Curriculum for MD/ MS Ayurveda
(PRESCRIBED BY NCISM)

अभ्यासात्प्राप्यते दृष्टिः कर्मसिद्धिप्रकाशिनी।

Semester II
Applied Basics of Agad Tantra and Vidhi Vaidyaka
(Clinical Toxicology and Medical Jurisprudence)
(SUBJECT CODE : AYPG-AB-AT)

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

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PREFACE

Agadatantra,existed as one of the significant branch of Asthanga Ayurveda, which gloried Ayurveda among world countries due to its magical powers of managing snakebite which are dreaded by the medical sciences of the world at that era. The treatment strategies present in Susruta Samhita and other related treatises were translated to several foreign languages due to its practical utility in cases of toxic exposures. India nurtured the development of Agadatantra in several regions as local dialects which contributed to the immense popularity of this science. Loss of patronage from the authorities during the post-independence era, when, only the modern medical science got the fund from the State treasuries. Ayurveda in general and the specialities and their niches of strong holds were neglected and much of these treasure of knowledge got erased by time.

Ayurveda academy in the post-independence era sidelined this clinical branch merely to a para-clinical subject which oriented students towards the modern counterpart of this subject namely 'Forensic science and Toxicology'. As time elapsed this subject was merely taught during their second professional course with very little stress being given to the toxicological aspects as mentioned in Ayurvedic texts. This drastic step has erased many years of research and intellectual exercise that might have contributed immensely to the clinical framework of Ayurvedic practice.

As a measure to revive the lost traditions of toxicological emergencies mentioned in Samhita and to extend its present day relevance, Agadatantra has been elaborately incorporated into the current academy in both undergraduate and post-graduate education. To impart a more practical oriented and competency based curriculum in postgraduate studies, a drastic change in the curriculum of the first year MD- Agadatantra course has been brought about. Experiential learning based, competency based and practical oriented topics has been included in the second semester of the MD-Agadatantra course to equip scholars to undertake a more evidence based and clinically oriented curriculum including diverse topics that cater to the future development of the subject providing opportunities in practice, teaching and research.

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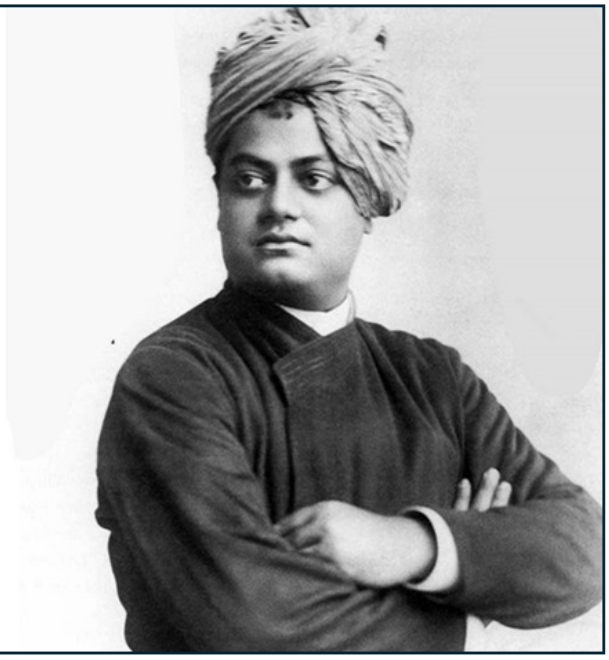
We want that education by which **character** is formed, **strength of mind** is increased, the **intellect** is expanded, and by which one can **stand on one's own feet.**

-Swami Vivekananda



NCISM

(NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE)

Curriculum for MD/ MS Ayurveda

Applied Basics of Agad Tantra and Vidhi Vaidyaka (AYPG-AB-AT)

Summary & Credit Framework

Semester II

Module Number & Name	Credits	Notional Learning Hours	Maximum Marks of assessment of modules (Formative assessment)
M1. Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)	3	90	75
M2. Visha Upakrama and Pathya-apathya.	3	90	75
M3. Atyayika Visha Chikithsa Krama (Emergency Management of Poison)	2	60	50
M4. Regulations of Ayurevda Practice	1	30	25
M5. Chikitsa Neeti	2	60	50
M6. Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)	1	30	25
M7. Visha Lakshana Sammuchaya	2	60	50
M8. Sequential Development and Scope of Agadatantra	2	60	50
	16	**480**	**400**

Credit frame work

AYPG-AB-AT consists of 8 modules totaling 16 credits, which correspond to 480 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. In case of difficulty and questions regarding the curriculum, write to syllabus24ayu@ncismindia.org.

Course Code and Name of Course

Course code	Name of Course
AYPG-AB-AT	Applied Basics of Agad Tantra and Vidhi Vaidyaka

Table 1 : Course learning outcomes and mapped Program learning outcomes

CO No	A1 Course learning Outcomes (CO) AYPG-AB-AT At the end of the course AYPG-AB-AT, the students should be able to-	B1 Course learning Outcomes mapped with program learning outcomes.
CO1	Demonstrate the competency to be an academician, clinician, trainer and researcher in Agadatantra.	PO1,PO2,PO5
CO2	Apply basic principles of Agadatantra and toxicology in preventing, diagnosing, and managing diseases.	PO1,PO2,PO3
CO3	Diagnose and manage acute and chronic poisoning caused by Sthavara, Jangama, and Kritrima Visha, along with their contemporary relevance	PO2,PO3,PO7
CO4	Identify and articulate medical ethics concerning the patient, profession, society, State, and humanity.	PO4,PO6,PO7
CO5	Articulate the laws governing the practice of medicine, medical negligence, and the investigation of crimes.	PO4,PO6,PO7
CO6	Identify, analyze, and prepare reports on medico-legal cases. Acquire professional skills in forensic medicine to handle medico-legal issues effectively.	PO7,PO8
CO7	Demonstrate different laboratory techniques for toxicological analysis and interpret the reports for medico-legal purposes	PO3,PO7,PO8
CO8	Prepare different Agada and identify the therapeutic approaches of Agada yoga and Visha dravya in clinical practice.	PO5,PO7,PO8
CO9	Critically appraise research updates, healthcare programs, and social awareness related to Agadatantra.	PO5,PO7,PO8

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

2A Module Number	2B Module & units	2C Number of Credits	Notional Learning hours			
			2D Lectures	2E Practical Training	2F Experiential Learning including modular assessment	2G Total
1	**M-1 Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)** This module provides an insight into the foundational concepts of Visha as described in Agadatantra. It focuses on the classification of poisons (Visha Vargikarana), their properties (Vishaguna), the progression of toxic symptoms (Vishavega), and factors that enhance toxicity (Visha vardhaka bhava). By integrating classical Ayurvedic knowledge with modern toxicological insights, this module equips students with the ability to analyze and manage visha effectively. • **M1U1 Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)** ◦ Visha Vargikarana ◦ Visha Adhishtana • **M1U2 Visha vega and Vishavardhaka bhava** ◦ Visha guna and karmukata ◦ Visha Vega ◦ Visha Vardhaka Bhava	3	15	30	45	90

2	**M-2 Visha Upakrama and Pathya-apathya.** This module focuses on the principles of Chaturvimshati Upakrama (24 therapeutic measures) and their contemporary relevance in managing poisoning. It also emphasizes the role of Pathya (wholesome) and Apathya (unwholesome) diet and lifestyle in managing Visha and related disorders. Students will develop the ability to integrate classical Ayurvedic principles with modern dietary and lifestyle modifications to provide comprehensive patient care. • **M2U1 Visha Upakrama and Pathya-apathya.** Study on Mantra, Arishta, Utkartana, Nishpeedana, Chooshana, Agni, Parisheka, Avagaha, Raktamokshana, Vamana, Virechana, Upaadhana, Hrudayavarana, Anjana, Nasya, Dhooma, Leha, Oushadha, Prashamana, Pratisarana, Prativisha, Sangyasamsthapana, Lepa, Mrutasanjeevanam • **M2U2 Pathya-apathya in Visha** Descriptive study on pathya-apathya related to poisoning	3	15	30	45	90
3	**M-3 Atyayika Visha Chikithsa Krama (Emergency Management of Poison)** This module provides an in-depth understanding of the assessment, diagnosis, and management of poisoning cases in clinical practice. Students will learn to assess patient vitals, identify different types of poisoning, administer resuscitation, remove unabsorbed toxins, administer antidotes, eliminate absorbed poisons, and provide symptomatic treatment. Emphasis is also placed on understanding the legal responsibilities involved in managing poisoning cases. The module integrates Ayurvedic principles with modern toxicological practices to prepare students for real-world scenarios.	2	10	20	30	60

	• **M3U1 Resuscitation procedures** Airway, Breathing and Circulation (ABC) assessments , Cardiopulmonary Resuscitation (CPR), Glasgow Coma Scale (GCS) • **M3U2 Decontamination procedures** Gastric lavage, Purgation, and Whole-bowel irrigation • **M3U3 Antidotes** Physical, Chemical, Mechanical, Physiological, Chelating agents • **M3U4 Extracorporeal techniques** Dialysis, Haemodialysis, Haemoperfusion, and Peritoneal dialysis					
4	**M-4 Regulations of Ayurevda Practice** This module focuses on understanding the constitutional, legal, and policy frameworks governing healthcare in India. It aims to equip postgraduate students with knowledge of key legislations, constitutional provisions, and health policies, along with the ability to disseminate this knowledge to improve public health outcomes. • **M4U1 Regulation of Ayurveda Practice and Ethics**	1	5	10	15	30

	Constitutional framework for regulating the medical profession through the NCISM Act. Ethical and legal responsibilities of healthcare professionals • **M4U2 Health Rights of vulnerable Populations** Constitutional safeguards for women, children and marginalized communities. Policies and schemes under the Constitution for improving healthcare access for these groups. • **M4U3 Public Health Emergencies and the Constitution** Legal provisions for handling public health crises such as epidemics, pandemics and natural disasters. Government powers under the Constitution during health emergencies and disaster management.					
5	**M-5 Chikitsa Neeti** This module emphasizes the integration of ethical principles and legal guidelines into the practice of Ayurveda. It aims to develop a deep understanding of professionalism, informed decision-making, confidentiality, and the rights and responsibilities of physicians and patients in Ayurvedic practice. • **M5U1 Chikitsa Neeti** Vaidya Sadvrutta (Medical Ethics and Etiquettes), Professional Secrecy, Privileged Communication & Misconducts, Duties, Rights and privileges of Vaidya and Athura	2	10	20	30	60

6	**M-6 Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)** This module focuses on the various pathological manifestations of Visha. It integrates classical principles of Agadatantra with modern scientific insights, emphasizing immunological, dermatological, oncological, neurological, reproductive, and genetic pathologies caused by Visha. The module also explores diagnostic differentiation and therapeutic applications of Vishaghna Chikitsa in addressing these conditions. • **M6U1 Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)** ◦ Immunological Manifestations ◦ Dermal Manifestations ◦ Oncological Manifestations ◦ Reproductive Manifestations ◦ Neurological Manifestations ◦ Genetic Manifestations	1	5	10	15	30
7	**M-7 Visha Lakshana Sammuchaya** This module focuses on the systematic study of toxidromes—specific clusters of clinical signs and symptoms caused by exposure to particular categories of toxins. It aims to enable postgraduate students to identify, differentiate, and manage toxidromes effectively by integrating clinical examination, history, laboratory findings, and pathophysiological understanding. • **M7U1 Visha Lakshana Sammuchaya** Introduction to Toxidromes: Definition, classification, and importance of	2	10	20	30	60

	toxidromes in clinical toxicology for identifying poisoning syndromes based on symptom clusters ◦ Cholinergic Toxidrome. ◦ Anticholinergic Toxidrome: ◦ Sympathomimetic Toxidrome. ◦ Sedative-Hypnotic Toxidrome: ◦ Opioid Toxidrome. ◦ Serotonin Toxidrome.					
8	**M-8 Sequential Development and Scope of Agadatantra** This module explores the historical, literary, and scientific foundations of Agadatantra while emphasizing its relevance in contemporary academic, research, and clinical domains. It integrates insights from ancient Indian literature with modern scientific approaches to toxicology, enabling students to draw meaningful inferences for research and practice. • **M8U1 Sequential Development of Agadatantra** ◦ Sequential development of Agadatantra ◦ Academic, clinical and research scope of Agadatantra ◦ Databases related to toxicology.	2	10	20	30	60
		16	**80**	**160**	**240**	**480**

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

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 : Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)						
Module Learning Objectives **(At the end of the module, the students should be able to)** 1. Describe Vishavargikarana and Adhishtana along with their current relevance 2. Describe Vishaguna and its importance in comprehending the pathophysiology of diseases related to poisoning or toxic exposure. 3. Evaluate Vishavega and its significance in Agadatantra. 4. Describe Visha vardhaka bhava.						
Unit 1 Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology) ◦ Visha Vargikarana ◦ Visha Adhishtana **References:** 4,5,6,48,49,50,51						
3A	**3B**	**3C**	**3D**	**3E**	**3F**	**3G**
CO1,CO2,CO3	Describe the Ayurvedic classification of poisons (Visha vargikarana) in relation to contemporary toxicological perspectives.	1	Lecture	CC	Knows-how	DIS,L&PPT
CO1,CO2,CO3	Analyze and correlate the concept of Sthavara visha adhishtana in Ayurveda with modern	1	Lecture	CC	Knows-	BS,DIS,L

	ecological and environmental toxic sources				how	&PPT
CO1,CO2,CO3	Assess the relevance and applicability of Ayurvedic descriptions of Jangama visha adhishtana in understanding and studying various modes of venom exposure and venom delivery mechanisms.	3	Lecture	CC	Knows-how	L&PPT ,L_VC
CO1,CO2,CO3	Identify and prepare herbarium or e-herbarium of poisons of plant origin as per visha adhishtana.	5	Experiential-Learning 1.1	PSY-MEC	Does	C_L,FV, KL,PT,RLE
CO1,CO2,CO3	Identify and analyze toxic principles in various parts of plant poisons using histochemical staining techniques.	5	Experiential-Learning 1.2	PSY-MEC	Does	FV,KL,PT,PrBL
CO1,CO2,CO3	Identify different Jangama visha based on their adhishthana	5	Practical Training 1.1	PSY-SET	Shows-how	C_L,D,L_VC,PT
CO1,CO2,CO3	Perform wet preservation of Vanspatika visha.	5	Experiential-Learning 1.3	PSY-MEC	Does	C_L,KL
CO1,CO2,CO3	Identify various dhatu visha based on physical characteristics and mineralogical methods	5	Practical Training 1.2	PSY-SET	Shows-how	D,DL,FV, L_VC,PT

Unit 2 Visha vega and Vishavardhaka bhava

- Visha guna and karmukata
- Visha Vega
- Visha Vardhaka Bhava

References: 48,49,50,51

3A	3B	3C	3D	3E	3F	3G
CO1,CO2,CO3	Describe Visha guna and its action	1	Lecture	CC	Knows-how	DIS,L&PPT

CO1,CO2,CO3	Discuss the role of Visha guna in various poisoning conditions of contemporary relevance.	1	Lecture	CC	Knows-how	DIS,L&PPT
CO1,CO2,CO3	Analyze the importance of knowledge of Visha guna in treating different disease conditions.	1	Lecture	CAP	Knows-how	BS,DIS,L&PPT
CO1,CO2,CO3	Interpret Ayurvedic concepts of Visha vega and Kala along with current understanding from contemporary toxicology to improve diagnostic and therapeutic approaches in visha	1	Lecture	CAN	Knows-how	BS,DIS,L&PPT
CO1,CO2,CO3	Analyse visha vardhaka bhava and its relevance in vishaktata and disease conditions due to Visha.	2	Lecture	CAN	Knows-how	DIS,L&PPT
CO1,CO2,CO3	Assess how present day Aharaja bhava act as Visha Vardhaka (factors enhancing toxicity)	1	Lecture	CE	Knows-how	BS,DIS,L&PPT,PER
CO1,CO2,CO3	Analyze the impact of present-day Viharaja bhava (lifestyle factors) as visha vardhaka and their contribution to the manifestation of toxicity.	1	Lecture	CAN	Knows-how	BS,DIS,L&PPT
CO1,CO2,CO3	Analyze how Manasika bhava act as visha vardhaka and explain its contemporary relevance.	1	Lecture	CAN	Knows-how	BS,DIS,L&PPT,PER
CO1,CO2,CO3	Interpret visha vardhaka bhava with the help of principles of epigenetics	1	Lecture	CAN	Knows-how	BS,DIS,L&PPT
CO1,CO2,CO3	Demonstrate the effect of visha guna on different srotas (Pranavaha, udakavaha, Annavaha, Rasavaha, Raktavaha and Mamsavaha srotas)	10	Practical Training 1.3	PSY-MEC	Shows-how	BS,CBL,C_L,DIS,SDL,TBL
CO1,CO2,CO3	Demonstrate effects of Visha guna on different srotas (Medovaha, Majjavaha, Shukravaha, Purishavaha, Mutravha, Swedaovaha srotas)	10	Practical Training 1.4	PSY-MEC	Shows-how	BS,CBL,D,DSN

CO1,CO2,CO3	Interpret visha vardhaka bhava in the context of contemporary scenarios.	7	Experiential-Learning 1.4	PSY-MEC	Does	DIS,SDL,TBL
CO1,CO2,CO3	Interpret the pathophysiolgical effects of visha vardhaka bhava	8	Experiential-Learning 1.5	PSY-GUD	Shows-how	BS,CBL,C_L,DIS,JC,SDL,SIM,TBL
CO1,CO2,CO3	Identify and analyze visha vardhak bhava in IPD admitted poisoning cases	9	Experiential-Learning 1.6	PSY-MEC	Shows-how	BS,CBL,C_L,DIS,JC,SDL,TBL

Practical Training Activity

Practical No	Name	Activity details
Practical Training 1.1	Jangama visha adhishthana-Venom delivery system	Step 1: Teacher should demonstrate Jangama visha adhistana (except Drusthi, Nishwasa and Vishardhita) to the PG Scholars using Specimens, Models, Pictures or video clips along with their contemporary identities. Step 2: Each PG scholar should be allotted two or three visha adhishtana (as per the number of PG scholars in the department) so as to allot all the Jangama visha adhishtanas and ask the scholars to identify minimum 5 venomous creatures with respect to each allotted Visha adhishtana by applying contemporary knowledge or information. Step 3: Then the Scholars should collect Images of respective Vishadhishtana, venomous creature along with the information of venom delivery system or mechanism of identified venomous creature and prepare charts, poster or PPTs as per the feasibility. Step 4: After preparing charts, poster or PPTs, the scholars should present in the department in front of all the faculty and discussions should be done.

		Step 5: The Faculty should conclude the discussion with suggestions and modifications if necessary.
Practical Training 1.2	Identification of Dhatuvisha	Step 1 Teacher will demonstrate different types of dhatu visha to the PG scholars with their physical characteristics and chemical properties. Step 2. Each PG scholar will be given two Dhatu Visha for identification Step 3. Scholars will observe color, odor, texture, and solubility to identify characteristics Step 4. Scholars will perform confirmatory tests like the Reinsch test for further identification. Step 5. Scholars will record their observations, compare results with literature, and maintain an observation sheet.
Practical Training 1.3	Demonstration effect of visha guna on different srotas (Pranavaha, udakavaha, Annavaha, Rasavaha, Raktavaha and Mamsavaha srotas)	Step 1 : Each PG scholar will be assigned 5 poisoning cases from different categories (e.g., plant poison, animal bite, metal toxicity, chemical poisoning). Step 2: Case Analysis : Scholars will analyze all findings, including clinical manifestations, toxic principles, and modern toxicology correlations for the assigned poisoning case. Step 3: Srotas Dushti Assessment: Each scholar will identify and assess the Srotas Dushti Lakshana in their case, focusing on Pranavaha, Udakavaha, Annavaha, Rasavaha, Raktavaha, and Mamsavaha Srotasa Step 4 : Visha Guna Impact Analysis : Students will correlate the Visha guna (Tikshna, Vyavayi, Vikasi, etc.) with Srotas dushti symptoms in their assigned poisoning case. Step 5: Documentation & Presentation: Scholars will document their findings systematically and present their case analysis, emphasizing Ayurveda-modern toxicology integration.
Practical Training 1.4	Demonstration of effects of Visha guna on different srotas (Medovaha, Majjavaha, Shukravaha, Purishavaha, Mutravha, Swedaovaha srotas)	Step 1 : Each PG scholar will be assigned 5 poisoning cases from different categories (e.g., plant poison, animal bite, metal toxicity, chemical poisoning). Step 2: Case Analysis : Scholars will analyze all findings, including clinical manifestations, toxic principles, and modern toxicology correlations for the assigned poisoning case. Step 3: Srotas Dushti Assessment: Each scholar will identify and assess the Srotas dushti lakshana in their case, focusing on Medovaha, Majjavaha, Shukravaha, Purishavaha, Mutravha, Swedaovaha srotas Step 4 : Visha guna impact analysis : Students will correlate the Visha guna (Tikshna, Vyavayi, Vikasi, etc.) with Srotas dushti symptoms in their assigned poisoning case. Step 5: Documentation & Presentation: Scholars will document their findings systematically and present their case analysis, emphasizing Ayurveda-modern toxicology integration.
Experiential learning Activity		

Experiential learning No	Name	Activity details
Experiential-Learning 1.1	Identification of Vanspatika visha	Step 1: PG scholars will visit to herb garden or toxic plant habitats, collect 10 specimens of toxic plant , Using protective gear, they will gather aerial parts of the plants probably with flowers and fruits to help in scientific identification. Step 2: Collected plants will be cleaned, pressed, and dried properly. Scholars will prepare herbarium sheets with GPS location, date, botanical details, toxic principles, effects, and uses. Proper preservation methods will be applied to maintain integrity. Step 3: Alternatively, an e-herbarium with high-resolution images and a digital database will be created for easy reference and classification.
Experiential-Learning 1.2	Histochemical staining of toxic principles in various parts of plant poisons.	Step 1: The teacher will assign 2–3 toxic plants to each PG scholar for histochemical analysis of different plant parts. Step 2: Each PG scholar will collect various plant parts (leaf, stem, root, flower, fruit, etc.) from the assigned toxic plants. Step 3: Using a microtome or sharp knife or razor blade, scholars will prepare thin cross-sections of each plant part, ensuring uniform and intact sections. Step 4: Mounting Samples: Scholars will carefully place each section on a clean microscope slide for staining and microscopic analysis. Step 5: Histochemical Testing: Scholars will treat the sectioned plant specimen with specific reagents like Dragendorff's reagent (for alkaloids), Iodine solution (for starch) and ferric chloride (for tannins). Step 6: Recording and Summarization: Scholars will document findings for each plant part, compare results, and summarize observations.
Experiential-Learning 1.3	Wet preservation of Vanspatika visha (Vegetable poisons).	Step 1: PG scholars will carefully collect fresh plant parts using gloves for safety. After gentle cleaning, specimens will be fixed in 10% formalin for 12–48 hours to prevent decay. Step 2: Fixed samples will be rinsed and transferred into 70–90% ethanol or isopropyl alcohol for long-term preservation. Each jar will be sealed airtight and labeled with botanical details, toxic parts, date, and preservative used. Step 3: Jars will be stored in a cool, dark place to prevent degradation and maintain specimen integrity.
Experiential-Learning 1.4	Visha vardhaka bhava in current scenario.	Step 1: PG scholars will first study classical visha vardhaka bhava to build a strong foundation before exploring modern parallels. Step 2: Building upon classical knowledge, PG scholars will conduct a systematic literature review using published articles, books, and authentic online sources (Google Scholar, PubMed, etc.) to gather information on contemporary visha vardhaka bhava (toxicity enhancer) Step 3: PG Scholars will identify gaps in Ayurvedic literature by analyzing new-age exposures missing in classical texts, highlighting the evolution of toxicity.

		Step 4: PG Scholars will categorize modern toxicity enhancers into dietary, environmental, occupational, lifestyle, pharmaceutical, radiation, climate-related, biological, and social toxicity enhancers. Step 5: Each scholar thoroughly analyzes a specific toxicity enhancer in all aspects. Step 6: Scholars present findings, and teachers provide critical insights and validation.
Experiential-Learning 1.5	Interpretation of the pathophysiolgical effect of visha vardhaka bhava.	Step 1: PG Scholar will gather information on visha vardhaka bhava from various sources, including Ayurvedic texts, research articles, book chapters, and published case studies. Step 2: Scholar will focus on key visha vardhaka bhava such as Kshudha (hunger), Trushna (thirst), Dourbalya (weakness), Krodha (anger), Shrama (exertion), Ajirna (indigestion), Atisara (diarrhea), Ritu (seasonal influence), Prakriti (body constitution), Kaala (time/season), Bala (strength & immunity) etc. Step 3: They will analyze the physiological and pathological impacts of these factors on the human body, particularly in the context of poisoning and its clinical progression. Step 4: Journal Club discussion: Students will discuss each visha vardhaka bhava in a group setting, analyzing its role in poisoning severity through Ayurvedic and modern perspectives. Step 5: Scholar will apply these concepts to real or hypothetical poisoning cases, understanding how these factors influence toxicity, prognosis, and management. Step 6: Findings will be presented to faculty, with key insights on how visha vardhaka bhava affects poison severity and clinical outcomes.
Experiential-Learning 1.6	Identification and analysis of visha vardhak bhava in IPD admitted poisoning cases.	Step 1: The teacher will assign PG scholars to the emergency medicine ward, where they will observe IPD-admitted poisoning cases after the acute phase of treatment. Step 2: Scholars will collect detailed case history of 2 patients, including exposure details (source, route, and duration), Prakruti analysis, Agni status, diet & lifestyle habits, and pre-existing illnesses that may worsen toxicity, Laboratory reports, and other findings. Step 3: Scholars will assess visha vardhak bhava based on Ayurvedic principles, considering Dosha Prakopa, Kaala (seasonal influence), Desha (habitat factor), Vyadhi Sahatva (disease resistance), and Anupashaya (non-relieving factors). Step 4: Each scholar will present a case study to faculty, highlighting the identified visha vardhak bhava factors and their impact on prognosis and treatment.

Modular Assessment	
Assessment method	**Hour**
Instructions—Conduct a structured modular assessment. The assessment will be for 75 marks. Keep a structured marking pattern. Use different assessment	6

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. • Students will be given case scenarios to identify the visha vardhaka bhava and guna - 25 Marks • Long answer questions with critical thinking - 25 Marks • Practical examination by giving jangama visha and the students are required to identify the specimen and make a note on its venom delivery system along with the mechanism of action of venom. - 25 Marks (Similar practicals with Sthavara visha specimens for performing histochemical techniques and Dhatu visha for identifying its physical characteristics amy also be asked) Or Any practical in converted form can be taken for assessment. (40 Marks) and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (35 Marks)	

Module 2 : Visha Upakrama and Pathya-apathya.

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

1. Describe and evaluate chaturvimshati Upakrama along with their contemporary importance.
2. Evaluate the scope of Chaturvimshati upakrama in the management of present-day bites, stings and other poisoning conditions.
3. Discuss the Pathya and Apathya Aahara & vihara for visha in terms of present day food and life style.
4. Advice right diet and life style to the patients suffering from visha and visha-related conditions.

Unit 1 Visha Upakrama and Pathya-apathya.

Study on Mantra, Arishta, Utkartana, Nishpeedana, Chooshana, Agni, Parisheka, Avagaha, Raktamokshana, Vamana, Virechana, Upaadhana, Hrudayavarana, Anjana, Nasya, Dhooma, Leha, Oushadha, Prashamana, Pratisarana, Prativisha, Sangyasamsthapana, Lepa, Mrutasanjeevanam

References: 48,49,50,51

3A	3B	3C	3D	3E	3F	3G
CO2,CO8	Interpret the importance of Mantra, Arishta, Utkartana, Nishpeedana in Visha chikithsa	2	Lecture	CC	Knows-how	L&PPT
CO2,CO8	Interpret the importance of Chooshana, Agni, Parisheka, Avagaha in Visha chikithsa	2	Lecture	CC	Knows-how	L&PPT
CO2,CO8	Illustrate the importance of Raktamoksha, Vamana, Virechana, Upaadhana in Visha chikithsa	2	Lecture	CC	Knows-how	FC,L&PPT
CO2,CO8	Illustrate the importance of Hrudayavarana, Anjana, Nasya, Dhooma in Visha chikithsa	2	Lecture	CC	Knows-how	FC,L&GD

CO2,CO8	Describe the importance of Leha, Oushadha, Prashamana, Pratisarana in Visha chikithsa	2	Lecture	CC	Knows-how	FC,L&GD,PER
CO2,CO8	Describe the importance of Prativisha, Sangya samsthapana, Lepa, Mruta Sanjeevanam in Visha chikithsa	2	Lecture	CC	Knows-how	CBL,FC,L&PPT
CO1,CO2,CO3,CO7,CO8	Demonstrate Chaturvimshati Upkrama (first 12) rationally, safely, ethically and legally.	10	Practical Training 2.1	PSY-GUD	Shows-how	BS,D,D-M,L&GD
CO1,CO2,CO3,CO7,CO8	Demonstrate the Chaturvimshati Upkrama (later 12) rationally, safely, ethically and legally.	10	Practical Training 2.2	PSY-GUD	Shows-how	BL,BS,D,D-M,RP,SIM
CO1,CO2,CO3,CO8	Plan Chaturvimshati Upakrama at OPD/IPD setup for Jangama Visha conditions.	10	Experiential-Learning 2.1	PSY-MEC	Does	BL,CD,D-BED,L&GD,PAL
CO1,CO2,CO3,CO8	Plan Chaturvimshati Upakrama at OPD/IPD setup for Sthavara Visha conditions.	10	Experiential-Learning 2.2	PSY-MEC	Does	CD,CBL,D-BED,DIS,LRI,PL,PER,PBL
CO1,CO2,CO3,CO7,CO8	Plan Chaturvimshati Upakrama at OPD/IPD setup for Gara/Dushi Visha conditions.	10	Experiential-Learning 2.3	PSY-MEC	Does	CD,CBL,D-BED,LRI,PAL

Unit 2 Pathya-apathya in Visha

Descriptive study on pathya-apathya related to poisoning

References: 39,48,49,50,51

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

CO2,CO3,CO8	Illustrate different Pathya-Apathya in Sthavara Visha Chikithsa	1	Lecture	CC	Knows-how	FC,L,L&GD,L&PPT ,L_VC
CO2,CO3,CO8	Illustrate different Pathya-Apathya in Jangama Visha Chikithsa	1	Lecture	CC	Knows-how	FC,L&PPT
CO2,CO3,CO8	Illustrate different Pathya-Apathya in Dooshivisha and Garavisha Chikithsa	1	Lecture	CC	Knows-how	DIS,FC,L&PPT
CO1,CO2,CO3,CO8	Prepare various standard diet protocols for various vishaja conditions.	10	Practical Training 2.3	PSY-GUD	Shows-how	D,PT,TBL
CO1,CO2,CO3,CO8	Prepare the Pathya recipes required for the Visha chikithsa.	9	Experiential-Learning 2.4	PSY-MEC	Does	D

Practical Training Activity

Practical No	Name	Activity details
Practical Training 2.1	Chaturvimshati upakrama -Part I	1 to 12 of visha upakrama and their relevance in contemporary practice Step 1: Discuss the rationality, safety, ethical and legal aspects of each procedure. Step 2: Assign scholars to collect articles related to upakrama with/without contemporary understanding. Step 3: Assign each member for collecting materials required for each procedure. Step 4: Scholars shall prepare standard operating procedure for each upakrama before executing it. Step 5: Each scholar will demonstrate the upkrama on different materials (Yogya/ Skill Lab). Step 6: Skill execution are noted and discussed by the peer at the end of the role play.
Practical Training 2.2	Chaturvimshati Upakrama - Part II	13 to 24 visha upakrama and their relevance in contemporary practice Step 1: Discuss the rationality, safety, ethical and legal aspects of each procedure. Step 2: Assign scholars to collect articles related to upakrama with/without contemporary understanding. Step 3: Assign each member for collecting materials required for each procedure. Step 4: Scholars shall prepare standard operating procedure for each upakrama before executing it. Step 5: Each scholar will demonstrate the upkrama on different materials (Yogya/ Skill Lab).

		Step 6: Skill execution are noted and discussed by the peer at the end of the role play.
Practical Training 2.3	Preparation of diet protocols for visha conditions.	Step 1: Based on the classroom discussions (theory classes) on Pathya and Apathya, the teacher should allot specific visha condition to each PG Scholar or one visha condition to Two PG scholars and ask them to prepare standard diet protocols for the alloted visha condition. Step 2: The PG Scholar/Scholars should study in detail about the given visha condtion (Both Ayurveda and modern aspects) by giving importance to nutrition and pathology related to diet requirements. Step 3: As per the nutrition and pathology related to diet requirements, the scholars sholud search available pathya preparations explained in Visha contexts and other contexts and finalise pathya preparations. Step 4: After finalising the pathya preparations, the scholars should prepare the diet chart with specific diet recommendations for Breakfast, Lunch and dinner. Step 5: Then the scholars should make the presentation in the department in front of teachers and discuss the same. Step 6: The teacher sholud conclude the discussion with vaulabe inputs.
Experiential learning Activity		
Experiential learning No	**Name**	**Activity details**
Experiential-Learning 2.1	Chaturvimshati Upakrama - I.	Scholars should be given simulated cases of Jangama visha OR posted to Vishachikitsa IPD/centers for hands-on-training. Step 1: Scholars will diagnose the given visha condition or simulated scenario of sarpa/luta/vruschika/keeta and shall discuss or identify the dravya or agada or yoga required for particular upakrama as per visha lakshana/vega Step 2: Arrive at a treatment protocol considering the avastha of the visha vega/lakshana. Step 3: Divide scholars into different groups (1-3 members) to perform 2-3 procedures along with case scenarios, or assigned to create a simulation model for possible upakramas. Step 4: Discuss the possible treatment outcomes/adverse events/provide prognosis. NOTE: As Raktamokshana is one of the important Upakramas that are mostly utilized in the management of Jangama visha, PG Scholars can be posted in Shalyatantra unit to observe the procedures of various Raktamokshana karmas.
Experiential-Learning 2.2	Chaturvimshati upakrama - II	Scholars should be given simulated cases of sthavara visha OR posted to Vishachikitsa OPD/IPD for hands-on-training. Step 1: Scholars will diagnose the given sthavara visha condition or simulated scenario of sthavara/oral poisoning and shall discuss or identify the dravya or agada or yoga required for particular upakrama as per visha lakshana/vega Step 2: Arrive at a treatment protocol considering avastha of the visha vega/lakshana.

		Step 3: Divide scholars into different groups (1-3 members) to enact 2-3 procedures along with case scenarios, or assigned to create a simulation model for possible upakramas. Step 4: Discuss the possible treatment outcomes/adverse events/provide prognosis.
Experiential-Learning 2.3	Chaturvimshati Upakrama - III	Scholars are posted to Agadatantra OPD/ IPD for hands-on-training. Step 1: Scholars will diagnose the given gara/dushi visha condition or simulated scenario of gara/dushi visha and shall discuss or identify which of the upakrama suitable for the condition (out of 24 upakramas) along with the dravya or agada or yoga required for particular upakrama as per condition. Step 2: Divide scholars into different groups (1-3 members) to enact 2-3 procedures along with case scenarios, or assigned to create a simulation model for possible upakrama. Step 3: Discuss the possible treatment outcomes/adverse events/provide prognosis. NOTE: As Vamana and Virechana are important Upakrama that are mostly utilized in the management of of Dushivisha and Garavisha, PG Scholars can be posted in Panchakarma unit to observe the procedure of Vamana and Virechana.
Experiential-Learning 2.4	Pathya-Apathya in Visha.	Scholars are posted at Agada IPD for hands-on-training. Step 1: Scholars are assigned to review and enumerate the pathya preparations mentioned in classical practices as per different vishaja conditions. Step 2: Scholars may be divided into groups (2-3 members) and group activity can be allocated. Step 3: Prepare standard operating procedure for different pathya preparations used in vishaja conditions. Step 4: Collect the ingredients required for pathya preparations used in vishaja conditions. Step 5: Discuss the probable role of each pathya in aiding the management of vishaja condition as per Ayurveda and contemporary science.

Modular Assessment

Assessment method	**Hour**
Instructions—Conduct a structured modular assessment. The assessment will be for 75 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.The students may be given a case scenario or a case of Sthavara/Jangama/Kritrima visha and asked to write the treatment protocol. - 25 Marks • Conduct an OSCE on any upakrama - 15 Marks • Students are asked to write the specific diet charts in specific poisoning. - 10 Marks • Any practicals conducted for diet preparation may be considered for assessment - 25 Marks.	6

Or Any practical in converted form can be taken for assessment. (40 Marks) and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (35 Marks)	

Module 3 : Atyayika Visha Chikithsa Krama (Emergency Management of Poison)

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

1. Perform a thorough evaluation of the patient's vital signs, including heart rate, blood pressure, respiratory rate, and temperature.
2. Identify the type of poisoning based on clinical presentations, patient history, and laboratory investigations.
3. Perform resuscitative measures such as airway management, breathing support, and circulation restoration to stabilize the patient.
4. Demonstrate techniques to remove unabsorbed poison like gastric lavage, induced vomiting, or activated charcoal.
5. Apply specific antidotes to neutralize the effects of the poison.
6. Demonstrate the elimination of absorbed poison through methods like hemodialysis, hemoperfusion, or diuresis.
7. Prescribe symptomatic treatment.
8. Acquaint with medico-legal documentation.

Unit 1 Resuscitation procedures

Airway, Breathing and Circulation (ABC) assessments , Cardiopulmonary Resuscitation (CPR), Glasgow Coma Scale (GCS)

References: 42,43

3A	3B	3C	3D	3E	3F	3G
CO1,CO3,CO7	Describe assessment of patient’s vital signs and initial stabilization of airway, breathing, circulation and neurological status	2	Lecture	CC	Knows-how	L&PPT
CO1,CO3,CO7	Describe the Diagnosis of different types of poisoning by history, clinical examination and lab investigations	1	Lecture	CC	Knows-how	L_VC
CO1,CO3,CO7	Discuss symptomatic treatment to be done in a case of poisoning	1	Lecture	CC	Knows-how	L_VC

CO1,CO3,CO7	Apply law enforcement in poison cases	2	Experiential-Learning 3.1	PSY-SET	Shows-how	RLE,RP,SIM
CO1,CO3,CO7	Demonstration of Initial assessment of vital signs, diagnosis and management of different types of poisoning (ABCD)	4	Practical Training 3.1	CAP	Knows-how	CBL,D,D-BED,DL,D-M,LRI,RLE
CO1,CO3,CO7	Demonstration of Legal responsibilities in poison cases	1	Practical Training 3.2	PSY-SET	Shows-how	CBL,D,RLE
CO1,CO3,CO7	Assists in assessment of patient's vital signs and stabilization of airway, breathing, circulation and neurological status	7	Experiential-Learning 3.2	PSY-SET	Shows-how	CBL,SIM
CO1,CO3,CO7	Discuss legal and ethical responsibilities in poisoning cases	1	Lecture	CC	Knows-how	L_VC,RLE

Unit 2 Decontamination procedures

Gastric lavage, Purgation, and Whole-bowel irrigation

References: 45,46

3A	3B	3C	3D	3E	3F	3G
CO1,CO3,CO7	Describe Gastric Lavage, emesis, purgation, whole bowel irrigation and other methods of decontamination	2	Lecture	CC	Knows-how	L&PPT
CO1,CO3,CO7	Demonstrate methods of removal of unabsorbed poison from inhalation, injection, ingestion or contact	5	Practical Training 3.3	PSY-SET	Shows-how	CBL,SIM
CO1,CO3,CO7	Diagnose different types of poisoning by history, clinical examination and lab investigations.	7	Experiential-Learning 3.3	PSY-ADT	Shows-how	CD,CBL,LRI,PAL,SIM

Unit 3 Antidotes

Physical, Chemical, Mechanical, Physiological, Chelating agents

References: 45,47,54,55,56,57

3A	3B	3C	3D	3E	3F	3G
CO1,CO2,CO3,CO7,CO8	Describe types of antidotes	1	Lecture	CC	Knows-how	L_VC
CO1,CO3,CO7	Demonstrate the selection of antidotes in different types of poisoning.	5	Practical Training 3.4	PSY-SET	Shows-how	RP,SIM
CO1,CO3,CO7	Illustrate the prescription of antidotes for different types of poisoning	3	Experiential-Learning 3.4	PSY-ADT	Shows-how	RP,SIM

Unit 4 Extracorporeal techniques

Dialysis, Haemodialysis, Haemoperfusion, and Peritoneal dialysis

References: 40,41

3A	3B	3C	3D	3E	3F	3G
CO1,CO3,CO7	Discuss extracorporeal techniques used in a case of poisoning	2	Lecture	CC	Knows-how	DIS,L_VC
CO1,CO3,CO7	Demonstrate removal of absorbed poison through extracorporeal techniques and symptomatic treatment	5	Practical Training 3.5	PSY-SET	Shows-how	D-BED,D-M,SIM
CO1,CO3,CO7	Apply appropriate extracorporeal techniques for removal of absorbed poison	7	Experiential-	PSY-SET	Shows-	D-M,SIM

			Learning 3.5		how	

Practical Training Activity

Practical No	Name	Activity details
Practical Training 3.1	Practicals on resuscitation measures in poisoning	Students should be posted to Virtual Skill Lab for rescuscitation training Step 1: Check the vitals of the patients - Pulse, respiration, BP etc. Step 2: If respiratory insufficiency is noted perform CPR Step 3: Airway management - Assess the airway and perform endotracheal intubation Step 4: Mointor the pulse and BP and initiate IV infusion. Step 5: Assessing the consciousness by Glasgow Coma Scale or any other clinically relevant scales appropriate for the poisoning.
Practical Training 3.2	Legal responsibilities in poisoning	Step 1: Scholars are divided into groups of 2 or 3 Step 2: Teacher sensitize the scholars on topics like; • Mandatory Reporting • Medical documentation • Collection and Preservance of evidence • Communicate findings with the police • Testify in court regarding the medical aspects of the case Step 3: Scholars are assigned with 3 or 4 case scenarios/ case laws on which they discuss the lacunae that led to the court case. Step 4: Scholars present their findings infront of their peers and teachers Step 5: Teachers gives their remarks and conclude the discussion
Practical Training 3.3	Practicals on decontamination methods	Step 1: Materials Needed:Simulated poisons, PPE (gloves, gowns, goggles, masks), decontamination tools (water, saline, charcoal, emesis basins), and airway management equipment. Step 2: Route-Specific Demonstrations • Inhalation: Transfer patient to a safe zone. Administer oxygen via nasal cannula or mask. Use nebulizers for respiratory relief. Monitor for delayed effects (e.g., pulmonary edema).

		• Injection: Apply a proximal tourniquet. Clean the site. Perform incision and suction if needed. Monitor wound care and systemic effects. • Ingestion: Administer activated charcoal (1g/kg). Demonstrate gastric lavage with orogastric tube and explain emesis contraindications. Establish IV access for fluid/electrolyte correction. • Contact: Remove contaminated clothing carefully. Wash affected areas with water or saline for 15–20 minutes. Apply topical treatments as necessary. Monitor for systemic absorption. Step 3: Engagement and Conclusion Step 4: Practice techniques like charcoal administration and oxygen therapy. Use case scenarios for learning. Conclude by stressing expert consultation with toxicologists or poison control centers.
Practical Training 3.4	Practical training on antidote administration	Step 1: Gather Materials: Obtain the antidotes, mock medications, syringes, IV setups, or any required equipment. Step 2: Demonstrate Techniques: • Oral Administration: Show how to measure and deliver oral antidotes (e.g., syrup or tablets). • Injection Techniques: Demonstrate IM or SC injections, ensuring aseptic techniques. • IV Administration:Prepare and connect IV lines.Explain infusion rates and monitoring. • Specialized Techniques:For antidotes like activated charcoal, show preparation and administration through nasogastric (NG) tubes if required. Step 3: Highlight Patient Monitoring:Demonstrate how to monitor the patient's vital signs, symptoms, and response to the antidote.Explain potential adverse effects and how to manage them. Step 4: Engage Participants:Allow participants to practice under supervision.Provide feedback on their techniques and answer questions. Step 5: Conclude with Key Points:Recap the indications, routes, and safety precautions for each antidote.Emphasize documentation and communication during administration.
Practical Training 3.5	Practicals on Extrracorporeal techniques	Step 1: Divide scholars into groups of 2 to 3 and give case scenarios or post them in Intensive Care Units of a hospital Step 2: Explain the procedures and steps of Extra corporeal techniques to the students by the teacher Step 3: Students are trained to handle the equipments or taught about the common settings used for performing each technique Step 4: Students will monitor the patient by

		• Track fluid balance to avoid overload or dehydration. • Monitor electrolytes during dialysis or forced diuresis. • Observe vital signs to ensure stability. Step 5: Students will be trained to manage complications like hypotension, electolyte imbalance, seizures, thermoregulation, cardiac and respiraotry issues Step 6: Conclude the session by remarks from the teacher.
Experiential learning Activity		
Experiential learning No	**Name**	**Activity details**
Experiential-Learning 3.1	Practical training in legal procedures and responsibilities in poisoning	Step 1: Scholars will be divided into small groups of 2 or 3 Step 2: Participants will practice documenting case findings, treatment plans, and interactions with family members or law enforcement. This exercise will simulate real-life scenarios, emphasizing the importance of clear and accurate record-keeping in legal and medical contexts. Step 3: Participants may be engaged in the following activities to train in legal responsibilities • Mandatory Reporting and Confidentiality Scenarios • Simulated cases will challenge learners to determine when to report incidents such as suspected self-harm or criminal poisoning to authorities. Participants will explore the legal standards for disclosure, balancing patient confidentiality with mandatory reporting laws. Discussions will highlight the legal consequences of failing to report appropriately. • Role-Playing with Legal and Law Enforcement Professionals • Invite legal professionals to simulate hospital legal counsel or patient advocates. Participants will justify clinical decisions, address family disputes, and handle refusal of treatment. Additionally, collaborate with law enforcement in simulated police investigations, practicing how to share necessary information while safeguarding patient rights. • Workshops on Informed Consent and Autonomy • Through case-based scenarios, participants will navigate obtaining informed consent in critical poisoning situations, such as for gastric lavage or hemodialysis. They will also address how to proceed when a patient cannot consent or when

		treatment is refused. These exercises will reinforce legal communication and ethical decision-making. Step 4: Scholars will present before the peers and a discussion is initiated by the teacher with final remarks on the missed points.
Experiential-Learning 3.2	Practicals on Patient assessment and resuscitation	Step 1: Students are divided into groups of 2 or 3 Each student or group will collect and present data on toxins, symptoms, and outcomes, providing a foundation for hands-on clinical analysis. Group discussions will identify patterns, common presentations, and the impact of various toxins, utilizing tools like the Glasgow Coma Scale (GCS) to assess consciousness and prognosis. Step 2: Scholars will practice assessing vital signs, managing the ABCs—airway, breathing, and circulation—and addressing CNS depression. These hands-on exercises reinforce critical emergency response skills. Step 3: Participants will collaboratively develop protocols for managing conscious and unconscious patients. These protocols will address various poisoning scenarios, emphasizing steps from initial assessment to ongoing monitoring. By role-playing case management, students will refine their protocols and apply theoretical knowledge to practical situations. Step 4: Presentation and discussion with peers and teachers with final conclusion from the teacher.
Experiential-Learning 3.3	Diagnosis of Poisoning	Step 1: Encourage scholars to use clinical findings and lab results to rule out or confirm potential toxins. They should consider factors such as the onset of symptoms, systemic effects (e.g., nervous system, cardiovascular), and any metabolic disturbances. Step 2: Management Plan: Scholars can propose treatment options, such as the use of activated charcoal, gastric lavage, or specific antidotes, and consider when elimination of unabsorbed poison might be appropriate. Step 3: Assignment: Using mannequins, scholars will practice emesis,gastric lavage, whole bowel irrigation. Step 4: Set up practice stations to recognize and resolve complications, such as hypotension, bleeding, Practice what to do if the patient becomes unstable Step 5: Post-Procedural Care: Emphasize the importance of monitoring post-procedure, as toxins may redistribute or rebound. Step 6: Conduct reflection and debriefing sessions to review what went well and areas for improvement.
Experiential-Learning 3.4	Practical training on antidote administration	Step 1: PG scholars are divided into small groups of 2 - 3 Step 2: Groups are presented with a case scenario/ simulation (using mannequins or role-play), for identifying type of poisoning based on symptoms and lab results. They must select and administer an appropriate antidote following current protocols Step 3: In-Depth Discussion on Antidotes • Mechanism of Action of antidotes: How specific antidotes work (e.g., atropine for organophosphates).

		• Indications & Contraindications: When antidotes should or should not be used, with age-specific considerations. • Administration: Routes (oral, IV, IM) and adjustments for age and severity. • Side Effects & Complications: Common adverse reactions and management strategies. • Supportive Medications: Supportive therapies like antiemetics, antispasmodics, or respiratory support to mitigate antidote side effect Step 4: Groups develop a protocol with the following sections: • Poison Type: Physical, physiological, or chemical. • Antidote: Specific antidote for each poisoning type, dosage, administration route. • Supportive Care: Additional medications and interventions (e.g., IV fluids, respiratory support). • Monitoring and Follow-up: Monitoring for complications or signs of adverse reactions, such as electrolyte imbalance or organ dysfunction. Step 5: Presentation before the teacher and concluding remarks from teacher
Experiential-Learning 3.5	Practical training on Extracorporeal techniques	Step 1: Students are divided into samll groups of 2 or 3 Step 2: Participants practice hemodialysis by setting up the machine, priming the extracorporeal circuit, and initiating dialysis. Hemoperfusion training involves assembling adsorbent filters, managing equipment, and addressing complications like clotting or pressure issues. Learners gain experience with Continuous Renal Replacement Therapy (CRRT) by configuring settings, adjusting flow rates, and monitoring hemodynamically unstable patients. (Optional hands-on sessions with cadaver or animal models can allow participants to practice catheter insertion for hemodialysis access, improving technical skills and the ability to recognize complications. Stations dedicated to managing issues such as hypotension or machine alarms prepare participants to troubleshoot problems and stabilize patients effectively). Step 3: After simulations, hold debriefing sessions to review what went well and areas for improvement. Discuss the rationale for each decision, especially around choosing extracorporeal treatment versus supportive measures Emphasis on post-procedure care, including monitoring for toxin redistribution or rebound, ensures a comprehensive understanding of extracorporeal treatment 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. • OSPE may be conducted on any of the resuscitation procedures or removal of unabsorbed or absorbed poisons - 20 Marks • Multiple Choice Questions may be asked for 30 Marks (Two OSPE's one on resuscitation and the other on removal of unabsorbed or absorbed poison for a split marks of 10 each may be conducted) 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 4 : Regulations of Ayurevda Practice

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

1. Describe the constitutional framework of NCISM Act and functioning of NCISM.
2. Discuss the constitutional safeguards and policies for improving the health and healthcare of women, children and marginalized communities.
3. Discuss the legal provisions for handling public health crises such as epidemics, pandemics and natural disasters.
4. Disseminate knowledge of different health care policies of India to general public.

Unit 1 Regulation of Ayurveda Practice and Ethics

Constitutional framework for regulating the medical profession through the NCISM Act. Ethical and legal responsibilities of healthcare professionals

References: 58,60,61,64

3A	3B	3C	3D	3E	3F	3G
CO1,CO4,CO5,CO6	Describe the constitutional framework for regulating medical profession through NCISM Act, Ethical and legal responsibilities of healthcare professionals	1	Lecture	CC	Knows-how	L&PPT
CO1,CO4,CO5,CO6	Apply the Ethical and legal responsibilities in healthcare setup.	5	Practical Training 4.1	AFT-RES	Knows-how	BL,CBL,DIS,L&GD,PER,PBL

Unit 2 Health Rights of vulnerable Populations

Constitutional safeguards for women, children and marginalized communities. Policies and schemes under the Constitution for improving healthcare access for these groups.

References: 59,60,62,63

3A	3B	3C	3D	3E	3F	3G
CO1,CO4,CO5,CO6	Illustrate the constitutional safeguards for women, children and marginalized communities	1	Lecture	CC	Knows-how	FC,JC,L&GD,PER
CO1,CO4,CO5,CO6	Discuss the Health policy in India and schemes covered for marginalized communities under them.	1	Lecture	CC	Knows-how	BL,FC,L&GD
CO1,CO4,CO5,CO6	Compare different health policies of India and facilitate stakeholders for its utilization.	5	Practical Training 4.2	PSY-GUD	Shows-how	BL,CD,CBL,DIS,L&GD,PBL,RP
CO1,CO4,CO5,CO6	Acquaint different health policies of India to stakeholders for its utilization.	3	Experiential-Learning 4.1	PSY-GUD	Shows-how	BL,CBL,DIS,FV,IBL,PAL,PSM,RLE,W

Unit 3 Public Health Emergencies and the Constitution

Legal provisions for handling public health crises such as epidemics, pandemics and natural disasters. Government powers under the Constitution during health emergencies management.

References: 60,61,63

3A	3B	3C	3D	3E	3F	3G
CO1,CO4,CO5	Describe Public health emergencies (PHE), managing PHE, role of government and	1	Lecture	CC	Knows-	FC,L&G

,CO6,CO8	private sectors during the PHE.				how	D
CO1,CO4,CO5 ,CO6	Describe different acts and amendments related to Public health emergencies (PHE).	1	Lecture	CC	Knows-how	FC,L&GD
CO1,CO4,CO5 ,CO6	Develop an operational model for Public health emergency management.	10	Experiential-Learning 4.2	PSY-GUD	Shows-how	BL,CBL,D-M,EDU,FC,JC,L&GD,PAL,PER,PSM

Practical Training Activity

Practical No	Name	Activity details

Practical Training 4.1	Ethical and legal responsibilities in healthcare	Step 1: Scholars are divided into small groups of 1 or 2
		Step 2: An incidence for role play like ethical dilemma in end-of-life decision or patient confidentiality,
		Step 3: Students will note down the ethical and legal aspects involved in each scenario and present before the peers and teacher.
		Step 4: Teacher will conclude by giving his/her insights into the incidence.
		
		1. Addressing Ethical considerations.
		  1. Utilise four-box method and/or 4P's of ethical practice or any relevant method to cases selected (advising raktmokshana or virechana in visha chikithsa/dooshivisha)
		  2. Identify real-time cases and illustrate ethical considerations in Ayurveda practice.
		2. Addressing Legal Aspects.
		  1. Identify and prepare the list of legal elements involved in cases selected.
		  2. Prepare list of different therapies involved in the treatment method, its outcomes, possible advere events etc.
		  3. Discuss confidentiality and data protection of patients.
		3. Role play for one or two cases to break the ethical dilemmas involved in Ayurveda and end of life decisions can be executed.

Practical Training 4.2	Practical training in reviewing health policies for marginalized communities.	Step 1: Scholars are divided into samll groups of 2 or 3 Step 2: Scholare are asked to familiarize about the schemes like Pradhan Mantri Jan Arogya Yojana (PM-JAY),National Health Mission (NHM), Rashtriya Swasthya Bima Yojana (RSBY), Integrated Child Development Services (ICDS), Pradhan Mantri Matru Vandana Yojana (PMMVY). Step 3: Students are then exposed to workshops conducted on specific themes of marginalized communities, occupation harzards and toxic exposures. Step 4: Studetns will analyze how effectively the schemes are implemented and also understands the gaps in services. Step 5: Students will present his/her findings infront peers and teachers. Teacher will initiate discussion on the community penetration and benficiaries of each scheme and the barriers of its effective implementation.
Experiential learning Activity		
Experiential learning No	**Name**	**Activity details**
Experiential-Learning 4.1	Health policies for marginalized communities	Step 1: Scholars are divided into small groups of maximum three students Step 2: Field visits are organized to health facilities or NGOs working with marginalized communities (occupational hazards or industrial workers) to understand challenges and best practices. Step 3: Students will observe and record the ethical challenges and best practices observed in each facility. Step 4: Students will present the same infront of his/her peers and teachers. Step 5: Students will reflect on their experience and teacher will give concluding remarks.
Experiential-Learning 4.2	Responsibilities in public health emergencies	Step 1: Scholars (1-2) are divided into groups Step 2: Assign them to collect historical and recent Public Health Emergencies (endemic, pandemic and natural disasters leading to massive casualty). Step 3: Groups will discuss 1-2 health emergency outbreak cases and identify the following in each case • Sources of outbreak and communication methods. • Response strategies adopted (contentment of infection, quarantine methods, treatment protocols, prophylactic measures adopted etc.) • Community, NGO and Government roles. • Identify successful and failure elements.

		• Policies adopted to prevent and cater the medical health for next outbreak. Step 4: Prepare protocols on principles of Agadatantra. Step 5: Students will present the protocol infront of his/her peers and teachers Step 6: Teacher will conclude the discussion after giving his/her remarks

Modular Assessment

Assessment method	**Hour**
Instructions—Conduct a structured modular assessment. The assessment will be for 25 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. • Students will be given structured long answer questions based on the Constitutional provisions on Right to Health or Legal provisions pertaining to Public Health in India - 10 Marks • Assignements of Case studies on landmark cases in India regarding Right to Health with a critical note from the student - 10 Marks • Multiple choice questions or short answer questions based on NCISM Act and its functions or major health policies in India may be conducted - 5 Marks Or Any practical in converted form can be taken for assessment. (15 Marks) and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (10 Marks)	2

Module 5 : Chikitsa Neeti

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

1. Apply ethics and professionalism in the practice of Ayurveda
2. Display ethical and legal principles relating to informed consent, decision making and advance directives.
3. Describe ethical and legal aspects of professional secrecy and misconduct.
4. Advocate the rights and privileges of Vaidya (Physician) and Aathura (Patient)

Unit 1 Chikitsa Neeti

Vaidya Sadvrutta (Medical Ethics and Etiquettes),
Professional Secrecy, Privileged Communication & Misconducts,
Duties, Rights and privileges of Vaidya and Athura

References: 65,66,67,68,69,70

3A	3B	3C	3D	3E	3F	3G
CO1,CO4,CO5,CO9	Describe ethics and discuss the difference between ethics and morality.	1	Lecture	AFT-VAL	Knows-how	DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Discuss the Principles of Medical ethics.	1	Lecture	CC	Knows-how	DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Appraise professionalism and application of ethics in Professionalism.	1	Lecture	AFT-RES	Knows-how	BS,DIS,FC,L&PPT,SDL

CO1,CO4,CO5,CO9	Adapt the duties, rights, and privileges of Vaidya (Physician).	1	Lecture	CAP	Knows-how	BS,DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Value the rights and privileges of Aathura (Patient).	1	Lecture	AFT-VAL	Knows-how	BS,DIS,EDU,FC,L&PPT ,PL
CO1,CO4,CO5,CO9	Distinguish Professional secrecy and privileged communication.	1	Lecture	CAP	Knows-how	BS,CBL,DIS,FC,L&PPT ,PAL,PER
CO1,CO4,CO5,CO9	Discuss ethical issues associated with special conditions as Reproductive Health, HIV/AIDS, Human Organ transplantation, Mentally unsound patients and children.	2	Lecture	CC	Knows-how	BS,DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Describe Vaidya sadvrutta, Pranabhisara & Rogabhisara Vaidya and need for Vaidya guna Sampathi.	1	Lecture	CAP	Knows-how	BS,DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Illustrate Professional misconduct and its consequences.	1	Lecture	CAP	Knows-how	BS,CBL,DIS,L&PPT ,RLE
CO1,CO4,CO5,CO9	Construct and administer various types of consents.	10	Practical Training 5.1	PSY-SET	Shows-how	D,D-BED,DIS,RP,W
CO1,CO4,CO5,CO9	Evaluate the professional misconduct through documented or reported cases.	10	Practical Training 5.2	CE	Knows-how	BS,CBL,LS,PAL,PBL,RLE,W

CO1,CO4,CO5,CO9	Communicate with patients, relatives of the patient, subordinates, experts, and other concerned professionals without violating Medical ethics and Professionalism.	10	Experiential-Learning 5.1	AFT-RES	Shows-how	RLE,SIM,W
CO1,CO4,CO5,CO9	Appraise effective communication of the truth and make decisions in End life situations.	8	Experiential-Learning 5.2	AFT-RES	Shows-how	D-BED,Mnt,RLE,RP
CO1,CO4,CO5,CO9	Appraise ethical principles and display professionalism while attending emergency patients and refusing to treat.	8	Experiential-Learning 5.3	AFT-RES	Shows-how	CBL,D-BED,Mnt,RP

Practical Training Activity

Practical No	Name	Activity details
Practical Training 5.1	Process of framing and administering the consent.	Step 1: The teacher should discuss consent, its types and scope of different types of consents. Step 2: The teacher should give various case scenarios to the scholars and ask them to decide which type of consent is to be taken? And then ask them to draft the consent as per the requirement of case scenario. Step 3: After finalizing type of consent and drafting it, the Scholar should instruct the consent to another scholar who is acting like Patient or Patient Party (as may be the case scenario) and get it signed. Step 4: The scholars should then discuss about what they have done and prepare a report and present in front of Teachers.
Practical Training 5.2	Critical evaluation of Professional misconduct	Step 1: The teacher should find various case repots on Professional Misconduct and alot them to the Scholars Step 2: The scholars Should study the case reports and understand it in detail and refer any reference literature if needed and then prepare a concise report of each case. Step 3: Scholars should then make Presentations on cases that they have studied in front of the teachers. Step 4: Based on the presentations all should have discussion in presence of teacher as expert person.

Experiential learning Activity

Experiential learning No	Name	Activity details
Experiential-Learning 5.1	Effective communication in	Step 1: Scholars should be divided into groups of 2 or 3 Step 2: A workshop should be conducted on Effective Communication in Medical Practice to enrich the communication skills of

	Medical Practice	the Scholars. Step 3: The Workshop should focus on the effective communication specially with patients, the relatives of the patient, subordinates, experts and other concerned professionals. Step 4: The workshop can be conducted with In-house experts or out house experts giving concluding remarks on the need of effective communications with patients and their relatives.
Experiential-Learning 5.2	Disclosure of truth to patients	Step 1: Scholars should be posted in batches of 2 or 3 at ICU facilities and should be exposed to terminally ill patients Step 2: Observe how the treating physician or on duty doctors talk to patients or patient party and how they take decisions, how they convenience the patient party about the situation of patient; how they console the patient party and learn the art of breaking bad news without causing much hurt to the patient and or patient party. Step 3: Scholars will reflect on the experiences and share it with their peers and teachers Step 4: Teacher will conclude the discussion after giving the importance of truth telling and how to disclose them to the patient and relatives.
Experiential-Learning 5.3	Ethics in practice	Step 1: Scholars should be posted in batches (batches of 2 or 3) at Emergency département Step 2: Observe how the treating Physician or on duty doctor behaves with the patients and their relatives. How they decide whether to treat the patient or not. How they decide refuse to treat and how they explain or convince the patient or patient party regarding the same by being highly professional and without violating medical ethics. Step 3: The student will reflect on his/her observation and discuss with the peers and teacher. Step 4: Teacher will then conclude after highlighting the ethical behaviours noted by the students

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. • Case scenario/ film clips/ newpaper items with violations in patient's Rights may be given to students and asked to comment on the same with critical inputs from the legal provisions in India - 25 Marks • Case studies on reported cases of professional misconduct or ethical violations may be given to students and they are made to present before the teachers highlighting the legal aspects - 15 Marks • A written test containing short answerr questions on rights and privileges of vaidya and atura may ne conducted - 10 Marks (A mock court may also be conducted in the class on cases of professional misconduct/ ethical violations/ violations of patient's rights for 25 Marks)	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 6 : Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)

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

1. Discuss Oja and immunity along with the role of Visha in the manifestation of immunological conditions.
2. Diagnose and describe the dermal manifestations due to Visha.
3. Discuss the role of visha in Oncological manifestations and discuss the scope of Agadatantra in managing oncological conditions.
4. Analyze the role of visha in neurological pathologies and discuss the role of Vishaghna Chikitsa in treating neurological conditions caused by visha.
5. Discuss the effects of Visha on the reproductive system and its influence on DNA damage leading to the manifestation of genetic pathologies.
6. Differentiate various dermal, immunological, oncological, and neurological manifestations caused by visha from similar conditions that are not related to Visha exposure.

Unit 1 Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)

- Immunological Manifestations
- Dermal Manifestations
- Oncological Manifestations
- Reproductive Manifestations
- Neurological Manifestations
- Genetic Manifestations

References: 16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38

3A	3B	3C	3D	3E	3F	3G
CO1,CO2,CO3 ,CO9	Interpret Visha, Ojas, Ojo Vaishamya and Dhatu Pradoshaja Vikara with its applicability in understanding basics of Immunity.	1	Lecture	CC	Knows-how	BS,DIS,FC,L&PPT

CO1,CO2,CO3,CO9	Examine the role of Visha in Immunological disorders	2	Practical Training 6.1	PSY-SET	Shows-how	CBL,D-BED,LRI
CO1,CO2,CO3,CO9	Differentiate the Immunological disorders due to Visha from those due to other causes.	2	Experiential-Learning 6.1	PSY-ADT	Does	CBL,RLE
CO1,CO2,CO3,CO9	Differentiate the dermal manifestations due to Visha from those due to other causes.	3	Experiential-Learning 6.2	PSY-ADT	Shows-how	CD,CBL,RLE
CO1,CO2,CO3,CO9	Identify the role of Visha in different dermatological presentations in given clinical condition or scenario	2	Practical Training 6.2	PSY-SET	Shows-how	CBL,D-BED,PBL,RLE
CO1,CO2,CO3,CO9	Discuss the role of Visha in Dermal manifestations and their differential diagnosis	1	Lecture	CC	Knows-how	BL,BS,DIS,FC,L&PPT
CO1,CO2,CO3,CO9	Analyse the role of Visha in the Oncological manifestations	1	Lecture	CC	Knows-how	BS,DIS,L&PPT
CO1,CO2,CO3,CO9	Evaluate the role of Visha in various Oncological manifestations	2	Practical Training 6.3	PSY-SET	Shows-how	CBL,JC,LRI,PBL
CO1,CO2,CO3,CO9	Analyse the association of Visha in the Oncological manifestation and their prognosis	4	Experiential-Learning 6.3	CAN	Knows-how	CD,CBL,PBL,RLE
CO1,CO2,CO3,CO9	Analyse the role of Visha in Neurological manifestations	1	Lecture	CAN	Knows-how	BS,DIS,L&PPT
CO1,CO2,CO3,CO9	Evaluate the role of Visha in the manifestation of neurological disorders	2	Practical Training 6.4	PSY-SET	Shows-how	CBL,RLE
CO1,CO2,CO3,CO9	Analyse the role of Visha in manifestation of Neurological disorders.	2	Experiential-Learning 6.4	CAN	Knows-how	JC
CO1,CO2,CO3	Appreciate the role of Visha in Reproductive and Genetic disorders	1	Lecture	CC	Knows-	BS,DIS,L

,CO9					how	&PPT
CO1,CO2,CO3 ,CO9	Interpret the role of Visha in Reproductive and Genetic disorders	2	Practical Training 6.5	PSY-SET	Shows-how	CBL,LRI, RLE
CO1,CO2,CO3 ,CO9	Evaluate the role of Visha in Reproductive and Genetic disorders.	2	Experiential-Learning 6.5	PSY-SET	Shows-how	DIS,FV,JC,LRI

Practical Training Activity

Practical No	Name	Activity details
Practical Training 6.1	Role of visha in Immunological diseases	Step 1: The PG scholars should be be asked to search literatures, publications and other relevant studies for enlisting common present day visha related etiological factors responsible for the Immunological disorders. Step 2: Then the PG Scholars should prepare a structured questionnaire which will be suitable to assess the exposure of present day visha related etiological factors responsible for the Immunological disorders through history taking. Step 3: Then the scholars should present the prepared questionnaire in front of the teachers and discuss. Step 4: The teachers should properly analyse the questionnaire for the chronological arrangement of questions and their suitability in history taking. If necessary, required changes should be recommended.
Practical Training 6.2	Role of visha in dermal diseases	Step 1: The PG scholars should be be asked to search literatures, publications and other relevant studies for enlisting common present day visha related etiological factors responsible for the dermal manifestations. Step 2: Then the PG Scholars should prepare a structured questionnaire which will be suitable to assess the exposure of present day visha related etiological factors responsible for the dermal manifestations through history taking. Step 3: Then the scholars should present the prepared questionnaire in front of the teachers and discuss. Step 4: The teachers should properly analyse the questionnaire for the chronological arrangement of questions and their suitability in history taking. If necessary, required changes should be recommended.
Practical Training 6.3	Practicals on role of visha in cancer	Step 1: The PG scholars should be be asked to search literatures, publications and other relevant studies for enlisting common present day visha related etiological factors responsible for the Oncological manifestations. Step 2: Then the PG Scholars should prepare a structured questionnaire which will be suitable to assess the exposure of present day visha related etiological factors responsible for the Oncological manifestations through history taking. Step 3: Then the scholars should present the prepared questionnaire in front of the teachers and discuss. Step 4: The teachers should properly analyse the questionnaire for the chronological arrangement of questions and their suitability

		in history taking. If necessary, required changes should be recommended.
Practical Training 6.4	Role of visha in Neurotoxicity	Step 1: The PG scholars should be be asked to search literatures, publications and other relevant studies for enlisting common present day visha related etiological factors responsible for the neurological disorders. Step 2: Then the PG Scholars should prepare a structured questionnaire which will be suitable to assess the exposure of present day visha related etiological factors responsible for the neurological disorders through history taking. Step 3: Then the scholars should present the prepared questionnaire in front of the teachers and discuss. Step 4: The teachers should properly analyse the questionnaire for the chronological arrangement of questions and their suitability in history taking. If necessary, required changes should be recommended.
Practical Training 6.5	Role of visha in reproductive and genetic toxicities	Step 1: The PG scholars should be be asked to search literatures, publications and other relevant studies for enlisting common present day visha related etiological factors responsible for the Reproductive and Genetic disorders. Step 2: Then the PG Scholars should prepare a structured questionnaire which will be suitable to assess the exposure of present day visha related etiological factors responsible for the Reproductive and Genetic disorders through history taking. Step 3: Then the scholars should present the prepared questionnaire in front of the teachers and discuss. Step 4: The teachers should properly analyse the questionnaire for the chronological arrangement of questions and their suitability in history taking. If necessary, required changes should be recommended.
Experiential learning Activity		
Experiential learning No	**Name**	**Activity details**
Experiential-Learning 6.1	Assessment of involvement of Visha in the Immunological disorders	Step 1: Each PG Scholar should be given at least TWO cases of Immunological disorders from OPD / IPD of Agadatantra dept, (if not available, then cases from other OPDs or IPDs of the hospital) and asked to assess the involvement or exposure of visha to find out its role in the manifestation of the condition. Step 2: Then each PG scholars should take proper history by using structured questioners and record involvement or exposure of visha before the manifestation of present Immunological disorders. Step 3: Then each PG scholar should prepare case report and discuss with the teachers or present in the department and discuss about how that exposure to visha might have lead to the present condition. Step 4: Teachers should conclude with remarks and suggestions.
Experiential-Learning 6.2	Assessment of involvement of Visha in	Step 1: Each PG Scholar should be given at least TWO cases with dermal manifestation from OPD / IPD of Agadatantra dept, (if not available, then cases from other OPDs or IPDs of the hospital) and asked to assess the involvement or exposure of visha to find

	Dermal manifestation	out its role in the manifestation of the condition. Step 2: Then each PG scholars should take proper history by using structured questioners and record involvement or exposure of visha before the manifestation of present skin complaints. Step 3: Then each PG scholar should prepare case report and discuss with the teachers or present in the department and discuss about how that exposure to visha might have lead to the present condition. Step 4: Teachers should conclude with remarks and suggestions.
Experiential-Learning 6.3	Assessment of involvement of Visha in Oncological conditions	Step 1: Each PG Scholar should be given at least TWO cases with Oncological conditions from OPD / IPD of Agadatantra dept, (if not available, then cases from other OPDs or IPDs of the hospital) and asked to assess the involvement or exposure of visha to find out its role in the manifestation of the condition. Step 2: Then each PG scholars should take proper history by using structured questioners and record involvement or exposure of visha before the manifestation of present Oncological conditions. Step 3: Then each PG scholar should prepare case report and discuss with the teachers or present in the department and discuss about how that exposure to visha might have lead to the present condition. Step 4: Teachers should conclude with remarks and suggestions. OR If Cancer patients are not available in the college hospital, then the PG scholars can be sent for a short visit to nearby Cancer care centers and asked to assess the involvement of visha in the present condition as explained above in step 2; then in the department step 3 & 4 explained above should be followed.
Experiential-Learning 6.4	Assessment of involvement of Visha in Neurological disorders	Step 1: Each PG Scholar should be given at least TWO cases with Neurological disorders from OPD / IPD of Agadatantra dept, (if not available, then cases from other OPDs or IPDs of the hospital) and asked to assess the involvement or exposure of visha to find out its role in the manifestation of the condition. Step 2: Then each PG scholars should take proper history by using structured questioners and record involvement or exposure of visha before the manifestation of present Neurological disorders. Step 3: Then each PG scholar should prepare case report and discuss with the teachers or present in the department and discuss about how that exposure to visha might have lead to the present condition. Step 4: Teachers should conclude with remarks and suggestions.
Experiential-Learning 6.5	Assessment of involvement of Visha in Reproductive and Genetic disorders.	Step 1: Each PG Scholar should be given at least TWO cases with Reproductive and Genetic disorders from OPD / IPD of Agadatantra dept, (if not available, then cases from other OPDs or IPDs of the hospital) and asked to assess the involvement or exposure of visha to find out its role in the manifestation of the condition. Step 2: Then each PG scholars should take proper history by using structured questioners and record involvement or exposure of

		visha before the manifestation of present Reproductive and Genetic disorders. Step 3: Then each PG scholar should prepare case report and discuss with the teachers or present in the department and discuss about how that exposure to visha might have lead to the present condition. Step 4: Teachers should conclude with remarks and suggestions.

Modular Assessment

Assessment method	**Hour**
Instructions—Conduct a structured modular assessment. The assessment will be for 25 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. • Five short answer questions on the role of visha in the manifestation of immunological, oncological, dermatological, neurological, reproductive and genetic pathologies - 25 Marks Or • Case based assessment or scenario based assessment on the role of visha in the manifestation of immunological, oncological, dermatological, neurological, reproductive and genetic pathologies - 25 Marks (Students may alternatively asked to give oral/ poster presentations on the understanding of present day etiology in the Agadatantra perspective with special reference to the immunological, oncological, dermatological, neurological, reproductive and genetic diseases - 25 Marks) Or Any practical in converted form can be taken for assessment. (15 Marks) and Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (10 Marks)	2

Module 7 : Visha Lakshana Sammuchaya

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

1. Identify the clinical signs and symptoms associated with toxidromes.
2. Describe the underlying pathophysiological mechanisms that result in the characteristic presentation of each toxidrome.
3. Differentiate between different toxidromes based on clinical examination, history and laboratory findings.
4. Discuss appropriate preventive measures and management strategy for toxidromes.

Unit 1 Visha Lakshana Sammuchaya

Introduction to Toxidromes: Definition, classification, and importance of toxidromes in clinical toxicology for identifying poisoning syndromes based on symptom clusters

- Cholinergic Toxidrome.
- Anticholinergic Toxidrome:
- Sympathomimetic Toxidrome.
- Sedative-Hypnotic Toxidrome:
- Opioid Toxidrome.
- Serotonin Toxidrome.

References: 12,13,14,15

3A	3B	3C	3D	3E	3F	3G
CO1,CO2,CO3	Describe Toxidrome and its importance in clinical toxicology	2	Lecture	CC	Knows-how	DIS,FC,L &PPT
CO1,CO2,CO3	Discuss cholinergic and anticholinergic toxidrome.	2	Lecture	CC	Knows-	DIS,FC,L

					how	&PPT
CO1,CO2,CO3	Discuss Sympathomimetic toxidrome.	2	Lecture	CAP	Knows-how	DIS,FC,L &PPT
CO1,CO2,CO3	Describe Sedative-Hypnotic toxidrome	2	Lecture	CC	Knows-how	DIS,FC,L &PPT
CO1,CO2,CO3	Discuss Opioid and Serotonin toxidrome.	2	Lecture	CC	Knows-how	DIS,FC,L &PPT
CO1,CO2,CO3	Identify the clinical signs of specific toxidromes.	5	Practical Training 7.1	PSY-SET	Shows-how	CD,CBL, PT
CO1,CO2,CO3	Demonstrate the skills to administer antidotes for the management of specific toxidrome.	5	Practical Training 7.2	PSY-GUD	Shows-how	DIS,IBL, SIM
CO1,CO2,CO3	Interpret common lab findings associated with specific Toxidromes	4	Practical Training 7.3	PSY-SET	Shows-how	CBL,DL, DIS,LRI
CO1,CO2,CO3	Prepare treatment protocol for specific Toxidromes	6	Practical Training 7.4	PSY-SET	Shows-how	CBL,D-M ,L_VC,SI M
CO1,CO2,CO3	Demonstrate the skills to assess clinical toxidrome	6	Experiential-Learning 7.1	PSY-SET	Shows-how	CD,RP,SI M
CO1,CO2,CO3	Demonstrate the management of clinical toxidrome at emergency department (ED) and intensive care unit (ICU).	10	Experiential-Learning 7.2	PSY-SET	Shows-how	CBL,DIS, FV,RLE
CO1,CO2,CO3	Demonstrate communication skills in community teaching	10	Experiential-Learning 7.3	PSY-SET	Shows-how	DIS,FV,T BL

Practical Training Activity

Practical No	Name	Activity details

Practical Training 7.1	Recognize clinical signs of specific toxidromes.	Step 1: Scholars are posted to hospital set up for minimum 5 real life cases/ simulated cases of clinical toxidromes Step 2: Scholar will practice asking key questions about the substance ingested, timing, and symptoms. Step 3: Scholar will perform a simulated physical examination focusing on specific signs like pupil size, skin moisture, heart rate, respiratory rate, and mental status Step 4: Scholars will present the findings to the emergency medical officer and have a group discussion on the common mistakes occuring during such examinations and its clinical relvance. Step 5: Scholars will reflect on the discussion and write a summary of the experience and submit to the teacher.
Practical Training 7.2	Antidotes in Toxidrome Management	Step 1: Scholares are divided into groups of 2 or 3 and posted to Yogya Skill Labas Step 2: Scholars are given simulated cases of poisoning with their laboratory findings. Step 3: Scholars should identify the specific antidote suitable for the clinical condition and calculate the dose based on patient weight and severity of symptoms. Step 4: Administer the antidote to mannequins using saline vials through appropriate route. Step 5: Scholars should reflect on the experience and the difficulties faced during the manoever Step 6: Discussion and final conclusion by the teacher
Practical Training 7.3	Laboratory Investigations in Toxidromes.	Step 1: students are posted to ED/ICU labs in small groups of 2 or 3 students Step 2: Study lab results such as arterial blood gases (ABGs), electrolyte panels, or toxicology screens provided. Step 3: Identify and interpret key findings, such as metabolic acidosis in methanol poisoning, respiratory acidosis in opioid toxidrome. Step 4: Students present their interpretation on the clinical condition and the line of management to be followed. Step 5: Students reflect on the pitfalls made in assessment and the teacher concludes the session.
Practical Training 7.4	Decontamination and Supportive Care in Toxidromes	Step 1: Post the students to Yogya skill lab in groups of 2 or 3 students Step 2: Practice gastric lavage on mannequins (discuss indications and contraindications). Step 3: Administer simulated activated charcoal using a mannequin or dummy. Step 4: Execute supportive care exercises with the help of a trainer Step 5: Perform under supervision, basic life support (BLS) and advanced cardiovascular life support (ACLS) maneuvers for patients in respiratory distress (e.g., opioid-induced respiratory depression). Step 6: Perform IV insertion and fluid administration using mannequins, focusing on the rapid infusion of fluids in cases of shock (e.g., sympathomimetic toxidrome).

Experiential learning Activity		
Experiential learning No	**Name**	**Activity details**
Experiential-Learning 7.1	Assess clinical toxidrome	Step 1: Students are post in Yogya skill labs in groups of 2 or 3 students Step 2: Students participate in a simulated emergency room scenario using advanced mannequins or simulated patients, actors presenting with an unknown toxidrome (e.g., opioid overdose or sympathomimetic toxidrome). Step 3: Students assume roles such as primary physician, nurse, or emergency technician, where they must collaborate to assess, diagnose, and treat the patient. Step 4: After the simulation, the team debriefs with instructors, reflecting on the actions taken, communication effectiveness, and areas for improvement in managing the toxidrome.
Experiential-Learning 7.2	Emergency management of Toxidromes	Step 1: Students are posted in ED/ICU in small groups of 2 or 3 students Step 2: Students observe the management of patients with suspected or confirmed toxidromes (e.g., opioid overdose, serotonin syndrome). Step 3: Students assist in non-critical aspects of patient care (e.g., history-taking, monitoring vitals) and observe procedures like intubation, gastric lavage, or the administration of antidotes. Step 4: Participate in bedside case discussions with the medical team, focusing on clinical decision-making, patient management, and interdisciplinary communication in acute toxicology cases.
Experiential-Learning 7.3	Communication skills in community teaching	Step 1: Divide students into groups of 2 or 3 Step 2: Students design a community-focused educational program on preventing poisoning, recognizing early signs of common toxidromes, and emergency first aid. Step 3: Students deliver their workshops to community groups, schools, or at public health events. They will also distribute handouts on common household poisons, medication safety, and emergency response steps. Step 4: After the event, students gather feedback from participants and reflect on how effectively they communicated key messages. Step 5: This is followed by a group discussion on the challenges of public health education.

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. • Case presentation on cases/ simulated case/ case scenarios invovlving toxidromes with their diagnosis and management - 20 Marks • Interpretation of laboratory findings of cases/ simulated cases/ case scenarios involving toxidromes - 20 Marks • Long answer question on differential diagnosis of toxidromes - 10 Marks (Alternatively students can be assessed based on community based presentations on household poisons, medication safety, common vegetable poisons - 20 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)	4

Module 8 : Sequential Development and Scope of Agadatantra

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

1. Understand and discuss the important mile stones of Agadatantra.
2. Discuss the contributions of various Ancient Indian Literatures like Veda, Upanishad, Smriti, Koutilya Arthashatra, etc.
3. Analyze various Scientific Databases related to Toxicology and draw inferences for developing research Hypothesis.
4. Analyze and discuss the emerging Academic, Research and Clinical scope of Agadatantra.

Unit 1 Sequential Development of Agadatantra

- Sequential development of Agadatantra
- Academic, clinical and research scope of Agadatantra
- Databases related to toxicology.

References: 9,10,11

3A	3B	3C	3D	3E	3F	3G
CO1,CO4,CO5,CO9	Describe the contributions of various Ancient Indian Literatures like Veda, Upanishad, Smriti, Koutilya Arthashatra, etc.	2	Lecture	CC	Knows-how	BS,DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Discuss important mile stones of Agadatantra.	1	Lecture	CK	Knows-how	BS,DIS,FC,L&PPT
CO1,CO4,CO5,CO9	Analyze and describe the influence of Foreign Invasion on Agadatantra.	1	Lecture	CAN	Knows-how	DIS,FC,L&PPT

						,SDL,TBL
CO1,CO4,CO5,CO9	Describe the method of systematic browsing of Scientific Databases (Pubmed, Scopus & Web of Science) for Toxicology related works.	1	Lecture	CAP	Knows-how	BS,L&PPT,PAL,SDL
CO1,CO4,CO5,CO9	Discuss the Academic Scope of Agadatantra.	1	Lecture	CE	Knows-how	BS,DIS,L&PPT,SDL,TBL
CO1,CO4,CO5,CO9	Identify the Clinical Scope of Agadatantra.	2	Lecture	CE	Knows-how	BS,DIS,FC,L&PPT,PAL,TBL
CO1,CO4,CO5,CO9	Identify and document the research Scope of Agadatantra.	2	Lecture	CAN	Knows-how	BS,DIS,FC,L&PPT,SDL
CO1,CO4,CO5,CO9	Compile and interpret the research scope of Agadatantra by searching Scientific Databases (PubMed, Scopus, Web of Science) for toxicology-related works and frame research Hypotheses.	10	Practical Training 8.1	PSY-SET	Knows-how	BL,D,IBL,JC,TBL
CO1,CO4,CO5,CO9	Interpret etiological factors of contemporary diseases or health issues of current era and discuss the Academic & Clinical scope of Agadatantra.	10	Practical Training 8.2	PSY-SET	Knows-how	BS,DIS,FC,IBL,JC,SDL,TBL
CO1,CO4,CO5,CO9	Determine the contributions of Veda, Upanishad, Smriti, Koutilya Arthashastra, etc. to the filed of Agadatantra.	10	Experiential-Learning 8.1	AFT-VAL	Knows-how	DIS,IBL,JC,LS,PL,TBL
CO1,CO4,CO5	Analyze the sequential development of Agadatantra along with important Milestones and	10	Experiential-	AFT-SET	Knows-	C_L,IBL,

,CO9	create chronological map or chart.		Learning 8.2		how	JC,SDL,TBL
CO1,CO4,CO5,CO9	Evaluate the influence of important Indian Dynasties and Foreign Invasions on Agadatantra.	6	Experiential-Learning 8.3	AFT-RES	Knows-how	DIS,FC,IBL,JC,LS,TBL

Practical Training Activity

Practical No	Name	Activity details
Practical Training 8.1	Research scopes in Agadatantra	Step 1: The teacher should allot specific Scientific databases (Pubmed, Scopus, Web of Science) for browsing Toxicology related works and brief them about how to browse them and generate research hypothesis. Step 2: The scholars should then browse the given Scientific databases for Toxicology related works; critically study them; then discuss among themselves and generate research hypothesis. Step 3: After generating research hypothesis, the scholars should make Presentations in front of teachers and explain the rationale behind the presented Research Hypothesis and discuss the suitable research methods to work on the generated hypothesis. Step 4: The teachers should give feedback on the way data is collected and the rationale that are given by the scholars for various research hypothesis. Also give constructive feedback on suggested research methods.
Practical Training 8.2	Scope of Agadatantra in current era	Step 1: The teacher should assign specific contemporary diseases to scholars and ask the scholar to study their etiology. Step 2: The scholars Should study the assigned diseases in various authentic literatures, case reports, scientific databases (like PubMed, Scopus, Web of Science) focusing on etiology and document them. Step 3: Scholars should then make Presentations about how the document etiology are related to Agadatantra and how we can plan our management, research, etc. to prevent and cure the diseases caused due to the documented etiology. Step 4: Based on the presentations discussion should be made keeping teacher as an expert.

Experiential learning Activity

Experiential learning No	Name	Activity details
Experiential-Learning 8.1	Development of Agadatantra during various periods	Step 1: Scholars should be divided into groups of 2 or 3 Step 2: The scholars should be assigned various Ancient Indian Literatures (one or two per scholar) and the are asked to record contributions of those literatures.

		Step 3: After documenting the contributions the scholars should make presentations in the department and discuss how those contributions have affected Agadatantra and their importance in current era. Note: Ancient Indian Literatures can be printed books or e books or digital documents.
Experiential-Learning 8.2	Milestones in the development of Agadatantra.	Step 1: Scholars are divided into groups of 2 or 3 Step 2: The Scholars should browse through various documents or literatures (Hand copy, soft copy or web browsers) and record sequential development of Agadatantra as per timeline. Step 3: After recording the sequential development of Agadatantra, the scholars should make presentations in the department and discuss how the time shaped Agadatantra and what measures should be taken to mainstream Agadatantra. Note: Literatures means not necessary that they should be printed books, even soft books, review articles, dissertations, thesis works, video documentary, reliable podcasts of historians.
Experiential-Learning 8.3	Historical development of Agadatantra.	Step 1: Scholars should be divided into groups of Two or three members Step 2: Each group should be assigned with Specific Indian Dynasties and are then asked to study the literatures related to those dynasties (As per availablity) and other literatures (As per availablity) of the same period and record their contributions to Agadatantra and state of Agadatantra at those times. Step 3: Then the scholars should document as a compilation work and also make presentations in the department and discuss the same. Note: Literatures means not necessary that they should be printed books, even soft books, review articles, dissertations, thesis works, video documentary, reliable podcastsof historians.

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. • Compilation works on sequential development of Agadatantra during various periods - 20 Marks • Oral presentation on Research / clinical/academic scope of Agadatantra - 10 Marks • Two long answer questions on Research/ Clinical/ Academic scope of Agadatantra - 20 Marks 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)	

Table 4 : Practical Training Activity

Practical No	Practical name	Hours
1.1	Jangama visha adhishthana-Venom delivery system	5
1.2	Identification of Dhatuvisha	5
1.3	Demonstration effect of visha guna on different srotas (Pranavaha, udakavaha, Annavaha, Rasavaha, Raktavaha and Mamsavaha srotas)	10
1.4	Demonstration of effects of Visha guna on different srotas (Medovaha, Majjavaha, Shukravaha, Purishavaha, Mutravha, Swedaovaha srotas)	10
2.1	Chaturvimshati upakrama -Part I	10
2.2	Chaturvimshati Upakrama - Part II	10
2.3	Preparation of diet protocols for visha conditions.	10
3.1	Practicals on resuscitation measures in poisoning	4
3.2	Legal responsibilities in poisoning	1
3.3	Practicals on decontamination methods	5
3.4	Practical training on antidote administration	5
3.5	Practicals on Extrracorporeal techniques	5
4.1	Ethical and legal responsibilities in healthcare	5
4.2	Practical training in reviewing health policies for marginalized communities.	5
5.1	Process of framing and administering the consent.	10

5.2	Critical evaluation of Professional misconduct	10
6.1	Role of visha in Immunological diseases	2
6.2	Role of visha in dermal diseases	2
6.3	Practicals on role of visha in cancer	2
6.4	Role of visha in Neurotoxicity	2
6.5	Role of visha in reproductive and genetic toxicities	2
7.1	Recognize clinical signs of specific toxidromes.	5
7.2	Antidotes in Toxidrome Management	5
7.3	Laboratory Investigations in Toxidromes.	4
7.4	Decontamination and Supportive Care in Toxidromes	6
8.1	Research scopes in Agadatantra	10
8.2	Scope of Agadatantra in current era	10

Table 5 : Experiential learning Activity

Experiential learning No	Experiential name	Hours
1.1	Identification of Vanspatika visha	5
1.2	Histochemical staining of toxic principles in various parts of plant poisons.	5
1.3	Wet preservation of Vanspatika visha (Vegetable poisons).	5
1.4	Visha vardhaka bhava in current scenario.	7
1.5	Interpretation of the pathophysiolgical effect of visha vardhaka bhava.	8
1.6	Identification and analysis of visha vardhak bhava in IPD admitted poisoning cases.	9
2.1	Chaturvimshati Upakrama - I.	10
2.2	Chaturvimshati upakrama - II	10
2.3	Chaturvimshati Upakrama - III	10
2.4	Pathya-Apathya in Visha.	9
3.1	Practical training in legal procedures and responsibilities in poisoning	2
3.2	Practicals on Patient assessment and resuscitation	7
3.3	Diagnosis of Poisoning	7
3.4	Practical training on antidote administration	3
3.5	Practical training on Extracorporeal techniques	7
4.1	Health policies for marginalized communities	3
4.2	Responsibilities in public health emergencies	10
5.1	Effective communication in Medical Practice	10

5.2	Disclosure of truth to patients	8
5.3	Ethics in practice	8
6.1	Assessment of involvement of Visha in the Immunological disorders	2
6.2	Assessment of involvement of Visha in Dermal manifestation	3
6.3	Assessment of involvement of Visha in Oncological conditions	4
6.4	Assessment of involvement of Visha in Neurological disorders	2
6.5	Assessment of involvement of Visha in Reproductive and Genetic disorders.	2
7.1	Assess clinical toxidrome	6
7.2	Emergency management of Toxidromes	10
7.3	Communication skills in community teaching	10
8.1	Development of Agadatantra during various periods	10
8.2	Milestones in the development of Agadatantra.	10
8.3	Historical development of Agadatantra.	6

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-AB-AT	1	100	200	300

6 B : Scheme of Assessment (Formative and Summative Assessment)

Credit frame work

AYPG-AB-AT consists of 8 modules totaling 16 credits, which correspond to 480 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 II.

6 C : Semester 2 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
M1. Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)	3	90		75		
M2. Visha Upakrama and Pathya-apathya.	3	90		75		
M3. Atyayika Visha Chikithsa Krama (Emergency Management of Poison)	2	60		50		
M4. Regulations of Ayurevda Practice	1	30		25		
M5. Chikitsa Neeti	2	60		50		
M6. Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)	1	30		25		
M7. Visha Lakshana Sammuchaya	2	60		50		
M8. Sequential Development and Scope of Agadatantra	2	60		50		
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

A S.No	B Module number and Name	C MGP
1	M1.Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)	C1
2	M2.Visha Upakrama and Pathya-apathya.	C2
3	M3.Atyayika Visha Chikithsa Krama (Emergency Management of Poison)	C3
4	M4.Regulations of Ayurevda Practice	C4
5	M5.Chikitsa Neeti	C5
6	M6.Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)	C6
7	M7.Visha Lakshana Sammuchaya	C7
8	M8.Sequential Development and Scope of Agadatantra	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-AB-AT
Sem II

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
(M-1)Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology) (Marks: Range 5-15)				
1	**(U-1)** Moulik Siddhanta of Agadatantra (Fundamentals of Clinical Toxicology)	No	Yes	Yes
2	**(U-2)** Visha vega and Vishavardhaka bhava	No	Yes	Yes
(M-2)Visha Upakrama and Pathya-apathya. (Marks: Range 5-20)				
1	**(U-1)** Visha Upakrama and Pathya-apathya.	Yes	Yes	Yes
2	**(U-2)** Pathya-apathya in Visha	No	Yes	Yes
(M-3)Atyayika Visha Chikithsa Krama (Emergency Management of Poison) (Marks: Range 5-20)				
1	**(U-1)** Resuscitation procedures	Yes	Yes	Yes
2	**(U-2)** Decontamination procedures	Yes	Yes	Yes
3	**(U-3)** Antidotes	Yes	Yes	Yes
4	**(U-4)** Extracorporeal techniques	Yes	Yes	Yes
(M-4)Regulations of Ayurevda Practice (Marks: Range 5-15)				
1	**(U-1)** Regulation of Ayurveda Practice and Ethics	No	Yes	Yes
2	**(U-2)** Health Rights of vulnerable Populations	No	Yes	No
3	**(U-3)** Public Health Emergencies and the Constitution	No	Yes	No
(M-5)Chikitsa Neeti (Marks: Range 5-15)				
1	**(U-1)** Chikitsa Neeti	No	Yes	Yes
(M-6)Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies) (Marks: Range 5-15)				
1	**(U-1)** Nidanarthaka samprapti of Visha (Role of Visha in different systemic pathologies)	No	Yes	Yes
(M-7)Visha Lakshana Sammuchaya (Marks: Range 5-20)				
1	**(U-1)** Visha Lakshana Sammuchaya	Yes	Yes	Yes
(M-8)Sequential Development and Scope of Agadatantra (Marks: Range 5-10)				
1	**(U-1)** Sequential Development of Agadatantra	No	Yes	No

6 G : Instruction for the paper setting & Blue Print for Summative assessment (University Examination)

Instructions for the paper setting.

1. 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. Use the Blueprint provided in 6G or similar Blueprint created based on instructions 1 to 7

6 H : Distribution of Practical Exam (University Examination)

S.No	Heads	Marks
1	Long case on Sarpavisha/ Dusha visha/ Gara visha/ Dermatological manifestations of visha or any other clinical manifestations of visha or any case scenario/ simulated case. Detailed case taking and examination: Detailed history of presenting complaints, history of past illness, treatment history, family history, Diet analysis for identifying viruddha if any, Ayurveda pareeksha - Dasavidha and Ashtasthana pareeksha, Analysis of visha: Sthavara, Jangama, Dushivisha, Kritrima visha or Vishopama samprapti from Viruddha or Ama visha, diagnosis and treatment plan. Assessment and Mark distribution: a) Eliciting detailed history of the patient: [20 Marks] b) Dasavidha and Ashtasthana pareeksha: [10 Marks] c) Identification of Visha bheda with justification and diagnosis [15 Marks] d) Treatment plan with correct choice of procedures with medicine [15 Marks] e) Advising proper Pathya and Apathya [10 Marks] f) Bedside communication skills [10 marks] Or Procedure evaluation of Gastric lavage/ CPR or any extracorporeal technique on patients or simulated cases Students are given a brief case history of poisoning on which they are asked to examine the patient/ mannequin for the indication of a specific major procedure. They are asked to perform the procedure on the patient/ mannequin based on the accepted procedure for the same. Assessment and Mark distribution: a) Evaluation of the patient/ mannequin in assessing the indication for the procedure (10 Marks) b) Evaluation of the patient/ mannequin and in ensuring all the prerequisites for performing the procedure (20 Marks) c) Steps followed in the procedure (20 Marks) d) Post- procedure evaluation of the patient/ mannequin and other medical/ medico-legal requirements (20 Marks)	80

	e) Viva and communication skills (10 Marks)	
2	1) Short Case taking on Keeta visha like Kanabha (Wasp) and Makshika (Bee) visha, specific cases related to contact poisoning in patients/ simulated cases/ case scenarios. Students should take the case history and are asked to perform specific examination, treatment plan, specific Agada formulation to be used in the case or investigatory procedures. (20 Marks) Assessment and Mark distribution a) Eliciting case history and examination and diagnosis (10 Marks) b) First-aid measures to be adopted, treatment plan and selection of medicines (10 Marks) 2) Minor Procedure (20 Marks) Students are asked to perform Twenty minute Whole Blood Clotting Test (20 WBCT) or Perform histochemical analysis on given sections of plant specimen Assessment and Mark distribution a) Preparatory procedures (5 Marks) b) Main procedure (10 Marks) c) Result and its interpretation (5 Marks) 3) Spotters (20 Marks) Total Ten spotters containing two marks each on Sthavara, Jangama, Kritrima visha, Medico-legal documents, Agada formulations, toxidromes and chikitsa neethi. Assessment and mark distribution should be based on multiple sub-questions of minimum three. Mark distribution should be based on the content and level of critical thinking involved.	60
3	Viva voce (40 Marks) Two examiners asking open ended questions for 20 marks eac	40
4	Log Book Assessment (10 Marks) 1. Competencies achieved after each module - 2 Marks	10

	2. Psychomotor skill development and communication skill - 2 Marks 3. Collaborative learning and peer-to-peer interaction - 2 Marks 4. Field visits and community experience - 2 Marks	
5	Practical Records	10
Total Marks		**200**

Reference Books/ Resources

03_Agadatantra

Click here to access References and Resources

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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