, including advancements in neurobiology, psychopharmacology, and psychotherapeutic approaches. Emerging integrative and alternative therapies, such as the use of Yoga, mindfulness-based interventions, and their role in mental health care. Elaborate

the impact of new technologies like telepsychiatry, artificial intelligence, and digital therapeutics on the diagnosis, treatment, and monitoring of mental health disorders.
Conduct: Critical analysis and appraisal of current research papers and clinical trials related to mental health, understanding methodologies, results, and implications for practice. Design research projects or pilot studies on mental health interventions, including data collection, statistical analysis, and interpretation of outcomes. Bring about Interdisciplinary collaboration in mental health research, working with professionals from fields like neuroscience, psychology, and complementary medicine.
Identify: Key areas in mental health that require further research or innovation, particularly in the context of integrative medicine and traditional approaches. Discuss the emerging ethical, social, and cultural challenges related to mental health care and research, including privacy concerns, the digital divide, and disparities in mental health access. Infer reliable sources of updated information on mental health, including journals, conferences, and academic institutions, to stay informed about the latest developments.

M 32 Unit 1 Technology Interface in Psychiatry

- Applications of AI, Tele psychiatry, digital mental health practices, Mobile apps, virtual reality, computer programs, instant messaging and podcasts, Chatbots, Web-based screening tools in Mental Health
- Practical utility of Brain Implants and Brain-Computer Interfaces (BCIs) in mental healthcare practices.

References: 126,127,128,129,130,131,132

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Discuss the role of Artificial Intelligence (AI), Web-Based Screening Tools,virtual reality (VR), Computer programs,Brain Implants, brain-computer interfaces (BCIs), Mobile applications, Instant Messaging, Podcasts and Chatbots to enhance diagnostic accuracy and efficiency in mental health assessment and care.	2	Lecture	CAN	Knows-how	L&GD
CO5,CO7	Discuss the benefits of integrating AI and related technologies as therapeutic aids to enhance treatment, symptom management, rehabilitation, and accessibility in mental health care.	2	Lecture	CAN	Knows-how	L&PPT

CO5,CO7	Demonstrate basic skill in conducting a telepsychiatry session, including patient assessment, documentation, and delivering interventions using virtual platforms while recognizing legal, ethical, and practical limitations.	2	Practical Training 32.1	PSY-GUD	Shows-how	RP,SIM
CO5,CO7,CO8	Demonstrate basic use of virtual reality for exposure therapy, stress reduction, and mindfulness in selected psychiatric conditions, and outline its merits and limitations.	2	Practical Training 32.2	PSY-GUD	Shows-how	L_VC,RLE,SIM,RP
CO5,CO7	Demonstrate basic use of digital health technologies to deliver psychoeducation and psychotherapy modules and examine their use in Manasaroga clinical practice.	2	Practical Training 32.3	PSY-GUD	Shows-how	RP,SIM,TBL,D
CO5,CO7	Demonstrate basic use of digital health technologies to deliver psychoeducation and psychotherapy modules and examine their use in Manasaroga clinical practice.	2	Practical Training 32.4	PSY-GUD	Shows-how	SIM,TBL,RP,L_VC
CO5,CO7	Recognize the ethical and legal considerations in using technology in psychiatry, including confidentiality, consent, data security, and patient autonomy.	3	Experiential-Learning 32.1	AFT-VAL	Knows-how	RP,RLE,PSM,SDL,PL
CO5,CO7	Review the role of digital phenotyping in precision psychiatry and its potential to support clinical assessment through passive data from digital tools.	3	Experiential-Learning 32.2	AFT-VAL	Knows-how	SDL,PL,SIM
CO5,CO7	Review the current evidence and future trends of digital health technology in mental health care.	2	Experiential-Learning 32.3	AFT-VAL	Knows-how	PL,SDL,LS
CO5,CO7	Review the opportunities and challenges of digital mental health initiatives in India regarding accessibility, affordability, scalability, real-time support, stigma, and data privacy	2	Experiential-Learning 32.4	AFT-VAL	Knows-how	PAL,SDL,RLE

M 32 Unit 2 Introduction to Psycho-surgery

- Evolution of Psycho- Surgery
- Ethics in Psycho- Surgery
- Recent developments in the field of Psycho- Surgery.

References: 38

3A	3B	3C	3D	3E	3F	3G
CO5,CO7	Analyze the indications, contraindications, and patient selection criteria for psychiatric surgical procedures, including psychosurgery and neuromodulation, in treatment-resistant mental disorders.	2	Lecture	CAN	Knows-how	L&PPT ,L&GD
CO5,CO7	Review the history, ethics, risks, and role of neurorehabilitation in psychiatric surgery, and compare it with pharmacological and psychotherapeutic treatments.	3	Practical Training 32.5	CAN	Knows-how	PER,DIS, PAL
CO5,CO7	Value the ethical and legal considerations in psychiatric surgery, including consent, patient autonomy, and relevant regulations in India.	3	Experiential-Learning 32.5	AFT-VAL	Knows-how	DIS,CBL, SDL,PL
CO5,CO7	Value the benefits, limitations, and long-term outcomes and research updates of psychiatric surgery in clinical practice.	3	Experiential-Learning 32.6	AFT-VAL	Knows-how	DIS,SDL, PL
CO5,CO7	Examine target brain regions and neurobiological mechanisms of psychiatric surgeries and analyze their effects on mood, behavior, and cognition.	3	Practical Training 32.6	CAN	Knows-how	CBL,L_VC,DIS,JC

M 32 Unit 3 Structural and Legal Mandates for setting up a Mental Health Establishment

- Key laws and regulations governing the establishment and operation of mental health clinics, hospitals, and rehabilitation centres

References: 137

3A	3B	3C	3D	3E	3F	3G
CO5,CO7,CO8	Differentiate between categories of mental health establishments and explain the legal provisions, registration, and regulatory standards under the Mental Healthcare Act, 2017 and relevant state laws.	2	Lecture	CAN	Know	L&GD,L &PPT
CO5,CO7	Analyze the infrastructural-safety, technological, and human resource standards for mental health establishments, and evaluate the role of record maintenance and dissemination, licensing, accreditation, and inspection in ensuring quality and legal compliance,	2	Lecture	CAN	Knows-how	L&GD,L &PPT
CO5,CO7	Demonstrate a basic checklist for setting up a mental health establishment, covering staffing, equipment, emergency preparedness, and regulatory requirements.	3	Practical Training 32.7	CS	Knows-how	CBL,PBL
CO5,CO7	Outline the basic steps for applying for registration and licensing of a mental health establishment and list the mandatory certifications and approvals required.	3	Practical Training 32.8	CS	Knows-how	PBL,CBL
CO5,CO7	Review and document the importance of legal compliance and patient safety when planning to establish a psychiatric facility.	2	Experiential-Learning 32.7	AFT-VAL	Knows-how	SDL,PL
CO5,CO7	Review the importance of ethical and legal compliance in maintaining confidential patient health records in psychiatric care	2	Experiential-Learning 32.8	AFT-VAL	Knows-how	SDL,PL

CO5,CO7	Identify basic legal, ethical, and compliance considerations when planning a Manasaroga clinic or rehabilitation center.	3	Experiential-Learning 32.9	AFT-RES	Knows-how	FV,RP,SIM
CO5,CO7	Recognize and reflect on the ethical duties and legal responsibilities of mental health professionals in caring for patients, especially vulnerable groups, while respecting patient rights under the Mental Healthcare Act.	3	Experiential-Learning 32.10	AFT-VAL	Knows-how	SDL,PrBL

Practical Training Activity

Practical Training 32.1 : Telepsychiatry consultation.

03 Hours x 01 Learning Activity
[03 Hours x 1 session]
The facilitator gives an overview of telepsychiatry's core principles, tools, and guidelines, ethical challenges (privacy and cultural sensitivity) followed by a live demonstration of a secure virtual consultation platform. Participants will practice skills in a simulated setting, acting as clinicians and clients to enhance interviewing and communication in a virtual environment. Next, case-based learning scenarios will be discussed to identify appropriate diagnostic and therapeutic strategies for telepsychiatry.
Feedback and reflection: After each mock consultation, the facilitator encourages the student focusing on communication and clinical skills. Students receive hands-on training with telepsychiatry platforms, including setup, troubleshooting, and ensuring data security.
Documentation: Students practice documentation by preparing patient assessment notes that meet telepsychiatry standards.
The facilitator will conclude with a summary of key points, address questions, and highlight best practices for integrating telepsychiatry into clinical work.
Assessment : Direct Observetion of Procedural Skills, Interactions, Checklist based assessments

Practical Training 32.2 : Virtual Reality Applications in Psychiatry: Exposure Therapy, Stress Reduction, Mindfulness, Merits and Limitations

02 Hours x 01 Learning Activity
32.2 [02 Hours x 1 session]
The facilitator instructs students on the basic principles and evidence base of using virtual reality (VR) for exposure therapy, stress reduction, and mindfulness in psychiatric conditions such as phobia, anxiety disorders, schizophrenia, autism, dementia, mild cognitive impairment (MCI), and posttraumatic stress disorder (PTSD). The facilitator

then demonstrates VR tools and scenarios tailored to these disease models, explaining therapeutic goals, session setup, and safety precautions. Students actively practice by exploring VR modules designed for gradual exposure in phobia, relaxation in anxiety disorders and PTSD, social skills training in autism, cognitive stimulation in dementia and MCI, and symptom management in schizophrenia. Through small-group discussion and role-play, students identify merits such as increased engagement, personalisation, and real-time feedback, alongside limitations including cost, accessibility, side effects, and ethical concerns. The facilitator concludes by summarising key concepts.
Assessment: Direct Observation of Procedural Skills, Compilations, Checkilist based assessments

Practical Training 32.3 : Digital Health Technologies in Manasaroga: Psychoeducation, Psychotherapy Modules, Clinical Applications.

02 Hours x 01 Learning Activity
32.3 [03 Hours x 1 session]
The facilitator first instructs students on the core concepts and tools of digital health technologies used to deliver psychoeducation and psychotherapy modules within Manasaroga clinical practice. The facilitator then demonstrates the use of structured digital CBT programs, online platforms for support therapy, and virtual spaces for group therapy, highlighting their design, content, and patient engagement strategies. Students actively explore these platforms, practice creating psychoeducational content, and simulate conducting brief digital therapy sessions in small groups.
Through case-based discussion, students examine the clinical application of these tools in managing mood disorders, anxiety, and stress-related conditions seen in Manasaroga practice.
The facilitator guides reflection on the strengths and challenges of digital delivery, such as scalability, accessibility, cultural adaptation, and patient adherence.
The facilitator summarises best practices for integrating digital tools into routine mental health care.
Assessment: Participation in discussion, Peer and teacher feedback on understanding

Practical Training 32.4 : Technology in Psychiatric Care: Benefits, Challenges, Ethical Considerations, Impact on Outcomes and Accessibility

02 Hours x 01 Learning Activity
32.4 [02 Hours x 1 session]
The facilitator instructs students on key concepts related to the integration of technology into psychiatric care, including potential benefits, common challenges, and important ethical considerations.
The facilitator then presents real-world examples and brief case scenarios to illustrate how digital tools and telepsychiatry platforms impact patient outcomes and accessibility. Students analyse these examples in small groups, discussing topics such as data security, digital divide, informed consent, and cultural sensitivity.

The facilitator guides a focused group discussion where students share insights on how technology can improve patient engagement, reduce stigma, and extend mental health services to underserved areas, while also identifying practical barriers and ethical dilemmas. The facilitator summarises the key points and highlights considerations for the responsible and effective use of technology in psychiatric practice.
Assessment: Participation in discussion, Peer and teacher feedback on understanding

Practical Training 32.5 : Psychiatric Surgery: History, Ethics, Risks, Neurorehabilitation, Pharmacological and Psychotherapeutic Comparison.

03 Hours x 01 Learning Activity
32.5 [03 Hours x 1 session]
The facilitator first instructs students on the historical development of psychiatric surgery, including its shifting indications and the evolution of ethical debates surrounding its use in mental health care.
The facilitator then guides students to review and discuss landmark cases and controversies, helping them understand how ethical considerations have shaped current practice.
Students compare surgical interventions such as psychosurgery and deep brain stimulation with pharmacological and psychotherapeutic treatments, examining differences in outcomes, indications, and associated risks.
The session also evaluates potential complications, including infection, cognitive changes, emotional disturbances, and surgical failure, while highlighting the importance and role of neurorehabilitation in enhancing functional recovery and quality of life after surgery.
Assessment: Participation in discussion, Peer and teacher feedback on understanding

Practical Training 32.6 : Target Brain Regions, Neurobiological Mechanisms, and Effects on Mood, Behavior, Cognition in Psychiatric Surgery

03 Hours x 01 Learning Activity
32.6 [03 Hours x 1 session]
The facilitator first instructs students on the neurobiological basis of surgical interventions in psychiatry, explaining how these procedures aim to modulate dysfunctional neural circuits.
The facilitator then guides students to identify key brain regions targeted by psychiatric surgeries, such as the subthalamic nucleus, anterior cingulate cortex, and other relevant structures, and to discuss their roles in the pathophysiology of psychiatric disorders. Students examine how altering these circuits through surgical techniques can lead to changes in mood, behaviour, and cognition, drawing connections between neuroanatomy and clinical outcomes.
Using small-group analysis, students analyse both the intended therapeutic effects and possible unintended consequences of these interventions, developing a clearer understanding of how brain circuitry relates to psychiatric symptoms and recovery.

Assessment: Participation in discussion, Peer and teacher feedback on understanding

Practical Training 32.7 : Checklist for Mental Health Establishment: Staffing, Equipment, Emergency Preparedness, Regulatory Requirements

03 Hours x 01 Learning Activity
32.7 [03 Hours x 1 session]
The facilitator first instructs students on the key components involved in setting up a mental health establishment, including the required staffing structure, essential medical equipment, and emergency preparedness protocols. The session covers legal and structural mandates, such as licensing norms, infrastructure standards, and regulatory requirements specific to mental health services.
Students then demonstrate their ability to draft a basic checklist that includes human resources, clinical tools, administrative procedures, and safety measures aligned with mental health care standards. They also explore financial considerations, including government funding schemes, compliance with financial regulations, and the integration of private insurance systems relevant to operating a Manasaroga clinic or hospital. Through small group discussions and structured planning exercises, students apply their learning to create a practical, regulation-compliant checklist suitable for real-world application.
Assessment: Checklist based assessment, Participation in discussion, Peer and teacher feedback on understanding

Practical Training 32.8 : Registration and Licensing of Mental Health Establishment: Steps, Mandatory Certifications, Required Approvals.

03 Hours x 01 Learning Activity
32.8 [03 Hours x 1 session]
The facilitator instructs students on the basic steps involved in applying for registration and licensing of a mental health establishment in accordance with national and state-level regulations.
Students demonstrate their understanding of the procedural flow required to register with the Mental Health Authority, and they list the mandatory certifications and approvals needed, such as compliance with the Clinical Establishments Act, obtaining NABH accreditation, and securing approvals from local health authorities, licensing boards, and other regulatory bodies.
The session also includes a discussion on the documentation process, timelines, inspection requirements, and compliance monitoring. Students engage in structured activities to draft a step-by-step application guide, reinforcing their understanding of the legal and administrative framework necessary to start and operate a mental health clinic or hospital.
Assessment: Participation in discussion, Ptractical roleplay, Peer and teacher feedback on understanding

Experiential learning Activity

Experiential-Learning 32.1 : Ethical and Legal Considerations in Digital Psychiatry: Confidentiality, Consent, Data Security, Patient Autonomy.

03 Hours x 01 Learning Activity
32.1 [03 Hours x 1 session]
The students participate in peer group discussion on the basic use of digital health technologies to deliver psychoeducation and psychotherapy modules in Manasaroga clinical practice, highlighting tools used for cognitive behavioural therapy, support therapy, and group therapy.
The students participate in hands-on exploration of digital platforms, encouraging them to reflect on how these tools enhance patient engagement and therapeutic reach.
Students recognise key ethical issues such as patient confidentiality, informed consent, data privacy, AI bias, and patient autonomy, and discuss how these considerations shape clinical decisions. Students reflect on the legal framework governing digital psychiatry, its practical implications for clinical work, including consent in telepsychiatry and responsibilities in data handling.
Through small-group discussion, or role-play, or self-directed learning, students critically examine the benefits and limitations of digital tools, and the session concludes with the facilitator summarising strategies to integrate digital technologies into practice ethically and responsibly.
Assessment: Participation in discussion, Practical Roleplay, Peer and teacher feedback on understanding, Checklist based assessments

Experiential-Learning 32.2 : Digital Phenotyping in Precision Psychiatry: Passive Data, Clinical Assessment, Emerging Potential.

03 Hours x 01 Learning Activity
32.2 [03 Hours x 1 session]
The students participate in peer group discussion on the concept and clinical significance of digital phenotyping in precision psychiatry, understanding how passive data such as GPS data, walking speed from accelerometers, heart rate, oxygen saturation, electrical cardiac activity, stress markers, sleep quality, perspiration from humidity sensors, mood changes, tone of voice, and activity on social networks are captured through wearables and smartphones.
Students then recognise how these data streams enhance the clinician’s ability to diagnose and monitor patients and how they complement traditional psychiatric interventions by providing real-time, objective insights into daily behaviour and mental states.
The facilitator guides students to critically reflect on the opportunities and ethical considerations of using passive data in psychiatry and concludes by summarising how digital phenotyping supports more personalised and data-driven mental health care.
Assessment: Participation in discussion, Peer and teacher feedback on understanding, Checklist based assessments

Experiential-Learning 32.3 : Evidence and Future Trends of Digital Health Technology in Mental Health Care.

02 Hours x 01 Learning Activity
32.3 [02 Hours x 1 session]
The students participate in peer group discussion where they explore and critique the current evidence and future trends of digital health technology in mental health care. They review recent research articles, reports, and real-world examples of digital tools such as mobile mental health apps, virtual reality interventions, AI-based chatbots, and telepsychiatry platforms.
The students then engage in peer learning by discussing and debating the strengths, limitations, and gaps in evidence, as well as reflecting on how emerging technologies may transform clinical practice, accessibility, and patient outcomes.
Each student maintains a reflective journal to document personal insights, evolving perspectives, and critical questions raised during the discussion.
Assessment: Participation in discussion, Assessment of Debate, Peer and teacher feedback on understanding, Checklist based assessments, Aseessment of Documentation

Experiential-Learning 32.4 : Digital Mental Health in India: Accessibility, Affordability, Scalability, Real-Time Support, Stigma, Data Privacy.

02 Hours x 01 Learning Activity
32.4 [02 Hours x 1 session]
The students participate in peer group discussion where they explore the opportunities and challenges of digital mental health initiatives in India through self-directed learning. They gather information on topics such as accessibility in rural areas, affordability for low-income populations, scalability of digital platforms, provision of real-time support, reduction of stigma, and concerns around data privacy and security. The students then engage in peer learning by sharing insights and debating practical and ethical implications, drawing from recent reports, case studies, and national programmes.
Documentation: Each student documents personal reflections, questions, and critical observations, considering how cultural, social, and economic factors influence the success and limitations of digital interventions.
Assessment: Participation in discussion, Quality od documentation, Peer and teacher feedback on understanding, Checklist based assessments

Experiential-Learning 32.5 : Ethical and Legal Considerations in Psychiatric Surgery: Consent, Patient Autonomy, Regulations in India.

03 Hours x 01 Learning Activity
32.5 [03 Hours x 1 session]
The students participate in small group discussion where they acquire knowledge of the ethical and legal considerations in psychiatric surgery through self-directed learning, exploring topics such as informed consent, patient autonomy, and the irreversible nature of certain procedures.
They review the legal frameworks governing psychiatric surgeries in India, examining national guidelines, mental health laws, and case examples that highlight regulatory

safeguards and ethical dilemmas.
The students then engage in peer learning by discussing complex questions around balancing clinical benefit with respect for patient rights, cultural context, and the historical misuse of psychosurgery.
Each student maintains a reflective journal to capture evolving thoughts, ethical questions, and personal reactions to case studies and legal texts.
Assessment: Participation in discussion, Peer and teacher feedback on understanding, Checklist based assessments, review of reflective notes

Experiential-Learning 32.6 : Benefits, Limitations, Long-Term Outcomes, Research Updates of Psychiatric Surgery in Clinical Practice.

03 Hours x 01 Learning Activity
32.6 [03 Hours x 1 session]
The students participate in peer group discussion where they explore the benefits, limitations, long-term outcomes, and recent research updates of psychiatric surgery through reviewing clinical studies, and patient follow-up data.
They engage in peer learning by discussing real-world case examples and debating the practical impact of surgical interventions on symptom relief, quality of life, and relapse prevention.
The students reflect on factors such as patient selection, procedural risks, and the challenges of measuring long-term effectiveness, while also considering emerging research trends and technological advancements in the field.
Documentation: Each student documents personal insights, critical questions, and evolving perspectives in a reflective journal, encouraging deeper understanding of how evidence informs clinical decisions and shapes the future role of psychiatric surgery in mental health care.
Assessment: Participation in discussion, Quality of Documentation, Peer and teacher feedback on understanding, Checklist based assessments

Experiential-Learning 32.7 : Legal Compliance and Patient Safety in Planning a Psychiatric Facility.

02 Hours x 01 Learning Activity
32.7 [02 Hours x 1 session]
The students participate in peer group discussion where they explore the significance of legal compliance and patient safety in the planning and establishment of a psychiatric facility. They review relevant laws, guidelines, and safety protocols, including structural standards, risk management policies, and patient rights frameworks. The students engage in peer learning by analysing real or hypothetical case scenarios involving lapses in legal compliance or safety measures, discussing potential consequences and preventive strategies. Each student maintains a reflective journal to record insights on how legal and safety considerations influence the design, operation, and credibility of mental health facilities.

Assessment: Participation in discussion, Peer and teacher feedback on understanding, Checklist based assessments, Review of reflective notes

Experiential-Learning 32.8 : Ethical and Legal Compliance in Confidential Patient Health Records in Psychiatric Care

02 Hours x 01 Learning Activity
32.8 [02 Hours x 1 session]
The students participate in peer group discussion where they explore the ethical and legal responsibilities involved in maintaining confidential patient health records in psychiatric care. They review privacy regulations such as the Personal Data Protection Bill, and analyze guidelines related to the storage, access, and sharing of sensitive mental health information.
The students engage in peer learning by discussing real-world challenges and case examples involving breaches of confidentiality or poor documentation practices, and recognize the importance of maintaining accurate, secure records to uphold patient rights and meet legal standards. Each student documents their reflections, ethical dilemmas, and action points in a reflective journal, demonstrating a growing commitment to ethical record-keeping and compliance in psychiatric practice.
Assessment: Participation in discussion, Peer and teacher feedback on understanding, Checklist based assessments, Assessment of documentation

Experiential-Learning 32.9 : Legal, Ethical, and Compliance Considerations in Planning a Manasaroga Clinic or Rehabilitation Center

03 Hours x 01 Learning Activity
32.9 [03 Hours x 1 session]
The students participate in peer group discussion where they engage with case-based scenarios to identify key legal, ethical, and compliance considerations involved in planning a Manasaroga clinic or rehabilitation center. They explore applicable mental health laws, zoning regulations, licensing requirements, and ethical frameworks relevant to establishing and operating such facilities.
The students collaborate in peer learning groups to discuss challenges such as ensuring patient rights, informed consent, infrastructure standards, and adherence to culturally sensitive practices.
Each student maintains a reflective journal to record personal insights, evolving perspectives, and unresolved questions about navigating the regulatory and ethical landscape.
Assessment: Participation in discussion, Peer and teacher feedback on understanding, Checklist based assessments, Review of reflective notes

Experiential-Learning 32.10 : Ethical Duties and Legal Responsibilities of Mental Health Professionals and Patient Rights under the Mental Healthcare Act.

03 Hours x 01 Learning Activity
32.10 [03 Hours x 1 session]
The students participate in peer learning session where they explore the ethical duties and legal responsibilities of mental health professionals in clinical and rehabilitative settings, with a focus on caring for vulnerable groups such as children, the elderly, individuals with disabilities, and those requiring involuntary care.
They study the provisions of the Mental Healthcare Act, especially those related to admission, discharge, and treatment procedures, including the processes governing involuntary admissions.
The students engage in peer learning through discussion of real-life and hypothetical case scenarios that highlight issues like informed consent, patient autonomy, grievance redressal, confidentiality, and humane treatment.
Each student maintains a reflective journal to document insights on ethical dilemmas, legal obligations, and their personal views on balancing professional responsibility with patient rights.
Assessment: Participation in discussion, Peer and teacher feedback on understanding, Review of reflective notes

Modular Assessment

Assessment method	**Hour**
Instructions: Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C. Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks A) MCQ on Technology Interface in Psychiatry [10 Q x 10 marks x 30 mins] B) LAQ on Psychosurgery/ Technology Interface in Psychiatry [1 Q x 10 marks x 1 Hour] Model LAQs 1. Analyse recent developments in psycho-surgery and their impact on treatment outcomes and ethics. 2. Discuss the practical utility of Brain Implants and BCIs in current mental healthcare practices, with examples C) SAQ on Legal Mandates for setting up a Mental Health Establishment. [4 Q x 20 marks x 1 Hour] Model SAQs. 1. List three advantages and three limitations of mobile mental health apps. 2. Describe the evolution of psycho-surgery in brief. 3. Explain ethical concerns in modern psycho-surgery. 4. What are the practical uses of web-based screening tools in mental health? 5. Outline the key legal requirements for starting a mental health hospital.	4

D) Experiential Learning Outcome Assessment: [1Q x 10 marks x 1 Hour 30 mins] Model Question 1. Reflect on the ethical challenges you might face when recommending AI-driven mental health interventions to vulnerable populations. or Any practical in converted form can be taken for assessment. [25 Marks] and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. [25 Marks]	

Table 4 : Practical Training Activity

(*Refer table 3 of similar activity number)		
Practical No*	**Practical name**	**Hours**
1.1	Clinical Do?ha Status Evaluation	6
1.2	Samprapti Ghataka Evaluation in Manovik?ra	2
1.3	Demonstration of dasavidha pareek?ha and Identification of Samprapti Ghatakas in Psychosomatic and Psychological Disorders.	5
1.4	Technical Writing Skills for Clinical Documentation and Communication.	7
2.1	Cross-Linking Indian Psychological Concepts with Western Psychology and Behavioural Sciences.	4
2.2	Cross-Linking Indian Psychological Concepts with Behavioural Sciences.	4
2.3	Analytical Exploration of Key Branches in Psychology and Behavioural Sciences.	5
2.4	Analytical Exploration of Meta-Psychological Constructs from Indian Perspective.	7

3.1	Categorize Higher mental functions based on Antahkarana Chatushtaya.	3
3.2	Indriya vyapara and Panchapanchakatva.	3
3.3	Indriya Vyapara- Theories of Cognition and Perception.	2
3.4	Practical Understanding of Jnanotpatti.	3
3.5	Application of Jnanotpatti and Cognitive Development in Ayurveda.	4
3.6	Practical Application of Mano Guna in Clinical Psychiatry	2
3.7	Practical Application of Manovaha Srotas in Clinical Psychiatry.	3
4.1	Cognitive-Behavioral Approaches in Ayurvedic Psychiatry: Clinical Application.	4
4.2	Cognitive-Behavioral Approaches in Ayurvedic Psychiatry:Case-Based Mapping.	4
4.3	Clinical Evaluation of Mental Health: Integrating Patient Narratives.	2
4.4	Clinical Evaluation of Mental Health: Physician Reports, and Structured Assessment Tools.	3
4.5	Mapping Personality and Temperament.	3
4.6	Crosslinkinng Personality and Temperament with Ayurvedic Concept of Kaya and Prakriti.	4
5.1	Manas-Shareera Sambandha in Clinical Practice: An Ayurvedic Assessment Approach.	2
5.2	Manas-Shareera Sambandha: An Ayurvedic Assessment Approach.	3
5.3	Systematic analysis of Psycho-Social model.	2
5.4	Genetic, neurological, cognitive, emotional, and environmental contributors to mental health.	2
5.5	Guided clinical interviews to assess emotional regulation patterns in individuals.	1
5.6	Interdisciplinary Collaboration and Communication in Psychiatric Practice.	2
5.7	Communicating psychological and behavioral observations.	3

5.8	Psychosomatic Practice and Cross-Cultural Model.	2
5.9	Psychosomatic indices in liaison practice.	3
6.1	Understanding complex psychiatric care scenarios.	2
6.2	Psychiatric care transitions from the classic bio-psycho-social model to an integrated systems approach.	2
6.3	Applying Systems Thinking in multi-level psychiatric care plan.	1
6.4	Feasibility Appraisal of psychotherapeutic approaches in diverse clinical settings.	2
6.5	Assessment of patient needs and formulate feasible psychological support strategies.	2
6.6	Practical Training in Psychotherapy and Assessment for Psychosomatic Disorders.	2
6.7	Analysis of sample treatment plans to evaluate the integrated treatment plan in Psychosomatic disorders.	2
6.8	Practical Integration of Ayurveda and Systems Biology in Neuro-Psychiatric Care.	3
6.9	Assessments of cognitive improvement,	2
6.10	Preparation of Ayurvedic therapies in care plans tailored for neuro-psychiatric conditions.	2
7.1	Application of developmental psychology theories.	2
7.2	Comparison of standard developmental milestones with Ayurveda's conceptual understanding of child development.	2
7.3	Mapping clinical presentations of childhood developmental disorders with Ayurvedic developmental markers.	2
7.4	Ayurveda and Developmental Psychology: Integrative Case-based Practical Sessions.	2
7.5	Application of Satva development strategies and child protection principles.	2
7.6	Evaluation of the causality between gestational period- developmental milestones and childhood mental disorders.	3
7.7	Assessment of cognitive functions and speech-language development in children or adolescents.	2
7.8	Analysis of case scenarios of speech and language disorders social communication challenges.	2

7.9	Neurodevelopmental Assessment in Children and Adolescents.	3
8.1	Explore the Brain areas to understand Cognitive and Emotional Process.	2
8.2	Analyze the impact of Gut Microbiota on Mental Health.	2
8.3	Understand stress physiology and PNEI interactions.	2
8.4	Practical Applications in Neuroanatomy, Gut-Brain Axis, and Psychoneuroimmunology.	2
8.5	Analyze physiological responses to emotionally or cognitively loaded stimuli.	3
8.6	Understand physiological patterns and practice regulating responses.	2
8.7	Applied Psychophysiology and Educational Psychology in Practice.	2
8.8	Illustrate common pathophysiological patterns across psychiatric conditions.	2
8.9	Understanding Shared Pathologies and Complex Needs in Psychiatry.	3
9.1	Clinical Interview & Satva Pareeksha	2
9.2	Anumanagamya Manobhava Pareeksha	2
9.3	Integrative Clinical Assessment	2
9.4	Prognostic Assessment (Ayurvedic & Modern)	2
9.5	Clinical Case Comparison	2
9.6	Prognostic Challenges & Solutions	2
9.7	Differential Diagnosis: Case Analysis	2
9.8	Tool-based Differentiation Practice	2
9.9	Communication of Diagnostic Uncertainty	2
9.10	Integration: Multi-axial Differential Diagnosis	2

10.1	Systematic Hetu Identification in Cases	2
10.2	Assessment of Manasika Bhava & Satva Bala	2
10.3	Constructing and Presenting Samprapti Models	2
10.4	Problem-Solving: Overcoming Barriers in Hetu Elicitation	2
10.5	Assessment of Somatic and Psycho-somatic Factors	2
10.6	Ojas and Psychoneuroimmunological Assessment	2
10.7	Integrative Model Building: Psycho-somatic &Ojas	2
10.8	Assessment of Food, Lifestyle, Hereditary, Perinatal Factors	2
10.9	Etiology Mapping for Complex Cases	2
10.10	Communication and Integration	2
11.1	Comparative Classification Practice: Ayurvedic Types	2
11.2	Clinical Application of Classification	2
11.3	Addressing Barriers in Ayurvedic Classification	2
11.4	Reflection and Clinical Integration	2
11.5	Case Classification with ICD/DSM/NAMASTE Portal	2
11.6	Comparative Analysis & Utility of Systems	2
11.7	Overcoming Barriers & Best Practices in Classification	2
11.8	Clinical Application of Trividha Rogavijnana	2
11.9	Case Integration & Multimodal Classification	2
11.10	Problem-solving: Barriers in Application	2

12.1	Hands-on Administration: Psychiatric & Psychometric Tools	2
12.2	Critical Analysis of Application and Scoring of Inventories	2
12.3	Comparative Practice: Ayurvedic vs. Conventional Tools	2
12.4	Addressing Practical and Ethical Challenges	2
12.5	Administration: Satva Bala & Personality Scales	2
12.6	Intelligence & EQ Tool Practice	2
12.7	Comparative Utility Discussion	2
12.8	DSM-5-TR Cross-cutting Tool Demonstration	2
12.9	Integration with Diagnosis: Case-based	2
12.10	Review, Feedback & Reflection	2
13.1	Simulation – Diagnosis of Grahavesha	2
13.2	Comparative Diagnostic Mapping – Graha vs. DSM-5 Categories	2
13.3	Role-play – Daivavyapashraya Chikitsa Demonstration	2
13.4	Simulation of Bala Graha Symptoms in Children	2
13.5	Differential Diagnosis – Bala Graha vs. Child Psychiatry	2
13.6	Role-play – Counseling Parents of a Bala Graha-Affected Child	2
13.7	Text-Based Workshop – Classical Descriptions of Bhoota & Graha	2
13.8	Comparative Framework – Grahavesha and Parapsychological Models	2
13.9	Case Simulation – Clinical Assessment of Grahavesha	2
13.10	Grahavesha diagnosis – Ayurvedic and para-psychological integration.	2

14.1	Design Your Dinacharya for Mental Balance	2
14.2	Rtucharya Case Reflection – Seasonal Influence on Mind	2
14.3	Self and Peer Awareness – Johari Window Activity	2
14.4	Ethics in Action – Case Study Discussion Using Sadvritta	2
14.5	Role-play – Practicing Achararasayana in Conversation	2
14.6	Buddhimedhakaragana Simulation – Vaada&Tadvidya-Achara-Seva	2
14.7	Community Mental Health Mapping Exercise	2
14.8	Case-Based Planning – Rehabilitation of a Chronic Patient	2
14.9	Social Simulation – Exploring Attitudes, Bias, and Prejudice	2
14.10	Group Activity – Mental Health Strategies for Vulnerable Groups	2
15.1	Dietary Risk Analysis for Prevention	2
15.2	Preventive Nutrition Counselling Planning	2
15.3	Preventive Nutrition Information, Education, and Communication Material	2
15.4	Sleep Risk Mapping for Prevention	2
15.5	Preventive Sleep Hygiene Counselling	3
15.6	Information, Education, and Communication for Sleep Health Prevention	3
15.7	Psycho-sexual Risk Mapping for Prevention	2
15.8	Preventive Psycho-sexual Counselling Skills	2
15.9	Information, Education, and Communication for Psycho-sexual Health Prevention	2
16.1	Facilitated Group Discussion: Application of MHCA	2

16.2	Simulated Practice: Certificate & Capacity	2
16.3	Debrief: Ethical Dilemmas	2
16.4	Field Visit: DMHP Operations	2
16.5	Mapping Exercise: Service Pathway	2
16.6	SWOT Analysis: Program Evaluation	2
16.7	Simulation: Assessment of Criminal Responsibility & Capacity	2
16.8	Moot Court/Role Play: Expert Witness	2
16.9	Group Discussion: Ethical Dilemmas	2
16.10	Peer and Faculty Feedback	2
17.1	17.1 Comprehensive Mana pareeksha and mental status examination with emphasis on Doshas	2
17.2	17.2 Practical application of symptoms, diagnostic investigations and assessment tools doshaja unmada.	2
17.3	17.1 Practical application of Pharmacological treatment protocol based on chikitsa sutra	2
17.4	17.4 Practical application of Non- pharmacological mode of treatment in doshaja unmada.	2
17.5	17.5 Comprehensive psychiatric history taking and mental status examination	2
17.6	17.6 Practical application of symptoms, diagnostic investigations and assessment tools for Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and Transient Psychotic Disorder (ATPD).	2
17.7	17.7 Practical application of Pharmacological treatment protocol	2
17.8	17.8 Psychotropic Drug Response: Clinical Case Discussions	3
17.9	17.9 Case-Based Exploration of Psychotropic Medications and Their Side Effect Profile.	3
18.1	18.1 Comprehensive History Taking through Lakshana Assessment	2
18.2	18.2 Developing Diagnostic Formulations in Bhutonmada	2

18.3	18.3 Evaluating Pharmacological Protocols in Bhutonmada as per Chikitsa Sutra	2
18.4	18.4 Selecting Non-Pharmacological Treatment Strategies in Bhutonmada	2
18.5	18.5 Demonstrating Comprehensive History Taking from Clinical Symptoms	2
18.6	18.6 Application of Diagnostic Investigations and Assessment Tools	2
18.7	18.7 Evaluating Pharmacological Protocols in Bhutonmada as per Chikitsa Sutra	2
18.8	18.8 Demonstrating Comprehensive History Taking from Clinical Symptoms of Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada	3
18.9	18.9 Evaluating Pharmacological Protocols in Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada as per Chikitsa Sutra	3
19.1	19.1 Comprehensive History Taking through Lakshana Assessment	2
19.2	19.2 Developing Diagnostic Formulations in Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa	2
19.3	19.3 Evaluating Pharmacological Protocols in Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa as per Chikitsa Sutra	2
19.4	19.4 Selecting Non-Pharmacological Treatment Strategies in Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD	2
19.5	19.5 Demonstrating Comprehensive History Taking from Clinical Symptoms	2
19.6	19.6 Application of Diagnostic Investigations and Assessment Tools	2
19.7	19.7 Evaluating Pharmacological Treatment Protocols in Psychiatric Disorders	2
19.8	19.8 Demonstrating Comprehensive History Taking from Clinical Symptoms of Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation	2
19.9	19.9 Application of Diagnostic Investigations and Assessment Tools	2
19.10	19.10 Evaluating Pharmacological Protocols in Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation	2
20.1	20.1 Comprehensive Mana pareeksha and neurological examination with emphasis on Doshas.	2

20.2	20.2 Practical application of symptoms, diagnostic investigations and assessment tools Apasmara.	2
20.3	20.3 Practical application of Pharmacological treatment protocol based on chikitsa sutra	2
20.4	20.4 Practical application of Vegakaleen chikitsa and Non-pharmacological mode of treatment in Apasmara	2
20.5	20.5 Comprehensive psychiatric history taking and mental status examination	2
20.6	20.6 Practical application of symptoms, diagnostic investigations and assessment tools for Akshepaka and Apatantraka.	2
20.7	20.7 Practical application of Pharmacological treatment protocol based on Chikitsa sutra	2
20.8	20.8 Comprehensive Mana pareeksha and neurological examination with emphasis on Doshas.	2
20.9	20.10 Practical application of Pharmacological treatment protocol	2
20.10	20.9 Practical application of symptoms, diagnostic investigations and assessment tools in different types of Seizure disorders.	2
21.1	21.1 Comprehensive History Taking through Lakshana Assessment	2
21.2	21.2 Developing Diagnostic Formulations in Madatyaya, Mada, murcha, sanyasa	2
21.3	21.3 Evaluating Pharmacological Protocols in Madatyaya, Mada, murcha, sanyasa as per Chikitsa Sutra	2
21.4	21.4 Selecting Non-Pharmacological Treatment Strategies in Madatyaya, Mada, murcha, sanyasa	2
21.5	21.5 Demonstrating Comprehensive History Taking from Clinical Symptoms of Alcohol, Cannabis and tobacco use disorder	2
21.6	21.6 Application of Diagnostic Investigations and Assessment Tools	2
21.7	21.7 Evaluating Pharmacological Treatment Protocols in Alcohol, Cannabis and tobacco use disorder	2
21.8	21.8 Demonstrating Comprehensive History Taking from Clinical Symptoms of Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.	2
21.9	21.9 Application of Diagnostic Investigations and Assessment Tools for Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.	2
21.10	21.10 Evaluating Pharmacological Protocols in Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.	2

22.1	22.1 Comprehensive History Taking through Lakshana Assessment	2
22.2	22.2 Diagnostic Formulation in Bhasmaka Roga and Eating Disorders	2
22.3	22.3 Evaluating Pharmacological Treatment Protocols Based on Chikitsa Sutra	2
22.4	22.4 Identifying Suitable Non-Pharmacological Treatments in Bhasmaka Roga & Eating Disorders	2
22.5	22.5 [2hours x 1session] Comprehensive History Taking in Sleep-Related Disorders	2
22.6	22.6 Application of Diagnostic Investigations & Assessment Tools in Sleep Disorders	2
22.7	22.6 Analyzing Pharmacological Treatment Protocols in Nidranasha & Sleep Disorders	2
22.8	22.8 Comprehensive History Taking in Manasika Klaibya & Sexual Dysfunctions	2
22.9	22.9 Application of Diagnostic Investigations & Assessment Tools in Manasika Klaibya and Sexual Dysfunctions	2
22.10	22.10 Analysis of Pharmacological Treatment Protocols in Manasika Klaibya & Sexual Dysfunctions	2
23.1	23.1 Comprehensive psychiatric history taking and mental status examination	2
23.2	23.2 Practical application of symptoms, diagnostic investigations and assessment tools for Smriti vikara Bala and Yoshita mano vikara wrt elimination disorders, communication disorders, conduct disorders, Developmental disorders- autism spectrum disorders, learning disorders, ADHD, Sutikonmada, Perinatal mental disorders, Yoshapasmara, Perimenopausal psychological conditions	2
23.3	23.3 Practical application of Pharmacological and non pharmacological treatment protocol	2
23.4	23.4 Comprehensive Mana pareeksha and mental status examination with emphasis on Doshas.	2
23.5	23.5 Practical application of symptoms, diagnostic investigations and assessment tools Vardhakya Janya Manasika Vikara.	2
23.6	23.6 Evaluate pharmacological treatment protocol based on chikitsa sutra (2HR)	2
23.7	23.7 Practical application of Non- pharmacological mode of treatment in Vardhakya Janya Manasika Vikara.	2
23.8	23.8 Comprehensive psychiatric history taking and mental status examination	2
23.9	23.10 Practical application of Pharmacological and non-pharmacological treatment protocol	2

23.10	23.9 Practical application of symptoms, diagnostic investigations and assessment tools for Smriti vikara wrt Alzheimer's dementia, vascular dementia, and mild neurocognitive disorder	2
24.1	24.1 Case-Based History Taking in Mind-Body Disorders	2
24.2	24.2 Real-Life Role-Play in Mind-Body Disorders	2
24.3	24.3 Evaluating Pharmacological Protocols through Chikitsa Sutra	2
24.4	24.4 Exploring Non-Pharmacological Interventions in Mind-Body Disorders	2
24.5	24.5 Self-Directed History Taking in Mental Disorders with Physiological Causes	2
24.6	24.6 Diagnostic Tools for Mental Disorders with Physiological Origins	2
24.7	24.7 Analysing Liaison Psychiatry in a Hospital Setting	2
24.8	24.8 History Taking in Secondary Psychiatric and Neurocognitive Disorders	2
24.9	24.9 Applying Investigations and Assessment Tools in Neuropsychiatric Disorders.	2
24.10	24.10 Analysing Pharmacological Protocols in Secondary Psychiatric and Neurocognitive Disorders	2
25.1	Assessment of the Gut-Brain Axis and Gut Microbiota in Mediating Panchakarma Outcomes in Manasaroga.	2
25.2	Assessment of the Gut-Brain Axis and Gut Microbiota in Mediating Panchakarma Outcomes in Manasaroga.	3
25.3	Rationale and Clinical Execution of Poorva Karma in Manasaroga	3
25.4	Clinical Induction and Competency in Vamana Therapy for Manasaroga.	2
25.5	Clinical Induction and Competency in Virechana Therapy for Manasaroga.	2
25.6	Hands-on Competency in Anuvasana Therapy for Manasaroga Patients	2
25.7	Practical Proficiency in Nirooha Administration in Manasaroga.	2
25.8	Practical Proficiency in Nasya Administration in Manasaroga.	2
25.9	Practical Proficiency in Raktamokshana administration in Manasaroga.	2

26.1	Mastering Clinical Proficiency in Shiro-Abhyanga and Shiro-Seka for Manasaroga Management.	2
26.2	Clinical Proficiency in Shiro Pichu Administration for Manasaroga.: Patient-Centered Training.	3
26.3	Clinical Mastery in Shirobasti for Manasaroga: Patient- Centered Practice.	3
26.4	Integrative Dialogue on Masthiskya: Bridging Ayurvedic and Neurophysiological Mechanisms.	2
26.5	Comprehensive Clinical Training in Dhara Therapies for Manasaroga: Practice-Based Skill Development.	3
26.6	Integrated Clinical Skills in Shirolepa/ Thalapothichil, and Shirothalam for Manasaroga: Therapeutic Practice and Outcome Assessment.	3
26.7	Critical Appraisal of Fumigation-Based Drug Delivery: Potentials and Perspectives.	2
26.8	Evaluation of Quality Indices and Treatment Responses Post-Upakarma in Manasaroga: Evidence-Based Appraisal.	2
27.1	Applied Satvavajaya Chikitsa in Manasaroga: Case-Based Skill Development through Samprapti Vighatana with Trividha Hetu.	2
27.2	Establishing Professional Client Relationships: and Clinical Communication Skills.	3
27.3	Fundamentals of Clinical Counselling: Skill Acquisition, Challenges, and Quality Assessment.	3
27.4	Counselling Across the Lifespan: Practical Skills for Diverse Diagnoses and Life Situations	3
27.5	Designing Psychiatric Rehabilitation Strategies for Manasaroga: Enhancing Quality of Life and Social Independence.	3
27.6	Applied Psychotherapeutic Techniques for Anxiety and Clinical Depression.	3
27.7	Comprehensive Clinical Application of Psychotherapeutic Techniques: Screening, Eligibility Assessment, and Outcome Evaluation.	3
28.1	Exploring Adravyabhuta Chikitsa Modalities for Manasaroga.	3
28.2	Demonstrate Meditative Practices: Transcendental Meditation (TM), Vipassana, and Sudarshana Kriya Yoga (SKY).	3
28.3	Applied Relaxation Techniques in Therapeutic Practice: JPMR and Hypnotherapy Skills Training.	3
28.4	Critical Appraisal of Daivavyapashraya and Naishtiki Chikitsa in Karmic and Idiopathic Disorders.	2
28.5	Emotional Intelligence and Mindfulness Practices	3

28.6	Training in Time Management and Productivity Enhancement.	3
28.7	Public Practical Training in Public Speaking and Confidence Building	3
29.1	Exploring Ashtanga Yoga: Philosophical Roots and Psychocognitive Applications	2
29.2	Shatkarma and Panchakarma: Comparative Therapeutic Insights for Mental Health Management.	2
29.3	Yama and Niyama in Manasaroga: Foundations of Mental Discipline and Emotional Resilience.	3
29.4	Pranayama for Mental Wellness: Practical Training and Therapeutic Integration in Manasaroga.	3
29.5	Clinical Application of Yoga in Manasaroga: Biofeedback-Based Analysis of Therapeutic Outcomes	2
29.6	Simulated Practice of Integrated Yoga Protocols in Schizophrenia: Skill-Based Clinical Training.	3
29.7	Simulated Delivery of Integrated Yoga Protocols in Depression: A Skill-Based Training Module.	3
29.8	Simulated Implementation of Integrated Yoga Protocols in Autism Spectrum Disorders: A Practical Skills Training.	2
30.1	Designing Safe and Effective Single drug Ayurvedic Prescriptions in Manasaroga.	3
30.2	Skill development in prescribing Eka Mulika Aushadhi with specific effects on mental states.	3
30.3	Skill development in formulating Safe and Effective poly herbal Ayurvedic Prescriptions in Manasaroga - (I)	7
30.4	Skill development in formulating Safe and Effective poly herbal Ayurvedic Prescriptions in Manasaroga - (II)	5
30.5	Contemporary Nootropic Herbs in Mental Health.	2
31.1	Diagnosis of Psychiatric Emergencies	2
31.2	Treatment Protocols in Psychiatric Emergencies	3
31.3	Clinical Management and Documentation in Psychiatric Crises	3
31.4	Red Flag Identification and Self-Harm Management	3
31.5	Assessment and Care of Anxiety-Related Psychiatric Conditions.	2

31.6	Management of Aggression, Psychosis, and Substance Withdrawal.	3
31.7	Viddha Karma in Manasa Roga	2
31.8	Marma Therapy in Manasa Roga	2
32.1	Telepsychiatry consultation.	2
32.2	Virtual Reality Applications in Psychiatry: Exposure Therapy, Stress Reduction, Mindfulness, Merits and Limitations	2
32.3	Digital Health Technologies in Manasaroga: Psychoeducation, Psychotherapy Modules, Clinical Applications.	2
32.4	Technology in Psychiatric Care: Benefits, Challenges, Ethical Considerations, Impact on Outcomes and Accessibility	2
32.5	Psychiatric Surgery: History, Ethics, Risks, Neurorehabilitation, Pharmacological and Psychotherapeutic Comparison.	3
32.6	Target Brain Regions, Neurobiological Mechanisms, and Effects on Mood, Behavior, Cognition in Psychiatric Surgery	3
32.7	Checklist for Mental Health Establishment: Staffing, Equipment, Emergency Preparedness, Regulatory Requirements	3
32.8	Registration and Licensing of Mental Health Establishment: Steps, Mandatory Certifications, Required Approvals.	3

Table 5 : Experiential learning Activity

(*Refer table 3 of similar activity number)		
Experiential learning No*	**Experiential name**	**Hours**
1.1	Analysis of Patient behaviour.	2
1.2	Demonstration of Shastra padaavali in Clinical Documentation.	2
1.3	Clinical Case Formulation based on Roga –Rogi Pareeksha,	2
1.4	Integration of terminologies in Ayurveda and Modern Psychiatry	2
1.5	Contextual Evaluation of Terminologies.	2
1.6	Clinical Reasoning of Dashavidha Pareeksha.	3
1.7	Personalized Psychosomatic Care.	3
1.8	Ethical Documentation in Clinical Practice	10
2.1	Timeline Dialogue: Evolution of Indian Psychology as Argument.	3
2.2	Source Analysis Lab: “What Did the Text Really Say?”	3
2.3	Concept Evolution Map: From Veda to Modern Indian Psychology.	2
2.4	Darshana Vichara Mandala: Philosophical Question Circle.	2
2.5	“Time Machine Debate: Whose Psychology Mattered Most?”	3
2.6	“Branch Lab: Exploring a Human Story through Different Lenses”	3
2.7	Bridging Worlds of Mind: Experiential Explorations in Metapsychology and Cross-Cultural Psychiatry.	10
3.1	Antahkarana Chatushtaya and Dwaita-Adwaita Sidhanta.	3
3.2	AntahkaranaCharushtaya and Cognitive functions.	3

3.3	Mano-Indriya Vyapara; A Self Perception.	2
3.4	Mano-Indriya Vyapara; Introspection on Cognitive functions.	2
3.5	Jnana to Prajnana: Self, Knowledge, and Inner Cognition.	6
3.6	Jnana to Prajnana: A tool for Information Processing in Decision making and Problem Solving.	4
3.7	States of Consciousness: Exploring Mano Guna and Srotas	3
3.8	Self-experience on Altered State of Conciousness through Mano Guna and Srotas.	3
4.1	“Reflective Mirror” – Clinical Communication and Psychological Principles.	4
4.2	“Through the Patient’s Lens” – Theory-Based Behavior Interpretation.	3
4.3	“Embodied Insight”– Emotional interpretation.	3
4.4	Through My Lens – Bias Reflection in Interpreting Mental Health Data.	3
4.5	“In Their Shoes” – Exploring Subjectivity and Context in Mental Health Indicators	3
4.6	Temperament-Self-Reflection and Satvikadi Kaya Mapping	4
4.7	Guided Introspection and Expressive Meditative Practice.	3
4.8	Temperament and Trajectory	3
5.1	Ayurvedic Exploration of Manas–Shareera Interactions	2
5.2	Experiencing the Mind–Body Continuum.	2
5.3	Clinical Identification of Mana-Shareera Interaction.	3
5.4	Experiential Reflections on the Bio-Psycho-Social Dimensions of Mental Health.	2
5.5	Interpretation of genetic, neurological, cognitive, emotional, and environmental factors in shaping mental well-being.	2

5.6	Regulation of Psychosomatic Symptoms through emotional regulation.	3
5.7	Critical Evaluation of Psycho somatic Relationship.	2
5.8	Dynamics and decision-making processes in collaborative psychiatric practice.	2
5.9	Bridging Minds and Methods: Applied Competencies in Psychosomatic and Collaborative Psychiatric Practice.	3
5.10	Application of psychosomatic medicine indices within the cross-cultural psychosomatic model.	3
5.11	Collaborative clinical decision-making through consultation-liaison psychiatry.	2
6.1	Interpret the dynamics of psychiatric care.	2
6.2	Systems in Mind: Experiencing Integrated Pathways in Psychiatric Care.	2
6.3	Influence of systems thinking on future interdisciplinary coordination.	2
6.4	Applicability and feasibility of psychotherapeutic approaches in psychosomatic care.	2
6.5	Formulate personalized psychological support strategies.	2
6.6	Analysis of Psychotherapeutic Modalities.	3
6.7	Psychotherapeutic Integration in Psychosomatic Care: From Concepts to Clinical Practice.	3
6.8	Analyse Medhya Karma on cognition and mental clarity.	2
6.9	Construct an Ayurvedic intervention plan involving Ahara, Vihara, Chikitsa, and Satvavajaya in Specified Cases.	3
6.10	Integrative Perspectives in Neuro-Psychiatry: Bridging Ayurveda Biology with Systems Neuroscience.	3
6.11	Understanding neuro-psychiatric conditions through Ayurveda Biology and Systems Biology.	2
7.1	Reflect on behavioral expressions and relate these to Ayurvedic principles.	2
7.2	Interpretation of developmental behaviors and disorders through the lens of both influential psychological theories and Ayurvedic constructs.	2
7.3	Synthesize concepts from developmental psychology with Ayurvedic developmental stages.	2

7.4	Integrative Learning of Child Development: Insights from Psychology and Ayurveda.	2
7.5	Construction of a personalized framework integrating cognitive, emotional, and moral developmental theories with Ayurvedic ideas of Garbha Sanskara, Prajna, and Medha.	2
7.6	Maternal-child interactions to internalize the influence of gestational Satva development and early childhood care.	3
7.7	Satva to Sanskara: Integrative Perspectives on Early Psychological Development.	3
7.8	The real-life applicability and limitations of commonly used assessment tools.	2
7.9	Functional impact of neurodevelopmental and speech-language disorders on daily life and social communication.	2
7.10	Interpretation of behavioral cues and speech patterns to identify potential delays or deficits in cognitive and language development.	2
7.11	Discussion on Developmental psychiatry and speech-language development.	2
7.12	Voices of Development: Understanding Intelligence, Language, and Psychological Health.	2
8.1	Link the brain areas with emotional regulation.	2
8.2	Analyze personal patterns in relation to Gut-Brain Axis theories.	2
8.3	Neuropsychophysiological Approach to Self-Understanding.	2
8.4	Exploring the Mind-Body Connection.	2
8.5	Create a conceptual mind map linking subjective experiences to neurophysiological mechanisms.	2
8.6	Traditional experimental psychology methods.	3
8.7	Monitor Physiological response on self regulation techniques.	3
8.8	Experiential Pathways in Applied Psychology.	4
8.9	Identify complex needs based on Quality of Life criteria.	2
8.10	Explore shared mechanisms across psychiatric disorders and relate them to Ayurvedic concepts.	2

8.11	Understanding Complexity – Integrative Approaches to Psychiatric Patient Needs.	2
9.1	Clinical Shadowing & Real-World Assessment	3
9.2	Reflection & Skills Integration	3
9.3	Portfolio Synthesis & Presentation	3
9.4	Clinical Observation: Prognosis in Practice	3
9.5	Reflection & Prognosis Integration	3
9.6	Portfolio Synthesis & Communication Skills	3
9.7	Clinical Observation: Differential Diagnosis in Action	3
9.8	Peer Group Simulation: Complex Cases	3
9.9	Portfolio Synthesis & Final Presentation	2
10.1	Clinical Observation: Hetu and Samprapti Assessment	3
10.2	Reflective Practice: Personal Case Analysis	3
10.3	Portfolio Synthesis and Peer Presentation	3
10.4	Observation: Integrative Assessment in Practice	3
10.5	Reflection: Barriers and Solutions in Integration	3
10.6	Portfolio Synthesis and Presentation	3
10.7	Clinical Observation: Multi-Etiology Cases	3
10.8	Reflective Learning: Integration Challenges	3
10.9	Portfolio Synthesis and Peer Presentation	2

11.1	Field/Virtual Observation: Ayurvedic Classification in Practice	3
11.2	Reflective Journaling & Group Analysis	3
11.3	Portfolio Synthesis & Peer Presentation	2
11.4	Clinical Observation: Real-World Classification Systems	3
11.5	Peer Teaching: System Mastery	3
11.6	Portfolio Synthesis: Integrating Learning	3
11.7	Direct Observation: Trividha Rogavijnana in Practice	3
11.8	Reflective Dialogue: Beejapradoshaja Vyadhi and Integrative Diagnosis	3
11.9	Portfolio & Case Synthesis	3
12.1	Clinical Observation: Tool Application in Real Setting	3
12.2	Reflective Practice: Critical Incidents	3
12.3	Portfolio Synthesis & Peer Presentation	2
12.4	Observation: Multiple Tool Application	3
12.5	Group Analysis: Assessment Barriers	3
12.6	Solutions Portfolio & Future Planning	3
12.7	Field/Virtual Observation: Cross-cutting Assessment	3
12.8	Group Reflection: Clinical Utility & Barriers	3
12.9	Portfolio Finalization & Presentation	3
13.1	Field Observation – Traditional Graha Chikitsa Setting	3
13.2	Reflective Journal – Psycho-spiritual Reflection	3

13.3	Portfolio Presentation – Integrated Bhutavidya Insights	3
13.4	Observation of Pediatric Graha Chikitsa in Practice	3
13.5	Interview with Parent/Caregiver of a Child Diagnosed with Bala Graha	3
13.6	Portfolio Compilation – Integrative Paediatric Management	3
13.7	Virtual/Field Visit – Case of Possession/Grahavesha	3
13.8	Reflective Journal – Cultural Psychiatry Perspective	3
13.9	Portfolio Presentation – Cultural Integration Models	2
14.1	Mindfulness & Dinacharya – 3-Day Living Diary	3
14.2	Field Visit to Spiritual or Wellness Center	3
14.3	Portfolio – My Mental Hygiene Blueprint	3
14.4	Reflective Journal – My Ethical Crossroad	3
14.5	Behavioural Observation Log – Sadvritta in Society	3
14.6	Portfolio – Ethical Wellness Roadmap	3
14.7	Field Visit – Community Psychiatry Unit/NGO/Outreach Program	3
14.8	Critical Reflection – Psychosocial Adaptation in Society	3
14.9	Community Intervention Proposal Portfolio	2
15.1	Food and Mood Diary for Prevention	3
15.2	Community Preventive Nutrition Project	3
15.3	Reflective Practice in Preventive Nutrition	3

15.4	Sleep Hygiene Practice and Reflection	3
15.5	Sleep Health Awareness	3
15.6	Reflective Analysis on Preventive Sleep Practice	3
15.7	Analysis of Practice on Psycho-sexual Prevention	3
15.8	Community Psycho-sexual Awareness Event	3
15.9	Observation of Preventive Psycho-sexual Counselling	2
16.1	Field/Virtual Visit: MHCA Implementation	3
16.2	Reflective Journaling: Legal/Ethical Dilemmas	3
16.3	Portfolio Compilation & Peer Review	3
16.4	Reflective Journaling: Policy vs. Practice	3
16.5	Team Reflection and Peer Discussion	3
16.6	Service Improvement Proposal & Portfolio Review	3
16.7	Field/Virtual Visit: Forensic Psychiatry or Court	3
16.8	Reflective Journaling: Medico-legal and Ethical Challenges	3
16.9	Portfolio Compilation & Presentation	2
17.1	17.1 Recognizing Complex Needs in Clinical Practice	3
17.2	17.2 Design Individualized Psychiatric Care Plans	3
17.3	17.3 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
17.4	17.4 Critical appraisal of the non-pharmacological treatment protocol of doshaja unmada	3
17.5	17.5 Clinical documentation of perception versus reality	3

17.6	17.6 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
17.7	17.7 Clinical judgement in psychopharmacology	3
17.8	17.8 Ethical reasoning in mental health care.	3
17.9	17.9 Ethical Decision-Making in Psychopharmacology	2
18.1	18.1 Complex Case Mapping Workshop	3
18.2	18.2 Collaborative Care Plan Simulation	3
18.3	18.3 Hands-On Psychopharmacology Practice Lab	3
18.4	18.4 Critical appraisal of the non-pharmacological treatment protocol of doshaja unmada	3
18.5	18.5 Clinical documentation of perception versus reality	3
18.6	18.6 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
18.7	18.7 Clinical judgement in psychopharmacology	3
18.8	18.8 Ayurvedic Mind-Healing Reflection Circcle	3
18.9	18.9 Ethical Decision-Making in Psychopharmacology	2
19.1	19.1 omplex Case Mapping Workshop	3
19.2	19.2 Collaborative Care Plan Simulation	3
19.3	19.3 Hands-On Psychopharmacology Practice Lab	3
19.4	19.4 Critical appraisal of the non-pharmacological treatment protocol of doshaja unmada	3
19.5	19.5 Clinical documentation of perception versus reality	3
19.6	19.6 Critical appraisal of clinical skills in organizing pharmacological therapies.	3

19.7	19.7 Critical appraisal of clinical skills in organizing pharmacological therapies.	2
19.8	19.8 Collaborative Care Plan Simulation	2
19.9	19.9 Hands-On Psychopharmacology Practice Lab	2
19.10	19.10 Critical appraisal of the non-pharmacological treatment protocol of Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation	2
20.1	20.1 Recognizing Complex Needs in Clinical Practice	3
20.2	20.2 Design Individualized neuropsychiatric Care Plans	3
20.3	20.3 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
20.4	20.4 Critical appraisal of Vegakaleen chikitsa and other external therapies in Apasmara	3
20.5	20.5 Recognizing Complex Needs in Clinical Practice	3
20.6	20.6 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
20.7	20.7 Clinical documentation of perception versus reality	3
20.8	20.9 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
20.9	20.8 Clinical documentation of perception versus reality	2
21.1	21.1 Complex Case Mapping Workshop	3
21.2	21.2 Collaborative Care Plan Simulation	3
21.3	21.3 Hands-On Psychopharmacology Practice Lab	3
21.4	21.4 Critical appraisal of the non-pharmacological treatment protocol of Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance Use and diseases of altered consciousness]	3
21.5	21.5 Clinical documentation of perception versus reality	3

21.6	21.6 Critical appraisal of clinical skills in organizing pharmacological therapies.	3
21.7	21.7 Critical appraisal of clinical skills in organizing pharmacological therapies.	2
21.8	21.8 Collaborative Care Plan Simulation	2
21.9	21.9 Hands-On Psychopharmacology Practice Lab	2
21.10	21.10 Critical appraisal of the non-pharmacological treatment protocol of Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.	2
22.1	22.1 Identifying Complex Needs in Eating, Sleep, and Sexual Disorders	3
22.2	22.2 Designing Patient-Centered Treatment Protocols in Eating, Sleep & Sexual Disorders	3
22.3	Implementing Pharmacological Therapies in Eating, Sleep & Sexual Disorders	3
22.4	22.4 Implementing Non-Pharmacological Therapies in Eating, Sleep & Sexual Disorders	3
22.5	22.5 Documenting Symptoms in Sleep Disorders	3
22.6	22.6 Clinical Skill Evaluation in Pharmacological Management of Nidra Vikaras	3
22.7	22.7 Documenting Symptoms in Sexual Dysfunction Cases	2
22.8	22.8 Designing Patient-Centered Treatment Protocols in Sexual Health Disorders	2
22.9	22.9 Implementing Pharmacological Therapies in Sexual Health Disorders	2
22.10	22.10 Implementing Non-Pharmacological Therapies in Sexual Health Disorders	2
23.1	23.1 Recognizing Complex Needs in Clinical Practice	2
23.2	23.2 Design Individualized Psychiatric Care Plans	2
23.3	23.3 Critical appraisal of clinical skills in organizing pharmacological therapies.	2
23.4	23.4 Practical application of Non- pharmacological mode of treatment in doshaja unmada.	2

23.5	23.5 Recognizing Complex Needs in Clinical Practice	3
23.6	23.6 Design Individualized Psychiatric Care Plans	3
23.7	23.7 Critical appraisal of clinical skills in organizing pharmacological therapies.	2
23.8	23.8 Critical appraisal of the non-pharmacological treatment protocol of Vardhakya mano vikara	2
23.9	23.10 Design Individualized Psychiatric Care Plans	2
23.10	23.12 Practical application of Non-pharmacological mode of treatment in Smriti Vikara.	2
23.11	23.9 Clinical documentation of perception versus reality	2
23.12	23.11 Critical appraisal of clinical skills in organizing pharmacological therapies.	2
24.1	24.1 Identifying Complex Needs in Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders	3
24.2	24.2 Designing Patient-Centered Protocols through Collaborative Clinical Inquiry	3
24.3	24.3 Implementing Pharmacological Therapies in Complex Mental Health Disorders	3
24.4	24.4 Implementing Non-Pharmacological Approaches in Mental Health Care	3
24.5	24.5 Symptom Documentation in Secondary Mental Disorders	3
24.6	24.6 Practicing Liaison Psychiatry in a Multidisciplinary Hospital Setup	3
24.7	24.7 Symptom Mapping in Secondary Psychiatric & Neurocognitive Disorders	2
24.8	24.8 Designing Patient-Centered Treatment Protocols for Complex Neuropsychiatric Cases	2
24.9	24.9 Implementing Evidence-Based Pharmacological Therapies in Secondary Neuropsychiatric Disorders.	2
24.10	24.10 Practicing Non-Pharmacological Interventions for Secondary Neuropsychiatric Disorders.	2
25.1	Applied Clinical Proficiency in Panchakarma for Manasaroga: Integrating Dasavidha Pareeksha	3

25.2	Reflective Competency in Counselling during Poorva Karma for Manasaroga.	3
25.3	Reflective Analysis of Quality Indices and Treatment Response Post-Panchakarma in Manasaroga.	3
25.4	Patient-Centric Strategies in Vamana for Manasaroga - Application and Synthesis.	2
25.5	Patient-Centric Strategies in Virechana for Manasaroga - Application and Synthesis.	3
25.6	Patient-Centric Strategies in Anuvasana Basti for Manasaroga - Application and Synthesis	3
25.7	Patient-Centric Strategies in Nirooha Basti for Manasaroga - Application and Synthesis	3
25.8	Person-Centred Nasya Therapy for Manasaroga- Application and Synthesis.	3
25.9	Reflective Synthesis on the Role of Raktamokshana in Manasaroga.	3
26.1	Skill Development in Murdhni taila Procedures for Manasaroga: Eligibility Assessment, Administration, and Case Documentation.	3
26.2	Personalized Therapeutic Planning and Implementation of Murdhni Thaila Protocols in Manasaroga: Patient-Centered Approaches.	3
26.3	Reflective Appraisal of Quality and Treatment Response Following Murdhni Thaila in Manasaroga.	4
26.4	Patient-Centered Clinical proficiency in Selected Masthishkya Procedures in Manasaroga.	3
26.5	Personalized Masthishkya Protocol Design and Implementation in Manasaroga: Integrating Therapeutic and Socio-Demographic Considerations.	3
26.6	Critical Appraisal of Quality and Treatment Outcomes Following Masthishkya Procedures in Manasaroga.	2
26.7	Proficiency in designing Patient-Centered Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana Protocols for Manasaroga.	4
26.8	Proficiency in designing Patient-Centered Dhoomapana, Ksheeradhooma, Dhoopana, and Anjana Protocols for Manasaroga.	4
27.1	Developing Patient - Centred Satvavajaya Proforma for Manasaroga.	3
27.2	Patient-Centered Satvavajaya Protocol Implementation in Manasaroga.	3
27.3	Reflective Analysis of Counselling Outcomes in Clinical Practice: Case-Based Engagement with Counsellor and Client.	3
27.4	Reflective Exploration of Counselling Responses in Relationship and Gender Identity Scenarios.	3

27.5	Reflective Case Learning on Counselling Outcomes in Childhood-Onset Disorders.	2
27.6	Case-Informed Critical Appraisal of Counselling Strategies in Addictive Disorders.	2
27.7	Personal Growth through Reflective Practice in Counselling.	2
27.8	Reflective Exploration of Client Coping Mechanisms in Therapeutic Interactions.	2
27.9	Recognizing and Reflecting on Client Conflicts in Therapeutic Encounters.3	3
27.10	Reflective Inquiry into Challenges in Counselling Practice.	3
28.1	Skills Development in Meditative Practices for Manasaroga: Transcendental Meditation (TM), Vipassana, and Sudarshan Kriya Yoga (SKY) - (I).	3
28.2	Skills Development in Meditative Practices for Manasaroga: Transcendental Meditation (TM), Vipassana, and Sudarshan Kriya Yoga (SKY) - (II)	3
28.3	Skill Development in Jacobson's Progressive Muscular Relaxation for Manasaroga.	3
28.4	Foundational Facilitation Skills in Hypnotherapy-Based Relaxation for Manasaroga.	3
28.5	Socio-Cultural correlates of Faith-Based Interventions in Agantuja Manasaroga.	2
28.6	Effective Communication and Interpersonal Skills Training.	3
28.7	Foundations of imparting Leadership Skills	3
28.8	Foundations of imparting Decision-making skills.	3
28.9	Foundations of imparting Stress Management and Resilience Building Skills.	3
29.1	Impact of integrated Yoga practice in mental health and overall quality of life.	3
29.2	Community awareness in in mental health and overall quality of life through Yoga.	3
29.3	Therapeutic Yoga Customization Based on Mental and Physical Eligibility.	2

29.4	Therapeutic Yoga Customization Based on Therapeutic Applicability.	3
29.5	Observational Insights into Patient Response and Clinical Impact of Yoga in Manasaroga.	2
29.6	Actionable insights on Integrated Yoga for Mental Health Care.	3
29.7	Skilled Delivery of Validated Yoga Protocol for Mild Cognitive Impairment (MCI).	3
29.8	Skilled Delivery of Validated Yoga Protocol for Substance Use Disorder	3
29.9	Skilled Delivery of Validated Yoga Protocol for Obsessive Compulsive Disorder (OCD).	2
29.10	Skilled Delivery of Validated Yoga Protocol for Generalised Anxiety disorder (GAD).	2
30.1	Selection of Single Drug Ayurvedic Formulations Based on Patient Eligibility and Response in Manasaroga.	3
30.2	Integration of Single Drug Medicaments in Manasaroga: Practical Insights.	3
30.3	Analysis of Compound Ayurvedic Formulations: Patient Eligibility, Responses, and Safety	6
30.4	Analysis of Compound Ayurvedic Formulations: Patient Eligibility, Responses, and Safety	6
30.5	Critical Appraisal of Evidence: Ayurvedic Formulations for Mental Health Management.	2
30.6	Appreciating the Therapeutic Value of Contemporary Nootropic Herbs in Clinical Practice.	6
31.1	Critical Thinking and Collaborative Reasoning in Psychiatric Emergencies	2
31.2	Patient-Centered Approaches in Emergency Psychiatric Management	2
31.3	Healthcare Roles and Protocol Adherence in Psychiatric Emergencies.	3
31.4	Emotional Intelligence and Team Dynamics in Crisis Intervention	3
31.5	Reflective Practice in Emergency Psychiatric Care	3
31.6	Ethical Safety Practices and Crisis Communication.	3

31.7	Standard Operating Procedure Development for Psychiatric Emergencies.	4
31.8	Clinical Parameters and Therapeutic Outcomes in Marma Therapy.	3
31.9	Integrative Role of Music and Art Therapy in Manasa Roga	3
32.1	Ethical and Legal Considerations in Digital Psychiatry: Confidentiality, Consent, Data Security, Patient Autonomy.	3
32.2	Digital Phenotyping in Precision Psychiatry: Passive Data, Clinical Assessment, Emerging Potential.	3
32.3	Evidence and Future Trends of Digital Health Technology in Mental Health Care.	2
32.4	Digital Mental Health in India: Accessibility, Affordability, Scalability, Real-Time Support, Stigma, Data Privacy.	2
32.5	Ethical and Legal Considerations in Psychiatric Surgery: Consent, Patient Autonomy, Regulations in India.	3
32.6	Benefits, Limitations, Long-Term Outcomes, Research Updates of Psychiatric Surgery in Clinical Practice.	3
32.7	Legal Compliance and Patient Safety in Planning a Psychiatric Facility.	2
32.8	Ethical and Legal Compliance in Confidential Patient Health Records in Psychiatric Care	2
32.9	Legal, Ethical, and Compliance Considerations in Planning a Manasaroga Clinic or Rehabilitation Center	3
32.10	Ethical Duties and Legal Responsibilities of Mental Health Professionals and Patient Rights under the Mental Healthcare Act.	3

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

6 A : Number of Papers and Marks Distribution

Subject Code	Paper	Theory	Practical	Total
AYPG-MN	4	100 x 4 Papers = 400	400	800

6 B : Scheme of Assessment (Formative and Summative Assessment)

Credit frame work

AYPG-MN consists of 32 modules totaling 64 credits, which correspond to 1920 Notional Learning Hours. Each credit comprises 30 Hours of learner engagement, distributed across teaching, practical, and experiential learning in the ratio of 1:2:3. Accordingly, one credit includes 5 hours of teaching, 10 hours of practical training, 13 hours of experiential learning, and 2 hours allocated for modular assessment, which carries 25 marks.

Formative Assessment : Module wise Assessment:will be done at the end of each module. Evaluation includes learners active participation to get Credits and Marks. Each Module may contain one or more credits.
Summative Assessment: Summative Assessment (University examination) will be carried out at the end of Semester VI.

6 C : Calculation Method for Modular Grade Points (MGP)

Module Number & Name (a)	Credits (b)	Actual No. of Notional Learning Hours (c)	Attended Number of notional Learning hours (d)	Maximum Marks of assessment of modules (e)	Obtained Marks per module (f)	MGP =d*f/c*e*100
Semester No : 3						
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])						
M1 Mana Sambandhita Samhita-Padartha Parichaya, Shastra Padavali, Roga Vruttanta Evam Kathanam [Epistemics and Semantics in Manovijnana]	2	60		50		
M2 Manovijnane Darshana Shastrayam Yogadanam evam Prayoga [A Comprehensive Application of Darshana Shastra in understanding Psychology]	2	60		50		
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])						
M9 Mano Rogi Pariksha Vidhi, Sadhyasadhyata Evam Vyavaccheda Roga Nirnaya [A Comprehensive Psychiatric Clinical Evaluation, Prognosis and Differential diagnostics]	2	60		50		

M10 Mano Roganam Samanya Nidana Evam Samprapti [General Etio-pathology of Psychiatric Disorders]	2	60		50		
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])						
M17 Doshaja Unmada Bheda Evam Chikitsa [Treatment ofPsychotic disorders and Schizophrenia Spectrum]	2	60		50		
M18 Agantuja Unmada, Bhutonmada, Vishaja Unmada, Sutikonmada, Smaronmada, Tattvonmada, Manodukhaja Unmada Chikitsa [Treatment of Personality Disorders and Bipolar Disorders]	2	60		50		
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])						
M25 Manasaroge Vishishta Chikitsayam Prayogika Upayogita – I [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- I]	2	60		50		
M26 Manasaroge Vishishta Chikitsayam Prayogika Upayogita - II [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- II]	2	60		50		
	16	480		400		
Semester No : 4						
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])						
M3 Manovijnana Deepika [Advanced learning of Cognitive, Behavioural and Humanistic domains in Indian Psychology]	2	60		50		
M4 Satvikadi Kayanam Vishishta Jnana; Paschatya Manovijanane Sajnanatmaka evam Vyavaharika Sidhanta; Manoswasthya Sanketa [Application of Mental temperaments in Clinical Practice; Advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health]	2	60		50		
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])						
M11 Manasaroga Vargeekarana [A Comprehensive Classification of Manasa roga]	2	60		50		

M12 Manasa Roga Nirnaye Upakarananam Prayoga [The application of assessment tools and diagnostic parameters in Psychiatric Disorders]	2	60		50		
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])						
M19 Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa [Treatment of Neurotic Disorders]	2	60		50		
M20 Apasmara Chikitsa [Treatment of different Neuropsychiatric Disorders]	2	60		50		
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])						
M27 Manasaroge Satvavajaya Chikitsayam Prakara evam Prayogika Upayogita [Modalities of Satvavajaya Chikitsa and its practical application in Ayurveda Psychiatry]	2	60		50		
M28 Adravyabhoota, Daivavyapashraya evam Naishtiki Chikitsayam Prayogika Upayogita [Pragmatic utility of Adravyabhoota, Daivavyapashraya and Naishtiki Chikitsa]	2	60		50		
	16	480		400		
Semester No : 5						
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])						
M5 Mana Shareera Paraspara Sambandhe Prayogika Jnana [Practical Utility of understanding Psychosomatic interactions, the Biopsychology model of healthcare and diseases]	2	60		50		
M6 Swasthya Vyavastha Pranali, Ayurveda Jeevavijnane, Pranali Jeevavijnane Mano-Manodaihika Pratirupam [Psychosomatic model in Healthcare related Systems Approach, Scope of Ayurveda Biology and Systems Biology in Psychiatry]	2	60		50		
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])						
M13 Bhuta Vidya Vishaye Vishishta Jnana (A Comprehensive Understanding of Bhutavidya and its Clinical Application)	2	60		50		
M14 Manaswasthya Vishaye Praayogika Jnana [The concept of Mental Hygiene and Preventive Psychiatry]	2	60		50		

Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])						
M21 Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance abuse	2	60		50		
M22 Ashana Vidhi Vikara, Nidra Vikara, Youna Vikara Evam Chikitsa [Treatment of Eating Disorders, Sexual Disorders and Sleep Disorders]	2	60		50		
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])						
M29 Manasaroge Yoga Shastrasya Prayogika Upayogita [Practical utility of Yoga Shastra in Ayurveda Psychiatry]	2	60		50		
M30 Manasaroge Aushadha Prayogasya Samagra Jnanam [Pragmatic Knowledge of Psychopharmacology in Ayurveda Psychiatry]	2	60		50		
	16	480		400		
Semester No : 6						
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])						
M7 Garbha kale Satvaparinama Evam Balopacharaneeyam [Developmental Psychology, and Neuro-developmental aspects of Psychiatry]	2	60		50		
M8 Mano Vijnana- Manasaroga Sandarbhe Nava Bhavana Eva Anukalika Jnana [Emerging trends and recent updates in Psychology and Psychiatry, Scope of Ayurveda psychiatry]	2	60		50		
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])						
M15 Manaswasthya Vishaye Trayopasthambha Jnana [Trayopasthambha and Preventive Psychiatry]	2	60		50		
M16 Manasaroga Vishaye Vyaavaharika Jnanam [The Legal and Ethical Framework in Community Level Psychiatric Practices].	2	60		50		
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])						
M23 Baalya-Yoshita-Vardhakya Janya Manovikara Evam Smruti Vikara Chikitsa [Treatment of Childhood disorders, Disorders afflicting Women's Mental Health, Geriatric and Neurodegenerative Disorders]	2	60		50		

M24 Manodaihika Vyadhi Chikitsa [Treatment of Psychosomatic Disorders]	2	60		50		
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])						
M31 Manasaroge Atyayika evam Anya Chikitsa [Emergency Management and other Integrated Approaches in Ayurveda Psychiatry]	2	60		50		
M32 Manasaswasthya Chikitsayam Proudyogiki Vikasa evam Manasaswasthya Samsthanam Vidhividhanam [Technological advancements in Mental health care and mandates for setting up of Mental Health Establishment]	2	60		50		
	16	480		400		
MGP = ((Number of Notional learning hours attended in a module) X (Marks obtained in the modular assessment) / (Total number of Notional learning hours in the module) X (Maximum marks of the module)) X 100						

6 D : Semester Evaluation Methods for Semester Grade point Average (SGPA)

SGPA will be calculated at the end of the semester as an average of all Module MGPs. Average of MGPS of the Semester For becoming eligible for Summative assessment of the semester, student should get minimum of 60% of SGPA

SGPA = Average of MGP of all modules of all papers = add all MGPs in the semester/ no. of modules in the semester

Evaluation Methods for Modular Assessment

Semester No : 3		
Paper No : 1 Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry]		
A **S.No**	**B** **Module number and Name**	**C** **MGP**
1	M1.Mana Sambandhita Samhita-Padartha Parichaya, Shastra Padavali, Roga Vruttanta Evam Kathanam [Epistemics and Semantics in Manovijnana]	C1
2	M2.Manovijnane Darshana Shastrayam Yogadanam evam Prayoga [A Comprehensive Application of Darshana Shastra in understanding Psychology]	C2
Paper No : 2 Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology]		
A **S.No**	**B** **Module number and Name**	**C** **MGP**
3	M9.Mano Rogi Pariksha Vidhi, Sadhyasadhyata Evam Vyavaccheda Roga Nirnaya [A Comprehensive Psychiatric Clinical Evaluation, Prognosis and Differential diagnostics]	C3
4	M10.Mano Roganam Samanya Nidana Evam Samprapti [General Etio-pathology of Psychiatric Disorders]	C4
Paper No : 3 Manasaroga Chikitsa [Psychotherapeutics]		
A **S.No**	**B** **Module number and Name**	**C** **MGP**
5	M17.Doshaja Unmada Bheda Evam Chikitsa [Treatment ofPsychotic disorders and Schizophrenia Spectrum]	C5
6	M18.Agantuja Unmada, Bhutonmada, Vishaja Unmada, Sutikonmada, Smaronmada, Tattvonmada, Manodukhaja Unmada Chikitsa [Treatment of Personality Disorders and Bipolar Disorders]	C6
Paper No : 4 Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry]		
A **S.No**	**B** **Module number and Name**	**C** **MGP**
7	M25.Manasaroge Vishishta Chikitsayam Prayogika Upayogita – I [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- I]	C7

8	M26.Manasaroge Vishishta Chikitsayam Prayogika Upayogita - II [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- II]	C8
	Semester Grade point Average (SGPA)	(C1+C2+C3+C4+C5+ C6+C7+C8) / Number of modules(8)

Semester No : 4

Paper No : 1 Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry]

A S.No	B Module number and Name	C MGP
1	M3.Manovijnana Deepika [Advanced learning of Cognitive, Behavioural and Humanistic domains in Indian Psychology]	C1
2	M4.Satvikadi Kayanam Vishishta Jnana; Paschatya Manovijanane Sajnanatmaka evam Vyavaharika Sidhanta; Manoswasthya Sanketa [Application of Mental temperaments in Clinical Practice; Advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health]	C2

Paper No : 2 Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology]

A S.No	B Module number and Name	C MGP
3	M11.Manasaroga Vargeekarana [A Comprehensive Classification of Manasa roga]	C3
4	M12.Manasa Roga Nirnaye Upakarananam Prayoga [The application of assessment tools and diagnostic parameters in Psychiatric Disorders]	C4

Paper No : 3 Manasaroga Chikitsa [Psychotherapeutics]

A S.No	B Module number and Name	C MGP
5	M19.Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa [Treatment of Neurotic Disorders]	C5
6	M20.Apasmara Chikitsa [Treatment of different Neuropsychiatric Disorders]	C6

Paper No : 4 Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry]

A S.No	B Module number and Name	C MGP
7	M27.Manasaroge Satvavajaya Chikitsayam Prakara evam Prayogika Upayogita [Modalities of Satvavajaya Chikitsa and its practical application in Ayurveda Psychiatry]	C7
8	M28.Adravyabhoota, Daivavyapashraya evam Naishtiki Chikitsayam Prayogika Upayogita [Pragmatic utility of Adravyabhoota, Daivavyapashraya and Naishtiki Chikitsa]	C8

	Semester Grade point Average (SGPA)	(C1+C2+C3+C4+C5+ C6+C7+C8) / Number of modules(8)

Semester No : 5

Paper No : 1 Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry]

A S.No	B Module number and Name	C MGP
1	M5.Mana Shareera Paraspara Sambandhe Prayogika Jnana [Practical Utility of understanding Psychosomatic interactions, the Biopsychology model of healthcare and diseases]	C1
2	M6.Swasthya Vyavastha Pranali, Ayurveda Jeevavijnane, Pranali Jeevavijnane Mano-Manodaihika Pratirupam [Psychosomatic model in Healthcare related Systems Approach, Scope of Ayurveda Biology and Systems Biology in Psychiatry]	C2

Paper No : 2 Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology]

A S.No	B Module number and Name	C MGP
3	M13.Bhuta Vidya Vishaye Vishishta Jnana (A Comprehensive Understanding of Bhutavidya and its Clinical Application)	C3
4	M14.Manaswasthya Vishaye Praayogika Jnana [The concept of Mental Hygiene and Preventive Psychiatry]	C4

Paper No : 3 Manasaroga Chikitsa [Psychotherapeutics]

A S.No	B Module number and Name	C MGP
5	M21.Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance abuse	C5
6	M22.Ashana Vidhi Vikara, Nidra Vikara, Youna Vikara Evam Chikitsa [Treatment of Eating Disorders, Sexual Disorders and Sleep Disorders]	C6

Paper No : 4 Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry]

A S.No	B Module number and Name	C MGP
7	M29.Manasaroge Yoga Shastrasya Prayogika Upayogita [Practical utility of Yoga Shastra in Ayurveda Psychiatry]	C7
8	M30.Manasaroge Aushadha Prayogasya Samagra Jnanam [Pragmatic Knowledge of Psychopharmacology in Ayurveda Psychiatry]	C8
	Semester Grade point Average (SGPA)	(C1+C2+C3+C4+C5+ C6+C7+C8) / Number

		of modules(8)

Semester No : 6

Paper No : 1 Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry]

A S.No	B Module number and Name	C MGP
1	M7.Garbha kale Satvaparinama Evam Balopacharaneeyam [Developmental Psychology, and Neuro-developmental aspects of Psychiatry]	C1
2	M8.Mano Vijnana- Manasaroga Sandarbhe Nava Bhavana Eva Anukalika Jnana [Emerging trends and recent updates in Psychology and Psychiatry, Scope of Ayurveda psychiatry]	C2

Paper No : 2 Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology]

A S.No	B Module number and Name	C MGP
3	M15.Manaswasthya Vishaye Trayopasthambha Jnana [Trayopasthambha and Preventive Psychiatry]	C3
4	M16.Manasaroga Vishaye Vyaavaharika Jnanam [The Legal and Ethical Framework in Community Level Psychiatric Practices].	C4

Paper No : 3 Manasaroga Chikitsa [Psychotherapeutics]

A S.No	B Module number and Name	C MGP
5	M23.Baalya-Yoshita-Vardhakya Janya Manovikara Evam Smruti Vikara Chikitsa [Treatment of Childhood disorders, Disorders afflicting Women's Mental Health, Geriatric and Neurodegenerative Disorders]	C5
6	M24.Manodaihika Vyadhi Chikitsa [Treatment of Psychosomatic Disorders]	C6

Paper No : 4 Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry]

A S.No	B Module number and Name	C MGP
7	M31.Manasaroge Atyayika evam Anya Chikitsa [Emergency Management and other Integrated Approaches in Ayurveda Psychiatry]	C7
8	M32.Manasaswasthya Chikitsayam Proudyogiki Vikasa evam Manasaswasthya Samsthanam Vidhividhanam [Technological advancements in Mental health care and mandates for setting up of Mental Health Establishment]	C8
	Semester Grade point Average (SGPA)	(C1+C2+C3+C4+C5+C6+C7+C8) / Number of modules(8)

S. No	Evaluation Methods
1.	Method explained in the Assessment of the module or similar to the objectives of the module.

6 E : Question Paper Pattern

MD/MS Ayurveda Examination
AYPG-MN
Sem VI

Time: 3 Hours ,**Maximum Marks:** 100
INSTRUCTIONS: All questions compulsory

		Number of Questions	Marks per Question	Total Marks
Q 1	Application-based Questions (ABQ)	1	20	20
Q 2	Short answer questions (SAQ)	8	5	40
Q 3	Analytical based structured Long answer question (LAQ)	4	10	40
				100

6 F : Distribution for summative assessment (University examination)

S.No	List of Module/Unit	ABQ	SAQ	LAQ
Paper No : 1 (Manovijnana [Fundamentals of Indian Psychology, Western Psychology and Psychiatry])				
(M-1)Mana Sambandhita Samhita-Padartha Parichaya, Shastra Padavali, Roga Vruttanta Evam Kathanam [Epistemics and Semantics in Manovijnana] (Marks: Range 5-20)				
1	(U-1) Mana Sambandhita Samhita-Padartha Parichaya	Yes	Yes	Yes
2	(U-2) Mano Vikare Samprapti Ghataka: Pareeksha Vidhi as a Tool in Understanding Manodaihika (Psychosomatic) Disorders	Yes	Yes	Yes
3	(U-3) Mano Vikare Samprapti Ghataka Abhyasa evam Roga Vruttanta Kathanam	Yes	Yes	Yes
(M-2)Manovijnane Darshana Shastrayam Yogadanam evam Prayoga [A Comprehensive Application of Darshana Shastra in understanding Psychology] (Marks: Range 5-20)				
1	(U-1) Darshana Shastra Evam Manovigyanasya Itihasa. [Critical appraisal of Darshana Shastra, selected Upanishats and Bhagavat Geeta]	No	Yes	Yes
2	(U-2) Practical Application of Western Psychology	No	Yes	No
3	(U-3) Metapsychology and Cross-Cultural Psychiatry	Yes	Yes	Yes
(M-3)Manovijnana Deepika [Advanced learning of Cognitive, Behavioural and Humanistic domains in Indian Psychology] (Marks: Range 5-20)				
1	(U-1) Cognitive -Humanistic domains in Indian Psychology	No	Yes	Yes
2	(U-2) The concept of Jnana, Vijnana, Prajnana, Jnanotpatti and theories on Learning, And Information Processing	No	Yes	No
3	(U-3) Critical Analysis of Manas and its Functional Constructs	Yes	Yes	Yes
(M-4)Satvikadi Kayanam Vishishta Jnana; Paschatya Manovijanane Sajnanatmaka evam Vyavaharika Sidhanta; Manoswasthya Sanketa [Application of Mental temperaments in Clinical Practice; Advanced learning of Cognitive and Behavioural theories in Western Psychology and Indicators of Mental Health] (Marks: Range 5-20)				
1	(U-1) Applied Psychological theories	No	Yes	No
2	(U-2) Indicators for measuring mental health	Yes	Yes	No
3	(U-3) Applied Aspects of Satvikadi Kaya and Theories on Temperament and Personality	No	Yes	No
(M-5)Mana Shareera Paraspara Sambandhe Prayogika Jnana [Practical Utility of understanding Psychosomatic interactions, the Biopsychology model of healthcare and diseases] (Marks: Range 5-20)				
1	(U-1) Mana shareera paraspara sambandha evam anubandhatva	No	Yes	No
2	(U-2) Biopsychosocial models of mental health	Yes	Yes	Yes
3	(U-3) Fundamentals of psychosomatic medicine	Yes	Yes	Yes

4	(U-4) Cross Cultural psychosomatic model, consultation liaison psychiatry and indices of psychosomatic medicine	Yes	Yes	Yes
(M-6)Swasthya Vyavastha Pranali, Ayurveda Jeevavijnane, Pranali Jeevavijnane Mano-Manodaihika Pratirupam [Psychosomatic model in Healthcare related Systems Approach, Scope of Ayurveda Biology and Systems Biology in Psychiatry] (Marks: Range 5-20)				
1	(U-1) Cultural Perspectives and Consultation-Liaison Approaches in Psychosomatic Medicine	Yes	Yes	Yes
2	(U-2) Fundamentals of psychological support in selected psychosomatic disorders	Yes	Yes	Yes
3	(U-3) Scope of Ayurveda Biology and Systems Biology in Ayurvedic and integrated Psychiatric practices	Yes	Yes	Yes
(M-7)Garbha kale Satvaparinama Evam Balopacharaneeyam [Developmental Psychology, and Neuro-developmental aspects of Psychiatry] (Marks: Range 5-20)				
1	(U-1) Basics of developmental Psychology	No	Yes	Yes
2	(U-2) Garbha kale Satvaparinama, Bala upacharaneeyam, Bala Amaya pratishedham/Bala graha	Yes	Yes	No
3	(U-3) Neuro-developmental aspect of psychiatry, Intelligence, Speech & Language.	No	Yes	Yes
(M-8)Mano Vijnana- Manasaroga Sandarbhe Nava Bhavana Eva Anukalika Jnana [Emerging trends and recent updates in Psychology and Psychiatry, Scope of Ayurveda psychiatry] (Marks: Range 5-20)				
1	(U-1) Applied Neuropsychology and Mind-Body Connections	Yes	No	Yes
2	(U-2) Experimental Psychology, Educational Psychology, transcultural psychology	No	Yes	Yes
3	(U-3) Introduction to the scope of Ayurveda Psychiatry and Indian Psychology in healthcare; the role of an Ayurveda Psychiatrist in primary, secondary and tertiary healthcare	Yes	No	No

S.No	List of Module/Unit	ABQ	SAQ	LAQ
Paper No : 2 (Mano Swasthya Evam Manovikara [Mental Hygiene and Psychopathology])				
(M-9)Mano Rogi Pariksha Vidhi, Sadhyasadhyata Evam Vyavaccheda Roga Nirnaya [A Comprehensive Psychiatric Clinical Evaluation, Prognosis and Differential diagnostics] (Marks: Range 5-20)				
1	(U-1) Mano Rogi pariksha vidhi	Yes	Yes	No
2	(U-2) Manasaroganam sadhyasadhyata	Yes	Yes	Yes
3	(U-3) Vyavachedaka roga nirnaya	Yes	Yes	Yes
(M-10)Mano Roganam Samanya Nidana Evam Samprapti [General Etio-pathology of Psychiatric Disorders] (Marks: Range 5-20)				
1	(U-1) Manoroga praadhanika hetu vijnana	No	Yes	Yes
2	(U-2) Manoroga anubandha hetu vijnana	Yes	Yes	Yes
3	(U-3) Manasa roge anya nidana.	No	Yes	Yes
(M-11)Manasaroga Vargeekarana [A Comprehensive Classification of Manasa roga] (Marks: Range 5-15)				
1	(U-1) Manoroga Vargeekarana Samanya Parichaya	No	Yes	Yes
2	(U-2) Manoroga Vargeekarana Vishishta Jnana	No	Yes	Yes
3	(U-3) Manoroga sandarbhe Trividha roga vijnana.	No	Yes	Yes
(M-12)Manasa Roga Nirnaye Upakarananam Prayoga [The application of assessment tools and diagnostic parameters in Psychiatric Disorders] (Marks: Range 5-20)				
1	(U-1) Vividha pariksha maanakah - manomaapaka upakaranani cha	No	Yes	No
2	(U-2) Vyadhi nirnaye anya mano mapaka upakaranani	Yes	No	No
3	(U-3) Assessment measures as per DSM 5 TR	Yes	No	No
(M-13)Bhuta Vidya Vishaye Vishishta Jnana (A Comprehensive Understanding of Bhutavidya and its Clinical Application) (Marks: Range 5-20)				
1	(U-1) Clinical Application of Bhutagraha	No	Yes	Yes
2	(U-2) In depth knowledge on Bala Graha	Yes	Yes	Yes
3	(U-3) Bhuta graha vyavaharika jnana Critical analysis of the concept of Grahavesha	No	Yes	Yes
(M-14)Manaswasthya Vishaye Praayogika Jnana [The concept of Mental Hygiene and Preventive Psychiatry] (Marks: Range 5-20)				
1	(U-1) Swastha vritta, Dinacharya evum Rtu charya	Yes	Yes	Yes

2	(U-2) Sadvritta, Achararasayana	Yes	Yes	Yes
3	(U-3) Community Psychiatry as per conventional standards and Community participation	Yes	No	No
(M-15)Manaswasthya Vishaye Trayopasthambha Jnana [Trayopasthambha and Preventive Psychiatry] (Marks: Range 5-15)				
1	(U-1) Ahara Charya evam Manaswasthyam- Psychonutrition	No	Yes	Yes
2	(U-2) Nidra Charya evam Manaswasthyam- Sleep hygiene	No	Yes	Yes
3	(U-3) Brahmacharya/ Abrahmacharya evam Manaswasthya- Psycho sexual education and hygiene	No	Yes	Yes
(M-16)Manasaroga Vishaye Vyaavaharika Jnanam [The Legal and Ethical Framework in Community Level Psychiatric Practices]. (Marks: Range 5-20)				
1	(U-1) The Mental Healthcare Act 2017	Yes	Yes	Yes
2	(U-2) Swasthya yojana	No	Yes	Yes
3	(U-3) Manorogavishaye vidhi vaisheshika jnana	No	Yes	No

S.No	List of Module/Unit	ABQ	SAQ	LAQ
Paper No : 3 (Manasaroga Chikitsa [Psychotherapeutics])				
(M-17)Doshaja Unmada Bheda Evam Chikitsa [Treatment ofPsychotic disorders and Schizophrenia Spectrum] (Marks: Range 5-15)				
1	(U-1) Doshaja unmada bheda, lakshana, chikitsa	No	Yes	Yes
2	(U-2) Schizophrenia spectrum, Schizoaffective disorder, Catatonia, Delusional disorders, Acute and transient psychotic disorder (ATPD)	No	Yes	Yes
3	(U-3) Arvachina ousadha niroopanam (Basic knowledge of psycho pharmacology)	No	Yes	Yes
(M-18)Agantuja Unmada, Bhutonmada, Vishaja Unmada, Sutikonmada, Smaronmada, Tattvonmada, Manodukhaja Unmada Chikitsa [Treatment of Personality Disorders and Bipolar Disorders] (Marks: Range 5-20)				
1	(U-1) Bhutonmada Personality disorders, Possession and Trance disorder, Somatoform and somatisation disorders, Malingering	Yes	Yes	Yes
2	(U-2) Mood disorders- Bipolar disorder, Mania and depression, dysthymia and cyclothymia	Yes	Yes	Yes
3	(U-3) Manodukhaja unmada, Adhija unmada, Smaronmada, Tattvonmada Vishaja Unmada	Yes	Yes	Yes
(M-19)Chittodvega, Atatwabhinivesha Evam Vishada Chikitsa [Treatment of Neurotic Disorders] (Marks: Range 5-20)				
1	(U-1) Chittodwega, Anxiety disorders, Fear and phobic disorders, panic disorder, PTSD	Yes	Yes	Yes
2	(U-2) Atatvabhinivesha, Obsessive compulsive related disorder, stress disorder, Adjustment disorders, Impulse control disorders	Yes	Yes	Yes
3	(U-3) Vishada, Avasada, Gadodwega, Illness anxiety disorder, Dissociative identity disorders, Depersonalisation- Derealisation	Yes	Yes	Yes
(M-20)Apasmara Chikitsa [Treatment of different Neuropsychiatric Disorders] (Marks: Range 5-20)				
1	(U-1) Apasmara	Yes	Yes	Yes
2	(U-2) Akshepaka and Apatantraka	Yes	Yes	Yes
3	(U-3) Epilepsy, Seizure disorders/Convulsion disorder, Status epilepticus, Non-epileptic Seizures, Seizures due to secondary causes	Yes	Yes	Yes
(M-21)Madatyaya, Mada Murcha Sanyasa Chikitsa [Treatment of Substance abuse (Marks: Range 5-20)				
1	(U-1) Madatyaya, Mada, murcha, sanyasa	Yes	Yes	Yes

2	(U-2) Caffine, inhalants, hallucinogen, opiod sedative, hypnotic, anxiolytes Amphetamines and other use disorders, Addictions like gaming addiction, gambling disorder.	Yes	Yes	Yes
3	(U-3) Alcohol, Cannabis and tobacco use disorder	Yes	Yes	Yes
(M-22)Ashana Vidhi Vikara, Nidra Vikara, Youna Vikara Evam Chikitsa [Treatment of Eating Disorders, Sexual Disorders and Sleep Disorders] (Marks: Range 5-20)				
1	(U-1) Bhasmaka roga, Eating disorders, Anorexia nervosa and Bulimia nervosa, Pica, Avoidant restrictive food eating disorder	Yes	Yes	Yes
2	(U-2) Nidranasha, Atinidra, Tandra, Insomnia, Hypersomnolence, sleep related breathing disorder and movement disorders, circadian rhythm sleep wake disorders, Parasomnia	Yes	Yes	Yes
3	(U-3) Manasika Klaibya, Sexual dysfunctions like Erectile Dysfunction, Dhat syndrome, Vaginismus, Dyspareunia, Gender dysphoria	Yes	Yes	Yes
(M-23)Baalya-Yoshita-Vardhakya Janya Manovikara Evam Smruti Vikara Chikitsa [Treatment of Childhood disorders, Disorders afflicting Women's Mental Health, Geriatric and Neurodegenerative Disorders] (Marks: Range 5-20)				
1	(U-1) Pediatric mental disorders - Elimination disorders, Communication disorders, Conduct disorders	Yes	Yes	Yes
2	(U-2) Vardhakya janya manasika vikara, Senile depression, Senile psychotic disordersr	Yes	Yes	Yes
3	(U-3) Smriti vikara,– Alzheimers dementia, Vascular dementia etc, Mild neurocognitive disorder	Yes	Yes	Yes
(M-24)Manodaihika Vyadhi Chikitsa [Treatment of Psychosomatic Disorders] (Marks: Range 5-20)				
1	(U-1) Disorders of mind-body, psychosomatic disorders of different srotas, Organic mental disorders	Yes	Yes	Yes
2	(U-2) Mental disorders due to known physiological conditions/ liaison psychiatry	Yes	Yes	Yes
3	(U-3) Psychiatric and Neurocognitive disorders of secondary origin: Eg: Parkinson’s disease, Multiple sclerosis, Huntington’s chorea Chronic fatigue syndrome- Fibromyalgia	Yes	Yes	Yes

S.No	List of Module/Unit	ABQ	SAQ	LAQ
Paper No : 4 (Manasaroge Vishesha Chikitsa Vidhana, Atyayika Evam Anya Chikitsa [Specialised therapeutic procedures, Emergency Management and other Integrated approaches in Ayurveda Psychiatry])				
(M-25)Manasaroge Vishishta Chikitsayam Prayogika Upayogita – I [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- I] (Marks: Range 5-20)				
1	(U-1) Importance of specialized therapeutic procedures (Shodhana Therapy) in Manasaroga	Yes	Yes	Yes
2	(U-2) Application of Vamana & Virechana in Manasaroga	Yes	Yes	Yes
3	(U-3) Practical application of Basti in Manasa roga	Yes	Yes	Yes
4	(U-4) Practical application of Nasya and Raktamokshana in Manasaroga	Yes	Yes	Yes
(M-26)Manasaroge Vishishta Chikitsayam Prayogika Upayogita - II [Practical utility of specialized therapeutic procedures in Ayurveda Psychiatry- II] (Marks: Range 5-20)				
1	(U-1) Practical application of Murdhni Taila	Yes	Yes	Yes
2	(U-2) Practical application of other Masthishkya procedures in Manasaroga	Yes	Yes	Yes
3	(U-3) Practical application of Dhooma, Ksheera dhooma, Dhoomapaana and Anjana	Yes	Yes	Yes
(M-27)Manasaroge Satvavajaya Chikitsayam Prakara evam Prayogika Upayogita [Modalities of Satvavajaya Chikitsa and its practical application in Ayurveda Psychiatry] (Marks: Range 5-20)				
1	(U-1) Specific modalities of Satvavajaya Chikitsa, and its Practical Applicability	No	Yes	Yes
2	(U-2) Applied aspects of Psychotherapy & Counselling techniques	Yes	Yes	Yes
3	(U-3) Practical application of Psychotherapy and Rehabilitation in specific Manasaroga conditions	Yes	Yes	Yes
(M-28)Adravyabhoota, Daivavyapashraya evam Naishtiki Chikitsayam Prayogika Upayogita [Pragmatic utility of Adravyabhoota, Daivavyapashraya and Naishtiki Chikitsa] (Marks: Range 5-20)				
1	(U-1) Practical application of Adravyabhoota Chikitsa in Manasaroga	Yes	Yes	Yes
2	(U-2) Applied aspects Daivavyapashraya chikitsa and Naishtiki Chikitsa in Manasaroga	No	Yes	Yes
3	(U-3) Practical application of Satvavaisheshyakara Upaya in competency enhancement	Yes	Yes	Yes
(M-29)Manasaroge Yoga Shastrasya Prayogika Upayogita [Practical utility of Yoga Shastra in				

Ayurveda Psychiatry] (Marks: Range 5-20)				
1	(U-1) Significance of Yoga, concept of Panchakosha & Shatkarma in Mental Health	Yes	Yes	Yes
2	(U-2) Practical application of Ashtanga Yoga	Yes	Yes	Yes
3	(U-3) Validated Yoga protocols for selected Manasaroga	No	Yes	Yes
(M-30)Manasaroge Aushadha Prayogasya Samagra Jnanam [Pragmatic Knowledge of Psychopharmacology in Ayurveda Psychiatry] (Marks: Range 5-15)				
1	(U-1) Potential effects of Eka mulika dravya in mental states	No	Yes	Yes
2	(U-2) Selected poly herbal formulations in Manasaroga	No	Yes	Yes
3	(U-3) Basic knowledge about contemporary herbal nootropics & cognitive enhancers	No	Yes	Yes
(M-31)Manasaroge Atyayika evam Anya Chikitsa [Emergency Management and other Integrated Approaches in Ayurveda Psychiatry] (Marks: Range 5-15)				
1	(U-1) Fundamentals of Psychiatric Emergency	No	Yes	Yes
2	(U-2) Management of specific psychiatric emergencies	No	Yes	Yes
3	(U-3) Application of Viddhakarma, Marma chikitsa and Integrated Therapies namely Music and Art	No	Yes	No
(M-32)Manasaswasthya Chikitsayam Proudyogiki Vikasa evam Manasaswasthya Samsthanam Vidhividhanam [Technological advancements in Mental health care and mandates for setting up of Mental Health Establishment] (Marks: Range 5-15)				
1	(U-1) Technology Interface in Psychiatry	No	Yes	No
2	(U-2) Introduction to Psycho-surgery	No	Yes	No
3	(U-3) Structural and Legal Mandates for setting up a Mental Health Establishment	No	Yes	Yes

6 G : Instruction for the paper setting & Blue Print for Summative assessment (University Examination)

Instructions for the paper setting.

1. University examination shall have 4 papers of 100 marks.

Each 100 marks question paper shall contain:-

- Application Based Question: 1 No (carries 20 marks)
- Short Answer Questions: 8 Nos (each question carries 05 marks)
- Long Answer Questions: 4 Nos (each question carries 10 marks)

2. Questions should be drawn based on the table 6F.
3. Marks assigned for the module in 6F should be considered as the maximum marks. No question shall be asked beyond the maximum marks.
4. Refer table 6F before setting the questions. Questions should not be framed on the particular unit if indicated “NO”.
5. There will be a single application-based question (ABQ) worth 20 marks. No other questions should be asked from the same module where the ABQ is framed.
6. Except the module on which ABQ is framed, at least one Short Answer Question should be framed from each module.
7. Long Answer Question should be analytical based structured questions assessing the higher cognitive ability.
8. Create Blueprint based on instructions 1 to 7

6 H : Distribution of Practical Exam (University Examination)

S.No	Heads	Marks
1	Long case including detail case record, history, examination with MSE, diagnosis, treatment plan, Shodhana, Shamana, Satvavajaya with details of any procedure	100
2	Short case including diagnosis, treatment plan, Shamana Chikitsa	50
3	Spotters like 5 Wet Medhya drugs (15 marks), 5 dry Medhya drugs (15 matks) , 5 psychometric tools (20 marks)	50
4	Assessing teaching ability	20
5	Assessing presentation skills	20
6	Dissertation Viva	40
7	Logbook (Activity record)	20
8	Practical/Clinical Record	20
9	Viva (4 examiners: 20 marks/each examiner)	80
Total Marks		**400**

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Abbreviations

Domain		T L Method		Level	
CK	Cognitive/Knowledge	L	Lecture	K	Know
CC	Cognitive/Comprehension	L&PPT	Lecture with PowerPoint presentation	KH	Knows how
CAP	Cognitive/Application	L&GD	Lecture & Group Discussion	SH	Shows how
CAN	Cognitive/Analysis	L_VC	Lecture with Video clips	D	Does
CS	Cognitive/Synthesis	REC	Recitation		
CE	Cognitive/Evaluation	SY	Symposium		
PSY-SET	Psychomotor/Set	TUT	Tutorial		
PSY-GUD	Psychomotor/Guided response	DIS	Discussions		
PSY-MEC	Psychomotor/Mechanism	BS	Brainstorming		
PSY-ADT	Psychomotor Adaptation	IBL	Inquiry-Based Learning		
PSY-ORG	Psychomotor/Origination	PBL	Problem-Based Learning		
AFT-REC	Affective/ Receiving	CBL	Case-Based Learning		
AFT-RES	Affective/Responding	PrBL	Project-Based Learning		
AFT-VAL	Affective/Valuing	TBL	Team-Based Learning		
AFT-SET	Affective/Organization	TPW	Team Project Work		
AFT-CHR	Affective/ characterization	FC	Flipped Classroom		
		BL	Blended Learning		
		EDU	Edutainment		
		ML	Mobile Learning		
		ECE	Early Clinical Exposure		
		SIM	Simulation		
		RP	Role Plays		
		SDL	Self-directed learning		
		PSM	Problem-Solving Method		
		KL	Kinaesthetic Learning		
		W	Workshops		
		GBL	Game-Based Learning		
		LS	Library Session		
		PL	Peer Learning		
		RLE	Real-Life Experience		
		PER	Presentations		
		D-M	Demonstration on Model		
		PT	Practical		
		X-Ray	X-ray Identification		
		CD	Case Diagnosis		

		LRI	Lab Report Interpretation		
		DA	Drug Analysis		
		D	Demonstration		
		D-BED	Demonstration Bedside		
		DL	Demonstration Lab		
		DG	Demonstration Garden		
		FV	Field Visit		
		JC	Journal Club		
		Mnt	Mentoring		
		PAL	Peer Assisted Learning		
		C_L	Co Learning		
		DSN	Dissection		
		PSN	Prosection		

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