

Curriculum for MD/ MS Ayurveda
(PRESCRIBED BY NCISM)

अभ्यासात्प्राप्यते दृष्टिः कर्मसिद्धिप्रकाशिनी ।

Semester II

Applied Basics of Manasaroga and Manovijnana
(Ayurveda Psychology and Psychiatry)
(SUBJECT CODE : AYPG-AB-MN)

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



आयुषे सर्वलोकानाम्



Competency

Copability

SKILLS

Skill
Training



PREFACE

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

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

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

INDEX

Summary & Credit Framework	4
Course Code and Name of Course	6
Table 1 : Course learning outcomes and mapped Program learning outcomes	6
Table 2 : Course contents (Modules- Credits and Notional Learning Hours)	7
Table 3 : Modules - Unit - Module Learning Objectives and Session Learning Objective- Notional Learning Hours- Domain-Level- TL Methods	14
Table 4 : Practical Training Activity	71
Table 5 : Experiential learning Activity	73
Table 6 : Assessment Summary: Assessment is subdivided in A to H points	75
6 A : Number of Papers and Marks Distribution	75
6 B : Scheme of Assessment (Formative and Summative Assessment)	75
6 C : Calculation Method for Modular Grade Points (MGP)	75
6 D : Semester Evaluation Methods for Semester Grade point Average (SGPA)	77
6 E : Question Paper Pattern	77
6 F : Distribution for summative assessment (University examination)	79
6 G : Instruction for the paper setting & Blue Print for Summative assessment (University Examination)	80
6 H : Distribution of Practical Exam (University Examination)	81
Reference Books/ Resources	84
Abbreviations	85

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 Manasaroga and Manovijnana (AYPG-AB-MN)

Summary & Credit Framework

Semester II

Module Number & Name	Credits	Notional Learning Hours	Maximum Marks of assessment of modules (Formative assessment)
M1. Manovijnana (Introduction to Fundamental Principles of Indian and Western Psychology)	2	60	50
M2. Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes and Introduction to Applied Neurophysiology)	3	90	75
M3. Manorogapareeksha Vidhi, Satva Pareeksha, Manasaroga Nidana Evam Samprapti (Orientation to Psychiatric Case Taking and Overview of Psychopathology in Ayurveda)	3	90	75
M4. Manasaroga Vargeekarana Evam Bhootagraha, Bala-Vrudha-Yosha Manovijnana (Classification of Manasaroga, Overview of Bhootagraha, Child-Adolescent Psychology and Women's Psychology)	3	90	75
M5. Manomaapaka Upakarana Evam Manodaihiki Vyadhi (Diagnostic Tools, Psychometric Tests, Psychosomatic Disorders) and the concept of Liaison Psychiatry	3	90	75
M6. Manasaroge Samanya Chikitsa Siddhanta (General Principles of Management in Manasa Roga)	2	60	50
	16	480	400

Credit frame work

AYPG-AB-MN consists of 6 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-MN	Applied Basics of Manasaroga and Manovijnana

Table 1 : Course learning outcomes and mapped Program learning outcomes

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

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

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	<p>M-1 Manovijnana (Introduction to Fundamental Principles of Indian and Western Psychology)</p> <p>The module provides an overview of Manas (mind and psychological processes) in the six schools of Indian philosophy, known as Shad Darshanas. It explores the concept of Manas from the Vedas and Upanishads and their effects on mental health and spiritual well-being. Additionally, the module outlines the history of Western psychology, various schools of thought, and psychiatric evolution in India and highlights theories on personality and their relevance to human behaviour.</p> <p>• M1U1 Fundamental Concepts of Manovijnana (Indian Psychology)</p> <ol style="list-style-type: none"> 1. An overview of Manas (mind and psychological processes) in six schools of Indian philosophy, referred to as Shad Darshanas. 2. The contributions of each of the six Darshanas, emphasizing their distinct perspectives on manas and the nature of Jnana (knowledge). 3. The concept of Manas as found in the Vedas and Upanishads. 4. Key concepts of Purushartha (Dharma, Artha, Kama, Moksha/Apunarbhava), Atma, Tridanda, Karma-Karmaphala, and Trividha Eshana. 5. The impact of the philosophical concepts on mental health and spiritual well-being. 	2	10	20	30	60

	<ul style="list-style-type: none"> • M1U2 Fundamental Concepts of Western Psychology <ol style="list-style-type: none"> 1. The history of Western psychology, its various schools of thought, and the evolution of psychiatry in India. 2. The theories on personality and their relevance in understanding human behaviour. 					
2	<p>M-2 Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes and Introduction to Applied Neurophysiology) The module focuses on Mano Niroopana (the concept of mind/psyche) and Mano Vyapara (psychological processes). It covers key constructs, namely Panchabhoutikatva/ Dravyatva, Indreeyatva, and Annamayatva of Manas, Manoguna, Manokarma, Jnanotpatti, Manasika Bhava and the activities of higher functioning domains viz: Dhee, Dhriti, and Smriti. The module addresses the role of Manovaha Srotas in health and disease. It explores the applied basics of psychological processes: cognition, perception, emotion, memory, and consciousness. It introduces to the physiology and types of Nidra and Swapna. The module also examines the applied basics of neurophysiology, with special mention of the neuro-psychiatric axis, the HPA-PNA pathways, and neurotransmitters, and discusses their clinical applications in mental health.</p> <ul style="list-style-type: none"> • M2U1 Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes) <ol style="list-style-type: none"> 1. Panchabhoutikatva/ Dravyatva (elemental nature of mind), Indreeyatva (faculty of perception), and Annamayatva (Physicality/ Corporeality) of Manas. 2. Manoguna (mental attributes), and Mano karma (psychic functions), 3. Jnana Utpatti (cognition), 	3	15	30	45	90

	<p>4. Manasika Bhava (mental dispositions/emotional states)</p> <p>5. Activities of higher functioning domains viz. Dhee (intelligence), Dhruti (self-control/ self-restrain), and Smruti (memory).</p> <p>6. The applied basics of psychological processes viz. cognition, perception, emotion, memory, and consciousness.</p> <p>7. The physiology and types of Nidra (sleep) and Swapna (dreams).</p> <p>• M2U2 Applied Aspects of Manovaha Srotas. Introduction to applied neurophysiology</p> <p>1. The role of Manovaha Srotas in health and disease while differentiating the concepts of Manovaha, Buddhivaha, Chetanavaha, and Samjnavaha Srotas.</p> <p>2. The applied basics of neurophysiology: Neuro psychiatric axis, the HPA pathways and functional neural circuits, the applied basics of neurotransmitters</p> <p>3. The clinical applications of neurophysiological concepts in the context of mental health.</p>					
3	<p>M-3 Manorogapareeksha Vidhi, Satva Pareeksha, Manasaroga Nidana Evam Samprapti (Orientation to Psychiatric Case Taking and Overview of Psychopathology in Ayurveda)</p> <p>The module covers the fundamentals of psychiatric case-taking and applied basics of Samanya Nidana, Lakshana, and Samprapti of Manasa Roga (Etiology- Psychopathology). It emphasizes the significance of history-taking and the application of Trividha, Shad Vidha and Dasavidha Pareeksha emphasizing Satva Pareeksha in psychiatric practice.</p>	3	15	30	45	90

	<p>• M3U1 Manorogapareeksha Vidhi evam Satva Pareeksha (Introduction to Case Taking and Psychiatric Examination)</p> <ol style="list-style-type: none"> 1. Techniques for psychiatric case-taking (Trividha, Shadvidha, Dashavidha Pareeksha emphasizing Satva Pareeksha). 2. Technical terminologies in psychopathology. 3. The application of psychiatric case taking in clinical settings. <p>• M3U2 Samanya Nidana, Lakshana, and Samprapti of Manasa Roga</p> <ol style="list-style-type: none"> 1. An overview of the Samanya Nidana (causative factors), Lakshana/Roopa (symptomatology). 2. Samprapti (disease process) of Manasa Roga. 					
4	<p>M-4 Manasaroga Vargeekarana Evam Bhootagraha, Bala-Vrudha-Yosha Manovijnana (Classification of Manasaroga, Overview of Bhootagraha, Child-Adolescent Psychology and Women's Psychology)</p> <p>The module examines the classification of Manasaroga and introduces the concept of Bhootagraha. It addresses psychological and developmental changes across life stages, including childhood, adolescence, and geriatrics. The module also emphasizes women's psychology.</p> <p>• M4U1 Manoroga Vargeekarana (Classification of Manasaroga)</p> <ol style="list-style-type: none"> 1. An overview of the classification of Manasaroga as per Ayurveda. 2. The contemporary classification system for mental diseases. 	3	15	30	45	90

	<p>• M4U2 Overview of Bhootagraha</p> <ol style="list-style-type: none"> 1. The foundational concepts of Bhutagraha. 2. The associations of Bhutagraha with the incidence of Manasaroga. <p>• M4U3 Introduction to Bala, Vrudha and Yoshita Manovijnana (Childhood-adolescent psychology, Geriatric psychology and Women's psychology)</p> <ol style="list-style-type: none"> 1. The fundamental principles of Developmental Psychology, focusing on human development throughout the lifespan. 2. The examination of theoretical frameworks and significant cognitive, social, emotional, and physical developmental milestones. 3. The psychological development in children, adolescents, women and older adults, incorporating Ayurveda and contemporary perspectives. 					
5	<p>M-5 Manomaapaka Upakarana Evam Manodaihiki Vyadhi (Diagnostic Tools, Psychometric Tests, Psychosomatic Disorders) and the concept of Liaison Psychiatry</p> <p>This module introduces diagnostic tools, psychometric assessments, and discusses on Manodaihiki Vyadhi (Psychosomatic disorders). It also explains the foundational concept of liaison psychiatry. It focuses on the integration of modern diagnostic technologies with Ayurveda diagnostic principles.</p> <p>• M5U1 Manomaapaka Upakarana (Diagnostic and Psychometric Assessment Tools)</p> <ol style="list-style-type: none"> 1. Diagnostic tests, including haematological, biochemical, and serological assessments. 	3	15	30	45	90

	<p>2. Psychometric tools for evaluating mental health.</p> <p>• M5U2 Manodaihiki Vyadhi (Psychosomatic Disorders) and Liaison Psychiatry</p> <ol style="list-style-type: none"> 1. The diagnostic principles of Manodaihiki Vyadhi (psychosomatic disorders). 2. The role of Manoroga Chikitsa in liaison with various specialities. 3. The interrelationship between physical and psychological health 					
6	<p>M-6 Manasaroge Samanya Chikitsa Siddhanta (General Principles of Management in Manasa Roga)</p> <p>The module presents an overview of the management of Manasa Roga, focusing on Dravyabhuta and Adravyabhuta Chikitsa. It covers Shodhana, Shamana, Rasayana, Satvavajaya, and Daivavyapashraya Chikitsa.</p> <p>• M6U1 Samanya Chikitsa of Manasa Roga</p> <ol style="list-style-type: none"> 1. The general management strategies of Manasa Roga and Manodaihika vyadhi 2. Emphasizes the role of Shodhana, Shamana, Rasayana, and Vajikarana therapies. <p>• M6U2 Adravyabhuta Chikitsa (Satvavajaya and Daivavyapasraya Chikitsa).</p> <ol style="list-style-type: none"> 1. The role of Adravyabhoota Chikitsa- emphasizing Satvavajaya (psychotherapy) and Daivavyapashraya chikitsa (spiritual healing). 	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 (D oes/Show s how/K nows ho w/Know)	3G Teaching Learning Methods
Module 1 : Manovijnana (Introduction to Fundamental Principles of Indian and Western Psychology)						
<p>Module Learning Objectives (At the end of the module, the students should be able to)</p> <ol style="list-style-type: none"> Describe the concept of Manas in Darshana Shastra, comprehend on culture driven contexts namely Purushartha (Dharma, Artha, Kama, Moksha/Apunarbhava), Atma, Tridanda, Karma-Karmaphala, and Trividha Eshana; Comprehend on Manasa Prakruti, western psychological theories and theories on Personality. Evaluate the significant contributions of Darshana Shastra to the field of Manovijnana. Analyse Manasa Prakruti. Demonstrate critique skills to appraise Darshana Shastra as forms of argument that explore questions aiming at deepening the understanding of the complexity, richness and diversity in human behaviours; Appraise and explore how theories on Personality can inform personal growth and self-awareness. 						
<p>Unit 1 Fundamental Concepts of Manovijnana (Indian Psychology)</p> <ol style="list-style-type: none"> An overview of Manas (mind and psychological processes) in six schools of Indian philosophy, referred to as Shad Darshanas. The contributions of each of the six Darshanas, emphasizing their distinct perspectives on manas and the nature of Jnana (knowledge). The concept of Manas as found in the Vedas and Upanishads. Key concepts of Purushartha (Dharma, Artha, Kama, Moksha/Apunarbhava), Atma, Tridanda, Karma-Karmaphala, and Trividha Eshana. The impact of the philosophical concepts on mental health and spiritual well-being. <p>References: 2,3,4,10,53,55</p>						

3A	3B	3C	3D	3E	3F	3G
CO1	Describe the conceptual foundations and frameworks in Darshana Shastra related to manas. Explain the transition and evolution of manas and manovyapara across different historical periods.	3	Lecture	CK	Know	FC,L&G D
CO1	Describe the specific cultural concepts, namely Purushartha (Dharma, Artha, Kama, Moksha/Apunarbhava), Atma, Tridanda, Karma-Karmaphala, and Trividha Eshana.	2	Lecture	CK	Know	DIS,FC,L &GD
CO1	Evaluate the significant contributions of Darshana Shastra to the field of Manovijnana.	10	Practical Training 1.1	CE	Knows- how	BS,DIS,L S,PER,PB L
CO1	Justify Darshana Shastra as forms of argument that explore questions aiming at deepening the understanding of the complexity, richness and diversity in human behaviours	4	Experiential- Learning 1.1	CS	Knows- how	BL,BS,DI S,IBL,PL, PBL,SDL
CO1	Integrate cultural constructs such as karma-karmaphala, Dharma-Adharma, and Papakarma to interpret their role as risk factors for guilt mechanisms in the development of Manasaroga.	9	Experiential- Learning 1.2	CS	Knows- how	BL,CBL, DIS,IBL, RLE,SDL

Unit 2 Fundamental Concepts of Western Psychology

1. The history of Western psychology, its various schools of thought, and the evolution of psychiatry in India.
2. The theories on personality and their relevance in understanding human behaviour.

References: 2,3,4,5,6,7,53,55

3A	3B	3C	3D	3E	3F	3G
CO1	Describe the conceptual foundations/frameworks in Western Psychology emphasizing Structuralism and Functionalism, Psychoanalytic theory, Behaviorism, Humanistic psychology and Cognitive psychology	3	Lecture	CC	Know	DIS,L&G D,PER

CO1	Describe Manasa Prakruti, Personality, Characteristics of Personality and comprehend on the five key personality theories focussing on biological, behavioural, psychodynamic, humanistic and trait theory approaches	2	Lecture	CC	Know	DIS,FC,L &GD
CO1	Evaluate the differences in the core concepts of Manovijnana (Indian psychological constructs)	5	Practical Training 1.2	CE	Knows-how	BS,CBL, DIS,LS,PER
CO1	Evaluate Manasa Prakruti and Western psychological theories, theories on personality in understanding human psyche and behaviour.	5	Practical Training 1.3	PSY-ADT	Shows-how	BS,CBL, DIS
CO1	Interpret human behavior by integrating different Western psychological theories to highlight its complexity, richness, and diversity.	4	Experiential-Learning 1.3	CS	Knows-how	BL,BS,IBL,PL,SDL
CO1	Justify the relevance and effectiveness of various personality theories in explaining human behaviour; how theories on personality can inform personal growth and self-awareness.	9	Experiential-Learning 1.4	CS	Knows-how	BL,CBL, DIS,IBL,JC,RLE,SDL

Practical Training Activity

Practical No	Name	Activity details
Practical Training 1.1	Critical Analysis of the contributions of Darshana Shastra to the field of Manovijnana.	<p>10 Hours x 03 Learning Activities.</p> <p>1.1.a. [3 Hours x 1 session, 2 Hr x 1 session]</p> <p>Library session or Group Discussion or Brainstorming, or Presentations for collecting and discussing contextual references from Brihatrayee that cross links Nyaya, Vaisheshika, Sankhya, Yoga, Poorva Meemamsa, Vedanta, Jaina, Bouddha and Charvaka concerning psychological constructs.</p> <p>[Leads: Nyaya – Pramana; Vadamarga; Tantrayukti; 10 Karya Abhinivrutti Ghataka V/s Pareekshya Bhava in Charaka); Vaisheshika - Padartha parichaya); Sankhya - Pramana, Purusha, Parinama vada, Satkarya vada, Triguna; Yoga - Vedana nivrutti marga, Moksha sadhana); Poorva Meemamsa - Achara palana, Purushartha etc; Vedanta - Loka-Purusha Samanya, Pancheekara, Srudhti-Laya, Jeevatma, Moksha etc ; Jaina - Karma, Bandha, Moksha, Jeeva Bahutva, Akasha, Kala, Ahimsa, Dharma-Adharma etc; Bouddha - Kshanabhangura vada, Swabhavo Parama Vada; and Charvaka and contextual references like ‘Sarvam anyat Parityajya Shareeram anuplalayet’]</p>

		<p>1.1.b. [1 Hour session] Debate/Group Discussion on critically evaluating the strengths and limitations of each Darshana Shastra concerning manas and manovyapara.</p> <p>1.1.c. [2 Hours x 2 session] Written assignment/ Summary writing: Divide into three groups and each group shall write a summary on the contribution of a) Nyaya-Vaisheshika, b) Sankhya-Yoga, and c) Vedanta towards formulating a perspective on Manas and Manovyapara; including its key concepts, principles, and contributions to the field of Manovijana ii. Compare and contrast the different Darshana Shastra, highlighting their similarities and differences iii. Discuss between groups, the implications of each Darshana for understanding human behaviour and mental processes.</p>
Practical Training 1.2	Differential understanding of Indian and Western psychological concepts and principles.	<p>5 Hours x 03 Learning Activities</p> <p>1.2.a. [2 Hour x 1 session] Library session/Group Discussion/Brainstorming/Presentations on the key differences in core concepts of Manovijana (Indian psychological constructs) and Western psychological theories in understanding human psyche and behaviour.</p> <p>1.2.b. [1 Hour] Debate/Group Discussion on critically evaluating the strengths and limitations of Indian and western psychological approaches in understanding human behaviour.</p> <p>1.2.c. [2 Hour x 1 session] Written assignment/ Summary writing: i. Divide into three groups and write a summary on any three Western psychological theories (e.g., Psychoanalytic, Behavioral, Humanistic, Cognitive), against Indian psychological approaches including its key concepts, principles, and contributions to the field of psychology, ii. Compare and contrast the theories, highlighting their similarities and differences, iii. Discuss in between groups the implications of each theory for understanding human behaviour and mental processes.</p>
Practical Training 1.3	Case Based Analysis of Manasa Prakruti	<p>5 Hours x 03 Learning Activities</p> <p>1.3.a. [2 Hour x 2 session] Simulated Patients/Patient Interactions/Peer learning and case discussions on premorbid Manasa Prakruti Traits and characters. Observe patients at OPD and note their Manasa Prakruti traits/Characters using developed Manasa Prakruti Checklist.</p> <p>1.3.b.[1 Hour] Group Discussion and Feedback: Facilitate a group discussion on the challenges and opportunities of analyzing Manasa Prakruti at OPD. Provide feedback to students on their analysis and interaction skills.</p>
Experiential learning Activity		

Experiential learning No	Name	Activity details
Experiential-Learning 1.1	Critical appraisal of Darshana Shastra in relation to the advancement of Manovijnana.	04 Hours x 01 Learning Activity [2 Hours x 2 session] Short group discussions/Peer learning/Self-directed learning on i. why multiple perspectives matter to interpreting psychological process and human behaviour; ii. how discussion on Darshana Shastra (historical perspectives) help us to understand the complexity, richness and diversity in human behaviours.
Experiential-Learning 1.2	Application of Darshana Shastra in real world setting / clinical scenarios: Critical Appraisal and Self-Reflection.	09 Hours x 02 Learning Activities. 1.2.a. [3Hours x 1 session; 2Hours x1 session] Logbook activity: Self-reflection on i. How do the different Darshana Shastra contribute to our understanding of human behaviour? ii. What insights do these philosophical traditions offer into the nature of human consciousness, emotions, and actions? iii. How can an understanding of Darshana Shastra inform one's approach to working with individuals from diverse cultural backgrounds? iv. What are the implications of Darshana Shastra Jnana for contemporary mental health practices and research? 1.2.b. [2 Hours x 2 sessions] Case studies: Clinical Observations at OPDs (history taking) on how the cultural perspectives/ views on constructs namely Karma-Karmaphala, Dharma-Adharma, Papakarma, etc reflects as risk factors/ vulnerabilities for guilt mechanisms in the incidence of manasaroga
Experiential-Learning 1.3	A Critical Appraisal of Western Psychological Theories and Theories of Personality in Defining Human Behaviour: Critical Appraisal and Self Reflection	4 Hours x 01 Learning Activity [2 Hours x 2 sessions] Short group discussions/Peer learning/Self-directed learning/Inquiry based learning on i. how discussion on different western psychological theories help us to understand the complexity, richness and diversity in human behaviours.
Experiential-Learning 1.4	Application of Personality theories : Self reflection and Case study analysis	09 Hours x 02 Learning Activity 1.4.a. [2Hrs x 2 sessions] Logbook activity: Self-reflection on i. How do the different theories on personality enhances the understanding of human behaviour, ii. How personality theories can inform personal growth and self-awareness iii. Reflective Journalling on personal

experiences and behaviours, applying personality theories to gain insights.

1.4.b. [3Hours x 1 session; 2Hour x1 session]

Case Study Analysis: Clinical Observations at OPDs (while active history taking) on various observable traits of personality/ mal functioning traits associated with incidence of psychiatric/ psychosomatic disorders.

Modular Assessment

Assessment method

Hour

Instructions—Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C.

Outcome-Based Assessment: 02 Credits x 04 Hours x 50 Marks

Practical Learning Outcome Assessment:

1. Manasa Prakruti Analysis-Personality Assessment: [20 marks x 1 Hour]

Instructions: The Instructor shall provide one clinical case or a simulated clinical scenario (with assessable premorbid traits). The students are instructed to analyse the predominant Manasa Prakruti Characteristics. [10 marks]

The Instructor shall provide a handout of the Personality Inventory for DSM-5 -Short Form (PID-5-SF). The students shall be instructed to assess the personality traits in the given clinical scenarios. [10 marks]

Assessment: Rubrics-based assessment (Interpreting information, Knowledge application, Information recall)

2. Written summary of contributions of Darshana Shastra to the field of Manovijnana: [15 marks x 1 Hour]

Instructions: The students are instructed to apply, analyse, reorganize and summarize the significant contributions of selected Darshana Shastra (any one darshana to a student) to the field of Manovijnana

Assessment: Rubrics-based assessment of Summary Writing (Creative writing skills, Critical thinking- Reasoning skills, Discussion and Conclusion)

3. Structured Viva voce [5 marks x 1 hour]

4.Experiential Learning Outcome Assessment: [10 marks x 1 Hour]Learning Process

1. What did you learn about the importance of studying Darshana Shastra to understand manas and manovyapara? [5 marks]

2. What was the most challenging part while analysing the Manasa Prakruti in real world setting/ clinical scenarios? Why? How did you solve it? [5 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 2 : Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes and Introduction to Applied Neurophysiology)

Module Learning Objectives

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

1. Describe the Svaroopaa, Guna, and Karma of Manas; define Mano Artha and discuss the Indreeya Vyapara and Mano-Vyapara; categorise Manasika Bhava; explain Dhee, Dhruti, and Smruti and detail the physiology of Nidra; Explain Neuro psychiatric axis, the HPA and PNA pathways, and the applied basics of neurotransmitters
2. Critically analyse and clinically co-relate the concepts of Indreeya-Manovyapara, Mano-Artha, Manovaha Srotas and higher mental domains of Dhee, Dhruti and Smruti in real-world scenarios.
3. Justify how perception and cognition are influenced by internal factors (e.g., emotions, motivations, past experiences) and external factors (e.g., environment, culture, social norms); recognise the complex interplay between perception and cognition and how they impact behaviour and decision-making; reflect on one's own perceptual and cognitive biases, developing strategies for mitigating these biases in personal and professional settings.
Analyze how internal and external factors shape perception and cognition, and reflect on personal biases to develop effective mitigation strategies.

Unit 1 Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes)

1. Panchabhoutikatva/ Dravyatva (elemental nature of mind), Indreeyatva (faculty of perception), and Annamayatva (Physicality/ Corporeality) of Manas.
2. Manoguna (mental attributes), and Mano karma (psychic functions),
3. Jnana Utpatti (cognition),
4. Manasika Bhava (mental dispositions/emotional states)
5. Activities of higher functioning domains viz. Dhee (intelligence), Dhruti (self-control/ self-restrain), and Smruti (memory).
6. The applied basics of psychological processes viz. cognition, perception, emotion, memory, and consciousness.
7. The physiology and types of Nidra (sleep) and Swapna (dreams).

References: 1,2,3,4,5,7,15,16,17,18,19,28,55

3A	3B	3C	3D	3E	3F	3G
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CO1	Describe the Panchabhoutikatva/ Dravyatva, Indreeyatva, and Annamayatva of Manas.	1	Lecture	CK	Know	FC,L&G D,PER
CO1	Describe the concept of Triguna and Manas; Comprehend the Anutvam and Ekatvam of Manas and their interrelation with Trigunas (Satva, Rajas, Tamas); Describe Mano Artha and Mano karma.	1	Lecture	CC	Know	FC,L&G D,PER
CO1	Discuss the interaction between Manas and Indriya in terms of cognition and perception; Elaborate on Indreeya Vyapara and Mano-Vyapara; Define and explain the psychological processes of perception (including attention, memory, language, problem-solving, and decision-making), and consciousness.	3	Lecture	CC	Know	FC,L&G D,L&PPT ,PER
CO1	Elaborate on Manasika Bhava and categorize the Mansasika Bhava in terms of Triguna; Define and elaborate on Emotions.	1	Lecture	CC	Know	FC,L&G D,PER
CO1	Describe Dhee (intelligence), Dhruiti (self-control/self-restraint), and Smruti (memory). Elaborate on cognition and memory.	2	Lecture	CK	Know	FC,L&G D,PER
CO1	Discuss Nidra, Nidra-Swapna Prakara, Nidrajanaka/Nidranashaka Upaya, the physiological processes involved in sleep, dreaming, and wakefulness, including: the role of neurotransmitters, hormones, brain regions with respect to sleep wake-cycle; discuss the different stages of sleep, including non-rapid eye movement (NREM) and rapid eye movement (REM) sleep and dreams.	2	Lecture	CK	Know	FC,L&G D,PER
CO1	Clinically correlate the concepts of Mano-Artha and Manovyapara with real-world scenarios, recognizing their applications in assessment and diagnosis.	5	Practical Training 2.1	PSY-ADT	Shows-how	BL,CBL, DIS,SIM, TUT
CO1	Evaluate the higher mental domains of Dhee, Dhruiti, Smruti and Jnana utpatti in individuals	5	Practical Training 2.2	CE	Shows-how	BL,DIS,P T,SIM,TU T
CO1	Evaluate Manasika Bhava in individuals	5	Practical Training 2.3	PSY-ADT	Shows-how	BL,CBL, DIS,PT,SI

						M,TUT
CO1	Analyse the physiological processes involved in sleep, dreaming and wakefulness including memory consolidation, emotional regulation, and immune function.	5	Practical Training 2.4	PSY-ADT	Shows-how	CBL,DIS, SIM,TUT
CO1	Demonstrate effective communication and interpersonal skills working with individuals to assess and evaluate their higher mental domains of attention, cognition, judgement, and memory.	8	Experiential-Learning 2.1	AFT-CHR	Shows-how	DIS,JC,PL,RP,SDL
CO1	Justify the importance of socio-cultural and language competence in assessing and evaluating higher mental domains.	10	Experiential-Learning 2.2	AFT-CHR	Shows-how	DIS,IBL, PL,RP,SDL
CO1	Demonstrate an understanding of emotional experiences by identifying emotional triggers and patterns through interpersonal interactions and reflective practice.	8	Experiential-Learning 2.3	AFT-CHR	Knows-how	DIS,IBL,JC,PL,RP,SDL,TUT

Unit 2 Applied Aspects of Manovaha Srotas. Introduction to applied neurophysiology

1. The role of Manovaha Srotas in health and disease while differentiating the concepts of Manovaha, Buddhivaha, Chetanavaha, and Samjnavaha Srotas.
2. The applied basics of neurophysiology: Neuro psychiatric axis, the HPA pathways and functional neural circuits, the applied basics of neurotransmitters
3. The clinical applications of neurophysiological concepts in the context of mental health.

References: 1,2,3,4,5,6,8,9,10,11,12,14,16,17,19,55

3A	3B	3C	3D	3E	3F	3G
CO1	Describe and differentiate Manovaha, Buddhivaha, Chetanavaha and Samjnavaha srotas with suitable examples	2	Lecture	CC	Know	DIS,FC,L &PPT ,PER
CO1	Discuss the neuropsychiatric axis, including the HPA pathways and functional neural circuits, the applied basics of neurotransmitters.	3	Lecture	CC	Know	DIS,FC,L &PPT

						,PER
CO1	Analyze Manovaha, Buddhivaha, Chetanavaha and Samjnavaha Srotas to functional neural circuits.	5	Practical Training 2.5	CE	Knows-how	BL,CBL, DIS,JC,PL,TUT
CO1	Evaluate the differential involvement of Manovaha, Buddhivaha, Chetanavaha and Samjnavaha Srotas in different clinical scenarios.	5	Practical Training 2.6	CE	Knows-how	CBL,DIS, JC,PL
CO1	Justify how dysregulation of Manovaha related Srotas and functional neural circuits contributes to psychiatric conditions	4	Experiential-Learning 2.4	CE	Knows-how	IBL,LS,PL,SDL
CO1	Evaluate the impact of neural circuit alterations on cognitive, emotional, and behavioural processes in psychiatric conditions.	4	Experiential-Learning 2.5	CE	Knows-how	IBL,JC,LS,PL,SDL
CO1	Evaluate the complexity of neural circuits and their interactions in psychiatric conditions, recognizing the limitations of current knowledge and the need for ongoing learning.	5	Experiential-Learning 2.6	CE	Knows-how	IBL,JC,LS,PL,SDL

Practical Training Activity

Practical No	Name	Activity details
Practical Training 2.1	Practical Application of Mano-Artha and Manokarma.	<p>5Hours x 03 Learning Activities</p> <p>2.1.a. [2Hours x 1 session] Facilitated Group Discussions: Engage students in discussions focused on the practical application of Mano-Artha. Emphasize key steps, including identifying the problem or goal, information gathering, option evaluation, decision-making, and subsequent implementation and evaluation. Examine critical factors that influence decision-making processes, encompassing personal values, biases, cultural and social norms, emotional and cognitive aspects.</p> <p>2.1.b. [2Hours x 1 session] Guided Practice with Simulated Patients/ Case Based Learning: Organize students into small groups and assign each group a clinical scenario involving real cases or simulated patients, such as those with post-stroke conditions, ADHD, Mild Cognitive Impairment, and Parkinson's Disease. Each group will assess decision-making and goal-directed activities by providing a task/ a test judgement scenario. Assess the activity focusing on parameters such as i. attention to the assigned task; ii. the span of concentration; iii. generation of alternative options related to the task; iv. continuous performance until task completion; and v. total duration for the activity.</p>

		<p>2.1.c. [1 Hour]</p> <p>Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges. Discuss the importance of personal values, pre-occupations, cultural and social norms, and emotional /cognitive aspects that could significantly impact the decision making/ goal directed activity skills. Provide constructive feedback to enhance the learning experience.</p>
Practical Training 2.2	Practical Application of Jnana Utpatti and Manovya para	<p>5 Hours x 03 Learning Activities</p> <p>2.2.a. [2 Hour x 1 session]</p> <p>Facilitated Group Discussions: Engage students in discussions focused on the practical application of Jnana Utpatti, the concept of Jnana, Vijanana, Dhee, Dhruti and Smruti. Emphasize key steps, including Attention, Sensory processing, Comprehension and Memory. Examine critical factors that influence learning and cognition encompassing personal values, cultural and social norms, and emotional aspects.</p> <p>2.2.b. [2 Hour x 1 session]</p> <p>Guided Practice with Simulated Patients/ Peer Learning: Organize students into small groups and provide each group with a handout containing cognitive and perceptual exercises. Ask each group to engage in the exercises, which may include tasks assessing attention (tests of alertness/arousal, tests of selective attention, tests of sustained attention, tests of divided attention), Memory (Immediate/Recent/Recent Past; Long term), Language, Problem-solving, and Perception. After Peer learning exercises (30-40 mins), assign each group a clinical scenario involving real cases or simulated patients, such as those with post-stroke conditions, ADHD, Mild Cognitive Impairment, and Parkinson’s Disease. Instruct each group to engage in the regional language/ language comprehended by the subjects and assess their cognition and perception-related parameters.</p> <p>2.2.c. [1 Hour]</p> <p>Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges. Discuss the importance of personal values, pre-occupations, cultural and social norms, and emotional /cognitive aspects that could significantly impact the cognition and perception. Provide constructive feedback to enhance the learning experience.</p>
Practical Training 2.3	Practical Application of Manasika Bhava	<p>5 Hours x 3 Learning Activities</p> <p>2.3.a. [2 Hours x 1 session]</p> <p>Facilitated Group Discussions: Engage students in discussions focused on the practical application of Manasika Bhava [Kama, Krodha, Lobha, Moha, Mada, Matsarya, Shoka etc] and discuss on the interplay between Shareerika Dosha Kopa and Manasika Bhava. Emphasize key steps, including i) Emotion recognition ii) Emotion classification iii) Emotion regulation.</p> <p>2.3.b. [2 Hours x 1 session]</p> <p>Guided Practice with Simulated Patients/ Peer Learning/Video Based Learning: Organize students into small groups and provide</p>

		<p>each group with a handout containing emotion assessment related exercises. Instruct each group to complete the exercises, which may include i) Identifying emotions from facial expressions or scenarios ii) Categorizing emotions into primary or secondary emotions iii) Assessing Emotional Regulation. Ask each group to engage in the exercises, which may include assessing the emotions from given pictures/videos/ peers. After peer learning/video-based exercises, assign each group a clinical scenario involving real cases or simulated patients, such as those with Clinical Depression, Anxiety, Phobic anxiety, and Parkinson's Disease. Instruct each group to engage with the subjects/ keenly observe the facial expressions and speech output to assess the cross-sectional emotional status. Administer the Emotion Regulation Questionnaire [Stanford]</p> <p>2.3.c. [1 Hour]</p> <p>Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges while administering Emotion Regulation Questionnaire (Hawthorne effect). Provide constructive feedback to enhance the learning experience.</p>
Practical Training 2.4	Physiology of Nidra	<p>5 Hours x 03 Learning Activities</p> <p>2.4.a. [2 Hours x 1 session]</p> <p>Facilitated Group Discussions and Video Based Learning: Discuss the importance of Trayopasthambha, Nidra, Nidra Prakara, Swapna Prakara, Nidrajanaka Upaya and the role of Manoguna and Shareerika dosha in influencing the states of consciousness. Engage students in discussions focused on the states of consciousness (Glasgow), circadian rhythm and sleep-wake cycle; dreams highlighting their importance in physiology. Display educative videos and discuss on the physiological processes involved in sleep, dreaming, and wakefulness, including: the role of neurotransmitters, hormones, brain regions with respect to sleep wake-cycle; discuss the different stages of sleep, including non-rapid eye movement (NREM) and rapid eye movement (REM) sleep.</p> <p>2.4.b. [2 Hours x 1 session]</p> <p>Guided Practice: Sleep assessment: Divide students into small groups and provide each group with a case study (real case scenario/ case records/case files) of a psychiatric condition with impaired sleep pattern. Instruct each group to analyse the sleep pattern and quality/extend of sleep using validated sleep assessment tools (e.g. Pittsburgh Sleep Quality Index) in one real case scenario or conduct a pilot observation on different impaired sleep patterns in documented case files (minimum of 5 case file-based observations). Instruct each group to discuss the impact of the sleep on physical and mental health, including memory consolidation, emotional regulation, and immune function.</p> <p>2.4.c. [1 Hour]</p> <p>Guided Discussion and Feedback: Instruct each group to present their respective cases or scenarios and facilitate a class discussion highlighting key insights and challenges while administering sleep assessment tools. Provide constructive feedback to enhance the learning experience.</p>
Practical	Practical Understanding	5Hours x 03 Learning Activities

Training 2.5	of Manovaha and related Srotas	<p>2.5.a. [2 Hours x 1 session] Video Based Learning (Visual aids), Journal Club, Facilitated Group Discussion and Interactions to identify and evaluate Psychopathology as functional neural networks as opposed to brain regions and neurotransmitters with suitable examples.</p> <p>2.5.b. [2 Hours x 1 session] Facilitated Small Group Discussion, Peer Interactions to i) correlate Manovaha Srotas to functional neural circuits, including the default mode network (DMN), the salience network (SN), emotional arousal network and the reward system ii) Buddhivaha Srotas to functional neural circuits, including the central executive network (CEN) and the attention network iii) Samjnavaha and Chetanavaha Srotas to functional neural circuits, including the sensory cortex, the perceptual networks, arousal system (The pons and midbrain, and the paraventricular nucleus in the hypothalamus) and awareness system (The cerebral cortex, the thalamus's intralaminar nuclei (ILN), the default mode network, and the executive control network)</p> <p>2.5.c. [1 Hour] Constructive Feedback: Engage in interactive activities, such as think-pair-share or concept mapping, to promote engagement and reinforce learning.</p>
Practical Training 2.6	Critical Analysis and Case Studies to evaluate Manovaha and related Srotas	<p>5 Hours x 02 Learning Activities</p> <p>2.6.a. [3 Hours x 1 session] Case Study Analysis and Summary Writing: Divide students into three-five pairs/small groups and provide case studies/ published literature on any five clinical scenario such as a) Clinical Depression, b) Dementia, c) Bipolar disorders d) Schizophrenia e) ADHD with definite involvement of neural circuits/ neural pathways. Ask students to critically analyse the case studies and provide a summary on i) the correlations between the Manovaha and related Srotas and functional neural circuits involved in each clinical scenario ii) identify key brain regions and active neurotransmitters in those neural circuits.</p> <p>2.6.b. [2 Hours x 1 session] Constructive Feedback: Engage in interactive activities, such as think-pair-share or concept mapping, to promote engagement and reinforce learning.</p>
Experiential learning Activity		
Experiential learning No	Name	Activity details
Experiential-Learning 2.1	Effective Communication and Interpersonal Skills in	<p>8 Hours x 04 Learning Activities</p> <p>2.1.a. [3 Hours x 1 session] Self-Learning, Interactions, Video Based Learning, Peer assisted Learning, Inquiry based learning to appraise and develop</p>

	Assessing Higher Mental Domains	<p>effective communication and interpersonal skills of active listening, non-verbal communication and keen observation; demonstrate empathy and understanding of individuals' experiences and perspectives, working with individuals to assess and evaluate their higher mental domains of attention, cognition, judgement, and memory.</p> <p>2.1.b. [2 Hours x 1 session] Video Based Learning, Peer Learning to develop skills in opening an interactive session, ice breaking, conducting meaningful interviews and assessments to evaluate higher mental domains. Instruct students to practice conducting interviews in pairs or small groups.</p> <p>2.1.c. [2 Hours x 1 session] Role-Playing and Feedback: Conduct role-playing exercises where students take turns playing the roles of interviewer and interviewee [Assessment of Attention, Memory, Emotions and Sleep Quality]. Provide constructive feedback on students' communication and interpersonal skills, highlighting strengths and areas for improvement.</p> <p>2.1.d. [1 Hour] Self-Reflection, Logbook entry and Debriefing: Have students reflect on their experiences and what they learned from the role-playing exercises. Debrief the class, discussing key takeaways and challenges.</p>
Experiential-Learning 2.2	Recognizing Socio-Cultural and Language Diversity in Higher Mental Domain Evaluations	<p>10 Hours x 03 Learning Activities</p> <p>2.2.a. [3 Hours x 2 session] Self-Learning, Interactions, Peer assisted Learning, Inquiry based learning to i) appraise the importance of socio-cultural and language competence in assessing and evaluating higher mental domains, ii) to analyse the impact of socio-cultural and language factors on higher mental domain evaluations and the need for adapting assessment tools and strategies to accommodate socio-cultural and language diversity, iii) to demonstrate cultural humility and language sensitivity in evaluating higher mental domains across diverse populations.</p> <p>2.2.b. [3 Hours x 1 session] Peer Learning, Small Group Discussions, Role Play: Instruct students to practice conducting interviews related to higher mental domains in any two languages (Any commonly used regional languages/English) in pairs or small groups. Conduct role-playing exercises where students take turns playing the roles of interviewer and interviewee.</p> <p>2.2.c. [1 Hour] Self-Reflection, Logbook entry and Debriefing: Have students reflect on their experiences and what they learned from the role-playing exercises. Debrief the class, discussing key takeaways and challenges.</p>
Experiential-Learning 2.3	Exploring Interpersonal Dynamics and Emotional Intelligence	<p>8 Hours x 04 Learning Activities</p> <p>2.3.a. [2 Hours x 1 session] Self-Learning, Interactions, Peer assisted Learning, Inquiry based learning to appraise, evaluate and demonstrate interpersonal</p>

		<p>dynamics based on prevalent emotional states; demonstrate understanding of individuals' experiences and perspectives, working with individuals to assess and evaluate their emotional regulation.</p> <p>2.3.b. [2 Hours x 1 sessions] Peer Learning and Reflective Journaling to develop skills in conducting meaningful interviews and assessments to evaluate emotional regulation (using validated emotion regulation questionnaires). Instruct students to practice assessment of Emotional regulation in pairs or small groups and instruct students to reflect on their interpersonal dynamics and identify pattern.</p> <p>2.3.c. [2 Hours x 1 session] Video Based Learning, Role-Playing and Feedback: Identify common emotion driven interpersonal conflicts in selected educative videos or conduct role-playing exercises for the assessment of Emotional regulation. Prepare role-playing scenarios that demonstrate common emotion driven interpersonal conflicts. Provide constructive feedback on students' communication and interpersonal skills, highlighting strengths and areas for improvement.</p> <p>2.3.d. [2 Hours x 1 session] Self-Reflection, Logbook entry and Debriefing: Have students reflect on their experiences and what they learned from the role-playing exercises. Debrief the class, discussing key takeaways and challenges.</p>
Experiential-Learning 2.4	Critical Appraisal of Manovaha related Srotas and functional neural circuits in Psychopathology.	<p>4 Hours x 03 Learning Activities</p> <p>2.4.a. [2 Hours x 1 session] Self-directed Learning, Inquiry-Based Learning, Library Sessions, and Peer Interactions to explore the strengths and limitations of the current understanding of the Manovaha-related Srotas (including Manovaha Srotodushti by vikruta dosha manifesting in Manoroga Samprapti) especially highlighting the differences between the other Sthoola Srotas and Srotodushti Prakara.</p> <p>2.4.b. [1 Hour] Self-directed Learning, Inquiry-Based Learning to critically analyse the significance of functional neural circuits in understanding Psychopathology as opposed to isolated brain regions or distinct activity of neurotransmitters.</p> <p>2.4.c. [1 Hour] Reflective Journaling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.</p>
Experiential-Learning 2.5	Critical appraisal of the impact of neural circuit alterations on cognitive, emotional, and behavioural processes	<p>4 Hours x 02 Learning Activities</p> <p>2.5.a. [2 Hours x 1 session] Facilitated Small Group Interactions, Self Directed Learning, Peer Learning, Inquiry Based Learning where students work in small groups and try to match the neural circuits with the corresponding symptoms in five clinical scenarios. Feedback and Debriefing: Facilitate a debriefing session to discuss the relationships between neural circuits and specific symptoms.</p> <p>2.5.b. [2 Hours x 1 session]</p>

		Case Study Analysis: Provide students with a clinical scenario [Leads: A patient with a psychiatric condition with altered cognition/emotional regulation and/or behaviour. Instruct students to reflect and evaluate the potential impact of the key neural circuit alterations on the patient's cognitive, emotional, and behavioural processes. Instruct students to present their evaluation and insights in logbooks.
Experiential-Learning 2.6	Reflective understanding of the complexity of Manovaha and related Srotas and functional neural circuits and their interactions.	5 Hour x 03 Learning Activities 2.6.a. [2 Hours x 1 session] Case study Analysis, Self-directed Learning, Inquiry-Based Learning, Library Sessions, and Peer Interactions: Explore case studies of psychiatric conditions (e.g., depression, anxiety, schizophrenia) that highlight the complexity/ complex interplay of neural circuits. 2.6.b. [2 Hours x 1 session] Self-directed Learning, Inquiry-Based Learning, Library Sessions, and Peer Interactions to explore the contextual references to derive a functional definition for Manovaha-Buddhivaha-Samjnavaha and Chetanavaha Srotas. Develop Samprapti for distinct disorders illustrating distinct Dosha-Srotas involvement. 2.6.c. [1 Hour] Reflective Journalling and Logbooks: Instruct students to reflect and synthesize their learning experience and identify areas for further exploration.

Modular Assessment

Assessment method	Hour
<p>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.</p> <p>Outcome-Based Assessment: 03 Credits x 06 Hours [75 Marks]</p> <p>LAQ 15 marks and SAQ 05 marks [01 Hour]</p> <p>Practical Learning Outcome Assessment:</p> <p>1. Case study analysis of Manoartha-Manokarma [10 marks x 02 Hours]</p> <p>Instruction: Provide one case (Post stroke/ADHD/Parkinson’s Disease/Mild Cognitive impairment/ any psychosomatic disorder, etc.) to each student. Instruct the student to:</p> <p>a) Assess the decision-making, problem solving and goal-directed activities, i., attention to the assigned task; ii. the span of concentration; iii. generation of alternative options related to the task; iv. continuous performance until task completion; and v. total duration for the activity [8 marks]</p> <p>b) Summarize the key findings with justification for the observations. [2 marks]</p>	6

2. Case study analysis of Jnanotpatti-Manovyapara [15 marks x 01 Hour]

Instruction: Provide one case (Post stroke/ADHD/Parkinson's Disease/Mild Cognitive impairment/ any psychosomatic disorder, etc.) to each student and instruct the student to:

- a) Assess attention (tests of alertness/arousal, tests of selective attention, tests of sustained attention, tests of divided attention) [4 marks]
- b) Assess memory (Immediate/Recent/Recent Past; Long term) [3 marks]
- c) Evaluate Language and comprehension [3 marks]
- d) Evaluate Sensory Processing and Perception [3 marks]
- e) Summarize the key findings with justification for the observations. [2 marks]

3. Case study analysis of Manasika Bhava [20 marks x 01 Hour]

Instruction: Provide one case/ clinical scenario involving Clinical Depression, Anxiety, Phobic anxiety, Parkinson's Disease/ any psychosomatic disorder to each student. Instruct students to:

- a) To document the observed facial expressions and speech output. [5 marks]
- b) To infer the affect; the cross-sectional emotional status and identify the predominant Manasika Bhava. [5 marks]
- c) Administer the Emotion Regulation Questionnaire [Stanford] [5 marks]
- d) Summarize the key findings with justification for the observations. [5 marks]

4. Experiential Learning Outcome Assessment: [10 marks x 01 Hour]

Learning Process

1. What did you learn about mano-artha and manokarma dysfunctional states in real world settings/ clinical conditions? [2 marks]
2. What was the most challenging part while analysing manasika bhava in real world settings? Why? How did you solve it? [5 marks]

Application

3. How will you interact/engage with patients differently as a result of learning assessment of Manasika Bhava? [3 marks]

Or

Any practical in converted form can be taken for assessment. (45 Marks)

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (30 Marks)

Module 3 : Manorogapareeksha Vidhi, Satva Pareeksha, Manasaroga Nidana Evam Samprapti (Orientation to Psychiatric Case Taking and Overview of Psychopathology in Ayurveda)

Module Learning Objectives

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

1. Comprehend on different Rogi Pareeksha techniques emphasizing Satva Pareeksha; familiarize with technical terminologies in mental health domains; understand the proper order of domains in Clinical History Taking, Mental Status Examination and Mini Mental Status Examination; comprehend on the Manasaroga Samanya Nidana and Samprapti.
2. Actively engage in case taking; conduct Satva Pareeksha, Mental Status Examination and Mini-Mental Status Examination; summarize the clinical observation into a case study aiding provisional diagnosis (Nidana-Dosha-Dooshya-Bala-Roga Vyavacheda).
3. Justify the importance of history taking in mental health assessment; develop keen observation skills; establish a professional relationship with patients; demonstrate abilities to gather accurate and relevant information from patients; develop active listening, participation, and communication skills that align with ethics, respecting privacy, confidentiality, and patient-caregiver rights.

Unit 1 Manorogapareeksha Vidhi evam Satva Pareeksha (Introduction to Case Taking and Psychiatric Examination)

1. Techniques for psychiatric case-taking (Trividha, Shadvidha, Dashavidha Pareeksha emphasizing Satva Pareeksha).
2. Technical terminologies in psychopathology.
3. The application of psychiatric case taking in clinical settings.

References: 1,9,13,17,21,29,30,31,32,33,35,36,37,38,39

3A	3B	3C	3D	3E	3F	3G
CO2	Differentiate Rogi Pareeksha Techniques: Re-organize different rogi pareeksha techniques, namely shadvidha and dasha vidha pareeksha, emphasizing satva pareeksha.	2	Lecture	CC	Knows-how	DIS,FC,L &GD,PE R

CO2	Enlist the professional techniques (active listening, nonverbal gestures, ethics) in Clinical History Taking.	2	Lecture	CK	Know	DIS,FC,L &GD,PE R
CO2,CO3	Interpret the technical terminologies commonly used to depict mental health and ill health as per Ayurveda and Modern Psychiatry, demonstrating an understanding of the language and concepts used in the field	2	Lecture	CC	Knows-how	DIS,FC,L &GD,PE R
CO2,CO3	Discuss Satva Pareeksha Vidhi (Satva bala assessment/Manasa dosha analysis); Mental Status Examination [MSE] and Mini Mental Status Examination [MMSE]: Understand the proper order of domains and methods of assessment in MSE and MMSE	4	Lecture	CK	Know	DIS,FC,L &GD,PE R
CO2,CO3	Apply Clinical Skills in Case Taking and Examination: Actively participate in case taking demonstrating the ability to gather accurate and relevant information from patients	6	Practical Training 3.1	PSY-ADT	Does	CD,CBL, D-BED,D IS,PAL,P L,PER,T UT
CO2,CO3	Demonstrate competence in conducting comprehensive mental state examinations using principles of Trividha Pareeksha and Dashavidha Pareeksha; Conduct Satva Pareeksha, Mental Status Examination, and Mini-Mental Status Examination; interpret the tools, techniques, and procedures involved for accurately documenting the findings.	6	Practical Training 3.2	PSY-ADT	Does	D-BED,D IS,L_VC, PL,PT,PE R,RP,SIM
CO2,CO3	Apply Clinical Reasoning Skills: Analyse and interpret the results of Satva Pareeksha, Mental Status Examination, and Mini-Mental Status Examination.	8	Practical Training 3.3	PSY-ADT	Does	CD,CBL, DIS,PER
CO5	Demonstrate Interpersonal Communication Skills and establish Professional Rapport.	8	Experiential-Learning 3.1	AFT-CHR	Does	BS,DIS,I BL,JC,L_VC,PL,PS M,PrBL,R LE,RP,SI M
CO5	Demonstrate key psychiatric interviewing skills	10	Experiential-	AFT-	Does	BS,DIS,I

			Learning 3.2	CHR		BL,JC,L_ VC,PL,P BL,PSM, RLE,RP,S IM
CO2,CO5	Justify Patients' rights, Confidentiality, and Ethics in psychiatric interview.	8	Experiential-Learning 3.3	AFT-CHR	Does	BS,DIS,J C,L_VC,P L,PER,PB L,PSM,R LE,RP,SIM

Unit 2 Samanya Nidana, Lakshana, and Samprapti of Manasa Roga

1. An overview of the Samanya Nidana (causative factors), Lakshana/Roopa (symptomatology).
2. Samprapti (disease process) of Manasa Roga.

References: 1,2,3,4,5,6,7,16,17,18,31,32,33,36,39

3A	3B	3C	3D	3E	3F	3G
CO1,CO2,CO4	Describe the General Etiological Factors (Samanya Nidana) of Manasa Roga: Provide a detailed overview of the general causative factors for Manasa Roga, including the involvement of doshas, psychological stressors, and lifestyle factors.	1	Lecture	CK	Know	C_L,L&GD,LS,PER,REC
CO2,CO3,CO4	Identify and enlist the Common Symptoms (Samanya Lakshana): Identify the typical symptoms of Manasa Roga and their variations, along with understanding their clinical significance.	1	Lecture	CK	Know	L&GD,PER,REC
CO1,CO2	Describe the Pathogenesis (Samprapti) of Manasa Roga: Examine the role of manasika doshas (rajas and tamas) and their interaction with shareerika doshas in developing mental disorders.	1	Lecture	CC	Know	C_L,DIS, L&GD,LS,PER,RE

						C
CO2	Analyse and Integrate Concepts for Diagnosis: Acquire knowledge of the conceptual framework for integrating Nidana, Lakshana, and Samprapti with pathological pathways to formulate provisional diagnoses.	2	Lecture	CAN	Knows-how	C_L,FC,L &GD,PE R
CO2,CO3	Demonstrate Skills in Case Taking and Psychiatric History Documentation at Clinical settings: Actively participate in case taking, demonstrating the ability to gather accurate and relevant information to identify causative factors (Nidana) and presenting symptoms (Lakshana).	2	Practical Training 3.4	PSY-ADT	Does	CBL,D,DI S,PT
CO2,CO3,CO4	Conduct Clinical Assessments: Perform structured assessments emphasizing Nidana, Lakshana, and Samprapti, utilizing Ayurvedic diagnostic tools like Trividha Pareeksha and Dashavidha Pareeksha, and accurately document findings. Develop a logical framework for integrating Nidana, Lakshana, and Samprapti to formulate provisional diagnoses.	5	Practical Training 3.5	CS	Does	CBL,D,DI S,PT
CO2,CO4	Apply Analytical and Clinical Reasoning Skills aiding Provisional and Final Diagnosis.	3	Practical Training 3.6	CAP	Does	CBL,D,DI S,PT
CO2,CO3,CO4 ,CO5	Exhibit reflective practice skills, documenting and discussing reflections on case-taking experiences.	3	Experiential-Learning 3.4	AFT-CHR	Shows-how	IBL,JC,P L,RP,SDL ,SIM
CO2,CO3,CO5	Demonstrate critical thinking and problem-solving skills, applying reflections and insights to improve future clinical practice.	3	Experiential-Learning 3.5	AFT-CHR	Shows-how	IBL,JC,R P,SDL,SI M
CO2,CO3,CO5	Demonstrate clinical decision-making skills, engaging in role-play or simulated scenarios to practice ethical communication, keen observation, and clinical decision-making.	3	Experiential-Learning 3.6	AFT-RES	Shows-how	IBL,JC,R P,SDL,SI M
CO3,CO5	Demonstrate adaptability and flexibility, responding to unexpected scenarios and challenges in a simulated clinical environment.	3	Experiential-Learning 3.7	AFT-RES	Shows-how	IBL,JC,R P,SDL,SI M

CO5	Engage in direct interactions with patients, understanding the subjective experience of mental health concerns, and establish empathetic communication.	1	Experiential-Learning 3.8	AFT-CHR	Shows-how	IBL,JC,RP,SDL,SIM
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Practical Training Activity

Practical No	Name	Activity details
Practical Training 3.1	Hands-on training on case-taking in Manasaroga	<p>06 Hours x 03 Learning Activities</p> <p>3.1.a. [3 Hours x 1 session] Video-Based Learning (VBL), Discussion and Practical Demonstration of Trividha and Shadvidha emphasizing Darshana and Prashna Pareeksha in mental health domains: Present a pre-recorded video or live demonstration showcasing the step-by-step process of psychiatric case-taking highlighting: a) the significance of Darshana Pareeksha (keen observation) of psychomotor behaviour cues and non-verbal gestures; b) eliciting methods of collecting key information through active listening and appropriately timed non-judgmental questioning (Prashna Pareeksha)</p> <p>3.1.b. [2 Hours x 1 session] Practicing Guided Responses: Transition from peer learning to guided individual practice: Conduct a minimum of two professional interactions with peers/ healthy volunteers followed by five interactions with patients in OPD as a part of case taking focussing on a) establishing rapport and professional relationship b) initiating semi structured/ leading queries for efficient history taking, c) observing psychomotor behavioural cues, emotional states and speech quality</p> <p>3.1.c. [1 Hour] Group Discussion and Guided Interaction: Each scholar presents their findings, structured under the following heads in one's own words: a) Total duration of interaction with summary of key findings b) General observations on psychomotor behaviour and speech output c) Limitation/ Hardships if any. Teachers provide constructive feedback and guide scholars in rectifying major confounds, improving clarity, and refining their approach.</p>
Practical Training 3.2	Clinical Competence in conducting Satva Pareeksha	<p>06 Hours x 03 Learning Activities</p> <p>3.2.a. [3 Hours x 1 session] Video-Based Learning (VBL), Discussion and Practical Demonstration of Dasha Vidha Pareeksha emphasizing Satva Pareeksha, MSE and MMSE Present a pre-recorded video or live demonstration showcasing the step-by-step process of a) general clinical examination wrt Shadvidha/ Ashwathama/Dashavidha pareeksha; b) Satva pareeksha with available satva assessment tools/ rajas tamas rating</p>

		<p>scales and questionnaires; c) assessment methods in Mental Status Examination; d) assessment methods/ tools in Mini Mental Status Examination.</p> <p>3.2.b. [2 Hours x 1 session] Practicing Guided Responses: Transition from peer learning to guided individual practice: Conduct a minimum of two professional interactions as a part of satva pareeksha; MSE; MMSE in healthy volunteers/ peers: followed by five interactions with patients in OPD. Methods of Practical Sessions: Role-Playing/ Peer Learning: Students practice conducting Mental Status Examinations on each other, taking turns as the examiner and the patient; Simulated Patients: Students practice conducting Satva Pareeksha, MSE, MMSE on simulated patients, such as trained patient simulators; Real Patients: Students practice conducting Satva Pareeksha, MSE, MMSE on real patients, under the supervision of an instructor.</p> <p>3.2.c. [1 Hour x 1 session] Peer Feedback, Group Discussion and Guided Interaction Each scholar presents their findings, structured under the following heads a) Summary on dashavidha pareeksha; b) Grading of satva c) MSE; d) MMSE; e) Limitation/ Hardships if any. Instructor feedback and Debriefing: Teachers provide constructive feedback and guide scholars in rectifying major confounds, improving clarity, and refining their approach.</p>
Practical Training 3.3	Rogi Pareeksha Vidhi: Case-Based Learning	<p>08 Hours x 02 Learning Activities</p> <p>3.3.a. [2 Hours x 3 sessions] Case Presentations/ Case based Study: Each scholar presents their examination findings (minimum of 1 case presentation) under structured headings: i. The Clinical Interview [Mode of referral, Meeting the patient, Time taken to establish a professional rapport, Languages used for communication, credibility and reliability of the communication, presence of a nearest relative/ caregiver, emergency/ tendencies if any] ii. Organization of the Shadvidha/Ashtasthana/Dashavidha Pareeksha (General Examination findings emphasizing prakruti-dosha-dhatu-koshta-agni-bala-kala- analysis) and Satva Pareeksha (Psychiatric history taking content, satva bala and manasika dosha analysis) Key conclusions and deductions.</p> <p>3.3.b. [2 Hours x 1 session] Group Discussion, Instructor/ Teacher Feedback and Debriefing: Teachers provide feedback on their methods and guide them to refine techniques; summarize their clinical experience, noting challenges, corrections and key takeaways.</p>
Practical Training 3.4	Practical Application of Clinical Skills in Manasa Roga Diagnosis	<p>03 Hours x 01 Learning Activities</p> <p>[3 Hours x 1 session] Practice Session: Students perform systematic history-taking on patients visiting OPD/IPD aiding provisional diagnoses and Final Diagnosis [a minimum of 03 cases]. Instructor feedback is provided based on a checklist evaluating thoroughness, communication,</p>

		and adherence to Ayurvedic principles. Instructor provides corrective guidance and emphasizes common pitfalls.
Practical Training 3.5	Clinical Skills in Psychiatric Case Taking and History Documentation at Clinical Settings.	<p>02 Hours x 02 Learning Activities</p> <p>3.5.a. [1 Hour] Group Discussion, Interactions: The instructor elucidates the significance of case-taking within the context of Ayurveda, emphasizing the differential identification of Nidana (causative factors) and Lakshana (presenting symptoms); the components of patient history, including personal, familial, and psychosocial aspects and the clinical relevance of summarizing the Nidana Panchaka. The instructor provides examples/case scenarios to explain the relevance of history-taking in understanding/screening Manasa Roga. The instructor provides information on the importance of accurate/comprehensive documentation of psychiatric history to face real-world clinical challenges like misdiagnosis or incomplete assessments.</p> <p>3.5.b. [1 Hour] Observation-Based Demonstration: Instructor demonstrates a mock case-taking session, highlighting effective communication, question framing, and observing non-verbal cues. Students observe the session, noting key aspects such as rapport building, and sequencing of leading questions. The students are then introduced to case record proforma/case sheets recording history.</p>
Practical Training 3.6	Structured Clinical data Presentation and Analysis aiding Samprapti and Provisional Diagnosis	<p>05 Hours x 05 Learning Activities</p> <p>3.6.a. [1 Hour] Small group Discussion: The instructor distributes case studies/ case records/case files to small groups. The students in small groups familiarize themselves with the case format: Understand the structure and content of the case study, including patient history, symptoms, and test results.</p> <p>3.6.b. [1 Hour] Case Analysis by small group discussions: The students comprehend upon and analyse the case study: Carefully read the case study, identifying key information, symptoms, and test results.</p> <p>3.6.c. [1 Hour] Group Discussions, Interactions: Students identify relevant psychological and psychiatric concepts: Apply theoretical knowledge to the case study, recognizing relevant concepts, theories, and models.</p> <p>3.6.d. [1 Hour] Establish a provisional diagnosis: Use analytical and clinical reasoning skills to formulate a provisional diagnosis as per Ayurvedic and conventional standards, considering multiple possibilities and ruling out alternative explanations. Group Discussion: Present and discuss provisional diagnoses with instructors and peers, justifying reasoning and considering alternative perspectives.</p> <p>3.6.e [1 Hour] Engage in constructive debate and feedback: Engage in debate, providing and receiving feedback on provisional diagnoses and</p>

analytical reasoning.
 Refine and revise provisional diagnoses: Based on group discussion and debate, refine and revise provisional diagnoses, incorporating new insights and perspectives.

Experiential learning Activity

Experiential learning No	Name	Activity details
Experiential-Learning 3.1	Interpersonal Communication Skills and Professional Rapport	08 Hours x 04 Learning Activities 3.1.a. [3 Hours x 1 session] Role Play, Simulated Patients, Video Based Learning, IBL, PBL to demonstrate effective interpersonal communication skills: Establish professional rapport with patients, families, and healthcare teams, using verbal and nonverbal communication techniques. 3.1.b. [2 Hours x 1 session] Small group Discussion, Peer learning, BS, PBL, IBL, Interactions patients to internalise the use empathetic and respectful language: Communicate in a manner that is empathetic, respectful, and sensitive to patients' cultural backgrounds and individual needs. 3.1.c. [2 Hours x 1 session] Role Play, Peer Interactions, Patient interactions at clinical setting to develop a professional demeanour: Display a professional demeanour, including maintaining appropriate boundaries, being punctual, and dressing professionally. 3.1.d. [1 Hour] Logbooks/Reflective Journaling: Students maintain a logbook, documenting their experiences, challenges, and insights in developing professional communication skills.
Experiential-Learning 3.2	Key psychiatric interviewing skills	10 Hours x 04 Learning Activities 3.2.a. [3 Hours x 1 session] Video Based Learning, Role Play, Peer Interactions, Simulated Patients, Patient interactions at clinical setting to conduct effective clinical interactions: Demonstrate keen observation skills, active listening, and nonverbal gestures to gather credible, reliable, accurate and relevant information from patients. 3.2.b. [2 Hours x 1 session] Video Based Learning, Role Play, Peer Interactions, Simulated Patients, Patient interactions to identify emergency situations and tendencies: Recognize potential emergency situations and tendencies, such as suicidal ideation or psychotic episodes, and respond

		<p>appropriately.</p> <p>3.2.c. [3 Hours x 1 session] Video Based Learning, Role Play, Peer Interactions, Simulated Patients, Patient interactions to employ open-ended or timely semi structured questions to encourage patients to share their concerns, thoughts, and feelings.</p> <p>3.2.d. [2 Hours x 1 session] Logbooks/Reflective Journaling: Students maintain a logbook, documenting their experiences, challenges, and insights on key professional interviewing skills</p>
Experiential-Learning 3.3	Patients' rights, Confidentiality, and Ethics in psychiatric interview	<p>08 Hours x 04 Learning Activities</p> <p>3.3.a. [2 Hours x 1 session] Role Play, Peer Interactions, Simulated Patients, Patient interactions or Small group discussions to demonstrate an understanding of patients' rights and dignity including the right to confidentiality, autonomy, and informed consent.</p> <p>3.3.b. [2 Hours x 1 session] Role Play, Peer Interactions, Simulated Patients, Patient interactions or Small Group Discussions to comprehend on maintaining confidentiality: Maintain confidentiality of patient information, including medical records, test results, and personal communications.</p> <p>3.3.c. [2 Hours x 1 session] Role Play, Peer Interactions, Simulated Patients, Patient interactions or Small Group Discussions to apply ethical principles: Apply ethical principles, such as beneficence, and non-maleficence to guide decision-making and behaviour in clinical practice.</p> <p>3.3.d. [2 Hours x 1 session] Logbooks/Reflective Journaling: Students maintain a logbook, documenting their experiences, challenges, complexities and insights of maintaining confidentiality and upholding ethical standards in psychiatric history taking.</p>
Experiential-Learning 3.4	Reflective Practice, Simulation and Patient Interaction.	<p>03 Hours 01 Learning Activity [3 hours x 1 session] Reflective Journalling: Develop reflective practice skills, documenting and discussing reflections on case-taking experiences. Analyse challenges and insights gained in identifying Nidana, Lakshana, and Samprapti in Manasaroga. Recognize the importance of self-reflection and self-awareness in clinical practice, identifying personal and professional growth areas.</p>
Experiential-Learning 3.5	Critical thinking and Problem-solving techniques through Reflective Practice,	<p>03 Hours 01 Learning Activity [3 hours x 1 session] Inquiry-Based Learning, Self-Directed Learning, Peer Learning: Foster critical thinking and problem-solving skills, applying reflections and insights to improve future clinical practice. Develop the ability to analyse complex clinical cases, identifying</p>

	Simulation and Patient Interaction.	patterns and connections between symptoms and underlying causes as per Ayurvedic and conventional standards of Psychiatry. Recognize the importance of ongoing learning and professional development in maintaining clinical competence.
Experiential-Learning 3.6	Clinical Decision-making skills through Reflective Practice, Simulation and Patient Interaction.	03 Hours 01 Learning Activity [3 hours x 1 session] Simulate Real-World Scenarios: Develop clinical decision-making skills, engaging in role-play or simulated scenarios to practice ethical communication, keen observation, and clinical decision-making. Practice applying theoretical knowledge to real-world scenarios, recognizing the complexities and nuances of clinical practice.
Experiential-Learning 3.7	Subjective experience of mental health concerns through Reflective Practice, Simulation and Patient Interaction.	01 Hour 01 Learning Activity [1 hour x 1 session] Integration and Reflection: Integrate theoretical knowledge with practical experience, recognizing the importance of ongoing learning and professional development in maintaining clinical competence. Reflect on the experiential learning experience, identify strengths and weaknesses, and develop strategies for future growth and development.
Experiential-Learning 3.8	Adaptability and Flexibility in Case Taking through Reflective Practice, Simulation and Patient Interaction.	03 Hours 01 Learning Activity [3 hours x 1 session] Engage in Patient Interactions-Based Learning: Participate in direct interactions with patients, understanding the subjective experience of mental health concerns. Develop adaptability and flexibility, responding to unexpected scenarios and challenges in a simulated clinical environment. Practice empathetic communication, recognizing the importance of patient-centred care in Ayurvedic psychiatric clinical practice. Develop the ability to gather accurate and comprehensive patient information using active listening, observation, and relevant/ appropriately timed questioning techniques.

Modular Assessment

Assessment method

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.

Outcome-Based Assessment: 03 Credits x 06 Hours [75 Marks]

LAQ 15 marks and SAQ 05 marks [01 Hour]

Practical Learning Outcome Assessment:

1. Psychiatric history taking: [20 marks x 02 Hours]

Instruction: Provide a psychiatric case to each student and instruct the students to conduct and document a comprehensive history.

Hour

6

- a) Rapport building at bedside/ clinical setting [3 marks]
- b) Use of open ended/ semi structured interactions as applicable and empathetic attitude [3 marks]
- c) Chief complaints and history of present illness, Past psychiatric history, medical history, Family history, Socio-economic-cultural history, Occupational history, Personal history [5 marks]
- d) Satva Pareeksha, Mental status examination, Mini Mental Status examination [5 marks]
- e) Organization and time management [4 marks]

2. Psychopathology Deduction (Samprapti Ghataka Analysis) [ABQ]: [20 marks x 01 Hour]

Instruction: Instruct the students to deduce the psychopathology in the given clinical presentation

- a) Assessing and aligning Nidana (Sannikrushta-Viprakrushta-Vyabhichari-Pradhanika Hetu, Dosha Hetu, Vyadhi Hetu); deducing causative-risk factors, premorbid personality [10 marks]
- b) Deducing Vikruti in terms of Satvabala, Dosha (Shareerika, Manasa), Dooshya, Srotas, Agni, Koshta, Roga Bala, Rogi Bala. [5 marks]
- c) Documenting Nidana Panchaka [5 marks]

3. Structured/Open Viva-Voce [05 marks x 01 Hour]

4. Experiential Learning Outcome Assessment: [10 marks x 01 Hour]

Learning Process

- 1. What did you learn about the importance of systematic psychiatric case taking in real world settings/ clinical conditions? [2 marks]
- 2. What was the most challenging part while psychopathology deduction/ Samprapti Ghataka analysis in real world settings? Why? How did you solve it? [5 marks]

Application

- 3. How will you interact/engage with patients differently as a result of learning case history? [3 marks]

Or

Any practical in converted form can be taken for assessment. (45 Marks)

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (30 Marks)

Module 4 : Manasaroga Vargeekarana Evam Bhootagraha, Bala-Vrudha-Yosha Manovijnana (Classification of Manasaroga, Overview of Bhootagraha, Child-Adolescent Psychology and Women's Psychology)

Module Learning Objectives

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

1. Identify various psychiatric disorders, including their characteristic symptoms, signs, and diagnostic criteria; understand the classification of Manasaroga as per Ayurveda, the classification of Psychiatric disorders under ICD, DSM V and ICD Traditional Medicine (TM); comprehend the concept of Bhootagraha and the fundamental principles of Developmental Psychology.
2. Demonstrate critical thinking and problem-solving skills, analyse complex clinical cases, and apply classification systems to develop accurate and comprehensive diagnostic formulations.
3. Evaluate the importance of diagnosis, identifying and managing co-occurring psychiatric and medical conditions, monitoring patients' symptoms and adjusting diagnostic formulations as necessary. Appraise the psychological transformations that occur throughout various life stages, including childhood, adolescence, geriatric maturity, and womanhood, by integrating Ayurvedic insights and contemporary psychological perspectives.

Unit 1 Manoroga Vargeekarana (Classification of Manasaroga)

1. An overview of the classification of Manasaroga as per Ayurveda.
2. The contemporary classification system for mental diseases.

References: 1,2,3,39,40,41,43,44,45,46,47,48,49

3A	3B	3C	3D	3E	3F	3G
CO1,CO2	Discuss the concepts of Adhyatmika, Adhibhautika, and Adhidaivika Vyadhi in the context of Manasaroga classification. Describe Manasaroga vargeekarana based on Ayurveda parameters and principles.	1	Lecture	CK	Know	DIS,FC,L &GD
CO2,CO3,CO6	Acquaint with the International Classification of Diseases (ICD), ICD TM and Diagnostic	3	Lecture	CK	Know	DIS,FC,L

	and Statistical Manual of Mental Disorders (DSM V) frameworks for classifying mental health related disorders. Explain the relevance of ICD and DSM classifications in mental health practice.					&PPT
CO4	Describe the limitations and challenges of using ICD and DSM classifications in diverse cultural and clinical contexts.	1	Lecture	CK	Know	DIS,FC,L &PPT
CO1,CO2,CO4	Analyse complex clinical cases, identifying key symptoms, signs, and diagnostic criteria [Ayurvedic parameters: Adhyatmika/Adhibhoutika, Adhidaivika; Dosha based classification, Vyavachedaka Nidana Panchaka: Vyadhi Nirnaya].	2	Practical Training 4.1	PSY-ADT	Shows-how	CBL,DIS, JC
CO2,CO3,CO4	Apply classification systems (ICD, ICD TM/DSM) to develop accurate and comprehensive diagnostic formulations.	3	Practical Training 4.2	CAP	Shows-how	CBL,DIS, PER
CO2,CO3,CO4	Demonstrate critical thinking and problem-solving skills for differential and provisional diagnoses, considering multiple diagnostic possibilities and ruling out alternative explanations.	3	Practical Training 4.3	CE	Shows-how	CBL,D,DIS,PER
CO2,CO3,CO4,CO6	Demonstrate the ability to identify co-occurring psychiatric and medical conditions.	2	Practical Training 4.4	CAP	Shows-how	CD,CBL, DIS,PER
CO4	Evaluate the potential biases and issues associated with the use of ICD and DSM classifications, including cultural bias, misdiagnosis, and varying interpretations of symptoms and the importance of cultural sensitivity and awareness.	9	Experiential-Learning 4.1	AFT-RES	Knows-how	DIS,IBL, PL,PBL,SDL
CO4	Establish the limitations and challenges associated with the use of ICD and DSM classifications in diverse cultural and clinical contexts.	2	Experiential-Learning 4.2	CE	Knows-how	DIS,IBL, PL,SDL
CO6,CO8	Justify the importance of interdisciplinary collaboration in identifying and managing co-occurring psychiatric and medical conditions.	2	Experiential-Learning 4.3	AFT-RES	Knows-how	DIS,IBL, PL,PBL,SDL

Unit 2 Overview of Bhootagraha

1. The foundational concepts of Bhutagraha.

2. The associations of Bhutagraha with the incidence of Manasaroga.

References: 1,2,3,39,40,41,42,43,44,45,46,47,48,49

3A	3B	3C	3D	3E	3F	3G
CO1	Define and explain the foundational concepts of Bhootagraha.	1	Lecture	CC	Knows-how	DIS,FC,L &PPT
CO1,CO2	Identify the implications of Bhootagraha for clinical diagnosis and analyze its role in the incidence of Manasaroga.	3	Lecture	CC	Knows-how	DIS,FC,L &PPT
CO1,CO2	Compare and contrast Bhootagraha and contemporary psychiatric perspectives.	1	Lecture	CC	Knows-how	DIS,FC,L &PPT
CO1,CO2	Develop and apply a symptom cluster chart to represent and enable Bhootagraha diagnosis in patients.	3	Practical Training 4.5	PSY-ADT	Knows-how	CD,CBL, DIS,L&G D
CO1,CO2	Analyse case studies and identify symptom clusters of Bhootagraha, differentiating them from other clinical constructs such as dosha unmada.	5	Practical Training 4.6	PSY-ADT	Knows-how	CD,CBL, DIS,PER
CO1,CO2	Correlate and compare Bhootagraha symptom clusters with contemporary psychiatric perspectives.	2	Practical Training 4.7	PSY-ADT	Knows-how	CBL,DIS
CO5	Demonstrate an understanding of the prevalent cultural beliefs and practices (resembling the foundational concept of Graha Avesha) observed among Healthcare Providers in rural settings.	6	Experiential-Learning 4.4	AFT-CHR	Shows-how	BL,BS,F V,PL,PBL ,RLE,SD L
CO1,CO5	Evaluate unusual beliefs and practices and atypical behaviours in patients and their caregivers with psychiatric conditions, using the Graha symptom chart as a framework. Demonstrate practical skills in conducting Knowledge-Attitude-Practices (KAP) surveys and analyzing the results to inform culturally sensitive care.	4	Experiential-Learning 4.5	AFT-CHR	Shows-how	BL,FV,IB L,PL,PBL ,SDL,TB L

CO5,CO6	Establish reflective practice skills, analyzing their experiences and insights gained from interacting with patients, caregivers, and healthcare providers.	3	Experiential-Learning 4.6	AFT-CHR	Shows-how	BL,DIS,I BL,PL,PB L,RLE,S DL,TBL
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Unit 3 Introduction to Bala, Vrudha and Yoshita Manovijnana (Childhood-adolescent psychology, Geriatric psychology and Women's psychology)

1. The fundamental principles of Developmental Psychology, focusing on human development throughout the lifespan.
2. The examination of theoretical frameworks and significant cognitive, social, emotional, and physical developmental milestones.
3. The psychological development in children, adolescents, women and older adults, incorporating Ayurveda and contemporary perspectives.

References: 1,2,3,39,40,41,42,43,44,45,46,47,48,49

3A	3B	3C	3D	3E	3F	3G
CO1	Describe the developmental theories and major developmental milestones across the human lifespan, including cognitive, emotional, and social development. Comprehend on the term's: schemas, assimilation, accommodation, object permanence, egocentrism, conservation, mathematical transformations, abstract-concrete thinking.	2	Lecture	CC	Knows-how	FC,L&G D
CO1	Compare and contrast Garbha shareera and Balopacharaneeya contexts and contemporary perspectives on developmental psychology	1	Lecture	CC	Knows-how	FC,L&G D
CO1	Explain the psychological changes that occur during major life stages, including Childhood, cognitive development, language acquisition, and socialization; Adolescence: identity formation, emotional regulation, and social relationships; Geriatrics: cognitive decline, emotional changes, and social support; Womanhood: hormonal changes, emotional fluctuations, and social roles.	2	Lecture	CC	Knows-how	FC,L&G D
CO1	Demonstrate a practical understanding of the Developmental Psychology theories identifying developmental milestones across life stages.	6	Practical Training 4.8	PSY-ADT	Shows-how	CBL,DIS
CO1	Analyse case studies of individuals at different life stages, emphasizing biological,	4	Practical	CAN	Shows-	CBL,DIS

	psychological, and social developmental models.		Training 4.9		how	
CO1,CO6	Evaluate the prevalent speech-language and cognitive disorders observed among subjects utilizing services at Language and Development clinics/Speech therapy centres. Evaluate the healthcare providers' perspectives on the challenges and opportunities in managing speech-language and cognitive disorders.	6	Experiential-Learning 4.7	CE	Shows-how	CBL,DIS,FV,PL,SDL
CO1,CO6	Evaluate caregivers' knowledge, attitudes, and practices regarding speech-language and cognitive disorders through a KAP survey.	6	Experiential-Learning 4.8	AFT-RES	Shows-how	CBL,D,DIS,FV,PAL,SDL
CO1	Demonstrate skills in designing a KAP survey and analyzing the data	1	Experiential-Learning 4.9	CS	Shows-how	CBL,IBL,PAL,SDL

Practical Training Activity

Practical No	Name	Activity details
Practical Training 4.1	Manoroga Nirnaya: Case Analysis	02 hours x 01 Learning Activity [2Hr x 1 session] Case based learning: Distribute one complex clinical case to each student [OPD/IPD cases or from clinical case records/ case sheets. Instruct students to analyse the cases, identifying key symptoms, signs, and diagnostic criteria using Ayurvedic parameters (Adhyatmika/Adhibhoutika, Adhidaivika; Dosha-based classification, Nidana Panchaka: Vyadhi Nirnaya). Case presentations/Group Discussions: Students shall present their case under the following heads: 1) Chief complaints with duration 2) Chronological history of events 3) Co morbid symptoms 4) Satva Pareeksha/ Ashtavidha bhava Pareeksha (unmada prakarana) 5) Clinical leads for doshaja lakshana: Shareerika, Manasa including key psychomotor behaviours 6) Dosha based Differential Diagnosis 7) Vyavachedaka Nidana Panchaka: Vyadhi Nirnaya
Practical Training 4.2	Manoroga vargeekarana: Classification Systems in Mental Health related parameters	03 hours x 01 Learning Activity [3 Hours x 1 session] Case based Analysis: Distribute one complex clinical case to each student [OPD/IPD cases or from clinical case records/ case sheets. Instruct students to analyse the cases, identifying key symptoms, signs, and diagnostic criteria using ICD/ICD TM/DSM V. Case presentations/Small Group Discussions: Students shall present their case under the following heads: 1) Chief complaints with duration 2) Chronological history of events 3) Co morbid symptoms 4) Plausible diagnosis citing contextual diagnostic criteria;

		Students work in pairs to practice applying the classification systems to sample cases.
Practical Training 4.3	Manasaroga Vyavachedhaka Jnana: Critical Thinking and Problem-Solving	3 hours x 01 Learning Activity [3 Hr x 1 session] Presentation and Group Discussion: The instructor will present two to three complex clinical cases requiring differential and provisional diagnoses. Small Group Discussions: Students will be instructed to collaborate in small groups to enhance their critical thinking and problem-solving skills. This exercise will evaluate multiple diagnostic possibilities and systematically rule out alternative explanations. Each group will then present their findings, followed by a facilitated discussion. Feedback: The instructor will provide constructive feedback based on personal experiences, discussing instances of misdiagnosis and addressing the strengths and limitations associated with classifying psychiatric disorders. Additionally, the instructor will elaborate on the importance of accurate diagnosis in formulating effective treatment protocols.
Practical Training 4.4	Co-occurring Psychiatric and Medical Conditions	02 hours x 01 Learning Activity [2 Hourrs x 1 session] Presentations and Facilitated Group Discussions: Engage participants in discussions emphasising the significance of identifying and managing co-occurring psychiatric and medical conditions. Journal Club: Present two to three case studies that illustrate co-occurring conditions. Small Group Discussion: Instruct students to collaborate in small groups to develop strategies to identify co-occurring conditions, recognize the importance of interdisciplinary collaboration in managing co-occurring psychiatric and medical conditions.
Practical Training 4.5	Developing symptom chart for diagnosing Graha	03 Hours x 01 Learning Activity [3 Hours x 1 session] Facilitated Group discussion/Presentations: Divide students into small groups and provide them with case studies/OP-IP cases of patients. The instructor shall facilitate group discussion/ presentations with students on developing symptom cluster chart to represent and enable Graha diagnosis in patients [leads: i) incidence and onset of psychological symptoms: acute/subacute/insidious; ii) inappropriately/ abruptly changed personality traits/habits/psychomotor behaviours/ mood/specific postures iii) abruptly changed vegetative functions: fatigue, sleep disturbances, sexual activity]
Practical Training 4.6	Case Study Analysis on Graha diagnosis	05 Hours x 01 Learning Activity [3 Hours x 1 session, 2 Hours x 1 session] Case Based Learning and Case study analysis: Students will review 05 case sheets/ records / OP-IP cases each; analyse the symptoms in the background of Graha symptom cluster. The student shall document the sample case studies under the heads: Two-three or more identified symptom cluster of Graha in the cases, differentiating the symptoms with that of other clinical constructs

		such as dosha unmada; correlation/ comparison of the symptom cluster with contemporary psychiatric perspectives.
Practical Training 4.7	Case Study Analysis on prevalent cultural believes and practices and incidence of Graha	02 Hours x 01 Learning Activity [2 Hours x 1 session] Facilitated Group Discussions/Presentations/Group Analysis: Instruct students to analyse the sample case studies in small groups, identifying cultural practices associated with the diagnoses. Presentations: Have each group present their findings and facilitate a class discussion to compare the identified cultural practices. Constructive Feedback: Students will present their case study analyses and participate in peer/ instructor feedback and discussion.
Practical Training 4.8	Pilot Survey/Observation on Cognitive and Language Development.	06 Hours x 04 Learning Activity 4.8 [3 hours x 1 activity, 1 hour x 3 activities] Pilot Observations: Plan and carry out pilot observations to demonstrate an understanding of the Cognitive Developmental Stages; Language and communication/comprehension development. 4.8.a. [3 Hours x 1 session] Instructor shall assign two subjects each ranging from 8 months-13 years to each scholar. Scholars should hypothesize which age the child is in (Piaget's). Then the scholars interact with the subject to ascertain the developmental stage. [Leads: a. Sensorimotor e.g. 8-month-old: assess object permanence; stranger anxiety; b. Preoperational - e.g. a 4-year-old, 'Why is the grass green? Do you have a brother?' - egocentrism. c. Concrete Operational - 4-year-old; mathematical orientation (more-less); 8-year-old: check for compare-contrast skills for e.g. in volume of liquid/mathematical orientation]. 4.8.b. [1 Hour] Written Summary: The students should engage in discussions with peers and instructor discuss and findings shall be submitted as an assignment. The assignment should include the following: the interaction/experiments with both subjects, the summary of the follow up discussion regarding both subjects relating to Jean Piaget's Cognitive Developmental Stages; identification of which subject would coincide with which cognitive developmental stage; and the developmental phenomena (or milestones) which apply to their subjects 4.8.c. [1 Hour] Instructor shall assign two subjects (one who is younger than 2 years of age and one who is 3- 4 years of age). The scholar shall watch the subject while they play with another child or adult and try to document the subject's speech output and/or gestures. 4.8.d. [1 Hour] Written Summary: The students should engage in discussions with peers and instructor discuss and findings shall be submitted as an assignment. The assignment should include the following: the progression of language development and where the child's language development fits; Write a brief report of each of your observations [Leads: Age of the subject; Number of words the subject put together: one, two, three, or more; with/ without gestures; grammar; appropriate endings/ sentence framing]; Identify

		the stage of language learning that each child is in.
Practical Training 4.9	Case Study Analyses to understand biological, psychological, and social developmental models	04 Hours x 01 Learning Activity [2 Hours x 2 sessions] Instructor shall assign students with case studies (2 each) of individuals at different life stages [e.g., Early-onset disorders: conduct problems/Autism; Adolescent-onset disorders: Depression, Anxiety in a developmental psychopathology framework; premenstrual dysphoric disorder, postpartum depression, postpartum psychosis; geriatric depression; Mild cognitive impairment/ dementia]. The scholars shall analyse the case studies, identifying biological, psychological changes, and socio-cultural causes. Instructor shall provide students with guided questions or prompts to facilitate discussions and provide constructive feedback.
Experiential learning Activity		
Experiential learning No	Name	Activity details
Experiential-Learning 4.1	Potential bias and misdiagnoses; Cultural factors in psychiatric diagnosis : Navigating Diagnostic Classifications ICD-11 and DSM-5: A comparative analysis	09 Hour x 3 Learning Activity 4.1.a. [3 Hours x 1 session] Self-directed/Inquiry-based learning/Interactions/Peer learning/ Facilitated Group discussions on the key differences between ICD-11 and DSM-5 [leads: how they classify secondary mental or behavioural syndromes; the ICD-11 allows the same disorder to be listed in multiple diagnostic groupings, while the DSM-5 distributes these conditions to the diagnostic groupings with which they share symptoms] Reflective journaling: Logbook documentation of the experiential lesson. 4.1.b. [3 Hours x 01 Experiential Learning Activity] Self-directed/Inquiry-based learning/Interactions/Peer learning/ Facilitated Group discussions on i) the need to integrate cultural elements/ believes and practices into the ICD and DSM classifications ii) maintaining ideological consistency/non-judgmental interviews, and iii) addressing cultural considerations in classifying mental disorders. Discussions on common culture driven misdiagnoses, examining and enhancing culture driven case formulation and specific methodologies for conducting interviews, utilizing diagnostic tools, and documenting clinical information effectively; discussions on mental health practitioners being aware of cultural values that may affect diagnosis. [Leads, e.g. the DSM-5 alerts clinicians to avoid misdiagnosing children with separation anxiety disorder in cultures that value interdependence among family members] 4.1.c. [3 Hours x 1 session] Reflective journaling: Logbook documentation of the experiential lesson.

Experiential-Learning 4.2	Cultural outreach in Manasaroga	02 Hours x 01 Learning Activity [2 Hours x 1 session] Self-directed/Inquiry-based learning/Interactions/Peer learning/ Facilitated Group discussions on the use of interpreters to address language and communication issues, especially with immigrant/refugee/young patients/any other vulnerable group. Reflective journaling: Logbook documentation of the experiential lesson.
Experiential-Learning 4.3	Compatibility with clinical guidelines and interdisciplinary	02 Hours x 01 Experiential Learning Activity [02 Hours x 1 session] Self-directed/Inquiry-based learning/Interactions/Peer learning/ Facilitated Group discussions on i) the need to incorporate processes increase compatibility with clinical guidelines and the global psychiatric community ii) the importance of interdisciplinary collaboration in identifying and managing co-occurring psychiatric and medical conditions and Logbook documentation of the experiential lesson.
Experiential-Learning 4.4	A Community-Based Experiential Learning with Healthcare Providers on the foundational concepts of Graha Avesha.	06 hours x 01 Learning Activity [3 Hours x 2 sessions] Field Visit & Reflective Journaling: Visit local households and rural health clinics to interview healthcare providers about the prevalent cultural beliefs and practices observed among psychiatric patients utilizing their services.
Experiential-Learning 4.5	A KAP pilot survey amongst patients and their caregivers on the foundational concepts of Graha Avesha.	04 Hours x 1 Learning Activity [2 Hours x 2 sessions] Pilot Survey: Implement a KAP pilot survey (Knowledge-Attitude-Practices) at nearby mental health institutions, engaging with patients and their caregivers to explore unusual beliefs and practices and atypical behaviours as outlined in the Graha symptom chart. Analyse the temporal differences (time evolved) in the patient population's understanding of Graha Avesha
Experiential-Learning 4.6	Unusual practices and atypical behaviours in the community: Experiences from Community-Based Experiential Learning.	03 Hours x 1 Learning Activity [3 Hours x 1 sessions] Logbook activity, Peer learning/Group Discussions/Inquiry based learning/Self-directed learning on insights gained on culturally appropriate communication skills, newer experiences on unusual beliefs and practices and atypical behaviours in the community resembling the foundational concept of Graha avesha.

Experiential-Learning 4.7	A Community-Based Experiential Learning on theories of Developmental Psychology.	06 Hours x 01 Learning Activity [3 Hours x 2 sessions] Field Visit & Reflective Journalling: Visit nearby Language and Development clinics/ Speech therapy centers to interview healthcare providers about the prevalent speech-language and cognitive disorders observed among subjects utilizing their services. Reflect and document the learning experience.
Experiential-Learning 4.8	A KAP survey-based experiential Learning on theories of Developmental Psychology.	06 Hours x 1 Learning Activity [3 Hours x 2 sessions] Pilot Survey: Implement a KAP pilot survey (Knowledge-Attitude-Practices) at nearby Speech-Language centers, engaging with caregivers of children to evaluate their resources, limitations, and concerns
Experiential-Learning 4.9	Reflective learning through community-based experiences on theories of Developmental Psychology.	01 Hour x 1 Learning Activity [1 Hour] Logbook activity, Peer learning/Group Discussions/Inquiry based learning/Self-directed learning on insights gained on newer experiences gained while the learning sessions

Modular Assessment

Assessment method

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.

Outcome-Based Assessment: 03 Credits x 06 Hours [75 Marks]

LAQ 15 marks and SAQ 05 marks [01 Hour]

Practical Learning Outcome Assessment:

1. Case Analysis and Diagnostic Formulation [20 marks x 01 Hours]

Instruction: Provide one case or simulated case scenario to each student. Instruct the student to:

- Identify the characteristic symptoms, signs, and diagnostic criteria/category for each case [5 marks]
- Classify each case according to Ayurvedic, and ICD classification system [5 marks]
- Develop a comprehensive diagnostic formulation, integrating Ayurvedic and modern perspectives [5 marks]
- Evaluate the importance of diagnosis and identify potential co-occurring psychiatric and medical conditions [5 marks]

Hour

6

2. Bhootagraha Symptom Analysis [ABQ] [25 marks x 01 Hour]

Instruction: Provide one case or a simulated case scenario illustrating selected graha symptoms (with evident cultural believes, guilt, acute onset) and instruct the student to:

- a) Identify/Diagnose the most appropriate graha from the given symptomatology complex [10 marks]
- b) Discuss the key graha related features of socio-cultural causative factors and guilt complex against the concept of Chidra, acute onset of symptomatology and grossly deviated behaviours in the given clinical scenario [05 marks]
- c) Develop a treatment plan [10 marks]

3. Written Summary: [5 marks x 01 Hour] Students are instructed to summarize the key developmental psychology theories and analyse the importance of developmental psychology in mental health domains and in the incidence of psychiatric and psychosomatic disorders.

4. Structured or Open Viva-Voce [05 marks x 01 Hour]

5. Experiential Learning Outcome Assessment: [10 marks x 01 Hour]

Learning Process

1. What did you learn about diagnostic formulation methods? [2 marks]
2. What was the most challenging part while analysing Bhootagraha symptoms in real world settings? Why? How did you solve it? [5 marks]

Application

3. How will you interact with patients differently as a result of learning diagnostic formulation? [3 marks]

Or

Any practical in converted form can be taken for assessment. (45 Marks)

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (30 Marks)

Module 5 : Manomaapaka Upakarana Evam Manodaihiki Vyadhi (Diagnostic Tools, Psychometric Tests, Psychosomatic Disorders) and the concept of Liaison Psychiatry

Module Learning Objectives

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

1. Demonstrate diagnostic tools, including psychometric tests and biochemical markers, for assessing mental health and psychosomatic disorders.
2. Analyse the role of liaison psychiatry in addressing psychosomatic disorders.
3. Develop critical insights into integrating Ayurvedic and modern diagnostic principles to enhance patient care.

Unit 1 Manomaapaka Upakarana (Diagnostic and Psychometric Assessment Tools)

1. Diagnostic tests, including haematological, biochemical, and serological assessments.
2. Psychometric tools for evaluating mental health.

References: 1,2,3,29,30,31,32,33,34,35,36,37,38,39,50

3A	3B	3C	3D	3E	3F	3G
CO4	Define psychometric scales and their components (items, response options, scoring systems).	2	Lecture	CK	Know	DIS,L&P PT
CO4	Identify key bio markers in neuropsychiatry.	1	Lecture	CK	Know	DIS,L&P PT ,PER
CO4	Discuss the role of hormonal assays and neurotransmitter markers in psychiatric evaluations.	2	Lecture	CK	Know	DIS,L&P PT
CO4	Demonstrate competence in conducting scale-based assessments displaying an	4	Practical	PSY-ADT	Knows-	CD,CBL,

	understanding of the tools, techniques, and procedures involved.		Training 5.1		how	DIS
CO4	Demonstrate professional skills in documenting scale-based assessment findings: Demonstrate the ability to gather accurate information from psychometric scale-based assessments	4	Practical Training 5.2	CE	Shows-how	CD,CBL, DIS,PT,PER
CO2,CO3,CO4	Apply and Demonstrate Clinical Reasoning Skills: Analyse and interpret the results of psychometric assessments demonstrating an understanding of the clinical significance of the findings.	2	Practical Training 5.3	PSY-ADT	Knows-how	CBL,DIS, LRI
CO5,CO8	Establish how cultural norms and socioeconomic factors including language, educational level can influence psychometric test results and patient communication means.	10	Experiential-Learning 5.1	AFT-CHR	Does	CBL,DIS, IBL,PBL, RP,SDL
CO5,CO8	Demonstrate cultural and socioeconomic sensitivity in administering psychometric tools through reflective practice and self awareness.	3	Experiential-Learning 5.2	AFT-CHR	Does	IBL,PSM, RLE,SDL

Unit 2 Manodaihiki Vyadhi (Psychosomatic Disorders) and Liaison Psychiatry

1. The diagnostic principles of Manodaihiki Vyadhi (psychosomatic disorders).
2. The role of Manoroga Chikitsa in liaison with various specialities.
3. The interrelationship between physical and psychological health

References: 1,2,3,29,30,31,32,33,34,35,36,37,38,39,50

3A	3B	3C	3D	3E	3F	3G
CO1,CO2	Describe the 'Shareera Manasa Paraspara Sambandha' citing contextual literature and suitable examples, elaborate on the bidirectional relationship between psychological and physiological factors in disease manifestation with suitable examples.	2	Lecture	CK	Know	L&GD
CO1	Describe the biopsychosocial model of health and disease.	2	Lecture	CK	Know	DIS,FC,L &PPT

CO1,CO2,CO4	Define psychosomatic disorders and their characteristics; explain the relevance of psychosomatic disorders in healthcare, including their prevalence and impact on quality of life.	2	Lecture	CK	Know	L&GD
CO2	Enlist common psychosomatic disorders, their triggering factors, and an overview of their prognoses.	2	Lecture	CC	Know	L&PPT
CO6	Define liaison psychiatry and its role in managing psychosomatic conditions.	2	Lecture	CK	Know	L&GD
CO2,CO6	Conduct a comprehensive medical, psychiatric history and mental status examination on patients with suspected or diagnosed psychosomatic disorders.	6	Practical Training 5.4	PSY-ADT	Knows-how	CBL,DIS,PER
CO2,CO6	Demonstrate practical skills in diagnosing and differentiating between various psychosomatic disorders.	6	Practical Training 5.5	PSY-ADT	Knows-how	CBL,DIS,PT,PER
CO6	Illustrate, screen and enlist common symptoms that favour a consultation-liaison psychiatry	8	Practical Training 5.6	PSY-ADT	Knows-how	CBL,DIS,PL,PBL
CO6,CO8	Illustrate the importance of recognizing psychosomatic disorders in primary care and specialty settings.	9	Experiential-Learning 5.3	AFT-CHR	Shows-how	BL,FV,IBL,JC,PL,SDL
CO6,CO8	Justify the importance of collaboration between psychiatrists, primary care physicians, and other healthcare professionals in managing psychosomatic conditions.	9	Experiential-Learning 5.4	AFT-CHR	Does	FV,IBL,JC,PL,PSM,SDL
CO6,CO8	Illustrate the benefits of liaison psychiatry in improving patient outcomes, reducing healthcare utilization, and enhancing quality of life; Develop skills in communicating and collaborating with healthcare professionals for early diagnosis of Psychosomatic disorders.	8	Experiential-Learning 5.5	AFT-CHR	Does	BL,DIS,FV,IBL,JC,PL,PSM,SDL

Practical Training Activity

Practical No	Name	Activity details
Practical	Psychometric Tools/	04 Hours x 03 Learning Activities

Training 5.1	Assessment Scales: Application, and Interpretation	<p>5.1.a. [1 Hour] Facilitated Group Discussion, Presentation on the concept of psychometric scales and their importance in psychology, discuss i) the types of psychometric scales (e.g., Likert, visual analog, rating scales), ii) the applications of psychometric scales in various fields (e.g., clinical psychology, education, research).</p> <p>5.1.b. [2 Hours x 1 session] Case Study Analysis: Divide students into pairs and provide handouts of cases (case studies/published literature/case reports) to illustrate the application of psychometric scales in different contexts.</p> <p>5.1.c. [1 Hour] Group Discussion and Guided Interaction: Discuss and debrief on the case studies and provide constructive feedback about the different purpose of using Psychometric tools/Assessment scales.</p>
Practical Training 5.2	Psychometric Tools: Administration, Scoring, and Interpretation	<p>04 Hours x 03 Learning Activities</p> <p>5.2.a. [2 Hours x 1 session] Practicing Guided Responses [Transition from peer learning to guided individual practice] Conduct a minimum of two assessments with peers/ healthy volunteers followed by five assessments (in five different case scenarios) in the OPD. For this, divide students into pairs and assign each psychometric test/ scales handouts to demonstrate the administration, scoring, and interpretation [e.g. cognitive ability test - WAIS, MoCA; Personality Assessment -MMPI; Behavioural Assessment - CBCL, BASC; scales such as HAM-A, HAM D, Pittsburgh Sleep Quality Index, etc.). Instruct students to work in pairs to practice administering respective scales.</p> <p>5.2.b. [1 Hour] Each student presents their findings, structured under the following heads in one's own words: a) Total duration of interaction with summary of key findings b) Integrate results into comprehensive score assessment reports with provisional diagnosis c) Limitation/ Hardships if any.</p> <p>5.2.c. [1 Hour] Group Discussion and Reflection: Facilitate a group discussion to explore the strengths and limitations of psychometric tools/scales, instruct students to reflect on their learning and identify areas for further development. Guide scholars in rectifying major confounds, improving clarity, and refining their approach.</p>
Practical Training 5.3	Biochemical Reports in Neuropsychiatry	<p>02 Hours x 02 Learning Activities</p> <p>5.3.a. [1 Hour] Brainstorming or Facilitated Group Discussion to introduce the concept of biochemical reports and their importance in neuropsychiatry, discuss the types of biochemical tests used in neuropsychiatry (e.g., blood tests, cerebrospinal fluid analysis). Discuss the role of biochemical markers in diagnosing and managing neuropsychiatric conditions citing appropriate markers in</p>

		<p>prevalent psychiatric conditions such as Depression, Anxiety, Schizophrenia [Leads: Neurotransmitter levels, Hormone Levels-Salivary-Serum Cortisol levels, Thyroid Hormone levels, Triglyceride levels, Hematocrit, Blood urea nitrogen (BUN) levels, Aspartate aminotransferase (AST), Creatinine levels, high-density lipoprotein cholesterol (HDL-C), Red blood cell counts, Chronic Inflammatory Markers etc]. discuss the principles of interpreting biochemical reports in neuropsychiatry.</p> <p>5.3.b. [1 Hour]</p> <p>Synthesis and Short summary Writing, Application: Instruct students to synthesize and summarize their learning experience under the following heads i) The role of biomarker assay in Neuropsychiatry, ii) Critical evaluation of commonly used Biomarkers in neuropsychiatric diagnostics.</p>
Practical Training 5.4	Clinical Assessment and Diagnosis of Psychosomatic Disorders	<p>06 Hours x 03 Learning Activities</p> <p>5.4.a. [3 Hours x 1 session]</p> <p>Facilitated Group Discussion, Presentations on how psychological factors (e.g., depression, anxiety) can contribute to physiological symptoms (e.g. pain syndrome) and disease progression; describe how physiological factors (e.g., chronic illness, pain) can impact mental health.</p> <p>5.4.b. [2 Hours x 1 session]</p> <p>Case Based Learning/Case Study Analysis for Medical and Psychiatric History Taking in suspected/ diagnosed Psychosomatic disorders: Divide students into pairs or small groups and provide each group with a patient profile or case study. Instruct students to conduct a comprehensive medical and psychiatric history on the patient, using the provided templates. Instruct students to perform a mental status examination on the patient, using the provided templates. Encourage students to integrate information from the medical and psychiatric history and mental status examination to develop a comprehensive understanding of the patient's condition.</p> <p>5.4.c. [1 Hour]</p> <p>Case Discussion: Instruct each group to present their findings from the medical and psychiatric history and mental status examination. Facilitate a class discussion to integrate the information and develop a comprehensive understanding of the patient's condition. Instruct the students to summarize the key points from the lesson.</p>
Practical Training 5.5	Practical Skills in Diagnosing and Differentiating between Various Psychosomatic Disorders	<p>06 Hours x 03 Learning Activities</p> <p>5.5.a. [3Hours x 1 session]</p> <p>Case Based Learning/Case Study Analysis: Provide students with a set of case studies or patient profiles that illustrate different psychosomatic disorders. Instruct students to analyse each case study and differentiate between the various psychosomatic disorders. Encourage students to use the diagnostic criteria and appropriate laboratory test results to support their diagnoses.</p> <p>5.5.b. [2 Hours x 1 session]</p> <p>Case Discussion: Instruct each group to present their findings. Facilitate a class discussion to integrate the information and develop</p>

		<p>a comprehensive understanding of the patient's condition and to present their diagnoses and differentiations.</p> <p>5.5.c. [1 Hour]</p> <p>Written Summary: Instruct the students to summarize their learning experience with the following heads: i) a short summary of the presenting complaints, history of the presenting complaint, psychiatric history and mental status examination ii) differential diagnosis with characteristics for and against each clinical consideration iii) final diagnosis (with the aid of suitable diagnostic criteria)</p>
Practical Training 5.6	Common Symptoms that Favour a Consultation-Liaison Psychiatry	<p>08 Hours x 03 Learning Activities</p> <p>5.6.a. [3 Hours x 1 session]</p> <p>Case Study Analysis: Provide students with a set of case studies or patient profiles that illustrate common symptoms that favour a consultation-liaison psychiatry referral (Leads: Physical symptoms that are caused by a mental disorder, unexplained physical symptoms, cognitive deficits, medical conditions that lead to psychiatric or behavioral symptoms, distress related to medical problems, attempted suicide or self-harm, Illness anxiety or other maladaptive health behaviours, chronic pain syndrome, treatment resistance, confused thinking or reduced ability to concentrate, excessive fears or worries, extreme mood changes of highs and lows, withdrawal from friends and activities, , low energy or problems in sleep patterns).</p> <p>5.6.b. [3 Hours x 1 session]</p> <p>Case study analysis and Symptom Screening Exercise: Instruct students to analyse each case study and identify the symptoms that suggest a consultation-liaison psychiatry referral. For symptom screening exercise, provide students with a symptom checklist or screening tool (e.g., Patient Health Questionnaire-9, Generalized Anxiety Disorder 7-item scale). Instruct students to practice screening patients for psychiatric symptoms using the checklist or screening tool. Encourage students to discuss their findings and identify patients who would benefit from a consultation-liaison psychiatry referral.</p> <p>5.6.c. [2 Hours x 1 session]</p> <p>Group Discussion and Presentation: Instruct each group to present their findings from the case study analysis and symptom screening exercise. Facilitate a class discussion to integrate the information and develop a comprehensive understanding of common symptoms that favour a consultation-liaison psychiatry referral.</p>
Experiential learning Activity		
Experiential learning No	Name	Activity details
Experiential-	Cultural compass:	03 Hours x 1 Learning activity

Learning 5.1	Reflecting on sensitive concerns in Psychometric tool administration.	[3 Hours x 1 session] Logbooks/Reflective Journaling: Students maintain a logbook, documenting their experiences, challenges, and insights regarding cultural-socioeconomic concerns in administering psychometric tools.
Experiential-Learning 5.2	The importance of cultural sensitivity in the selection and adaptation of psychometric tools for diverse populations	10 Hours x 3 Learning activities 5.2.a. [2Hour x 2 sessions] Role Play, Discussions, Simulated Patients, IBL, PBL to develop critical thinking and analytical skills to acknowledge language, education level, and cultural norms when choosing psychometric instruments. 5.2.b. [2 Hour x 2 sessions] Small group Discussion, Peer learning, BS, PBL, IBL, Interactions with patients to appraise and demonstrate cultural competence and sensitivity while psychometric tool administration: Recognize cultural limitations of psychometric tools and adapt assessment strategies accordingly. 5.2.c. [2 Hour x 1 session] Role Play, Peer Interactions, Patient interactions at clinical setting to develop a professional culture sensitive demeanour: Incorporating culturally relevant stimuli and adapting test instructions and considering cultural factors in interpretation considering the individual's cultural background and experiences. Facilitate Patient interactions at clinical setting to communicate assessment results effectively to patients, families, and healthcare teams, considering the individual's level of understanding and cultural background.
Experiential-Learning 5.3	Psychosomatic Disorders in Primary Care and Specialty Settings	09 Hours x 05 Learning Activities 5.3.a. [2 Hours x 1 session] Self-Directed Learning, Library Sessions: Students with reading materials and online resources on psychosomatic disorders, their prevalence, and impact on healthcare. Ask students to complete a self-directed learning module on recognizing psychosomatic disorders in primary care and specialty settings. 5.3.b. [2 Hours x 1 session] Inquiry Based Learning: Divide students into small groups and assign each group a case study of a patient with a psychosomatic disorder. Instruct each group to investigate and answer questions related to the case study, [Leads: What are the patient's symptoms and how do they relate to psychosomatic disorders? How do psychosocial factors contribute to the development and maintenance of the patient's symptoms? What are the implications of not recognizing and managing psychosomatic disorders in primary care and specialty settings?] 5.3.c. [2 Hours x 1 session] Field Visits/ Clinical Rotation: Arrange for students to visit primary care or specialty settings, such as hospitals, clinics, or private

		<p>practices. Ask students to observe healthcare providers and patients and take note of how psychosomatic disorders are recognized and managed in these settings.</p> <p>5.3.d. [2 Hours x 1 session] Clinical Interviews: Arrange for students to conduct clinical interviews with patients who have psychosomatic disorders regarding domains of disease burden (treatment cost, QoL, Disability adjusted life years etc). Debrief with students after the interviews to discuss their experiences and insights.</p> <p>5.3.e. [1 Hour] Reflective Journaling, Logbooks: Instruct students to reflect on their learning experiences and write a reflective journal entry on the following prompts: What did the student learn about psychosomatic disorders and their importance in primary care and specialty settings? How does the student think early detection/screening psychosomatic disorders can impact patient outcomes and healthcare utilization? What challenges or barriers does the student think healthcare providers may face in screening psychosomatic disorders?</p>
Experiential-Learning 5.4	Collaboration and Liaison Psychiatry in Managing Psychosomatic Conditions	<p>09 Hours x 04 Learning Activities</p> <p>5.4.a. [2 Hours x 1 session] Self-Directed Learning/ Inquiry Based Learning: instruct students to investigate and answer questions related to psychosomatic disorders, such as: How do psychiatrists, primary care physicians, and other healthcare professionals collaborate to manage psychosomatic conditions? What are the benefits of liaison psychiatry in improving patient outcomes and reducing healthcare utilization? How can healthcare professionals work together to enhance the quality of life for patients with psychosomatic conditions?</p> <p>5.4.b. [1 Hour] Reflective Journaling/Logbooks: Intstruct students to reflect on their learning experiences and write a reflective journal entry.</p> <p>5.4.c. [2 Hours x 2 session] Field visits/ Interviews with Healthcare Professionals: Arrange for students to interview healthcare professionals, such as psychiatrists, primary care physicians, and nurses, who work with patients with psychosomatic conditions. Instruct students to inquire about the healthcare professionals' experiences with collaboration and liaison psychiatry in managing psychosomatic conditions.</p> <p>5.4.d. [2 Hours x 1 session] Constructive Feedback and Debriefing: Facilitate a class discussion and give constructive feedback to students and instruct them to integrate the information and develop a comprehensive understanding of the importance of collaboration and liaison psychiatry in managing psychosomatic conditions.</p>
Experiential-	Effective	08 Hours x 04 Learning Activities

Learning 5.5	communication and Collaboration for Early Diagnosis of Psychosomatic Disorder	<p>5.5.a. [2 Hours x 1 session] Self-Directed learning, Video Based Learning, Interactions: Students should engage in learning activities on effective communication skills and interdisciplinary collaboration. Instruct students to identify their strengths and weaknesses in communicating and collaborating with healthcare professionals.</p> <p>5.5.b. [2 Hours x 1 session] Role Play and Peer Learning: Divide students into pairs or small groups and assign each group a scenario involving a patient with a psychosomatic disorder. Instruct each group to role-play a conversation between a healthcare professional and a patient/caregiver/family member. Encourage peer feedback and discussion to help participants improve their communication skills.</p> <p>5.5.c. [2 Hours x 1 session] Patient-Caregiver/Family Interactions: Invite patients, caregivers, or family members to share their experiences and perspectives on communicating with healthcare professionals. Explore advanced communication skills (e.g., motivational interviewing, conflict resolution), the challenges and opportunities of collaborating with patients, caregivers, and family members.</p> <p>5.5.d. [2 Hours x 1 session] Reflective Journaling and Peer Learning: Instruct students to reflect on their experiences and insights from the role-play and patient-caregiver/family interactions. Encourage peer feedback and discussion to help students improve their collaboration skills.</p>
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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.

Outcome - Based Assessment: 03 Credits x 06 Hours x 75 Marks

LAQ 15 marks and SAQ 05 marks [01 Hour]

Practical Learning Outcome Assessment

1. Diagnostic Tool Analysis [25 marks x 02 Hour]

i) Psychometric Test Analysis: (15 marks x 01 Hour)

Instruction: Provide a psychometric test (e.g., Hamilton Anxiety Rating Scale) and instruct the students to:

- Identify the test's purpose and scope [5 marks].
- Discuss the test's limitations and potential biases [5 marks].
- Explain how to integrate the test's findings with Ayurvedic diagnostic principles [5 marks]

ii) Biochemical Marker Analysis: (10 marks x 01 Hour)

Instruction: Provide a case study with biochemical marker results (e.g., cortisol levels) and instruct the student to:

6

- a) Interpret the results in the context of mental health and psychosomatic disorders [5 marks].
- b) Discuss the limitations and potential confounding factors [5 marks].

2. Integration of Ayurvedic and Modern Diagnostic Principles [20 marks x 02 Hours]

Instruction: Provide a patient scenario with symptoms of psychiatric or psychosomatic disorder. Instruct the student to:

- a) Develop a diagnostic plan: Outline a diagnostic plan integrating Ayurvedic and modern diagnostic principles, including psychometric tests and biochemical markers [10 marks]
- b) Justify the diagnostic plan: Explain the rationale behind the diagnostic plan, including the chosen diagnostic tools and their limitations [5 marks]
- c) Discuss the implications: Discuss the implications of integrating Ayurvedic and modern diagnostic principles in patient care, including potential benefits and challenges [5 marks]

3. Experiential Learning Outcome Assessment: [10 marks x 01 Hour]

Learning Process

- 1. What did you learn about diagnostic tools and methods? [2 marks]
- 2. What was the most challenging part while administering specific tools? Why? How did you solve it? [5 marks]

Application

- 3. How will you interact with patients differently as a result of learning administration of diagnostic tools? [3 marks]

Or

Any practical in converted form can be taken for assessment. (45 Marks)

and

Any experiential as portfolio/reflections/presentations, can be taken as an assessment. (30 Marks)

Module 6 : Manasaroge Samanya Chikitsa Siddhanta (General Principles of Management in Manasa Roga)

Module Learning Objectives

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

1. Describe the Samanya Chikitsa Siddhanta of Manasaroga and differentiate the concepts of Dravyabhuta and Adravyabhuta chikitsa in Manasaroga.
2. Apply, analyse, reorganise and summarise the modalities of Dravyabhuta and Adravyabhuta chikitsa in Manasaroga.
3. Appraise and categorise Dravyabhuta and Adravyabhuta chikitsa, emphasising a tailored approach to specific mental health conditions, the patient's general condition, requirements, and beliefs.

Unit 1 Samanya Chikitsa of Manasa Roga

1. The general management strategies of Manasa Roga and Manodaihika vyadhi
2. Emphasizes the role of Shodhana, Shamana, Rasayana, and Vajikarana therapies.

References: 1,2,3,4,5,6,7,11,17,18,19,35,38,43,44,45,52,53,54,66,67

3A	3B	3C	3D	3E	3F	3G
CO7,CO8	Describe the Samanya Manasroga Chikitsa principles from classical literature [including Brihatrayee and other relevant selected contextual literatures viz.BhelaSamhita/Chakradat ta/Gadanigraha/Vangasena/Sharnghadhara/Bhavaprakasha/Yogaratnakara/Bhaishajya Ratnavali]	3	Lecture	CK	Know	C_L,FC,L &GD,LS, PER,PrBL ,REC
CO7,CO8	Describe and differentiate Anta parimarjana - Bahirparimarjana chikitsa in Manasa roga	1	Lecture	CC	Knows-how	C_L,FC,L &GD,LS, REC
CO7	Analyse the concept of medhya karma (budhi-medha-smrutikara/bhootaghna: nootropic	1	Lecture	CAN	Knows-	FC,L&G

	activity) of selected drugs and polyherbal formulations.				how	D
CO1,CO7,CO8	Conduct a pilot survey (observation-clinical case study) to identify distinct chikitsa modalities adopted and selected use of medhya/bhootaghna drugs in Manasaroga.	6	Practical Training 6.1	CE	Shows-how	CBL,PrBL
CO1	Analyse and summarize the findings of the pilot survey (observation-clinical case study).	2	Practical Training 6.2	CE	Knows-how	CBL,D,SY,W
CO1,CO7	Evaluate and document the distinct use of medhya/bhootaghna drugs; treatment protocols used in the survey findings, identifying the potential benefits/hardships or limitations, logicity of selection of treatment protocols and treatment outcomes (patient reported/ care giver reported/ physician noted).	2	Practical Training 6.3	CE	Knows-how	BL,BS,CBL,DIS,IBL,PBL,PSM
CO5,CO7,CO8	Demonstrate professional communication skills to discuss the proposed treatment plan to patients and caregivers in a clear and concise manner	8	Experiential-Learning 6.1	AFT-CHR	Does	CBL,PBL,PSM,RLE,TBL
CO5	Manage patient and caregiver concerns, questions, and fears in an empathetic and supportive manner and demonstrate professional skills to support patients and caregivers in making informed treatment decisions, demonstrating empathy, respect, and cultural sensitivity.	5	Experiential-Learning 6.2	AFT-CHR	Does	PSM,RLE

Unit 2 Adravyabhuta Chikitsa (Satvavajaya and Daivavyapasraya Chikitsa).

1. The role of Adravyabhoota Chikitsa- emphasizing Satvavajaya (psychotherapy) and Daivavyapashraya chikitsa (spiritual healing).

References: 1,2,3,4,5,6,8,17,18,32,35,37,38,45,56,59,61,62,63,64,65,66,67

3A	3B	3C	3D	3E	3F	3G
CO1,CO7	Describe the concept of Adravyabhoota chikitsa, discuss Trividha chikitsa and emphasize on Daivavyapashraya chikitsa from classical literature.	3	Lecture	CK	Know	C_L,FC,L&GD,LS
CO1,CO7	Describe the concept and principles of Satvavajaya	1	Lecture	CC	Knows-	FC,L&G

					how	D,LS
CO1,CO7	Analyse the concept and principles of Satvavajaya against conventional Psychotherapy.	1	Lecture	CC	Knows-how	FC,L&G D,LS,PER
CO1,CO7,CO8	Analyse and evaluate contextual references on Satvavajaya, and other Adravyabhoota Chikitsa (Parasparapratidvandha chikitsa); and Daivavyapasraya Chikitsa principles against various psychotherapeutic techniques or specific practices in the community.	8	Practical Training 6.4	CE	Knows-how	BS,DIS,L S,PER
CO1,CO5,CO7,CO8	Analyse contextual references on Adravyabhoota Chikitsa (Parasparapratidvandha chikitsa/Satvavajaya Chikitsa) and Daivavyapasraya Chikitsa against contemporary perspectives on socio-cultural domains in treatment seeking behaviours and in psychiatric practice, concurrent non-pharmacological healing methods and the role of spirituality in mental health.	2	Practical Training 6.5	CS	Knows-how	BS,DIS,L S,PER
CO1,CO7	Demonstrate critique skills to appraise the commonalities, strengths and limitations in evolution of different culture/geography bound psychological theories and principles.	5	Experiential-Learning 6.3	AFT-CHR	Shows-how	C_L,IBL, JC,PSM,R P,SDL
CO5,CO8	Illustrate the treatment-seeking behaviours in psychiatry, emphasizing the prevalence of non-pharmacological/ spiritual healing techniques in mental health-related practices in the community.	8	Experiential-Learning 6.4	AFT-CHR	Shows-how	PBL,PSM ,RP,SDL

Practical Training Activity

Practical No	Name	Activity details
Practical Training 6.1	Critical evaluation of commonly adopted chikitsa krama in Manasaroga	06 Hour x 1 Learning Activity [3 Hours x 2 sessions] Case study analysis: Conduct a pilot survey at the OPD/IPD or a pilot retrospective observational study [number of observations 10, at OPD/IPD/with available case records] to identify differential use of medhya/bhootaghna drugs and chikitsa modalities adopted in different clinical case scenarios; identify and explain the indications/contraindications, and dosages of different chikitsa modalities (shamana with single herbs (medhya/bhootaghna)/polyherbal formulations or therapeutic procedures/ Bahirparimarjana chikitsa/ Rasayana chikitsa) adopted in these cases

Practical Training 6.2	Deductive reasoning and summary of commonly adopted chikitsa krama in Manasaroga	2 Hours x 1 Learning Activity [2 hours x 1 session] Written assignment/ Summary writing: Summarise the findings of the pilot study and describe in one's own words - the treatment outcomes/ patient condition; cost effectiveness, treatment compliance, concurrent medications, hardships/limitations while implementing the treatment protocol, untoward events documented etc.
Practical Training 6.3	Patient-centred chikitsa krama adoptable in Manasaroga	2 Hours x 1 Learning Activity [2 Hours x 1 session] Group discussion/Presentation, Interactions at the bedside on the logical selection of specific medhya/bhootaghna drugs/chikitsa modalities, safe and effective administration of treatment protocols considering patient-specific factors such as medical history and general medical examination, patient/caregiver reported general health outcomes, concurrent medications, educating patients and caregivers on the treatment details etc. and develop skills for monitoring and documenting the pre-post procedures/treatment compliance (wrt dose, duration of medicaments and procedures)
Practical Training 6.4	A practical orientation on Satvavajaya, and other Adravabhoota Chikitsa against Psychotherapeutic techniques	08 Hours x 03 Learning Activities 6.4.a. [1 Hour x 01 session] Library session, Group Discussions, Presentation or Brainstorming, for collecting and discussing contextual references from Ayurveda classics on Satvavajaya principles. 6.4.b. [3 Hours x 1 sessions, 2Hr x 1 session] Group discussion, Presentations, brainstorming to discuss and have an overview on evolution of Satvavajaya, and other Adravabhoota Chikitsa (Parasparapratidvandha chikitsa); and Daivavyapasraya Chikitsa against respective formulation of different psychotherapeutic techniques and different contemporary modalities of psychotherapy in terms of commonalties, differences, strengths, limitations. 6.4.c. [2 Hours x 1 session] Written assignment/ presentations: Divide students into groups of three and each group shall write a summary/compilation on (i) daivavyapashraya ii) satvavajaya chikitsa ii) comparative analysis of Adravabhoota/ Satvavajaya/ Daivavyapasraya Chikitsa against evolution of psychology and the development of various psychotherapeutic techniques and variations in contemporary modalities of psychotherapy.
Practical Training 6.5	A summary of Key Concepts and the foundation of Adravabhoota Chikitsa	2 Hours x 1 Learning Activity [2 Hours x 1 session] Library session, Group Discussions, Presentation or Brainstorming, for collecting and discussing contextual references on Adravabhoota chikitsa and Daivavyapasraya chikitsa; Collect references/ published works on socio-cultural domains in

psychiatric practice and non-pharmacological healing methods including spirituality in mental health domains. Tabulate the similarities and key differences and summarize the findings.

Experiential learning Activity

Experiential learning No	Name	Activity details
Experiential-Learning 6.1	Hands-on training on Professional skills for effective Patient-Caregiver Communication regarding treatment outcomes.	08 Hours x 05 Learning Activities 6.1.a. [2 Hours x 1 session] Role Play/Simulated learning/Inquiry-based learning/Problem-based learning/Problem-solving method/Self-directed learning/Real-world scenarios and patient interactions to elicit patient and caregiver values, preferences, and concerns regarding treatment options. 6.1.b. [2 Hours x 1 session] Role Play/Simulated learning/Inquiry-based learning/Problem-based learning/Problem-solving method/Self-directed learning/Real-world scenarios and patient interactions to comprehend on clear and unbiased information about treatment options, including benefits, risks, and uncertainties. 6.1.c. [1 Hour] Self-directed learning, Simulated learning, Real-world scenarios, and Patient interactions to Respect patient and caregiver autonomy and decision-making capacity. 6.1.d. [2 Hours x 1 session] Self-directed learning, Simulated learning, Real-world scenarios, and Patient interactions to address cultural and individual differences that may impact treatment decision-making. Students will interview patients and caregivers (minimum of three) to understand their experiences and perspectives on treatment decision-making. 6.1.e. [1 Hour] Reflective journaling/ Logbooks: Students will participate in reflective journaling and small group discussions to document experiences and insights gained during the experiential learning activities.
Experiential-Learning 6.2	Shared Decision-Making: Developing Professional Skills to Support Patients and Caregivers	05 Hours x 03 Learning Activities 6.2.a. [2 Hours x 1 session] Clinical observations and Patient-caregiver interviews: Students will observe experienced clinicians supporting patients and caregivers in making treatment decisions, reflecting on effective communication and decision-support strategies. Students will conduct interviews with patients and caregivers using empathetic and non-judgemental language to understand their experiences

		<p>and perspectives on treatment decision-making.</p> <p>6.2.b. [2 Hours x 1 session] Informed and shared decision-making: Real-world scenarios/ Patient interactions, Self-directed learning, Problem-based learning, Roleplay, and Simulated patient learning to support patients and caregivers in weighing the pros and cons of different treatment options. Students will practice supporting patients and caregivers in making treatment decisions.</p> <p>6.2.c. [1 Hour] Case-based discussions and Reflective Journaling: Students will engage in small group discussions to explore complex treatment decisions and develop strategies for supporting patients and caregivers. Students maintain a logbook, documenting their experiences, challenges, and insights in developing communication skills for shared decision-making.</p>
Experiential-Learning 6.3	Critiquing the chronological evolution of psychological theories and the development of psychotherapeutic techniques	<p>05 Hours x 03 Learning Activities</p> <p>6.3.a. [2Hours x 1 session] Self-Directed Learning: Students will read and analyse socio-culture-geography bound influential psychological theories and principles adopted in psychotherapy (e.g., psychoanalysis, humanistic psychology, cognitive-behavioural therapy)</p> <p>6.3.b. [2 Hours x 1 session] Peer Learning and Discussion: Students will participate in small group discussions to critique and compare the different theoretical perspectives, exploring questions such as: What are the strengths and limitations of each theory? How have these theories influenced contemporary psychotherapeutic practices? What are the implications of these theories for understanding human behaviour and mental health?</p> <p>6.3.c. [1 Hour] Inquiry-Based Learning and Reflective Journalling: Students will engage in an inquiry-based activity, investigating a specific psychological theory or principle and its application in psychotherapy. Students will reflect on their learning experience, documenting their thoughts, insights, and critiques of the different theoretical perspectives on psychology and critically correlate it with Satvavajaya/Daivavyapasraya/Adravyabhoota Chikitsa concepts and practices.</p>
Experiential-Learning 6.4	Exploring Non-Pharmacological Healing Techniques/ Spiritual Healing in the Community	<p>08 Hours x 03 Learning Activities</p> <p>6.4.a. [3 Hours x 1 session] Field Visit to Nearby Spiritual Healing Centers: Students will visit nearby spiritual healing centres to observe and learn about non-pharmacological healing techniques used in the Community.</p> <p>6.4.b. [2 Hours x 1 session] Interviews with Spiritual Healers: Students will conduct interviews with spiritual healers better to understand their practices, beliefs, and experiences.</p> <p>6.4.c. [3 Hour x 1 session]</p>

Cross-Sectional Survey, Group Discussion and Peer Reflection: Students will conduct a pilot cross-sectional survey at OPD/ to gather data (Knowledge, Attitude and Practices) on treatment-seeking behaviours in psychiatry, emphasizing the prevalence of non-pharmacological healing techniques in the Community. Students will participate in a group discussion to reflect on their experiences, sharing their observations, insights, and critiques of non-pharmacological healing techniques used in the Community.

Modular Assessment

Assessment method

Hour

Instructions—Conduct a structured modular assessment. The assessment will be for 50 marks. Keep a structured marking pattern. Use different assessment methods in each module for the semester. Keep a record of the structured pattern used for assessment. Calculate the Modular grade point as per Table 6C.

4

Outcome-Based Assessment 02 Credits x 4 Hours x 50 Marks

Practical Learning Outcome Assessment:

1. Case Study Analysis [20 marks x 1 hour]

Instructions: A case study is provided to each student (a clinical case in the ward or a simulated case with clinical presentations, age of onset, course/duration, premorbid personality, substance use history as appropriate, other relevant socio-economic/familial and marital histories)

The students are instructed to develop a treatment plan incorporating the Samanya Chikitsa Siddhanta, Dravyabhuta and Adravyabhuta Chikitsa modalities. [10 marks]

Justify the use of specific Chikitsa modalities in the given case [5 marks]

Discuss the importance of considering the patient's beliefs and values in the treatment plan. [5 marks]

2. Written summary of different contextual Manasa roga Chikitsa Modalities [10 marks x 01 Hour]

Instructions: The students are instructed to apply, analyse, reorganize, and summarize the different contextual Manasa roga Chikitsa Modalities that are adoptable in clinical practice.

Assessment: Rubrics-based assessment of Summary Writing (Creative writing skills, Critical thinking- Reasoning skills, Discussion and Conclusion)

3. Structured or Open Viva-Voce [10 marks x 01 Hour]

4. Experiential Learning Outcome Assessment: [10 marks x 01 hour]

Learning process (Application, Clinical Reasoning Skills, Demonstrating Empathy and Respect)

Model on phrasing a question: 'Imagine you are a mental health provider working with a young adult who is experiencing specific mental health concern [e.g. substance abuse/anxiety related to social situations]. Describe your initial assessment and treatment approach, focusing on how you would incorporate the patient's personal experiences and preferences into the process?'.
Or

Any practical in converted form can be taken for assessment. (25 Marks)
and

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

Table 4 : Practical Training Activity

Practical No	Practical name	Hours
1.1	Critical Analysis of the contributions of Darshana Shastra to the field of Manovijnana.	10
1.2	Differential understanding of Indian and Western psychological concepts and principles.	5
1.3	Case Based Analysis of Manasa Prakruti	5
2.1	Practical Application of Mano-Artha and Manokarma.	5
2.2	Practical Application of Jnana Utpatti and Manovyapara	5
2.3	Practical Application of Manasika Bhava	5
2.4	Physiology of Nidra	5
2.5	Practical Understanding of Manovaha and related Srotas	5
2.6	Critical Analysis and Case Studies to evaluate Manovaha and related Srotas	5
3.1	Hands-on training on case-taking in Manasaroga	6
3.2	Clinical Competence in conducting Satva Pareeksha	6
3.3	Rogi Pareeksha Vidhi: Case-Based Learning	8
3.4	Practical Application of Clinical Skills in Manasa Roga Diagnosis	3
3.5	Clinical Skills in Psychiatric Case Taking and History Documentation at Clinical Settings.	2
3.6	Structured Clinical data Presentation and Analysis aiding Samprapti and Provisional Diagnosis	5

4.1	Manoroga Nirnaya: Case Analysis	2
4.2	Manoroga vargeekarana: Classification Systems in Mental Health related parameters	3
4.3	Manasaroga Vyavachedhaka Jnana: Critical Thinking and Problem-Solving	3
4.4	Co-occurring Psychiatric and Medical Conditions	2
4.5	Developing symptom chart for diagnosing Graha	3
4.6	Case Study Analysis on Graha diagnosis	5
4.7	Case Study Analysis on prevalent cultural believes and practices and incidence of Graha	2
4.8	Pilot Survey/Observation on Cognitive and Language Development.	6
4.9	Case Study Analyses to understand biological, psychological, and social developmental models	4
5.1	Psychometric Tools/ Assessment Scales: Application, and Interpretation	4
5.2	Psychometric Tools: Administration, Scoring, and Interpretation	4
5.3	Biochemical Reports in Neuropsychiatry	2
5.4	Clinical Assessment and Diagnosis of Psychosomatic Disorders	6
5.5	Practical Skills in Diagnosing and Differentiating between Various Psychosomatic Disorders	6
5.6	Common Symptoms that Favour a Consultation-Liaison Psychiatry	8
6.1	Critical evaluation of commonly adopted chikitsa krama in Manasaroga	6
6.2	Deductive reasoning and summary of commonly adopted chikitsa krama in Manasaroga	2
6.3	Patient-centred chikitsa krama adoptable in Manasaroga	2
6.4	A practical orientation on Satvavajaya, and other Adravyabhoota Chikitsa against Psychotherapeutic techniques	8
6.5	A summary of Key Concepts and the foundation of Adravyabhoota Chikitsa	2

Table 5 : Experiential learning Activity

Experiential learning No	Experiential name	Hours
1.1	Critical appraisal of Darshana Shastra in relation to the advancement of Manovijnana.	4
1.2	Application of Darshana Shastra in real world setting / clinical scenarios: Critical Appraisal and Self-Reflection.	9
1.3	A Critical Appraisal of Western Psychological Theories and Theories of Personality in Defining Human Behaviour: Critical Appraisal and Self Reflection	4
1.4	Application of Personality theories : Self reflection and Case study analysis	9
2.1	Effective Communication and Interpersonal Skills in Assessing Higher Mental Domains	8
2.2	Recognizing Socio-Cultural and Language Diversity in Higher Mental Domain Evaluations	10
2.3	Exploring Interpersonal Dynamics and Emotional Intelligence	8
2.4	Critical Appraisal of Manovaha related Srotas and functional neural circuits in Psychopathology.	4
2.5	Critical appraisal of the impact of neural circuit alterations on cognitive, emotional, and behavioural processes	4
2.6	Reflective understanding of the complexity of Manovaha and related Srotas and functional neural circuits and their interactions.	5
3.1	Interpersonal Communication Skills and Professional Rapport	8
3.2	Key psychiatric interviewing skills	10
3.3	Patients' rights, Confidentiality, and Ethics in psychiatric interview	8
3.4	Reflective Practice, Simulation and Patient Interaction.	3
3.5	Critical thinking and Problem-solving techniques through Reflective Practice, Simulation and Patient Interaction.	3
3.6	Clinical Decision-making skills through Reflective Practice, Simulation and Patient Interaction.	3
3.7	Subjective experience of mental health concerns through Reflective Practice, Simulation and Patient Interaction.	1

3.8	Adaptability and Flexibility in Case Taking through Reflective Practice, Simulation and Patient Interaction.	3
4.1	Potential bias and misdiagnoses; Cultural factors in psychiatric diagnosis : Navigating Diagnostic Classifications ICD-11 and DSM-5: A comparative analysis	9
4.2	Cultural outreach in Manasaroga	2
4.3	Compatibility with clinical guidelines and interdisciplinary	2
4.4	A Community-Based Experiential Learning with Healthcare Providers on the foundational concepts of Graha Avesha.	6
4.5	A KAP pilot survey amongst patients and their caregivers on the foundational concepts of Graha Avesha.	4
4.6	Unusual practices and atypical behaviours in the community: Experiences from Community-Based Experiential Learning.	3
4.7	A Community-Based Experiential Learning on theories of Developmental Psychology.	6
4.8	A KAP survey-based experiential Learning on theories of Developmental Psychology.	6
4.9	Reflective learning through community-based experiences on theories of Developmental Psychology.	1
5.1	Cultural compass: Reflecting on sensitive concerns in Psychometric tool administration.	3
5.2	The importance of cultural sensitivity in the selection and adaptation of psychometric tools for diverse populations	10
5.3	Psychosomatic Disorders in Primary Care and Specialty Settings	9
5.4	Collaboration and Liaison Psychiatry in Managing Psychosomatic Conditions	9
5.5	Effective communication and Collaboration for Early Diagnosis of Psychosomatic Disorder	8
6.1	Hands-on training on Professional skills for effective Patient-Caregiver Communication regarding treatment outcomes.	8
6.2	Shared Decision-Making: Developing Professional Skills to Support Patients and Caregivers	5
6.3	Critiquing the chronological evolution of psychological theories and the development of psychotherapeutic techniques	5
6.4	Exploring Non-Pharmacological Healing Techniques/ Spiritual Healing in the Community	8

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-MN	1	100	200	300

6 B : Scheme of Assessment (Formative and Summative Assessment)**Credit frame work**

AYPG-AB-MN consists of 6 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 : 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. Manovijnana (Introduction to Fundamental Principles of Indian and Western Psychology)	2	60		50		
M2. Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes and Introduction to Applied Neurophysiology)	3	90		75		
M3. Manorogapareeksha Vidhi, Satva Pareeksha, Manasaroga Nidana Evam Samprapti (Orientation to Psychiatric Case Taking and Overview of Psychopathology in Ayurveda)	3	90		75		
M4. Manasaroga Vargeekarana Evam Bhootagraha, Bala-Vrudha-Yosha Manovijnana (Classification of Manasaroga, Overview of Bhootagraha, Child-Adolescent Psychology and Women's Psychology)	3	90		75		

M5. Manomaapaka Upakarana Evam Manodaihiki Vyadhi (Diagnostic Tools, Psychometric Tests, Psychosomatic Disorders) and the concept of Liaison Psychiatry	3	90		75		
M6. Manasaroge Samanya Chikitsa Siddhanta (General Principles of Management in Manasa Roga)	2	60		50		
$\text{MGP} = \frac{(\text{Number of Notional learning hours attended in a module}) \times (\text{Marks obtained in the modular assessment})}{(\text{Total number of Notional learning hours in the module}) \times (\text{Maximum marks of the module})} \times 100$						

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.Manovijnana (Introduction to Fundamental Principles of Indian and Western Psychology)	C1
2	M2.Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes and Introduction to Applied Neurophysiology)	C2
3	M3.Manorogapareeksha Vidhi, Satva Pareeksha, Manasaroga Nidana Evam Samprapti (Orientation to Psychiatric Case Taking and Overview of Psychopathology in Ayurveda)	C3
4	M4.Manasaroga Vargeekarana Evam Bhootagraha, Bala-Vrudha-Yosha Manovijnana (Classification of Manasaroga, Overview of Bhootagraha, Child-Adolescent Psychology and Women's Psychology)	C4
5	M5.Manomaapaka Upakarana Evam Manodaihiki Vyadhi (Diagnostic Tools, Psychometric Tests, Psychosomatic Disorders) and the concept of Liaison Psychiatry	C5
6	M6.Manasaroge Samanya Chikitsa Siddhanta (General Principles of Management in Manasa Roga)	C6
	Semester Grade point Average (SGPA)	$(C1+C2+C3+C4+C5+C6) / \text{Number of modules}(6)$

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-MN
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)Manovijnana (Introduction to Fundamental Principles of Indian and Western Psychology) (Marks: Range 5-15)				
1	(U-1) Fundamental Concepts of Manovijnana (Indian Psychology)	No	Yes	Yes
2	(U-2) Fundamental Concepts of Western Psychology	No	Yes	Yes
(M-2)Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes and Introduction to Applied Neurophysiology) (Marks: Range 5-15)				
1	(U-1) Mano Niroopana Evam Mano Vyapara (The concept of mind and psychological processes)	No	Yes	Yes
2	(U-2) Applied Aspects of Manovaha Srotas. Introduction to applied neurophysiology	No	Yes	Yes
(M-3)Manorogapareeksha Vidhi, Satva Pareeksha, Manasaroga Nidana Evam Samprapti (Orientation to Psychiatric Case Taking and Overview of Psychopathology in Ayurveda) (Marks: Range 5-20)				
1	(U-1) Manorogapareeksha Vidhi evam Satva Pareeksha (Introduction to Case Taking and Psychiatric Examination)	No	Yes	Yes
2	(U-2) Samanya Nidana, Lakshana, and Samprapti of Manasa Roga	Yes	Yes	Yes
(M-4)Manasaroga Vargeekarana Evam Bhootagraha, Bala-Vrudha-Yosha Manovijnana (Classification of Manasaroga, Overview of Bhootagraha, Child-Adolescent Psychology and Women's Psychology) (Marks: Range 5-20)				
1	(U-1) Manoroga Vargeekarana (Classification of Manasaroga)	No	Yes	Yes
2	(U-2) Overview of Bhootagraha	Yes	Yes	Yes
3	(U-3) Introduction to Bala, Vrudha and Yoshita Manovijnana (Childhood-adolescent psychology, Geriatric psychology and Women's psychology)	No	Yes	Yes
(M-5)Manomaapaka Upakarana Evam Manodaihiki Vyadhi (Diagnostic Tools, Psychometric Tests, Psychosomatic Disorders) and the concept of Liaison Psychiatry (Marks: Range 5-20)				
1	(U-1) Manomaapaka Upakarana (Diagnostic and Psychometric Assessment Tools)	No	Yes	Yes
2	(U-2) Manodaihiki Vyadhi (Psychosomatic Disorders) and Liaison Psychiatry	Yes	Yes	Yes
(M-6)Manasaroge Samanya Chikitsa Siddhanta (General Principles of Management in Manasa Roga) (Marks: Range 5-20)				
1	(U-1) Samanya Chikitsa of Manasa Roga	Yes	Yes	Yes
2	(U-2) Adravyabhuta Chikitsa (Satvavajaya and Daivavyapasraya Chikitsa).	No	Yes	Yes

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	<p>Manasarog (Psychiatric) Case taking and Detailed Examination:</p> <p>Detailed history of presenting complaints, Premorbid personality, Family history, Satva Pareeksha (Ayurvedic assessments and Contemporary standards viz. Mental Status Examination, Mini Mental Status Examination).</p> <p>Assessment and Mark Distribution</p> <p>a) written summary of history taking/case: [10 Marks]</p> <p>b) Satva Pareeksha {Psychiatric examinations}: [30 marks]</p> <ol style="list-style-type: none">1. Underlying knowledge base: Signs and symptoms identified [10 marks]2. Satva Pareeksha: Examination skills [10 marks]3. Bedside communication skills [10 marks]	40
2	<p>Clinical Symptomatology, Diagnostic Category and General line of Management.</p> <p>a) Identifying Clinical symptomatology: A clinical case scenario shall be provided with clinical symptoms/ characteristics/red flag signs/duration-course. Students are instructed to identify the clinical symptoms and diagnostic category that best fits the symptoms and course of the illness as per Ayurvedic and contemporary standards.[40 marks]</p> <p>Assessment Mark Distribution [Interpreting information, Knowledge application, Information recall]</p> <ol style="list-style-type: none">1. Symptom identification, clinical reasoning and judgement of each clinical condition identification: [20 Marks]2. Identifying the diagnostic category as per Ayurvedic (Dosha-Roga Nirnaya) and contemporary standards (ICD): 20 Marks] <p>b) Psychometric tool Application: A psychometric tool shall be provided to each student (handouts of commonly used assessment tools), and students are instructed to summarize the tool's applicability and utility. [40 marks]</p> <p>Assessment Mark Distribution:</p> <ol style="list-style-type: none">1. Written summary of tool applicability in terms of identifying appropriate clinical conditions with respect to Age; Self- reporting/ Clinician rating. [20 marks]	100

	<p>2. Written summary of tool utility in terms of Severity Index, Informed Decision Making, and Monitoring treatment response. [20 marks]</p> <p>c) Written summary of Samanya Chikitsa Siddhanta for the given symptomatology/ clinical presentation: A clinical case scenario is provided with appropriate clinical symptoms (Ayurvedic and contemporary standards), and the students are instructed to summarize the Samanya Chikitsa Siddhanta adoptable in the given Case. [20 marks]</p>	
3	Structured Viva-Voce/ Open ended Viva Voce with 2 examiners [20 marks each]	40
4	<p>Practical Record: Clinical History, Case Formulation, Diagnostic Category, General Management Principles [25 Cases]</p> <p>Preferably categorized into:-</p> <ol style="list-style-type: none"> 1. Manasa Roga: Unmada, Graha, Apasmara (Psychiatric Diseases and Seizure Disorders) 2. Manodaihiki Vyadhi (Psychosomatic Disorders) 3. Madatyaya (Alcohol Use Disorder and Other Substance Use Disorders) 4. Smruti Vikara (Memory-Cognitive Impairment Disorders) 5. Manasa-Klaibya evam anya Shanda Vikara (Psychosexual disorders/ Sexual Preference/Gender Identity Disorders) and other sexual per) 6. Bala Manoroga (Child Psychiatry) 7. Nidra Vikara (Sleep Disorders) 8. Other Relevant Clinical Contexts. 	10
5	<p>Logbook Assessment:</p> <p>Assessment Rubrics [10 marks]</p> <ol style="list-style-type: none"> 1. Performance' level of the Miller's pyramid (Competencies achieved after each Unit in a module): 2 marks 2. Record of selected psychomotor and communication related competencies: 2 marks 3. Specific clinical experiences: 2 marks 	10

	4. Participation in group activities: 2 marks 5. Community experiences/Field visits: 2 marks	
Total Marks	200	

Reference Books/ Resources



11_Manasarog

[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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