

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment Number- _____ has satisfactorily completed the course of Practicals in (Subject Name) prescribed by the (Name of University) as a part of the Second Professional B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

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CHARAKA'S SHAPATH

- "During the period of study, I shall live a disciplined life with my teachers and peers. My action shall be guarded, service oriented and free from indiscipline and envy. In my dealings I shall be patient, obedient, humble, constantly contemplative and calm. I shall aim my full efforts and ability towards the desired goal of my profession.
- As a Physician, I shall always use my knowledge for welfare of mankind.
- I shall always be ready to serve patients, even if I am extremely busy and tired. I shall not harm any patient for the sake of monetary or selfish gains, nor shall I entertain a desire for lust, greed or wealth. immorality shall not emerge even in my thoughts.
- My dressing shall be decent yet impressive and inspiring confidence. My conduct shall always be appropriate, pleasant, truthful, beneficial and polite. I shall use my experience in actions appropriate for that time and place.
- I shall constantly endeavour to accomplish/ keep updated with the latest developments in the field and widen my knowledge.
- I shall treat patient of gender other than mine in presence of relatives or attendants.
- When examining a patient, my discretion, attention and senses shall be concentrated on the cure of the disease. I shall not divulge the confidentiality related to the patient or family inappropriately.
- Although an authority (in my subject), I shall not display my knowledge and skill with arrogance.

Declaration of Geneva

The Declaration of Geneva is a statement that was adopted by the World Medical Association (WMA) in 1948 as a modern-day revision of the Hippocratic Oath. It serves as an ethical guide for physicians worldwide. The text of the Declaration of Geneva is as follows:

- "I solemnly pledge to dedicate my life to the service of humanity.
- The health and well-being of my patient will be my first consideration.
- I will respect the autonomy and dignity of my patient.
- I will maintain the utmost respect for human life.
- I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient.
- I will respect the secrets that are confided in me, even after the patient has died.
- I will practice my profession with conscience and dignity and in accordance with good medical practice.
- I will foster the honour and noble traditions of the medical profession.
- I will give to my teachers, colleagues, and students the respect and gratitude that is their due.
- I will share my medical knowledge for the benefit of the patient and the advancement of healthcare.
- I will attend to my own health, well-being, and abilities in order to provide care of the highest standard.
- I make these promises solemnly, freely, and upon my honour."

The Declaration of Geneva emphasizes the physician's commitment to their patients' well-being, the importance of respecting patient autonomy, and the need to uphold the highest ethical standards in medical practice. It serves as a guiding principle for physicians worldwide and reaffirms their dedication to the ethical practice of medicine.

जङ्गम विष (ANIMAL POISON)

1. SI No.:

Date:

2. Name of Animal:

Scientific Name:

Sanskrit:

Family:

English:

Type of Poison:

3. Identification Features with Diagram or Picture

4. Fatal Dose:

5. Fatal Period

6. Signs & Symptoms:

Local:

Systemic:

7. Treatment:

Signature of Student

Signature of Staff

स्थावर विष (VEGETABLE POISONS)

1. Sl No.:

Date:

2. Name of Poison:

Botanical Name:

Sanskrit:

Family:

English:

Type of Poison:

Antidote:

3. Description:

4. Chemical Composition:

6. Fatal Dose:

7. Fatal Period:

8. Formulations:

9. Signs and Symptoms:

10. Treatment:

11. Post-mortem Appearances:

2. Medico-Legal Importance:

Signature of Student

Signature of Staff

Diagram/Picture

खनिज विष (MINERAL POISON)

1. Sl No.:

Date :

2. Name of Poison:

Chemical Name :

Sanskrit :

Type of Poison :

English :

Antidote :

3. Chemical Composition & Mode of action:

4. Fatal Dose:

5. Fatal Period :

6. Formulations:

7. Acute Toxic Signs & Symptoms:

8. Chronic Toxicity :

9. Treatment:

13. Post-mortem Appearances:

14. Medico-Legal Importance:

Signature of Student

Signature of Staff

Practical Demonstration

Name of the Practical: Gastric Lavage/RT Insertion Date:

Aim:

Requirements:

Precautions:

Preparation:

Procedure:

Contraindications:

Signature of the Student

Signature of the Staff

Practical Demonstration

Name of the Practical: CPR

Date:

Aim:

Requirements:

Precautions:

Preparation:

Procedure:

Observation:

Signature of the Student

Signature of the Staff

Adulteration Tests

Name of the Practical:

Date:

Aim:

Principle:

Requirements:

Precautions:

Procedure:

Observation:

Inference:

Signature of the Student

Signature of the Staff

Clinical Applications of Agada

Name of Agada:

Reference and Shloka: -

Ingredients: -

Indications:

Clinical Applications:

Signature of the Student:

Signature of the Staff:

Case Record Form: General Format

Date of case taking:

Case no:

UHID No/ OPD No:.....

IP No/ Dt.....

Name:

Age:

Sex:

Address with phone no:

Occupation:

Income:

Marital status:

Education:

Name of nearest Relative with phone no:

Date & Time of Admission:

Discharge:

Presenting Complaints:

Total Duration:

History of present Illness:

History of past Illness with treatment:

Treatment History of present Illness:

Family History:

Personal History:

Fetal History:

Birth History:

Menstrual History: (in the case of woman):

Obstetric History: (in the case of woman):

Diet :(Commonly included ingredients)

(Any notable points on Virudhahara)

Habits :(Addictions)

(Mode of work)

(Sleep/ rest pattern)

General Examination:

Physical Examination:

Temperature:

Pulse Rate:

Heart Rate:

Resp. Rate:

B.P:

Body Weight:

Koshta:

Akruthi:

Systemic Examination:

Gastro Intestinal System:

Cardio Vascular System:

Respiratory System:

Skin & Appendages:

Others:

Dashavidha Pareeksha:

Dushyam:

Dosham:

Desam:

Deham:

Bhumi:

Dhatu:

Balam:

Rogi:

Rogam:

Malam:

Kalam:

Ksnadi:

Vyadhivridhi:

Chikitsa:

Vyadhyavastha:

Anala:

Prakruthi:

Vaya:

Satva:

Satmya:

Ahara:

Vihara

Ahara:

Jaranasakthi:

Abhyavaharanasakthi:

Ashtasthana Pareeksha: (Observations. Doshas involved)

Nadi:

Jihwa:

Malam:

Mutram:

Drik:

Sabdam:

Sparsam:

Akruthi:

Routine & Specific Laboratory Investigations:

Blood:

Urine:

Stool:

Sputum:

Provisional Diagnosis:

Analysis of the Case:

Vishabheda: (Sthavara / Jangama / Kritrima / Doosheevisha/Garavisha/ Vishopama)

Sthavara vishabheda:

Signs & Symptoms:

Saamanya lakshana:

Vega Lakshana:

Anubandha Upadrava:

Jangama vishabheda:

1. Characters of snake:
2. Place of bite (Damsa sthaana)
3. Time of bite (Damsa samaya):
4. Time elapsed between bite & Admission:
5. Part of body affected:
6. Nature of bite (Damsasya bhaava):

7. Signs& Symptoms (Damsa lakshanaani):
8. Samanya Lakshana:
9. Vega lakshanaani:
10. Anubandha upadravaani:
11. Arishta lakshanaani:

Kritrima vishabheda:

Signs& Symptoms:

Saamana Lakshanaani:

Kritrimavisha pratiniyata lakshanaani:

Doosheevisha:

Lakshanaani:

Doosheevishajanya roga:

Anubandha upadrava:

Indriya pareeksha:

Vishopama Samprapti:

Virudhahara:

Type of virudha:

Factors involved:

Samanya

Lakshana:

Ama :

Doshadhikya:

Samanya Lakshana:

Dosha & Vikruta lakshanaani:

Dooshya & Vikruta lakshanaani:

Srotas & Dushti lakshanaani:

Vyaadhyadhishtaanam:

Vyadhi Margam:

Diagnosis:

Differential (with reason):

Actual:

Treatment:

Chaturvimshati upakrama:

Saamana chikitsa: Sodhana chikitsa:

Samana chikitsa:

Details of Treatment

Date	Observations	Medicines/Procedure	Dose/ Time	Duration

--	--	--	--	--

Pathya: Ahara:

Vihara:

Apathya: Ahara:

Vihara:

Chikitsaphalam:

Advice given at the time of discharge:

Sl.No	Medicine	Dose	Duration	Anupana

Signature of MO in Charge

Signature of Student

MEDICAL CERTIFICATE OF CAUSE OF DEATH

I hereby certify that the deceased Shri/Smt/Km..... son of/wife of/daughter of resident of.was under my treatment from.....to..... And he/she died on.....at..... AM/PM.

Name of institution	Hospital in-Patients (Not to be used for still births)			Admission no.
Name of deceased	Gender	Marital status	Date of birth	Date and time of death
	m/f			
Age at death	Age in completed in years	If less than 1 year age in month	If less than one month age in days	If less than 1 day , age in hrs
Address				
Cause of Death				
Immediate cause (Disease or condition directly leading to death)			Approximate Interval between onset and death	
Antecedent Causes (Morbid conditions, If any, giving rise to the above cause, stating the underlying condition last.)				
Contributory Cause Other Significant Conditions contributing to the death but not related to the disease condition causing it.				

If deceased was a female, was pregnancy the death associated with?- YES/NO

If yes, was there a delivery?- Yes/ No

Name and signature of the Medical Attendant certifying the cause of death

Date of Certificate.....

(To be detached and handed over to the related of the deceased)

Certified that Shri/Smt/Km..... S/W/D of Shri R/O..... Was under treatment from.....And he/she expired on..... at AM/PM

Doctor.....

Signature and address of Medical Practitioner/ Medical attendant with Registration No.

PROFARMA FOR EXAMINATION AND REPORT OF A CASE OF INJURY

Requisition from S.I. of Policevide letter no:.....Dated:....

For examination ofEscorted by P.C.No:...., Name:-

Place of Examination:

Date and Time of Examination:

- 1. Name:
- 2. S/o/W/o /D/o.....
- 3. Address:.....
- 4. Age as stated:
- 5. Religion:.....
- 6. Occupation:.....
- 7. Brought and identified by.....
- 8. Consent given in writing:

Is/o,d/o,w/owith complete consciousness, free-will and without any pressure give consent for medical examination. I have been clearly explained about the examination and the result/findings could be in my favour or against.

Signature

- 9. Examination in presence of :
- 10. Identification marks: a..... b
- 11. History as given by the patient (if unable to speak by the person accompanying the patient):
 - a) How the injury was sustained, if assaulted, no. of persons who assaulted
 - b) Whether any weapon was used, if so what type of weapon; if it was hard, blunt or sharp cutting or pointed etc.
 - c) Date and time of infliction of injury.
 - d) Whether any first aid treatment was given anywhere
 - e) Whether dying declaration is/was recorded as required.
- 12. On Examination:
 - a. If unconscious: degree of unconsciousness,
 - b. BP/Pulse:
 - c. Respiratory rate
 - d. Pupils
 - e. RS
 - f. CVS
 - g. P/A
 - h. Any bleeding from nostrils, ears, mouth etc.
 - i. Prognosis good/uncertainn
- 13. Physical examination: Each injury is to be described as follows:

Material
Preserved.....
.....

Advice.....
.....

Final
Opinion.....
.....

Sr.no	Nature of injury	Size	Site	Description, duration of Injury	Simple or Grievous	By Type of weapon inflicted

Name and Signature of M.O

MEDICAL FITNESS CERTIFICATE

**This is to certify that I have carefully examined Mr./ Mrs.....S/O,
D/O,.....aged..of.....Village.....District.....
.....State.....Pin Code.....**

He/she is in good mental and physical health and is free from any physical defects such as deafness, colour blindnes,and any chronic or contagious diseases.

This certificate is being issued to him/ her for the purpose of.....

Date.....

Signature of the Candidate.....

Name of Medical Officer.....

Registration No.....

Signature with Seal.....

MEDICAL CERTIFICATE

Signature of applicant.....

I, Dr.....after careful personal examination of case hereby certify thatwhoes signature is given above, is suffering from.....that I consider that a period of absence from duty for.....with effect fromto.....is absolutely for restoration of his/her health.

Place.....

Date.....

MEDICAL OFFICER

CERTIFICATE OF MEDICAL FITNESS

Signature of Applicant.....

I, Dr.....do hereby certify that I have carefully examined Mr./ Mrs.....of the.....who was suffering from.....and whose signature is given above, and find that he/ she has recovered from his/ her illness and is now fit to resume duties. I also certify that before arriving at this decision I have examined original medical certificates and statements of the case on which leave was granted or extending, and have taken these in consideration in arriving at my decision.

Place.....

Date.....

MEDICAL OFFICER

Practical Record Book
For
Subject – Dravyaguna Vigyana
Year – 2nd year B.A.M.S.

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

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Sign. of Teacher

Sign. of H.O.D.

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19	Out Campus Visit	
20	Selection of Ekala dravya prayoga in various clinical conditions	

Practical no 1.

Date:-

1.1 Name of the Practical – Assessment and Understanding the relation between Parthivatwa & subjective/ objective parametric tests

Principle:-Bulk density is more in Parthiva Dravyas as compared to other Mahabhutas

Dravyas to be used -

Drugs	Asthishrnkhala	Sariva	Vidari	Maricha	Shatavari	Jambu	Godhuma	Ushira
Botanical Name								
Part used								

1.1 a) Name of the Test –Bulk Density

Aim & Objective-

Materials-

Method/Procedure-

Observations / Calculations-

Formula- $BD = \text{Wt of sample} / \text{Volume gm/cc}$

Inference:

Conclusion:

Remarks:

Student's signature

Teacher's signature

1.1.b) Name of the Test Specific gravity (Solid)

Principle – Specific gravity is more in Parthiva Dravyas as compared to other Mahabhutas

Aim & Objective:

Materials:

Method/Procedure:

Observations / Calculations:

S. No.	Observation Number	1	2	3
1	Weight of density bottle (W_1 g)			
2	Weight of density bottle + Dry drug (W_2 g)			
3	Weight of bottle + dry drug + water at temperature T_x^0 C			
4	(W_3 g) Weight of bottle + water (W_4 g) at temperature T_x^0 C			
	Specific gravity G at T_x^0 C			
	Average specific gravity at T_x^0 C			

CALCULATIONS: Specific gravity of solid drug = Density of water at 27 C/Weight of water of equal volume
 $= (W_2 - W_1) / (W_4 - W_1) - (W_3 - W_2)$
 $= (W_2 - W_1) / (W_2 - W_1) - (W_3 - W_4)$

Conclusion -

Interpretation-

Student's signature

Teacher's signature

Results:

Sr. No.	Particular	Asthishrnkhala	Sariva	Vidari	Maricha	Shatavari	Jambu	Godhuma	Ushira
a	Density (Bulk)								
b	Specific Gravity Solid								

Conclusions-

Student's signature

Teacher's signature

Practical no 1

Date:-

1.2 Name of the Practical - Assessment and Understanding the relation between Jaliyatwa & subjective/objective parametric tests

Principle:- Viscosity and Jaliyatwa is inversely proportional

Dravyas to be used -

Drugs	Kumari	Vidari	Sariva	Shunthi	Ikshu	Usheera	Kamala	Apamarga
Botanical Name								
Part used								

1.2.a) Name of the test – Viscosity

Aim & Objective-

Materials-

Method/Procedure-

Observations -

Time required for standard to falling down E to F– C

Time required for sample to falling down E to F -t

Calculations-Kinematic viscosity = $V=1/C*t$

Interpretation-

Student's signature

Teacher's signature

1.2.b) Name of the Test- Specific gravity (Liquid)

Principle :- As Specific Gravity increases Jaliyatwa decreases

Aim & Objective:

Materials:

Method/Procedure:

Observations / Calculations:

S. No.	Observation Number	Result
1	Weight of density bottle (W_1 g)	
2	Weight of density bottle + water (W_2 g)	
3	Weight of bottle + sample at same temperature (W_3 g)	
	$W_3 - W_1 / W_2 - W_1$	
	Average specific gravity at T_x^0 C	

Conclusion -

Interpretation-

Student's signature

Teacher's signature

1.2.c) Name of the test -Moisture content

Principle:- As moisture content increases Jaliyatwa increases

Aim & Objective-

Materials-

Method/Procedure-

Observations-

- 1) Weight of empty evaporating dish–A
 - 2) Weight of evaporating dish with sample –B

 - 3) Weight of evaporating dish with sample after heating –C
 - 4)Weight of evaporating dish with sample after heating –C₁
- This process should be repeated till two consecutive weights will be equal

Calculations-

$$\frac{B-C_1}{B-A} \times 100$$

Conclusion-

Student's signature

Teacher's signature

Details:

Sr. No.	Particular	Kumari	Vidari	Sariva	Shunthi	Ikshu	Usheera	Kamala	Apamarga
A	Viscosity								
B	Specific Gravity								
C	Moisture content								

Practical no 1.

Date:-

1.3 Name of the Practical - Assessment and Understanding the relation between Aagneyatwa & subjective/ objective parametric tests

Principle:- Extreme acidity and alkalinity showing more Aagneyatwa

Dravyas to be used-

Drugs	Shunthi	Shatavari	Maricha	Dhataki	Chitraka	Gokhura	Hingu	Chandana
Botanical Name								
Part used								

1.3.a) Name of the test -pH

Aim & Objective-

Method/Procedure-

Observation-

Conclusion-

Student's signature

Teacher's signature

b) Name of the test -Moisture content

Principle: - Moisture content is less in Aagneya dravyas as compared to other Mahabhutas

Aim & Objective-

Materials-

Method/Procedure-

Observations-

- 1) Weight of empty evaporating dish –A
- 2) Weight of evaporating dish with sample –B
- 3) Weight of evaporating dish with sample after heating –C
- 4) Weight of evaporating dish with sample after heating –C₁

This process should be repeated till two consecutive weights will be equal

Calculations-

$$\frac{B - C_1}{B - A} \times 100$$

B-A

Conclusion-

Student's signature

Teacher's signature

Reports-

Sr. No.	Particular	Shunthi	Shatavari	Maricha	Dhataki	Chitraka	Gokhura	Hingu	Chandana
a	pH								
b	Moisture content								

Interpretation –

Student's signature

Teacher's signature

Practical no 1.

Date:-

1.4 Assessment and Understanding the relation between Vayaviytwa & subjective/ objective parametric tests

Principle:- More the Fat content Less the Vayaviyatwa

Dravyas to be used-

Drugs	Usheera	Ashwagandha	Nimba	Vidari	Khadira	Tila	Jambu	Kapikacchu
Botanical Name								
Part used								

a) Name of the test -Fat content

Aim & Objective-

Method/Procedure-

Observation-

1. Weight of sample-
2. Weight of the empty Evaporating dish
3. Weight of Evaporating dish + dried extract

Calculations –

Percentage of fat content value= weight of Oil /Total weight of sample taken X 100

Conclusion-

Student's signature

Teacher's signature

b) Name of the Test- Specific gravity (Liquid)

Principle: Specific gravity is less when compared with Parthiva Dravya

Aim & Objective-

Materials-

Method/Procedure-

Observations / Calculations-

S. No.	Observation Number	Result
1	Weight of density bottle (W_1 g)	
2	Weight of density bottle + water (W_2 g)	
3	Weight of bottle + sample at same temperature (W_3 g)	
	$W_3 - W_1 / W_2 - W_1$	
	Average specific gravity at T_x^0 C	

Conclusion -

Interpretation-

Student's signature

Teacher's signature

d) Name of the Test –Bulk Density

Principle:- Bulk density is less when compared with Prathiva dravya

Aim & Objective-

Materials-

Method/Procedure-

Observations / Calculations-

Formula- $BD = \text{Wt of sample} / \text{Volume gm/cc}$

Inference:

Conclusion:

Remarks:

Student's signature

Teacher's signature

Reports-

Sr. No.	Particular	Ushira	Ashwagandha	Nimba	Vidari	Khadira	Tila	Jambu	Kapikacchu
A	Fat Content								
B	Specific Gravity (Liquid)								
C	Density-Bulk								

Interpretation-

Student's signature

Teacher's signature

Practical no 1.

Date:-

1.5 Name of the Practical - Assessment and Understanding the relation between Aakashiyatwa & subjective/ objective parametric tests

Bulk Density is less when compared with Vayaviya Dravya.

Dravyas to be used-

Drugs	Usheera	Kumari	Apamarga	Jeeraka	Jatamansi
Botanical Name					
Part used					

1.5 a) Name of the Test –Bulk Density

Aim & Objective-

Materials-

Method/Procedure-

Observations / Calculations-

Formula- $BD = \text{Wt of sample} / \text{Volume gm/cc}$

Inference:

Conclusion:

Remarks:

Student's signature

Teacher's signature

Reports-

Sr. No.	Particular	Usheera	Kumari	Apamarga	Jeeraka	Jatamansi
A	Density Bulk					

Interpretation-

Student's signature

Teacher's signature

Practical no 2

Date:-

Name of the Practical - Assessment of objective parametric measures of Guna

2.1- Assessment of objective parametric measures Guru & Laghu Guna

Principle- Bulk density is directly proportional to physical Guruta & Laghuta

Drugs	Shatavari	Bala	Yava	Dhanyaka
Botanical Name				
Part used				

a) Name of the Test –Bulk Density

Aim & Objective-

Materials-

Method/Procedure-

Observations / Calculations-

Formula- $BD = \text{Wt of sample} / \text{Volume gm/cc}$

Inference:

Conclusion:

Remarks:

Student's signature

Teacher's signature

b) Name of the Test Specific gravity (Solid)

Principle:- Specific Gravity directly proportional to Physical Guruta & Laghuta

Aim & Objective:

Materials:

Method/Procedure:

Observations / Calculations:

S. No.	Observation Number	1	2	3
1	Weight of density bottle (W_1 g)			
2	Weight of density bottle + Dry drug (W_2 g)			
3	Weight of bottle + dry drug + water at temperature T_x^0 C			
4	(W_3 g) Weight of bottle + water (W_4 g) at temperature T_x^0 C			
	Specific gravity G at T_x^0 C			
	Average specific gravity at T_x^0 C			

CALCULATIONS: Specific gravity of solid drug = Density of water at 27 C/Weight of water of equal volume
= $(W_2 - W_1) / (W_4 - W_1) - (W_3 - W_2)$
= $(W_2 - W_1) / (W_2 - W_1) - (W_3 - W_4)$

Conclusion -

Interpretation-

Student's signature

Teacher's signature

c) Name of the Test Specific gravity (Liquid)

Aim & Objective:

Materials:

Method/Procedure:

Observations / Calculations:

S. No.	Observation Number	Result
1	Weight of density bottle (W_1 g)	
2	Weight of density bottle + water (W_2 g)	
3	Weight of bottle + sample at same temperature (W_3 g)	
	$W_3 - W_1 / W_2 - W_1$	
	Average specific gravity at T_x^0 C	

Conclusion -

Interpretation-

Student's signature

Teacher's signature

Results -

Sr. No.	Particular	Shatavari	Bala	Yava	Dhanyaka
a	Density (Bulk)				
b	Specific Gravity Liquid				
c	Specific Gravity Solid				

Date:-

2.2 -Name of the Practical - Assessment of objective parametric measures of Snigdha and Ruksha guna drugs

Principle:- Fat Content directly proportional to physical Snigdhata & Rukshata

Drugs	Tila	Eranda	Kulattha	vidanga
Botanical Name				
Part used				

a) Name of the test -Fat content

Aim & Objective-

Method/Procedure-

Observation-

1. Weight of sample-
2. Weight of the empty Evaporating dish
3. Weight of Evaporating dish + dried extract

Calculations –

Percentage of fat content value= weight of Oil /Total weight of sample taken X 100

Conclusion-

Student's signature

Teacher's signature

b) Name of the test -Moisture content

Principle – Moisture content is directly proportional to Snigdhatā & Rukshatā

Aim & Objective-

Materials-

Method/Procedure-

Observations-

- 1) Weight of empty evaporating dish –A
- 2) Weight of evaporating dish with sample –B
- 3) Weight of evaporating dish with sample after heating –C
- 4) Weight of evaporating dish with sample after heating –C₁

This process should be repeated till two consecutive weights will be equal

Calculations-

B- C₁

-----× 100

B-A

Conclusion-

Student's signature

Teacher's signature

c) Name of the test –Swelling index

Principle:- Swelling index is directly proportional to Snigdhatta and Rukshata

Aim & Objective-

Materials-

Method/Procedure-

Observations-

Calculation

Swelling index percentage = $(V_w - V_k) / V_k * 100$

V_w : Final drug weight after 24hours

V_k : Initial weight in water

Inference:

Conclusion:

Student's signature

Teacher's signature

Results -

Sr. No.	Particular	Tila	Eranda	Kulattha	Vidanga
a	Fat Content				
b	Moisture Content				
c	Swelling Index				

Practical no 3**Date:-****Name of the Practical - Assessment of Rasa based on classical symptoms for each rasa dravyas**

Drugs	Madhura	Amla	Lavana	Katu	Tikta	Kashaya
Sanskrit Name						
Botanical Name						
Part used						

Aim & Objective-**Materials-****Method/Procedure-****Observations**

Standard Protocol for Determination of Rasa (Taste) Involving Human Subjects

Name of the Volunteer: Age:

Date:

PART-A

1. What did you feel in the oral cavity after tasting the sample? (tick one or more option)

Sr. no	Question	Uttam (Highest degree) Score - 3	Madhyam (Medium Degree) Score - 2	Avara (Lowest Degree) Score - 1
1	Coating of the oral cavity			
2	Unctuous/Slimy feeling			
3	Softness of the mouth			
4	Cleansing of mouth			
5	Burning sensation in mouth, throat, chest - After sometime			
6	Disperse quickly			
7	Burning sensation in mouth, forehead			
8	Burning sensation in mouth, forehead, whole body –immediate			
9	pricking sensation on tongue			
10	Feeling of temporary loss of taste			
11	Not pleasant to Tongue			
12	Dryness of mouth			
13	Stiffness of the tongue			

2. What did you feel in mind / brain after tasting the sample?

SI No	Question	Uttam (Highest degree) Score - 3	Madhyam (Medium Degree) Score - 2	Avara (Lowest Degree) Score - 1

1.	Sense of satisfaction			
2.	Pleasant feeling			
3.	Developed likingness in food			
4.	Mental Agitation			

3. Which kind of effect you are experiencing?

SI No	Question	Uttam (Highest degree) Score - 3	Madhyam (Medium Degree) Score - 2	Avara (Lowest Degree) Score - 1
1.	Perspiration/ Sweating			
2.	Discharge from Nose			
3.	Lacrimation/ Tears in eyes			
4.	Stiffness of Head			
5.	Choking feeling in throat / chest Region			

4. What reflective effect you observed?

SI No	Question	Uttam (Highest degree) Score - 3	Madhyam (Medium Degree) Score - 2	Avara (Lowest Degree) Score - 1
1.	Increased Salivation			
2.	Tingling sensation in teeth			
3.	Eye and eyebrow constriction			
4.	Feeling of Goosebumps			

5. What is the Predominant taste of drug/ which taste you felt the most after immediate contact?

SINo	Option	Score 1-6- depending on predominance of taste
1.	Madhura	

2.	Amla	
3.	Lavana	
4.	Katu	
5.	Tikta	
6.	Kashaya	

Teacher's Signature

Student's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

a. Root drugs

Drugs	Botanical Name	Family	Synonyms
Ashwagandha			
Chitraka			
Manjishtha			
Musta			
Shatavari			
Vatsanabha			
Yashtimadhu			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Ashwagandha	Substitute/Adulterant
Chitraka	Substitute/Adulterant
Manjistha	Substitutes/Adulterants
Musta	Substitute/Adulterant

Shatavari	Substitute/Adulterant
Vatsanabha	Substitute/Adulterant

Yashtimadhu	Substitute/Adulterant

Report-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Gandha (Odour)
Ashwagandha				
Substitute/Adulterant				
Chitraka				
Substitute/Adulterant				
Manjishtha				
Substitute/Adulterant				
Musta				
Substitute/Adulterant				
Shatavari				
Substitute/Adulterant				
Vatsanabha				
Substitute/Adulterant				
Yashtimadhu				
Substitute/Adulterant				

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

b. Rhizome drugs

Drugs	Botanical Name	Family	Synonyms
Haridra			
Kutki			
Shunthi			
Vacha			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Haridra	Substitute/Adulterant
Kutki	Substitute/Adulterant
Shunthi	Substitutes/Adulterants
Vacha	Substitute/Adulterant

--	--

Report-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Gandha (Odour)
Haridra				
Substitute/Adulterant				
Kutki				
Substitute/Adulterant				
Shunthi				
Substitute/Adulterant				
Vacha				
Substitute/Adulterant				

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

c. Stem drugs

Drugs	Botanical Name	Family	Synonyms
Asthishunkhala			
Guduchi			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

<p>Asthishrunkhala</p>	<p>Substitute/Adulterant</p>
<p>Guduchi</p>	<p>Substitute/Adulterant</p>

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Asthishrukhala					
Substitute/Adulterant					
Guduchi					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

d. Bark drugs

Drugs	Botanical Name	Family	Synonyms
Arjuna			
Ashoka			
Kutaja			
Nimba			
Twaka			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Arjuna	Substitute/Adulterant
Ashoka	Substitute/Adulterant
Kutaja	Substitutes/Adulterants
Nimba	Substitute/Adulterant

Twaka	Substitute/Adulterant

Report-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Arjuna					
Substitute/Adulterant					
Ashoka					
Substitute/Adulterant					
Kutaja					
Substitute/Adulterant					
Nimba					
Substitute/Adulterant					
Twaka					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

e. Heart wood drugs

Drugs	Botanical Name	Family	Synonyms
Beejaka			
Chandana			
Khadira			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Beejaka	Substitute/Adulterant
Chandana	Substitute/Adulterant
Khadira	Substitute/Adulterant

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Beejaka					
Substitute/Adulterant					
Chandana					
Substitute/Adulterant					
Khadira					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

f. Leaf drugs

Drugs	Botanical Name	Family	Synonyms
Kumari			
Meshshrungi			
Vasa			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Kumari	Substitute/Adulterant
Meshshrungi	Substitute/Adulterant
Vasa	Substitute/Adulterant

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Kumari					
Substitute/Adulterant					
Meshashrungi					
Substitute/Adulterant					
Vasa					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

g. Flower drugs

Drugs	Botanical Name	Family	Synonyms
Dhataki			
Kunkuma			
Lavanga			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Dhataki	Substitute/Adulterant
Kunkuma	Substitute/Adulterant
Lavanga	Substitute/Adulterant

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Dhataki					
Substitute/Adulterant					
Kunkuma					
Substitute/Adulterant					
Lavanga					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

h. Fruit drugs

Drugs	Botanical Name	Family	Synonyms
Aamalaki			
Aaragwadha			
Bhallataka			
Bibhitaki			
Gokshura			
Haritaki			
Madanphala			
Maricha			
Pippali			
Vidanga			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Aamalaki	Substitute/Adulterant
Aaragwadha	Substitute/Adulterant
Bhallataka	Substitutes/Adulterants

Bibhitaki	Substitute/Adulterant
Gokshura	Substitute/Adulterant
Haritaki	Substitute/Adulterant

Madanphala	Substitute/Adulterant
Maricha	Substitute/Adulterant
Pippali	Substitute/Adulterant

Vidanga	Substitute/Adulterant

Report-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Aamalaki					
Substitute/Adulterant					
Aaragwadha					
Substitute/Adulterant					
Bhallataka					
Substitute/Adulterant					
Bibhitaki					
Substitute/Adulterant					
Gokhura					
Substitute/Adulterant					
Haritaki					
Substitute/Adulterant					
Madanphala					
Substitute/Adulterant					
Maricha					
Substitute/Adulterant					
Pippali					

Substitute/Adulterant					
Vidanga					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

i. Phalaraja drug

Drugs	Botanical Name	Family	Synonyms
Kampillaka			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Kampillaka	Substitute/Adulterant

Reports-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Kampillaka					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

j. Seed drugs

Drugs	Botanical Name	Family	Synonyms
Bakuchi			
Ela			
Eranda			
Jyotishmati			
Kapikacchu			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Bakuchi	Substitute/Adulterant
Ela	Substitutes/Adulterants
Eranda	Substitute/Adulterant

Jyotishmati	Substitute/Adulterant
Kapikacchu	Substitute/Adulterant

Report-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Bakuchi					
Substitute/Adulterant					
Dhattura					
Substitute/Adulterant					
Ela					
Substitute/Adulterant					
Eranda					
Substitute/Adulterant					
Jyotishmati					
Substitute/Adulterant					
Kapikacchu					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

k. Unorganized drugs

Drugs	Botanical Name	Family	Synonyms
Guggulu			
Hingu			
Mocharasa			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Guggulu	Substitute/Adulterant
Hingu	Substitute/Adulterant
Mocharasa	Substitute/Adulterant

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Guggulu					
Substitute/Adulterant					
Hingu					
Substitute/Adulterant					
Mocharasa					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

I. Whole plant drugs

Drugs	Botanical Name	Family	Synonyms
Apamarga			
Bhrungaraja			
Bhumyamalaki			
Brahmi			
Kalamegha			
Mandukaparni			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Apamarga	Substitute/Adulterant
Bhrungaraja	Substitutes/Adulterants
Bhumyamalaki	Substitute/Adulterant

Brahmi	Substitute/Adulterant
Kalamegha	Substitute/Adulterant
Mandukaparni	Substitute/Adulterant

Report-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Apamarga					
Substitute/Adulterant					
Bhrungaraja					
Substitute/Adulterant					
Bhumyamalaki					
Substitute/Adulterant					
Brahmi					
Substitute/Adulterant					
Kalamegha					
Substitute/Adulterant					
Mandukaparni					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 4.

Date:-

Name of the Practical - Comparative organoleptic (Taste, Color, Smell, Sound, Touch) and macroscopic examination (Size, Shape, Fracture, External markings like lenticels, ridges, nodes, furrows, cracks etc.) of following group of drugs

m. Gall drug

Drugs	Botanical Name	Family	Synonyms
Karkatashrunji			

Aim & Objective-

Materials -

Method/Procedure-

Observations- Schematic Diagram-

Karkatshrungi	Substitute/Adulterant

Reports-

Drugs	Shabda (Fracture)	Sparsha (Touch)	Roopa (Colour, Size, Shape)	Rasa (Taste)	Gandha (Odour)
Karkatashruni					
Substitute/Adulterant					

Student's Signature

Teacher's Signature

Practical no 5.

Date:-

**Name of the Practical - Microscopic Identification of genuine and adulterated drug,
minimum 2 samples from Root/stem/leaf /bark/fruits**

Botanical Name-

Family Name-

Part used

Aim & Objective-

Materials -

Method/Procedure-

Observations-

Schematic Diagram (T.S.)	Substitute/Adulterant
Microscopic diagram of T. S.	Substitute/Adulterant

Description

<p>Schematic Diagram (T.S.)</p>	<p>Substitute/Adulterant</p>
<p>Microscopic diagram of T. S.</p>	<p>Substitute/Adulterant</p>

Student's Signature

Teacher's Signature

Practical No. 6

College Garden Visit (In Campus)

Visit No. :

Date:

Sl No	Classical Name / common Name	Botanical Name	Family	Key Points/Synonyms
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Student's signature

Teacher's signature

7. Out Campus Visit

Visit No. :

Date:

Place / Facility Visited: Cultivated garden / Tissue Culture Lab / Herbaria / Pharmacognosy Lab / Quality Control Lab / In-situ and Forest Plants demonstration (Tick appropriate)

Observations :

Out Come:

Student signature

Staff Signature

Masked case sheet no. -

Ekal Dravya Parikshan (Proforma for Single drug therapy) -

A. Vikar Parikshan (Analysis of Disease) -

- Vikar Prakruti – (Nature of Disease)
- Dosha with Anshansa Kalpana (Fractionalization of Dosha)
- Dushya – Dhatu-Upadhatu- Mala -

Adhishthana -

- Dosha Sthana – Swasthantha/ Anyasthanagata
- Vyadhi Sthana– Avirbhava Sthana
- Vyadhimarga –Koshtha/Shakha/ Madhyama

Hetuvishesha -

- Dosha Hetu -
- Vyadhi Hetu-
- Dushya Vaigunyakara Hetu -
- Matratha Hetu- Mrudu/Madhyam/Atimatra

Vyadhi Bala (Hetvadikatsnyarvayvaihi) (हेत्वादिकात्स्न्यावयवैः) -

- Hina/Madhyam/Ati-

Vyadhikala (Naktandinrtubhuktanshaihi- Yathamala) - (नक्तंदिनर्तुभुक्तांशैः – यथामल)

Vyadhi/ Lakshana (Vaya- Kalavadhi)-

Vyadhi/ Doshavastha-

- Sama/Nirama
- Vega/ Avega
- Upastambhita/ Nirupstambhita
- Sopdrava/ Nirupdrava
- Purana/ Nava
- Bahudosha/ Alpadosha

B) Rugna Pariksha -

- Rugnabala -
- Rugnavaya -
- Rugna Avastha- Santarpanarha/ Apatarpanarha -

C) Aushadha Pariksha -

- Dosha (with Amshaunsha kalpana)-
- Dushya (Dhatu/Upadhatu/Mala)-
- Bala(Hina/Madyama/Ati)-
- Kala(Nityag-Greeshmadi)-
- Anala -

- Prakruti-
- Vaya-
- Satwa (Hina-Avara/Madhya/Pravara)-
- Satmya (Avara/ Madhya/Pravara)-
- Aahara-
- Avastha (Sama/ Nirama) -

D) Upakramanishchiti –

- Shodhan/ Shaman-
- Santarpana/ Apatarpana-
- Langhna/Bruhana/Snehana/ Rukshana/Swedana/Stambhana-

E) Doshavyadhi- Anusara- Avasyaka-Gunasamuchaya

- Prabhav -
- Rasa -
- Vipaka -
- Virya-
- Guna -

Observations –

Point no.	Details	Observed	Plants can be recommended
1	Dosha (with Amshaunsha kalpana)		
2	Dushya (Dhatu/Upadhatu/Mala)		
3	Bala(Hina/Madyama/Ati) (Rugna/Vyadhi)		
4	Kala(Nityag-Greeshmadi) (Rugna/Vyadhi)		
5	Anala (Agni-digestive fire)		
6	Prakruti (Rugna/Vyadhi)		
7	Vaya (Rugna/Vyadhi)		
8	Satwa (Hina-Avara/Madhya/Pravara)		
9	Satmya (Avara/ Madhya/Pravara)		
10	Aahara		
11	Avastha <ul style="list-style-type: none"> • Sama/ Nirama • Vega/ Avega • Upastambhita/ Nirupstambhita • Sopdrava/ Nirupdrava • Purana/ Nava • Bahudoshha/ Alpadoshha 		

F) Nishchita Dravya -

G) Kalpana -

H) Matra -

I) Kala (Annanadi Bshhaja Kala)-

- Duration

J) Anupana -

K) Pathya/ Apathya -

Student's Signature

Teacher's Signature

Practical no 9

Date:-

Name of the Practical - Physicochemical study of medicinal plant

Drugs		
Botanical Name		
Part used		

a) Name of the test –Foreign Matter

Aim & Objective-

Materials-

Method/Procedure-

Observations / Calculations-

- 1. Weight of the given sample- A**
- 2. Weight of the foreign matter sorted - B**

Formula- percentage of foreign matter = $B*100/ A$

Inference:

Conclusion:

Remarks:

Student's signature

Teacher's signature

b) Name of the test -Moisture content

Aim & Objective-

Materials-

Method/Procedure-

Observations-

- 1) Weight of empty evaporating dish –A
- 2) Weight of evaporating dish with sample –B
- 3) Weight of evaporating dish with sample after heating –C
- 4) Weight of evaporating dish with sample after heating –C₁

This process should be repeated till two consecutive weights will be equal

Calculations-

$$\frac{B - C_1}{B - A} \times 100$$

B-A

Conclusion-

Student's signature

Teacher's signature

c) Name of the test -Ash content

Aim & Objective-

Materials-

Method/Procedure-

Observations-

- 1) Weight of empty Silica Crucible –A
- 2) Weight of Silica Crucible with sample –B
- 3) Weight of Silica Crucible with sample after incineration –C

Calculations-

C- A

-----× 100

B-A

Conclusion-

Inference-

Student's signature

Teacher's signature

d) Name of the test –Extractive Value

Aim & Objective-

Materials-

Method/Procedure-

Observations-

- 1) Weight of sample taken for extract –A
- 2) Weight of evaporating dish –B
- 3) Weight of evaporating dish with sample after heating –C
- 4) Weight of dry extract obtained -C-B=D

This process should be repeated till two consecutive weights will be equal

Calculations-

Percentage of Extractive value= $D*100/A$

Conclusion-

Student's signature

Teacher's signature

Results -

Sr. No.	Particular		
a	Foreign Matter		
b	Moisture Content		
c	Ash value		
d	Extractive value		

Practical no 10

Date:-

Name of the Practical - Preliminary phytochemical study medicinal plant

Drugs		
Botanical Name		
Part used		

Aim & Objective-

Materials-

Method/Procedure-

Observations and results -

Sl. No	Tests	Criteria	RESULT YES/NO
I.	Test for alkaloids		
	Dragendorff's Test	Orange brown precipitate	
	Wagner's test	Reddish brown precipitate	
	Hager's Test	Yellow precipitate	
	Mayer's Test	Cream precipitate	
II.	Test for Carbohydrates and Glycosides		
	Molish's test	Purple to violet color ring	
	Fehlings solution Test	Brick red precipitate	
	Benedict's solution test	Reddish brown ppt	
	Barford's solution test	Red ppt	
III	Tests for Proteins and Aminoacids		
	Millon's Test	White precipitate turns red on heating	
	Ninhydrin solution Test	Violet colour	
IV	Tests for Phenolic compounds and Tannins		
	Ferric chloride solution	Blue green color	
	Sodium hydroxide	Yellow to red ppt	

V	Test for Phytosterols and Triterpenoids		
	Liebermann's Buchard's Test	Deep red color	
	Salkowski reaction	Red color	
VI	Test for flavonoids		
	Shindoda test	Pink color	
VII.	Test for Saponin		
	Foam test	1 cm foam layer	

Student's signature

Teacher's signature

Practical No. 11

Date-

Name of the practical -Thin Layer Chromatography

Aim-

Materials -

Procedure-

Practical No. 12

College Garden Visit (In Campus)

Visit No. :

Date:

Sl No	Classical Name / common Name	Botanical Name	Family	Key Points/Synonyms
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Student's signature

Teacher's signature

13. Out Campus Visit

Visit No. :

Date:

Place / Facility Visited: Cultivated garden / Tissue Culture Lab / Herbaria / Pharmacognosy Lab / Quality Control Lab / In-situ and Forest Plants demonstration (Tick appropriate)

Observations :

Out Come:

Student signature

Staff Signature

Masked case sheet no. -

Ekal Dravya Parikshan (Proforma for Single drug therapy) -

A. Vikar Parikshan (Analysis of Disease) -

- Vikar Prakruti – (Nature of Disease)
- Dosha with Anshansha Kalpana (Fractionalization of Dosha)
- Dushya – Dhatu-Upadhatu- Mala -

Adhishthana -

- Dosha Sthana – Swasthanstha/ Anyasthanagata
- Vyadhi Sthana– Avirbhava Sthana
- Vyadhimarga –Koshtha/Shakha/ Madhyama

Hetuvishesha -

- Dosha Hetu -
- Vyadhi Hetu-
- Dushya Vaigunyakara Hetu -
- Matratha Hetu- Mrudu/Madhyam/Atimatra

Vyadhi Bala (Hetvadikatsnyarvayvaihi) (हेत्वादिकात्स्न्यावयवैः) -

- Hina/Madhyam/Ati-

Vyadhikala (Naktandinrtubhuktanshaihi- Yathamala) - (नक्तंदिनर्तुभुक्तांशैः – यथामल)

Vyadhi/ Lakshana (Vaya- Kalavadhi)-

Vyadhi/ Doshavastha-

- Sama/Nirama
- Vega/ Avega
- Upastambhita/ Nirupstambhita
- Sopdrava/ Nirupdrava
- Purana/ Nava
- Bahudosha/ Alpadosha

B) Rugna Pariksha -

- Rugnabala -
- Rugnavaya -
- Rugna Avastha- Santarpanarha/ Apatarpanarha -

C) Aushadha Pariksha -

- Dosha (with Amshaunsha kalpana)-
- Dushya (Dhatu/Upadhatu/Mala)-
- Bala(Hina/Madyama/Ati)-
- Kala(Nityag-Greeshmadi)-
- Anala -

- Prakruti-
- Vaya-
- Satwa (Hina-Avara/Madhya/Pravara)-
- Satmya (Avara/ Madhya/Pravara)-
- Aahara-
- Avastha (Sama/ Nirama) -

D) Upakramanishchiti –

- Shodhan/ Shaman-
- Santarpana/ Apatarpana-
- Langhna/Bruhana/Snehana/ Rukshana/Swedana/Stambhana-

E) Doshavyadhi- Anusara- Avasyaka-Gunasamuchaya

- Prabhav -
- Rasa -
- Vipaka -
- Virya-
- Guna -

Observations –

Point no.	Details	Observed	Plants can be recommended
1	Dosha (with Amshaunsha kalpana)		
2	Dushya (Dhatu/Upadhatu/Mala)		
3	Bala(Hina/Madyama/Ati) (Rugna/Vyadhi)		
4	Kala(Nityag-Greeshmadi) (Rugna/Vyadhi)		
5	Anala (Agni-digestive fire)		
6	Prakruti (Rugna/Vyadhi)		
7	Vaya (Rugna/Vyadhi)		
8	Satwa (Hina-Avara/Madhya/Pravara)		
9	Satmya (Avara/ Madhya/Pravara)		
10	Aahara		
11	Avastha <ul style="list-style-type: none"> • Sama/ Nirama • Vega/ Avega • Upastambhita/ Nirupstambhita • Sopdrava/ Nirupdrava • Purana/ Nava • Bahudosha/ Alpadosha 		

F) Nishchita Dravya -

G) Kalpana -

H) Matra -

I) Kala (Annanadi Bshhaja Kala)-

- Duration

J) Anupana -

K) Pathya/ Apathya -

Student's Signature

Teacher's Signature

Practical No- 15

Date of demonstration –

Name of the Practical – Different Cultivation technique including methods mentioned in Vrikshayurveda

Aim:

Dravya (Name of the plant)

Botanical Name-

Family -

Method mentioned in Vrikshayurveda:

AGROTECHNIQUES

Propagation materials-

Climate and Soil-

Planting in the field

- **Land preparation and fertilizer application-**
- **Transplanting and optimum spacing-**
- **Intercropping system-**
- **Intercultural and maintenance practices-**
- **Irrigation practices-**
- **Disease and pest control**

Observations-

Date	Observed features	Measurement	Remarks

Harvesting time & techniques

Teacher's Signature

Student's Signature

Practical no. 16

Date-

Name of the practical -Network pharmacology activity

Name of drug-

Botanical name-

Phytochemical-

Materials

Process:

1st step: Screening and identification active constituents by Pubmed, IMPPAT or PubChem in digital library

2nd step: Conduct Target identification by BindingDB

3rd step: Conduct Identification of disease gene by DisGeNET

4th step: Conduct GO (Gene ontology) enhancement analysis by KEGG Pathway, R ratio

5th step: Conduct Network construction by STRING, PPI network, cytoscope

Results: Paste network print

Inference:

Conclusion:

Remarks:

Student's signature

Teacher's Signature

17. Herbarium Format		Name of the college DEPARTMENT OF DRAVYAGUNA VIJNYANA		
No:	Date:	Locality:	District:	State:
Name of the plant:		Botanical Name:		Family:
		Tree:		
		Phyllotaxy:		
		Inflorescence:		
		Fruits:		
		Bark:		
		Root:		
Pradhan Rasa:		Guna:	Virya:	Vipaka:
AnuRasa:				
Karma				
Indication				
Dose				
Formulations				

Teacher's Signature

Student's Signature

Practical No. 18

College Garden Visit (In Campus)

Visit No. :

Date:

Sl No	Classical Name / common Name	Botanical Name	Family	Key Points/Synonyms
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Student's signature

Teacher's signature

19. Out Campus Visit

Visit No. :

Date:

Place / Facility Visited: Cultivated garden / Tissue Culture Lab / Herbaria / Pharmacognosy Lab / Quality Control Lab / In-situ and Forest Plants demonstration (Tick appropriate)

Observations :

Out Come:

Student signature

Staff Signature

Practical No. 20

Date-

Masked case sheet no. -

Ekal Dravya Parikshan (Proforma for Single drug therapy) -

A. Vikar Parikshan (Analysis of Disease) -

- Vikar Prakruti – (Nature of Disease)
- Dosha with Anshansha Kalpana (Fractionalization of Dosha)
- Dushya – Dhatu-Upadhatu- Mala -

Adhishthana -

- Dosha Sthana – Swasthanstha/ Anyasthanagata
- Vyadhi Sthana– Avirbhava Sthana
- Vyadhimarga –Koshtha/Shakha/ Madhyama

Hetuvishesha -

- Dosha Hetu -
- Vyadhi Hetu-
- Dushya Vaigunyakara Hetu -
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Vyadhi Bala (Hetvadikatsnyarvayvaihi) (हेत्वादिकात्सर्वावयवैः) -

- Hina/Madhyam/Ati-

Vyadhikala (Naktandinrtubhuktanshaihi- Yathamala) - (नक्तंदिनर्तुभुक्तांशैः - यथामल)

Vyadhi/ Lakshana (Vaya- Kalavadhi)-

Vyadhi/ Doshavastha-

- Sama/Nirama
- Vega/ Avega
- Upastambhita/ Nirupstambhita
- Sopdrava/ Nirupdrava
- Purana/ Nava
- Bahudosha/ Alpadosha

B) Rugna Pariksha -

- Rugnabala -
- Rugnavaya -
- Rugna Avastha- Santarpanarha/ Apatarpanarha -

C) Aushadha Pariksha -

- Dosha (with Amshaunsha kalpana)-
- Dushya (Dhatu/Upadhatu/Mala)-

- Bala(Hina/Madyama/Ati)-
- Kala(Nityag-Greeshmadi)-
- Anala -
- Prakruti-
- Vaya-
- Satwa (Hina-Avara/Madhya/Pravara)-
- Satmya (Avara/ Madhya/Pravara)-
- Aahara-
- Avastha (Sama/ Nirama) -

D) Upakramanishchiti –

- Shodhan/ Shaman-
- Santarpana/ Apatarpana-
- Langhna/Bruhana/Snehana/ Rukshana/Swedana/Stambhana-

E) Doshavyadhi- Anusara- Avasyaka-Gunasamuchaya

- Prabhav -
- Rasa -
- Vipaka -
- Virya-
- Guna -

Observations –

Point no.	Details	Observed	Plants can be recommended
1	Dosha (with Amshaunsha kalpana)		
2	Dushya (Dhatu/Upadhatu/Mala)		
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5	Anala (Agni-digestive fire)		
6	Prakruti (Rugna/Vyadhi)		
7	Vaya (Rugna/Vyadhi)		
8	Satwa (Hina-Avara/Madhya/Pravara)		
9	Satmya (Avara/ Madhya/Pravara)		
10	Aahara		
11	Avastha <ul style="list-style-type: none"> • Sama/ Nirama • Vega/ Avega • Upastambhita/ Nirupstambhita • Sopdrava/ Nirupdrava • Purana/ Nava • Bahudosha/ Alpadosha 		

--	--	--	--

F) Nishchita Dravya -

G) Kalpana -

H) Matra -

I) Kala (Annanadi Bhesaja Kala)-

- Duration

J) Anupana -

K) Pathya/ Apathya -

Student's Signature

Teacher's Signature

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment Number- _____ has satisfactorily completed the course of Practicals in (Subject Name) prescribed by the (Name of University) as a part of the Second Professional B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

RASASHASTRA & BHAISHAJYA KALPANA

(AYURVEDA PHARMACEUTICS AND CLINICAL PHARMACOLOGY)

AyUG-RB Practical Format

Name of the Practical:

Serial No:

Reference with verse:

Date of commencement:

Date of completion:

Process/Principle:

Aim:

Equipments:

Ingredients:

S.N	Name of raw drugs	Part used	Quantity	S.N	Name of raw drugs	Part used	Quantity
1.				5.			
2.				6.			
3.				7.			
4.				8.			

Media used:

Method of preparation:

Pre-operative (Purva karma):

- 1.
- 2.

Operative (Pradhan karma):

- 1.
- 2.
- 3.

4.

Post Operative (Pascchat Karma):

1. .
2. .
- 3.

Observation:

- 1.
- 2.
- 3.
- 4.

Confirmative test /Chief Desired Character:

1. .
2. .

Precautions:

1. .
- 2.
- 3.

Results:

Organoleptic test: <i>Shabda</i> – <i>Sparsha</i> – <i>Rupa</i> – <i>Rasa</i> – <i>Gandha</i> –	Total duration required: Initial weight: Final weight: Loss / Gain in weight: Reason for loss/gain in weight:
<i>Guna</i> – <i>Virya</i> – ----- <i>Vipaka</i> – ----- <i>Karma</i> – -----	Uses: Pharmaceutical: Therapeutic: Dose: Anupana: Shelf life:

Discussion:

Diagram : on the back page

Signature of the student

Signature of the supervisor

Name & details of College/ Institute / University

PHARMACY VISIT REPORT

Name of Pharmacy :

Address :

Date of visit :

Duration (hours) :

OBSERVATIONS

A. Establishment, Certification and Market

Year of Establishment :

Certification type :

Licensed for :

Number of licensed drugs :

Turn over : per year

B. Product

Number of classical formulations :

Number of proprietary formulations :

Name of frequently Manufacturing/ Sale drug (s) :

Table 01: Name of five products with details of their use:

Sr. No.	Name of Product	Type of dosage form	Category	Uses
1				
2				
3				
4				
5				

C. Quality Control Laboratory

In-house Quality Control Laboratory facility :

Table 02: Name and utility of any five Instruments/ Equipment available in Lab:

Sr. No.	Name of Instruments/ Equipment	Utility
1.		
2.		
3.		
4.		
5.		

D. Premises

Number and name of sections in premises :

Additional subsections, if any :

Restricted Manufacturing Area (s) :

Flow chart of pharmacy premises during visit :

Any other points need to report :

Name & Signature of student

Name & Signature of teacher

Format for revisit report posted in different units of previously visited or in-house pharmacy.

Name of Pharmacy :

Address :

Date of visit :

Duration (hours) :

Visit Number :

Name of section posted (last visit) :

Name of section posted (recent/present visit):

Table: Mention the details of formulations which are you like most:

Sr. No.	Name of Product	Type of dosage form	Category	Uses
1				
2				
3				
4				
5				

Manufacturing unit		Quality Control (QC)		
Sr. No.	Name of Product	Instrument/ Equipment used in preparation	QC parameters	Instrument/ Equipment used in QC
1				
2				
3				
4				
5				

Any other points to report :

Name & Signature of student

Name & Signature of teacher

Hospital IPD Visit Practical Format

Note;

- Patients name, consultants name not to be written or mentioned.
- No comments on consultant's prescription.
- Discussion and conclusion should be purely based on textual reference and research updates
- Five to ten case sheet formulations are to be recorded

Diagnosis/complaints of the patient:

Serial No:

Date of admission:

Date of Discharge:

Need /Principle of Practical:

Aim:

Details of Medicines Prescribed by the consultant

1.

2.

3.

4.

5.

1. Name of the formulation:

Matra:

Anupana:

Kalamaryada(Duration of medication as per text as applicable):

SI No	Name of ingredient	Rasa	Guna	Virya	Vipaka	Doshagnata	Rogagnata
1							
2							
3							
4							
5							
6							

2.Name of the formulation:

Matra:

Anupana:

Kalamaryada (Duration of medication as per text as applicable):

SI No	Name of ingredient	Rasa	Guna	Virya	Vipaka	Doshagnata	Rogagnata
1							
2							
3							
4							
5							
6							

Note: Based on no of formulations above tables may be inserted

Discussion:

Conclusion:

Sign of Student

Sign of Teacher

Name of the Practical:

Objective:

Reference:

Apparatus:

Chemicals:

Sl.No.	Chemicals	Quantity

Sample (Formulation/raw drug):

Raw drug / Formulation:

Weight:

Description: Solid dosage / liquid dosage / semisolid form

Principle:

Procedure:

Precaution:

Observation:

Calculations:

Result:

Utility:

Signature of student

Signature of faculty

**RASASHASTRA & BHAISHAJYA KALPANA
LECTURE ACTIVITY BOOK**

NON-

NAME OF THE INSTITUTE

WITH LOGO

RASASHASTRA & BHAI SHAJYA KALPANA

(AYURVEDA PHARMACEUTICS AND CLINICAL PHARMACOLOGY)

Name of the student:.....

Registration number:.....

Academic year:.....

University:.....

STUDENT UNDERTAKING

I....., hereby declare that I have completed the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practical cum Activity Book voluntarily and to the best of my abilities. I understand that this activity book is intended to supplement my Ayurveda medical education and enhance my understanding of the various concepts and skills related to the field of Ayurveda medicine.

By undertaking this activity book, I acknowledge that:

- 1. I have actively engaged in the activities, exercises, and challenges presented in the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practicals cum Activity Book.*
- 2. I have devoted the necessary time and effort to comprehend and apply the knowledge gained from the activity book.*
- 3. I have sought to expand my understanding of medical concepts and develop my critical thinking skills through the completion of the activity book.*
- 4. I have taken personal responsibility for my learning and have independently pursued additional resources and references to enhance my understanding of the topics covered in the activity book.*
- 5. I recognize that the completion of this activity book does not substitute for formal Ayurveda medical education or professional training. It serves as a complementary resource to further my knowledge and skills.*
- 6. I will utilize the knowledge and skills gained from this Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practicals cum Activity Book responsibly and ethically, prioritizing patient care, safety, and the well-being of individuals.*
- 7. I understand that the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practical cum Activity Book does not confer any official medical qualification or certification upon completion. It serves as a personal accomplishment and a testament to my commitment to continuous learning and professional growth.*

By signing this self-undertaking, I affirm my dedication to lifelong learning and the pursuit of excellence in the medical field. I accept full responsibility for the completion of the Ayurvediya aushadhi nirmana vigyana and Ayurvediya aushadhi prayoga vigyana practical cum Activity Book and the utilization of the knowledge gained from it.

Student signature: _____

Date: _____

RASASHASTRA & BHAISHAJYA KALPANA

(AYURVEDA PHARMACEUTICS AND CLINICAL PHARMACOLOGY)

AyUG-RB - NON LECTURE ACTIVITY FORMAT

Name of the Non Lecture Activity :

Serial No:

Date of commencement:

Date of completion:

Aim/ Objectives of the activity:

Method of Activity:

In Group Activity your role/ task done:

Discussion & Conclusion:

Diagram: Draw Schematic diagram if applicable

Note: As per activity any addition/ deletion/ Modification needed may be allowed

Signature of the student

Signature of the supervisor

MARKET SURVEY FORM (NLM Activity)
For Herbal / Herbo mineral formulations
Department of Rasa Shastra Evum Bhaishajya Kalpana

Institute...

Student's Name :

Roll No :

Group No / Name :

Term : I / II / III

Market Place :

Medical / Ayu Store's Name :

Survey for / Formulation Name :

Sr. No	Survey Point	Observation	Observation
1	Manufacturer / Pharmacy Name(if more manufacturers more columns can be added)		
2	Reference Book		
3	Packing size / Net Content		
4	Packing material (Plastic/Glass/Blister)		
5	Colour of product		
6	Form of product (Tab./Pill/Powder etc.)		
7	M.R.P.		
8	Mfg. Date		
9	Expiry Date		
10	Mfg. Batch No		
11	Dose & Indication		
12	Precautions if any		
13	Total sale/ quantity manufactured in last financial year		

Note: If Multiple companies are manufacturing & sold in the market insert more columns for observation

Discussion:

Conclusion:

Student's Sign :

Teacher's Sign :

CLINICAL ACTIVITY BOOK

NAME OF THE INSTITUTE WITH LOGO

ROGA NIDAN EVAM VIKRITI VIGYAN (AYURVEDA DIAGNOSTICS AND PATHOLOGY)

Name of the student:.....

Registration number:.....

Academic year:.....

University:.....

NAME OF THE INSTITUTE WITH LOGO

**ROGA NIDAN EVAM VIKRITI VIGYAN
(AYURVEDA DIAGNOSTICS AND PATHOLOGY)
(Subject code: AyUG-RN)**

University course code:

DEPARTMENT OF ROGA NIDAN EVAM VIKRITI VIGYAN

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment Number- _____ has satisfactorily completed the course of Practicals in (Subject Name) _____ prescribed by the (Name of University) as a part of the Second Professional B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

CLINICAL ACTIVITY CONTENTS

Sl.No	Name of the clinical activity	PageNo.	Date	Instructor Signature	Remarks
1 to 4 ART OF HISTORY TAKING					
C 1.1 to 1.2	Chief complaint & history of present illness				
C 2.1	Past illness & treatment history				
C 3.1	Family history with pedigree chart, Social history, Environmental history, Seasonal history & Occupational history				
C 4.1	Personal history				
5 GENERAL PHYSICAL EXAMINATION					
C 5.1 to 5.2	A comprehensive general physical examination				
6 COMPREHENDING SYSTEMIC INTRICACIES					
C 6.1 & 6.3	Respiratory system examination				
C 6.2 & 6.4	Cardiovascular system examination				
C 6.5 & 6.7	Oral & Abdominal examination				
C 6.6 & 6.8	Nervous system examination				
C 6.9 & 6.11	Musculoskeletal system examination				
C 6.10 & 6.12	Integumentary system examination				

CLINICAL ACTIVITY CONTENTS

Sl.No	Name of the clinical activity	PageNo.	Date	Instructor Signature	Remarks
7 DECODING INSIGHTS					
C 7.1	Anaemia evaluation				
C 7.2	Urinary Tract Infection evaluation				
C 7.3	Hepatic evaluation				
C 7.4	Renal evaluation				
C 7.5	Thyroid evaluation				
C 7.6	Diabetes Mellitus evaluation				
C 7.7	Stroke evaluation				
C 7.8	Arthritis evaluation				
C 7.9	Fever evaluation				
C 7.10	Male infertility evaluation				
C 7.11	Helminthiasis evaluation				
8 RADIOGRAPHIC INSIGHTS					
C 8.1	X-Ray reading (Basics – Positioning, etc.)				
C 8.2	X-Ray reading and interpretation (Chest)				
C 8.3	X-Ray reading and interpretation (Bones and Joints)				
9 ELECTRO CARDIO GRAPH					
C 9.1 & 9.2	Basic ECG interpretation				
10 CASE TAKING					
C 10.1 to 10.5	Case taking (History to diagnosis & prognosis)				

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 1

CLINICAL NO: C 1.1 & 1.2

1. Activity Name

Chief complaint & history of present illness

2. Activity Description:

Interact with patient and record their chief complaints and history of present illness. Write the narrative based on the instructions provided and conclude with your inference.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Pins and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Pradhana Vedana with Kala prakarsha (Chief complaints with duration:) (List complaints succinctly using bullet points, avoid medical terminology, and if there are multiple symptoms, present them in chronological order.)

6. Vedana sammuchraya (History of present illness :) (Write the history of present illness along with duration in chronological order with components such as Onset, Location, Duration, Characteristic or nature, Relieving factors, Aggravating factors, Radiation, Timing or frequency, and severity in paragraph)

Write your inference on below mentioned points (As applicable to chief complaints and history of present illness):

Sl. No	Parameters to be assessed	Item observed in patient	Rationality
1	Dosha and dhatu vridhhi and kshaya		
2	Sama/ Nirama Dosha avastha		
3	Srotas involved		
4	System/ systems involved		
5	Any other		

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 2

CLINICAL NO: C 2.1

1. Activity Name

Past illness & treatment history

2. Activity Description:

Enquire and record about past illness and treatment history. Write your inference in the space provided.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Pins and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Poorvavyadhi Vruttanta (History of Past illness) *(The signs and symptoms of respective system pathology can be enquired – Cardiovascular, Respiratory, Gastrointestinal, Neurological, Musculoskeletal, Endocrine, Immunological, Psychiatry, and Urogenital history in past illness, or any abnormalities such as diabetes mellitus, hypertension, bronchial asthma, Carcinoma, Myocardial infarction, Jaundice, Road Traffic Accident, Hospital admission, Blood transfusion, Surgeries, Childhood, etc including Immunization (e.g., Vaccinations, Booster Shots) can be mentioned in relation to the present complaints).

6. Chikitsa Vruttanta (Treatment history): **(Consider the following points while enquiring treatment history: Current Medications (with Dose/ Route of administration/ Chemical name/ Frequency/ Duration), Previous Medications (with Dose/ Route of administration/ Chemical name/ Frequency/ Duration), Medication Allergies or Intolerances, Date of Surgery, Type of Surgery, Surgeon/Provider Name, Outcome or Complications, Physical Therapy, Occupational Therapy, Speech Therapy, Rehabilitation Programs, Counselling or Psychotherapy, Injections or Infusions, Other Therapeutic Intervention, Dates of Hospitalizations, Reason for Hospitalization, Procedures Performed, Length of Stay, Discharge Summary, Herbal Supplements or Remedies, Acupuncture, Massage Therapy, Chiropractic Care, Ayurvedic Treatments, Other Complementary or Alternative Treatments, Treatment Adherence or Compliance, Treatment Modifications, Reasons for Modifications (e.g., Efficacy, Side Effects), Date of Consultation/Referral, Specialist/Consulting Provider Name, Reason for

Consultation/Referral, Recommendations or Findings from Consultation, Previously Attempted Alternative Treatments, Reasons for Discontinuation or Change of Alternative treatments, Outcome or Response to Previous Alternative Treatment, Patient's Response to Treatment, Treatment Efficacy or Effectiveness, and Side Effects or Adverse Reactions)

Additional space may be utilized below for detailed writeup for each section if required such as for multiple treatments or surgeries.

Clinical condition	**Treatment/ Surgery done or on-going (If Not Applicable mention NA)	Duration	Outcome & Remarks

Mention Asatmya with reference to Aushadha (Drug allergy) (If any):

Write your inference in relation to the past/ present clinical condition:

Sl. No	Parameters to be assessed	Item observed in past illness	Relation to the present illness
1	Dosha – Anubandhya and Anubandha dosha		
2	Dushya involved		
3	Sroto dushti		
4	System involved		
5	Paraspara anubandha vyadhi		
6	Vyadhi sankara		

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 3

CLINICAL NO: C 3.1

1. Activity Name

Family history with pedigree chart, social history, environmental history, seasonal history and occupational history

2. Activity Description:

Record and draw a pedigree chart reflecting the family history and write the summary. Write your inference in the space provided.

Interact and record social history, environmental, seasonal and occupational history of patient. Write your inference on possible impact of social history, environmental, seasonal and occupational history in reducing or aggravating or causing the current condition of the patient.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Pins and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

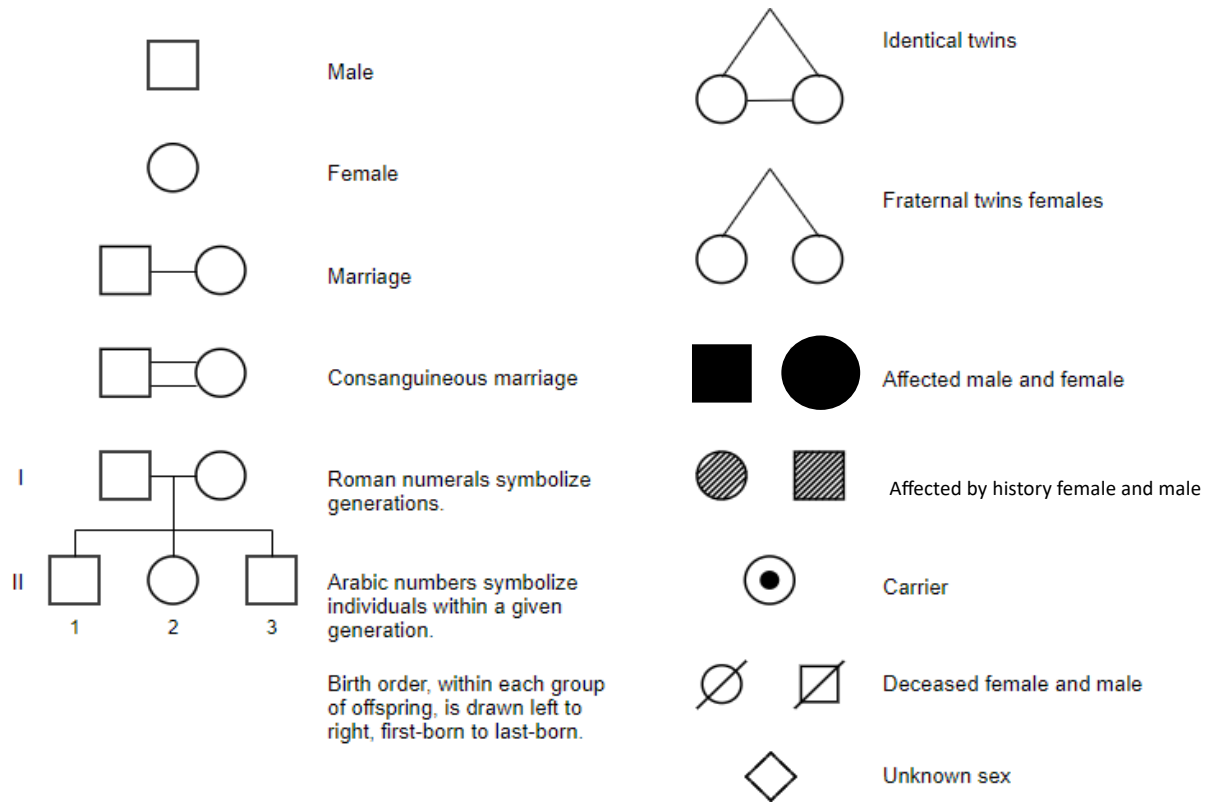
5. Kula vruttanta (Family history) Along with pedigree chart:

*Enquire following details: Genetic or Hereditary Conditions (Runs in family/ Identified genetic mutations or abnormalities), Any family member with similar complaints, Consanguineous marriage history, Ethnicity and Heritage (of patient and family), Environmental Factors (of patient and family), Cause of death of any family members, Confirmation and Source (Family history) and record in the respective section.

Family Member & Relation to patient	Medical Condition (Relevant to family history – common and rare conditions)	*Details of the medical condition	Write your inference with relevance to current condition of patient if applicable

Pedigree chart (Draw):

Symbols for drawing Pedigree chart:



[Image Source: Visual Paradigm Online]

Draw the Pedigree chart for the patient:

Write your inference on below mentioned points:

Sl. No	Parameters to be assessed	Observations in family member	Any relation to the current illness
1	Bija dushti (Specify Bija, Bija bhaga, Bija bhaga avayava dushti if possible)	Yes/ No	
2	Adibala (Hereditary)	Yes/ No	
3	Janmabala (Congenital)	Yes/ No	

6. Samajika Vrutanta (Social history):

(Enquire the following details in respective sessions – **1.** Patient's current living arrangements, including whether they live alone, with family, in any health care centres, or in other housing situations **2.** Single, married, divorced, separated, or widowed **3.** Patient's educational background, and any vocational training or higher education degrees **4.** Patient's social support system, including family, friends, and community resources that play a role in their life, any significant relationships and sources of support **5.** Patient's history of substance use, including alcohol, tobacco, and recreational drugs along with the type, frequency, and duration of substance use, as well as any history of substance abuse or addiction **6.** When appropriate and relevant, report on the patient's sexual history, including sexual orientation, sexual activity, and any history of sexually transmitted infections **7.** Patient's cultural and religious affiliations, beliefs, and practices that may be relevant to their healthcare. Consider how these factors may influence their health beliefs and healthcare decision-making **8.** Highlight the patient's hobbies, interests, and recreational activities that contribute to their social engagement and well-being. This may include sports, arts, volunteering, or other leisure activities **9.** Patient's financial status, including their employment income,

insurance coverage, and any financial challenges that may impact their access to healthcare **10**. Significant life events, social stressors, or challenges that the patient is facing, such as recent loss, family conflicts, or housing instability **11**. Any additional social factors that are relevant to the patient's health and well-being, such as immigration status, military service, or involvement in the criminal justice system)

Areas to be enquired (Refer the above paragraph)	Observations	Relevance in terms of shareerika dosha and manasika bhava
¹ Living Situation		
² Marital/Relationship Status		
³ Education		
⁴ Social Support Network		
⁵ Substance Use History		
⁶ Sexual History		
⁷ Cultural and Religious Background		
⁸ Hobbies and Recreational Activities		
⁹ Financial Status		
¹⁰ Social Stressors and Challenges		
¹¹ Other Relevant Social Factors		

7. Desha (Environmental history):

Specify jaata and vyadita desha: Jaata - Jangala/ Anupa/ Sadharana;
Vyadita - Jangala/ Anupa/ Sadharana

Areas to be enquired	Observations	Relevance in terms of shareerika dosha and manasika bhava

Climate and geographical location of Residential area		
Duration of stay in the residential area with location		
Duration of stay (If shifted from previous residence to a new location - mention details)		
Travel history and exposures related to travel		

8. Kala (Seasonal): (Describe below any aggravation of complaints with relevance to the kala or season):

9. Occupational history: *(Enquire regarding current occupation, job duration, work environment, hazards and exposures, protective measures, work schedule, previous occupations, occupational injuries, psychosocial factors, occupational health screenings):

*Occupational history	*Write Your observation	Relevance to shareerika dosha and manasika bhava
Physical environment		
Psychological environment		

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 4

CLINICAL NO: C 4.1

1. Activity Name

Personal history

2. Activity Description:

Enquire and record about personal history. Write your inference on possible impact of personal history in aggravating or causing the current condition of the patient.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Pins and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Vaiyaktika Vruttanta (Personal history):

Ahara, Agni, Koshta, Mala – Pureesha/ Bowel:

Ahara:

Tick appropriate:

Ahara matra or Abhyavaharana shakti – Poorvakaleena i.e Heena/
Madhyama/ Pravara

Ahara matra or Abhyavaharana shakti – Adyatana i.e Heena/
Madhyama/ Pravara

Most commonly consumed food items	Identify the predominant Rasa, Guna and classify in terms of satvika, rajasika, tamasa	Write your inference regarding influence on Agni, Dosha (Manasika and Shareerika), and Dushya

Ahara vidhi: Regular/ Irregular; Interval between two consumptions.....Hrs; Frequency of meals per day.....

Upavasa: Engaging/ Not engaging. If engaging mention pattern of fasting.....

Mention Asatmya with reference to Aahaara (If any):

Agni (*Enquire the mentioned points to the patient to infer regarding the Agni bheda - Teekshna/ Manda/ Vishama/ Sama agni):

Pattern of Digestion	Tick the type of agni
Even small quantity of regular meal (easily digestible) may take longer time to digest & reduced appetite for the next scheduled meal.	<input type="checkbox"/> Mandagni
Regular serving of meal consumed on regular intervals gets digested normally and good appetite for next scheduled meal.	<input type="checkbox"/> Samagni
Regular serving size of regular meal gets digested quickly with frequent hunger pangs & making the person to eat at frequent intervals before next meal scheduled time. Even heavy meals get digested easily before the next scheduled meal time.	<input type="checkbox"/> Teekshnagni
Irregular phase of digestion & indigestion which may also be associated with regular bowel movement and constipation.	<input type="checkbox"/> Vishamagni

Mala pravrutti – Pureesha/ Bowel:

Parameters to be enquired	Write your observation	Write your inference
Frequency (Per day)Per day.	

Consistency	Ati grathita (Knotty or hard stool)/ Ati drava (Watery)/ Picchila (Slimy)/ Any other.....	Sama/ Nirama (Also mention predominance of dosha)
Colour & Appearance	Tila pishta nibha (Pale or Clay coloured)/ Peeta (Yellowish)/ Shyava (Blackish)/ Rakta (Reddish)/ Harita (Greenish)/ Any other.....	
Pravahika (With tenesmus)	Yes/ No	
Evacuation	Complete/ Incomplete (Kricchra pureesha, Alpa pureesha, etc.)	
Faecal incontinence	Present/ Absent	
Any other complaints	Sa shoola/ Any other....	

Mutra pravrutti – Micturition:

Urine characteristics	Write your observation	Write your inference on dosha involved
Frequency at day		
Frequency at night		
Stream	Forceful/ Weak/ Dribbling/ Split/ Spraying/ Narrow	
Colour	Pale yellow/ Dark yellow/ Amber/ Brown/ Pink or red/ Orange	
Burning sensation	Yes/ No	
LUTS*	Yes/ No	
Any other		

*LUTS – Lower Urinary Tract symptoms: Voiding or obstructive symptoms: Hesitancy, Poor and/or intermittent stream, Straining,

Prolonged micturition, Feeling of incomplete bladder emptying, Dribbling, Any other. Storage or irritative symptoms: Frequency, Urgency, Urge incontinence, Nocturia, Any other.

Koshta (Mridu/ Madhyama/ Krura):

Influence of mentioned items on koshta observed and other features in the patient	Tick the type of koshta
<p>Has regular bowel movements, typically once or twice daily. Stools are either semi-formed or fully formed, making defecation easy and requiring less time. Experiences satisfaction after bowel movements. Weak laxatives and the consumption of Ikshu, Ksheera, Payasa, Sarpi, Draksha, and Ushna jala can easily lead to loose stools.</p>	<p><input type="checkbox"/> Mridu koshta</p>
<p>Has daily bowel movements, passing formed stools with minimal stress and taking a slightly longer time compared to a mridu koshta. Experiences satisfaction after defecation and rarely encounters loose stools or hard stools.</p>	<p><input type="checkbox"/> Madhyama koshta</p>
<p>Irregular bowel movements with infrequent stool passage. Stools are hard and dry, necessitating straining and an extended time for defecation. Bowel clearance is unsatisfactory, and hard stool is more prevalent than loose stools. Generally requires laxatives to clear stools.</p>	<p><input type="checkbox"/> Krura koshta</p>

Work, Nidra, Vyasana:

Nature of work	Write your observation and inference	Inference for shareerika dosha and manasika dosha
Type of karma (Work)	Shareerika/ Manasika/ Vachika	
*Nature of work (Refer below)		
Timing/ Duration of work		
If shifting duties (Specify pattern)	Morning/ Evening/ Night/ Any other....	
Sedentary	Yes/ No	
Exertional	Yes/ No; If Yes - Physically/ Mentally/ Both	
Performs beyond or less than Ardha shakti (Shareerika)**Refer below	More/ Less	

*(Enquire for Work: Manual Labour – Lifting, Carrying, Pushing, Pulling, Grasping, Manoeuvring heavy objects; Repetitive Movements - Repetitive lifting, Continuous bending, Prolonged standing, Frequent kneeling; Fine Motor Skills - Precision tasks, Small object manipulation, Detailed handwork; Sedentary Work - Desk work, Computer-based tasks, Administrative duties; Outdoor Work - Exposure to weather conditions, Physical activities in varying climates, Fieldwork; Heavy Machinery Operation - Operating equipment, Machinery handling, Vehicle driving; Construction Work - Building structures, Demolition work, Carpentry; Healthcare Professions - Patient care, Medical procedures, Surgical interventions; Agricultural Work - Farming activities, Animal care, Crop harvesting; Service Industry - Waitstaff duties, Customer service roles, Retail tasks;

Athletic or Sports Activities - Training sessions, Competitive sports, Coaching responsibilities; Educational Field - Teaching tasks, Classroom activities, Lab work)

*** Kaksha lalaata nasaasu hasta paadaadati sandhishu prasvedan mukha shosha. Hruda sthaana sthito vaayu yadha vaktram prapadyate.*

Mention Asatmya with reference to Vihaara (If any):

Nidra:

Nidra	Write your observation and inference	Inference for shareerika dosha and manasika dosha
Status of nidra	Normal (Sufficient sleep and Freshness after getting up or not)/ Excess/ Disturbed*	
*If disturbed -	Difficulty in getting the sleep/ Difficulty in maintaining the sleep/ Early morning awakening	
Duration in hrs per day and night		
Divasavpna	Present/ Absent (If present specify duration)	
Ratri jagarana	Present/ Absent (If present specify duration)	

Vyasana:

Addictions/ Habits	Duration & Quantity	Dependence Yes/ No	Inference for shareerika dosha and manasika dosha
Smoking			
Alcohol			
Tobacco chewing			
Screen time			
Any Others			

Raja pravrutti – Menstrual history:

Menstruation and Menstrual cycle characteristics	Write your observation	Inference for shareerika dosha
Raja pravrutti - Regular/ Irregular		
Days of flow		
Duration of cycle		
Nature of flow - Quantity (E.g. No. of Pads, or menstrual cup, etc.)		
Clots, odour, etc.		
Any other complaints or observation		

Obstetric History (Mention G P L A D with details of delivery and complications, if any):

G - Gravida, P - Parity, L - Living Child, A – Abortion D – Death after live birth*(**Furnish information regarding GPLAD below as subscript** Eg: G = Gravida (Times conceived) P = Para (Number of pregnancies crossed viability) L= Live (Number of live births) A =

Abortion (Number of abortions) D = Death after live birth (Number of deaths after live birth).

G₃ P₁ L₁A₂D₀ = G₃ - Patient got pregnant 3 times out of which P₁ - 1 pregnancy crossed Viability age, L₁ - one pregnancy delivered live baby and A₂ - out of 3 pregnancies 2 abortions happened and D₀ - no death after live birth.

***G P L A D** (Write as sub script here. Ex - G₃ P₁ L₁A₂D₀)

Delivery (First/ Second/ etc.)	Mode of delivery (Normal vaginal/ Forceps/ LSCS)	Post-partum complication (Yes/ No; If Yes elaborate)

Write inference based on your observation:

Manasika bhava (Emotional makeup): *(Write the manasika bhava experienced by the patient such as Shoka, Chinta, Bhaya, Dvesha, Krodha, Lobha, Mada, or any other)

*Manasika bhava (Emotion) experienced by the patient	Write your inference (Regarding manasika dosha affected)

Vegadharana: Present/ Absent (If present, specify with duration and frequency)

Any other relevant information to be furnished in personal history:

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 5

CLINICAL NO: C 5.1 & 5.2

1. Activity Name

A comprehensive general physical examination

2. Activity Description:

Perform and record general physical examination of patient, and write your inference in the space provided.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Pins and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. General physical examination:

Sangya jnana (Consciousness):

Conduct a subjective evaluation of consciousness, considering reporting in Ayurveda as Moha, Murcha, Mada, Tandra, Mada, Sanyasa, Tama pravesha, Nisangya, as well as subjective descriptors such as Lethargy, Drowsy, Stupor, Obtundation, Coma, etc.

Write the observations on Sangya jnana (Consciousness) – Subjective assessment	Write your inference

Vitals:

Pulse examination/ Nadi pareeksha:

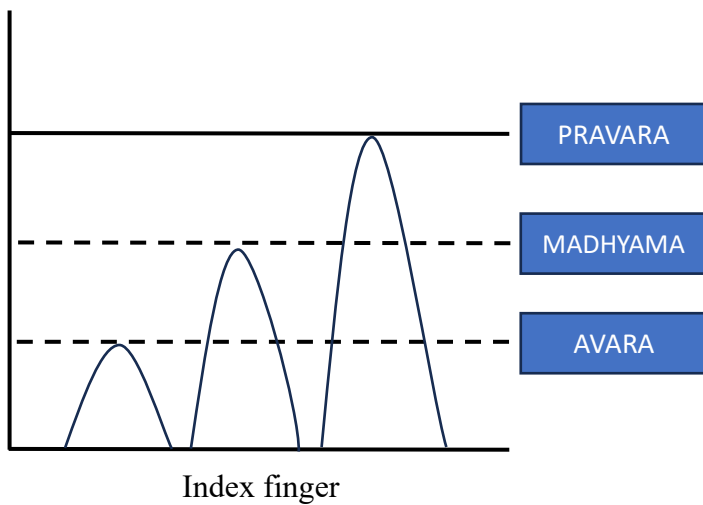
Site:

Parameters to be examined	Write the observations on Pulse	Write your inference (Regarding dosha involved)
Palpable	Yes/ No	
Rate Per minute (Tachycardia/ Bradycardia)	
Rhythm	Regular/ Irregular (If irregular – Regularly	

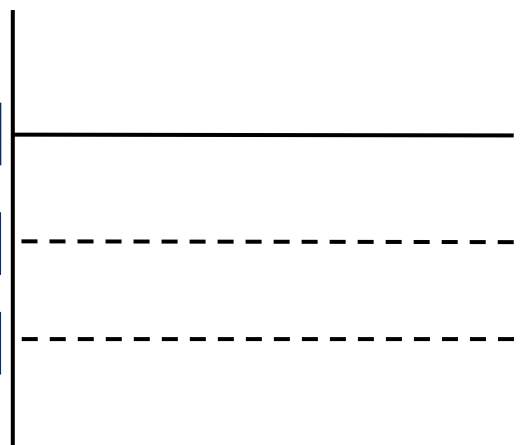
	irregular, Irregularly irregular)	
Character	Water-Hammer Pulse (Corrigan's Pulse)/ Pulsus Parvus et Tardus/ Any other.....	

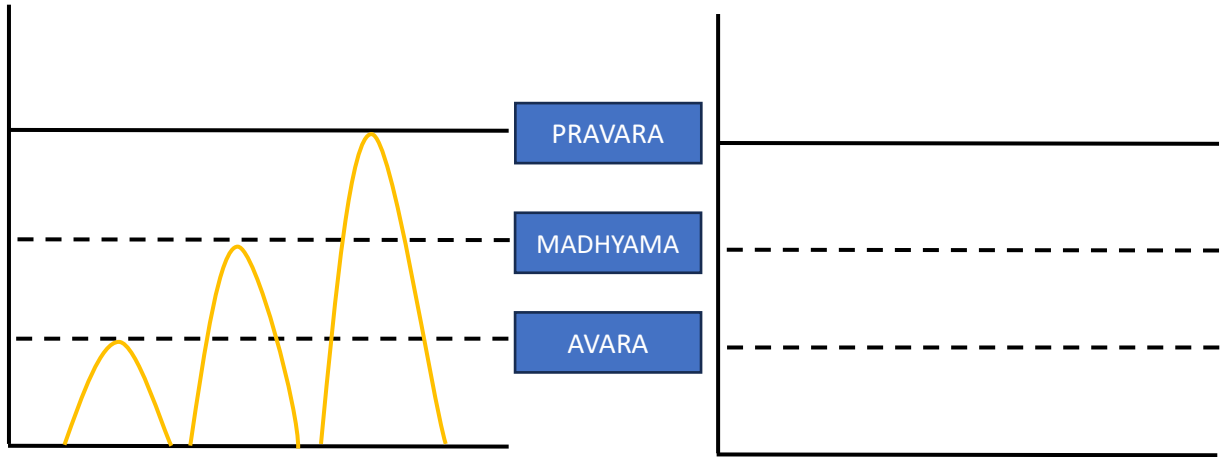
Illustrate your observations on the blank graph, following the example provided on the left side for pravara, madhyama, or avara. The left-side graphs serve as visual guides (Black line represents Vata, Green represents Pitta, Blue represents Kapha) for creating graphs on the right, considering the amplitude and volume of the felt pulse. Dedicate one graph for each finger—Index, Middle, and Ring finger. The final graph is for collective observations, providing a graphical representation based on dosha-wise analysis:

Example

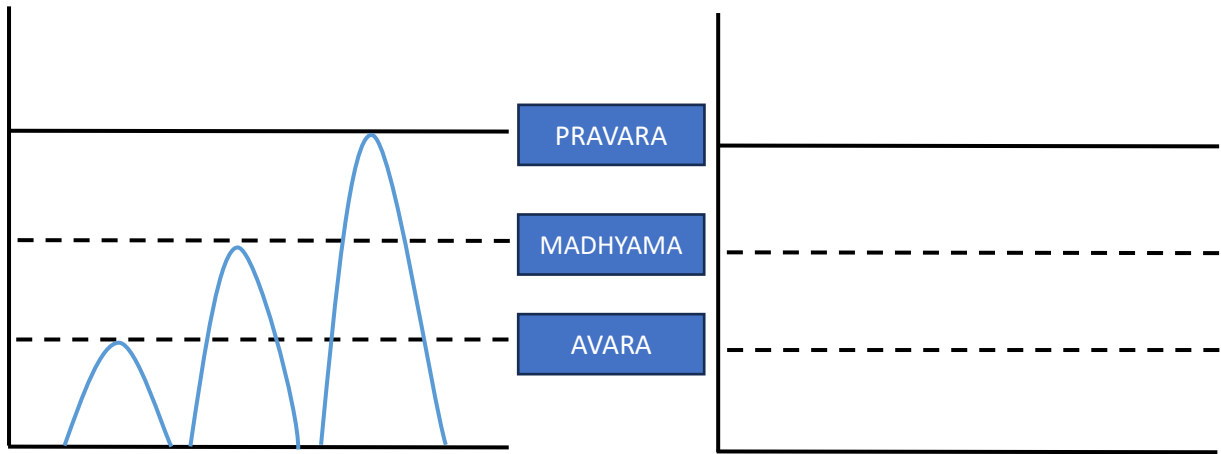


Observation

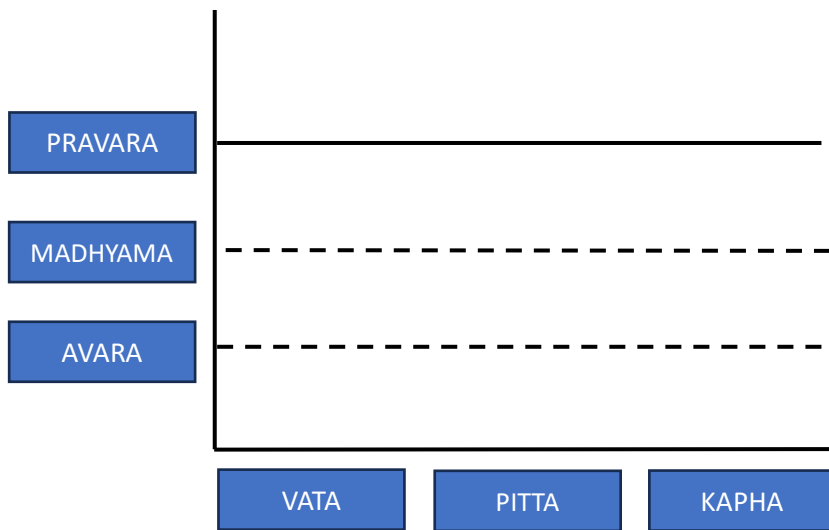




Middle finger



Ring finger



Collective observation

Write your inference on predominant dosha associated:

Heart rate: *(Furnish details on rate and rhythm)

Parameters to be assessed	*Write the observations	Inference
Heart rate		
Rhythm		

Blood pressure:

Patient position	Write the observations on Blood pressure (Palpatory and Auscultatory method)	Write your inference (Normotensive/ Hypertensive/ Hypotensive)
Supine		
Sitting		
Standing		

Temperature:

Site of measurement	Time of measurement	Temperature in Celsius or Fahrenheit	Write your inference (Low grade, Moderate grade, High grade)

Respiratory rate:

Write the observations on Respiratory rate (per minute)	Write your inference (Tachypnoea, Bradypnea)

Observe for Pallor, Icterus and Cyanosis. Write your inference below:

Pallor (Pandutvam):

Site	Pallor (Yes/No)	Write your inference
Palpebral conjunctiva		
Lips		
Oral mucosa		
Tongue		
Face		
Skin (Palm/ Sole/ General)		
Nails		

Icterus (Peeta mukha, netra, tvak):

Site	Icterus (Yes/No)	Write your inference
Sclera		
Oral cavity		
Sublingual mucosa		
Skin (Palm/ Sole/ General)		

Nails		
-------	--	--

Cyanosis (Central and Peripheral) (Shyava varna):

Site	Cyanosis (Yes/No)	Write your inference
Nose tip (Central)		
Lips (Central)		
Tongue (Central)		
Finger/ Toe tip (Peripheral)		
Nails (Peripheral)		
Peripheral parts of body (Peripheral)		

Nakha pareeksha (Examination of nail & nail bed):

Parameters to be observed	Write your observations and inference (Eg: Rough nails indicate rookshata, Shiny nails indicate snigdhatta, etc.)
Nail clubbing (With grade)	
Spooning of nail (Koilonychia)	
Brittleness and crumbling	
Colour of the nail bed	
Capillary refill of nail bed	
Tenderness of nail bed	

Shareera pramana, Akriti, Samhanana, Sara and other features (Height, Weight, Body Mass Index, Built, Nutrient deficiency):

*Use thumb width in centimetres as anguli pramana (Charaka). Measure width of thumb in centimetres using standard measuring tape. Measure height in centimetres using standard measuring tape. Convert the height in anguli pramana by using the following formula:

Height (in cm)/ Width of thumb (in cm) = Anguli pramana of height

Normal height of an individual is 84 anguli. <84 anguli is hrsva. >84 anguli is dheerga.

For example height of an individual is 168 cm and width of thumb is 1.9 cm, so his height is $168/1.9 = 88$ Anguli pramana (Dheerga)

Parameter to be assessed	Observation	Inference
Shareera pramana		
*Height (Refer above)		Deergha/ Hrsva/ Prakruta
Weight (Weight in Kilograms)		Ati sthoulya/ Atikrisha
Body Mass Index (Refer BMI Chart below)* (BMI) calculation. Ati sthoulya/ Atikrisha	Formula: Weight (kg) / Height (m) ²	Ati sthoulya/ Atikrisha
Akriti - Built - Endomorphic, ectomorphic, and mesomorphic		Ati sthoulya/ Atikrisha

Nourishment status

Muscle bulk (Left mid upper arm circumference in centimetres)		Over nourished/ Well-nourished/ Under nourished
Subcutaneous fat thickness (Triceps skin fold thickness of mid arm in millimetres)		
Macronutrient deficiency (Protein/ Carbohydrate/ Fat)	Absent/ Present (If present specify)	
Micronutrient (Vitamin & Mineral deficiency)	Absent/ Present (If present specify)	

***BMI Chart:**

WHO CLASSIFICATION OF WEIGHT STATUS	
WEIGHT STATUS	BODY MASS INDEX (BMI), kg/m ²
Underweight	<18.5
Normal range	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30
Obese class I	30.0 – 34.9
Obese class II	35.0 – 39.9
Obese class III	≥ 40

[Image source: Quizlet Flash cards]

Sparsha pareeksha:

Oedema (Shotha):

* Examine regions such as Face, Hands, Legs, Sacral, or any other specified areas, and record distinct observations in separate rows, indicating the side (Right/ Left) for each.

*Site of oedema examined (Refer above)	Observation Darshana – Inspection	Observation Sparshana – Palpation	Write your inference in terms of dosha and dushya
	<p>Visible swelling – Present/ Absent</p> <p>Symmetry – Symmetrical/ Asymmetrical</p> <p>Skin colour – Normal/ Altered (If altered mention).....</p>	<p>Consistency – Firm/ Soft</p> <p>Temperature – Normal/ Altered (If altered mention)</p> <p>Tenderness – Present/ Absent</p> <p>Pitting/ Non – pitting oedema</p> <p>Circumference</p>	

Features to be observed for shotha in patient	Tick the type of shotha
<p>The migrating pitting oedema, primarily localized in the lower extremities, amplifies throughout the day (diva bali), yet significantly diminishes by night.</p>	<p><input type="checkbox"/> Vataja</p>
<p>The non-pitting or slowly pitting oedema, predominantly affecting the upper body, notably the face, escalates during the night (ratri bali), reaching its peak visibility in the early morning</p>	<p><input type="checkbox"/> Kaphaja</p>

hours, and gradually diminishes as the day progresses.	<div style="display: flex; align-items: center; justify-content: center; gap: 20px;"> <input type="checkbox"/> <div style="border: 1px solid black; padding: 5px 20px;">Pittaja</div> </div>
The swiftly advancing localized edema exhibits diverse hues like brown, reddish, coppery red, or black. It presents warmth, tenderness upon touch, and intense burning sensations. Occasionally, systemic indications hint at potential suppuration.	

Lymphadenopathy:

*Examine various sites, including the neck, underarms, and groins, for nodes such as submental, submandibular, pre-auricular, post-auricular, occipital, deep and superficial cervical chain, axillary, inguinal. Record positive findings in separate rows, specifying the side (Right/ Left) of involvement if observed.

*Site/ Lymph node examined (Refer above)	** Write the observations on Lymph node Examination – ¹ Darshana – Inspection;	** Write the observations on Lymph node Examination – ² Sparshana – Palpation	Write your inference (Include comments on involvement of drainage areas of respective node if involved)
	Visible swelling – Present/ Absent Symmetry – Symmetrical/ Asymmetrical	Tenderness – Present/ Absent Consistency – Firm/ Soft/ Rubbery/ Hard Size (Measure using finger breadth or measuring tape or callipers) –	

		Mobility – Freely movable/ Fixed	

Shabdha pareeksha – Examining voice and speech of patient:

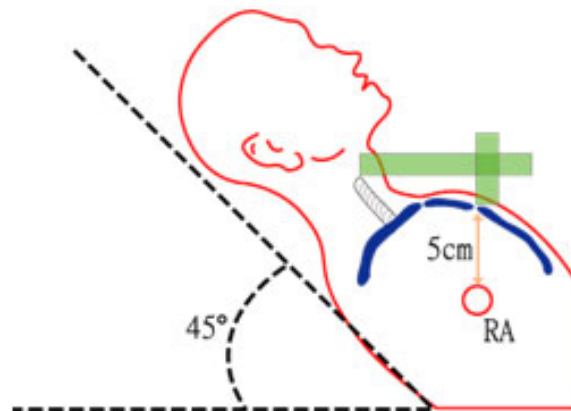
Parameter	Observation	Inference
Voice	Prakruta/ Vaikruta	
Speech	Prakruta/ Vaikruta	
Dosha assessment (Kapha - Guru; Pitta - Sphuta (broken, split); Vata - Khara, Parusha)		

Jihwa pareeksha (Tongue examination):

*(Varna – Pandu, Rakta, Haridra, Harita, Krishna, Neela, Shweta; Pramana – Tanu, Sama, Sandra; Upalepa; Chalana)

Parameters	*Write the observations on Jihwa	Write your inference
Colour		
Contour and size		
Coating		
Appearance		
Dosha assessment (Vata - Khara sparsha, sphutita, Sheeta; Pitta - Raktashyama varna; Kapha - Shweta, Ati picchila)		

Jugular Venous Pressure (JVP): Present/ Absent (If present mention in centimetres)



[Image source: Quizlet Flash cards]

Mention the height of JVP on diagram above sternum

Any other relevant information to be furnished in general physical examination:

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 6

CLINICAL NO: C 6.1 & 6.3

1. Activity Name

Respiratory system examination

2. Activity Description:

Perform and record respiratory system examination of patient. Write your observations and interpretation on possible conditions or diseases the patient is suffering from.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tongue depressors/ Stainless steel tongue depressor, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Peak flow meter, Pins and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Respiratory system examination:

**Prashna pareeksha – Short history (Including upashaya anupashaya)
– Relevant to the patient:**

Darshana pareeksha - Inspection:

*Perform Nasa pareeksha –

Upper respiratory tract – **External appearance** like structure of nose, shape, symmetry, deformities, lesions, swellings or any other changes on skin), **nasal cavity** (mucosal colour, swelling, discharge and any other abnormalities), septum (deviation), turbinate (hypertrophy), nasal polyps, nasal discharge - nasa srava (colour) and record the findings with inference below:

*Site of examination	*Observations	Inference

*Observe Mukha/ Taalu/ Gala pareeksha - Oral cavity and throat (oral cavity, tonsils, uvula and pharynx, post nasal drip) and record the findings with inference below:

*Site of examination	*Observations	Inference

Shape of chest: Normal/ Abnormal (Barrel shaped)

Antero-posterior diameter of Chest:.....

Transverse diameter of Chest:.....

¹Perform Ura pareeksha (*Kubjatva – Yaduktam hrudayam yadi va prushtam unnatam kramasha sa ruk – Hrudayam unnatam – pectus carinatum* or pigeon shaped chest and *Pectus excavatum* or funnel shaped chest; *Prushtam unnatam – Kyphosis, Lordosis, Scoliosis*)

Identify whether these deformities are there Sahaja (since birth) or Jataja (acquired), see for ²Harrison’s sulcus, symmetry of the chest, ³Trail’s sign, and ⁴Apex beat:

¹ Mention shape of chest (Refer above)	Sahaja/ Jataja	Inference

² Harrison’s sulcus (Present/ Absent)	Inference

³Trail's sign (Present/ Absent)	Inference

⁴Apex beat (Observed/ Not observed) If observed approximate location	Inference

Symmetry of chest: Symmetrical/ Asymmetrical

Respiratory movements:

*Observe for respiratory movements – different areas of chest (Supraclavicular, Infraclavicular, Mammary, Infra mammary, Axillary, Supra scapular, Inter scapular and Infra scapular areas)

Respiratory movements: Equal/ Diminished ----- Right/ Left

Movement of accessory respiratory muscle:

*Observe for **movement of accessory respiratory muscles** - sternocleidomastoid muscle, scalene muscles, trapezius muscle, and abdominal muscles and record the findings with inference below (**Yes/ No**)

If Yes provide details regarding ****Notching of suprasternal and supra clavicular area, Indrawing of intercostal muscles, and Type of breathing (Thoraco-abdominal breathing, and Abdomino-thoracic breathing):**

*Name of Accessory respiratory muscle	*Movement Present/ Absent	Inference (**Mention the outcome of laboured breathing)

Nishteevana (Examination of sputum):

Mention features of nishteevana	Observation	Inference
<p>Character - Shushka kapha, Sa kapha (If kapha present - Tanu Kapha, Ghana Kapha, Alpa kapha)</p> <p>Colour - Peeta nishteevana, Raktayukta kapha, Harita kapha, Puyopama kapha</p> <p>Consistency - Alpatam vrajet (Non – sticky and little), Krcchran muktva (thick tenacious sputum), Snigdha kapha</p> <p>Odour - Durgandha yukta kapha (As per patient's statement)</p> <p>Special observations - Poorva kaasate sushkam tat shteevate sa shonitam, Shleshma aavruta mukha srota kapha (frothy sputum)</p> <p>Any other -</p>		

Write your inference on below mentioned points:

Sl. No	Parameters to be assessed	Item observed in patient	Rationality
1	Dosha – Anubandhya and Anubandha dosha		
2	Sama/ Nirama Dosha avastha		

Sparshana pareeksha of Kantha and Uras - Palpation:

Position of trachea: Central/ Deviated ----- Right/ Left.....

Expansion of the chest ----- cms

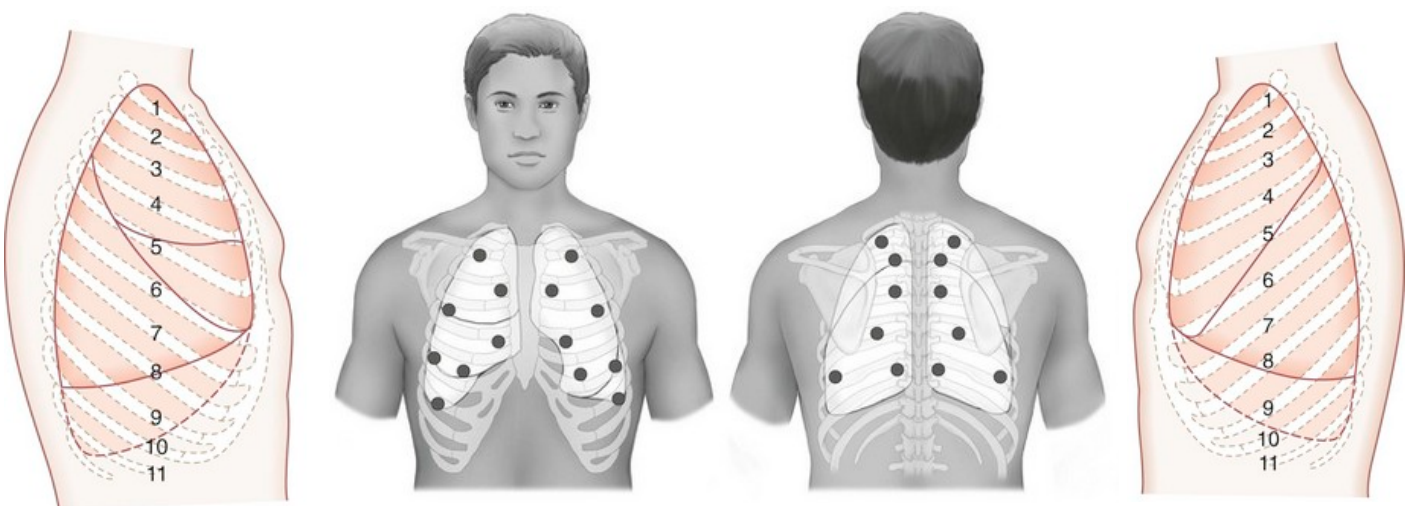
Movement of the chest: Equal/ Diminished

Tenderness: Absent/ Present (If present mention the location)

Tactile vocal fremitus: Present/ Absent

Shabdha prakshobha pareeksha - Percussion:

Conduct percussion in the intercostal space at Supraclavicular, Infraclavicular, Mammary, Infra mammary, Axillary, Supra scapular, Inter scapular and Infra scapular areas for various percussion notes such as Resonant, Hyper resonant, Tympanic, Dull, Stony dull note and mark on given diagram below with respective observation and inference.



[Image source: Springer Link – Anatomic, Physiologic, and Therapeutic Principles of Surgical Diseases]

Shrotrendriyataha pareeksha - Auscultation:

Breath sounds (Specify the particular area corresponding to ribs or lobes of the lungs, and indicate the side of examination when documenting observations):

Breath Sounds	Audible / Not Audible	Unilateral/Bilateral (Specify area)	Observation with interpretation
Vesicular			
Bronchial			
Bronchovesicular			

#Click here to listen for bronchial, vesicular and broncho vesicular sounds: <https://www.youtube.com/watch?v=JFWMJGtmG5E>

Added sounds:

Added Sounds	Audible/ Not Audible	Unilateral/ Bilateral (Specify area)	Inspiratory (Early/ Late)	Expiratory	Both	Observation with interpretation
Crackle/ Crepitation						

#Click here to listen for crackle or crepitation:
<https://www.youtube.com/watch?v=AbfsNIYgeSw>

Added Sounds	Audible/ Not Audible	Unilateral/ Bilateral	Inspiratory/ Expiratory/ both	Monophonic/ Polyphonic	Fixed/ Random	Observation with interpretation
Wheeze/ Ronchi						

#Click here to listen for wheeze or rhonchi:
<https://www.youtube.com/watch?v=aMMlclpBNpg>
<https://www.youtube.com/watch?v=7cIEXfqNYRQ>

Added Sounds	Audible/ Not Audible	Unilateral/ Bilateral	Observation with interpretation

Pleural rub			
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#Click here to listen for pleural rub:

<https://www.youtube.com/watch?v=yq0Z3TgGWS4>

Voice sounds:

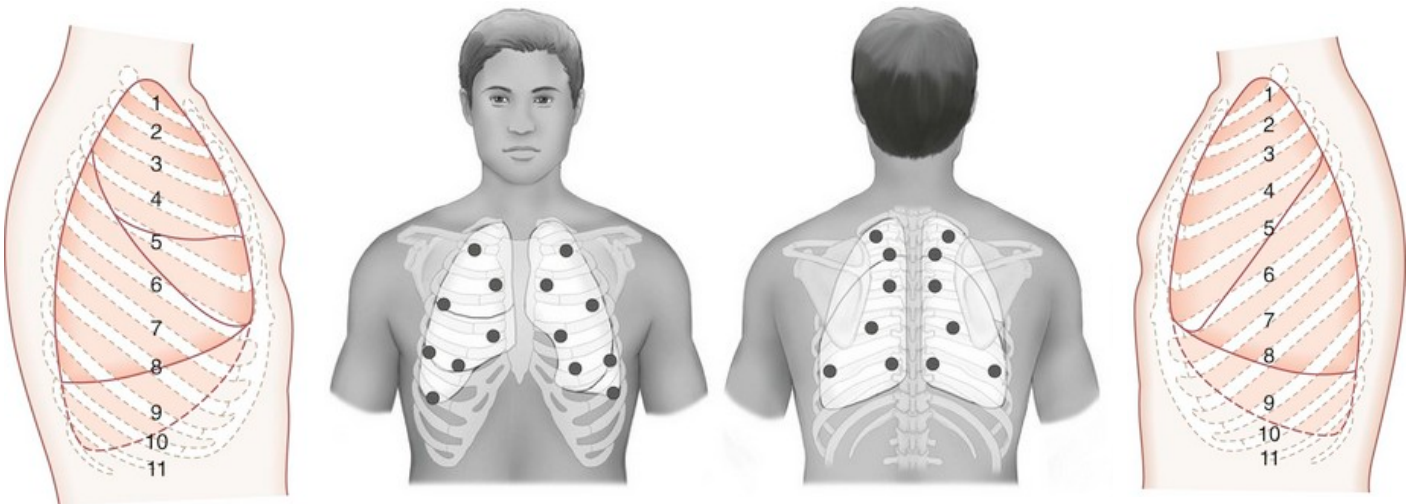
Voice Sounds	Audible/ Not Audible	Unilateral/ Bilateral	Observation with interpretation
Bronchophony			
Aegophony			
Whispering pectoriloquy			

#Link for bronchophony, aegophony, whispering pectoriloquy:

<https://www.youtube.com/watch?v=wb15Dex0EFI>

<https://www.youtube.com/watch?v=E6VC1esEPcY>

Provide a summarized overview of the information pertaining to breath sounds in the diagram presented below:



[Image source: Springer Link – Anatomic, Physiologic, and Therapeutic Principles of Surgical Diseases]

Conduct a comprehensive assessment by considering history (including upashaya anupashaya), a thorough physical examination, systemic examination, and relevant investigations. Additionally, perform a differential diagnosis (sapeksha and vyavachedaka nidana) based on the gathered data.

6. Summarize the observations:

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ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 6

CLINICAL NO: C 6.2 & 6.4

1. Activity Name

Cardiovascular system examination

2. Activity Description:

Perform and record cardiovascular system examination of patient. Write your observations and interpretation on possible condition the patient is suffering from.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales, Peak flow meter and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Cardiovascular system examination:

**Prashna pareeksha – Short history (Including upashaya anupashaya)
– Relevant to the patient:**

Darshana Pareeksha - Inspection:

Features to be observed	Observation	Inference
Precordial bulge		
Location of apex impulse		
Double apical beat		
Neck pulsation		

Sparshanendriyataha pareeksha - Palpation:

Feature to be examined	Observation	Inference
Location of apex beat	Not palpable/ Palpable (If palpable mention the Intercostal space)	
Thrills	Present/ Absent	

Shabdha prakshobha pareeksha - Percussion:

Shrotrendriyataha pareeksha - Auscultation:

Feature to be examined with observation	Inference
Heart Rate & Rhythm	
Intensity of S1	
Intensity of S2	
Character of S1: split..... (Physiological/ Pathological)	
Character of S2: split..... (Physiological/ Pathological – Wide, Wide fixed, Paradoxical)	
S3 and S4: Present/Absent	
Gallop: Present/Absent	

#Click here to listen for heart sound (S1 S2 and Split/ S3 and S4, Gallop): <https://www.youtube.com/watch?v=eF-6Cm8amIM>
<https://www.youtube.com/watch?v=7J72wFtBdU4>
<https://www.youtube.com/watch?v=o8eqYHCy7dw>

Added sounds to be examined with observation (Specify area)	Inference		
Ejection clicks: Present/Absent			
Opening snaps: Present/Absent			
Murmurs (Daraa – Dara darika): *Present/Absent *(If present answer below)	Intensity	Pitch	Manoeuvres
*Systolic murmur - Pan systolic, Long systolic/Early systolic, Mid systolic, Late systolic: Present/ Absent			
*Diastolic murmur - Early diastolic, Mid diastolic, Pre systolic			

Continuous murmur: Present/ Absent	
Carey Coombs murmur: Present/ Absent	
Austin Flint murmur: Present/ Absent	

#Click here to listen for cardiac murmur with details, Carey Coombs murmur and Austin Flint murmur:

<https://www.youtube.com/watch?v=IrWEAucHoA0>

<https://www.youtube.com/watch?v=prcdXzhS5EE>

<https://www.youtube.com/watch?v=y5CcncRHl38>

6. Summarise your observations:

Conduct a comprehensive assessment by considering history (including upashaya anupashaya), a thorough physical examination, systemic examination, and relevant investigations. Additionally, perform a differential diagnosis (sapeksha and vyavachedaka nidana) based on the gathered data.

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ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 6

CLINICAL NO: C 6.5 & 6.7

1. Activity Name

Oral & Abdominal examination

2. Activity Description:

Perform and record oral and abdominal examination of patient. Write your observations and interpretation on possible conditions the patient is suffering from.

3. Materials and Equipment:

Case format, Stethoscope, Sphygmomanometer, Thermometer, Pen torch, Measuring tape, Disposable tongue depressors, Cotton swabs, Disposable tissues or wipes, Rulers or Scales and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Oral and abdominal examination:

**Prashna pareeksha – Short history (Including upashaya anupashaya)
– Relevant to the patient:**

Oral examination:

Write the observations for

Jihwa pareeksha - Tongue (normal/ colour/ fissure/ glossitis/ coated/ bald/ ulcerated/ geographic) (Tongue – atrophy of papillae, ulcers and white lesions, and enlargement of tongue):

Gum bleeding: Present/ Absent

With your observation and inference:

Per abdominal examination (Specify the area and side wherever applicable):

Darshanendriyataha pareeksha – Inspection:

Write your observation on ¹Udara akriti (Mandala udara/ Adhmaata udara/ Udara utseda); Shape of the abdomen (normal/ scaphoid/ distended/ fullness of the flanks);

²Nabhi pareeksha – Umbilicus: Normal/ Everted/ Scarring

³Distended veins - Sira santhata (Caput medusa/Collateral veins)

⁴Skin striae - Raji janma or raji santhata

⁵Discoloration of skin – Varna - (Cullen’s sign, Turner’s sign)

⁶Visible peristalsis: Examine in a step ladder pattern/ left to right/
right to left

⁷Antra vruddhi - Hernia orifices

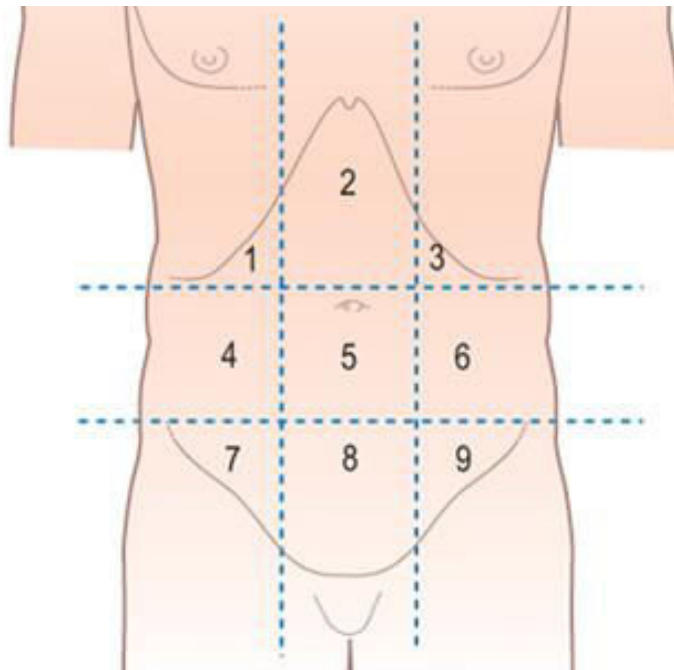
Feature to be inspected for	Observation	Inference
¹ Udara akriti		
² Nabhi pareeksha		
³ Sira santhata	Present/ Absent	
⁴ Raji janma	Present/ Absent	
⁵ Varna	Normal/ Abnormal	
Movement of the different parts of the abdomen	Present/ Absent	
Visible pulsation	Present/ Absent	
Divarication of rectus abdominis	Present/ Absent	
Scars and sinuses	Present/ Absent	
Visible mass	Present/ Absent	
Sister Mary Joseph nodule	Present/ Absent	
⁶ Visible peristalsis	Present/ Absent	
⁷ Antra vruddhi	Visible/ Not visible	

Sparshanendriyataha pareeksha - Palpation (superficial palpation, deep palpation, bimanual palpation, ballottement, and dipping method) – Mention the observations in table and mark on the diagram given below:

Palpation	Observation	Inference
Sparsha asahata - Tenderness	Present/ Absent	

Ashaya vruddhi – Organomegaly. (If organomegaly present answer for below)	Present/ Absent	
Yakrut vruddhi - Liver	Size..... Surface: Regular/ Irregular	
Basti vruddhi - Kidney	Right/ Left	
Pleeha vruddhi - Spleen	Not palpable/ Palpable	
Mootra ashaya vruddhi - Urinary bladder	Not palpable/ Palpable	

Mark and mention the observations regarding palpation on the diagram given below:



[Image source: Elsevier. Swash & Glynn: Hutchison's Clinical Methods 22e]

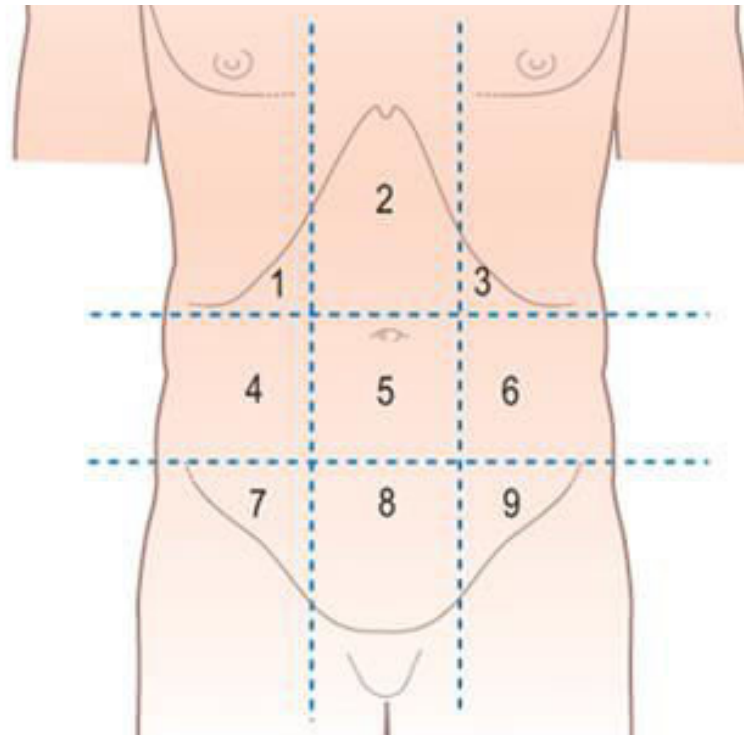
Shabdha prakshobha pareeksha – Percussion:

Mention the observations regarding percussion in table and mark on the diagram given below:

Per Abdominal - Percussion note	Observation Yes/ No (If Yes specify area)	Inference
Hyper resonant		
Resonant		
Dull		
Stony dull		

Special test for ascites - Percussion	Observation	Inference
Puddle sign	Present/ Absent	
Shifting dullness - Udaka poorna druti shabdha	Present/ Absent	
Horseshoe-shaped dullness - Udaka poorna druti shabdha	Present/ Absent	
Fluid thrill - Udaka poorna druti sparsha	Present/ Absent	

Mark and mention the observations regarding percussion on the diagram given below:



[Image source: Elsevier. Swash & Glynn: Hutchison's Clinical Methods 22e]

Shrotrendriyataha pareeksha – Auscultation:

Auscultation	Observation	Inference
Bowel sounds	If Yes, mention number per minute	
Succussion splash over abdomen	Present/ Absent	
Arterial bruits/ venous hums	Present/ Absent	

6. Summarise your observations:

Conduct a comprehensive assessment by considering history (including upashaya anupashaya), a thorough physical examination, systemic examination, and relevant investigations. Additionally, perform a differential diagnosis (sapeksha and vyavachedaka nidana) based on the gathered data.

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 6

CLINICAL NO: C 6.6 & 6.8

1. Activity Name

Nervous system examination

2. Activity Description:

Perform and record nervous system examination of patient. Write your observations and inference on possible conditions the patient is suffering from.

3. Materials and Equipment:

Case format, Pen torch, Reflex hammer, Tuning fork (More than or equal to 128 Hz) Measuring tape, Cotton swabs, Disposable tissues or wipes, Coffee and Tea powder sachet, Pins, Visual acuity and Ishihara colour charts and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Nervous system examination:

Prashna pareeksha – Short history (Including upashaya anupashaya) – Relevant to the patient:

1. Sangya jnana - Level of consciousness and orientation (Place person time)

Assess the level of consciousness: response to eye opening/ painful stimuli and verbal response. Normal – fully conscious and alert; Stuporous/ drowsy – response to verbal/ painful stimuli; Comatose – no response (Glasgow coma Scale - GCS) and write the inference

Glasgow Coma Scale Scoring	Inference
E - ; V - ; M -	

Assess the orientation (to place / person / time) and write the inference

Orientated to Place Person and Time	Inference
Yes/ No -	

2. Vak indriya - Speech and language

Shabdha pareeksha – Examining voice and speech of patient:

Speech defect	Contemporary understanding	Observation	Inference
Mooka, Vak sangha, Jihvataleshvalasastu	Aphasia	Yes/ No	
Minmina	Hyper nasal speech	Yes/ No	
Gadgada, Vak stambha, Kala vak	Dysarthria	Yes/ No	
Vakya graha	Dysprosody	Yes/ No	
Svaraghna	Hoarseness	Yes/ No	
Deena svara	Dysphonia	Yes/ No	
Deena vak	Scanning speech	Yes/ No	
Jihma vak	Apraxia	Yes/ No	
Samutkshipta vak	Cluttering speech	Yes/ No	

3. Uhya - Perceptions

Assess the Uhya - Perceptions (Sensory awareness of object and its relation) including hallucination and delusions and write the inference

Mention the perceptions	Observation	Inference
Hallucination	Present/ Absent	
Delusions	Present/ Absent	

4. Smriti – Memory

Assess the Remote memory/Recent memory and write your inference

Mention about memory	Observation	Inference
Recent memory	Present/ Absent	
Remote memory	Present/ Absent	

Cranial nerve examination (Sensory & Motor):

Mention side (right and left) wherever applicable

Cranial nerve	Components to be examined	Write your observation on mentioned components and conclude with your inference
Olfactory nerve	Gandha jnana – Sense of olfaction.....	
Optic nerve	Netradeenam cha vaikrutim – Visual acuity..... Visual field..... Colour vision..... Fundi.....	
Oculomotor, Trochlear, Abducens	Sthabdha Netra/ Netradeenam cha vaikrutim – Pupil size..... Symmetry..... Light reflex..... Consensual reflex..... Accommodation reflex..... Ptosis..... Squint..... Nystagmus..... Conjugate eye ball movement..... Diplopia (concomitant/ paralytic).....	
Trigeminal nerve	Vakrikaroti hanu/ Shankha/ Shravana/ Ganda ruk – Sensory part: Corneal reflex.....	

	<p>Others (Ophthalmic, Maxillary & Mandibular branch observations).....</p> <p>Motor part: Jaw clenching..... Lateral jaw movement.....</p> <p>Glabellar reflex.....</p>	
Facial nerve	<p>Vakri karoti nasa bhru lalata/ Mukham jihmam/ Vrujati asye bhojana/ Kshavathu nigraha –</p> <p>Motor part for Upper face: Raising eye brow..... Frowning the forehead..... Bell’s phenomenon.....</p> <p>Motor part for Lower face: Nasolabial fold..... Clenching the teeth..... Whistling..... Blowing the mouth.....</p> <p>Taste sensation (Anterior 2/3rd of tongue):</p>	
Vestibulo cochlear nerve	<p>Badyate shravana –</p> <p>Cochlear component: Rinne’s test..... Weber’s test..... Hearing tests - impression..... Conductive/ sensori neural/ mixed</p>	

	Vestibular component: Nystagmus/ calorie test:.....	
Glossopharyngeal nerve and vagus nerve	Bhidyate swara/ Mukham jihmam – Position of uvula..... Taste perception (Posterior 1/3rd of tongue)..... Gag reflex.....	
Spinal accessory nerve	Upashosha bahum – Sternocleidomastoid muscle..... Trapezius muscle.....	
Hypoglossal nerve	Mukham jihmam – Wasting: Absent/ present..... Fasciculations: Absent/ present..... Deviation: Right side/ left side Movements of tongue: Normal/ abnormal..... Power of tongue.....	
Summary		
Affected nerve	Sensory	Motor

**Karmendriya pareeksha/ Chesta - Motor system examination
(Specify site examined with side of body wherever applicable):**

Mamsa pareeksha/ Mamsa bala/ Supushta mamsa/ Bala heena mamsa
– Muscle bulk, Muscle Power and Muscle tone examination.

Evaluate the muscle mass at different locations in centimetres, specifying the type of muscle bulk and providing your analysis. Assess the area 10 cm above the elbow for the arm and below the elbow for the forearm, referencing the olecranon process of upper limb. Measure 18 cm above the patella for the thigh and 10 cm below the tibial tuberosity for the calf. Report your findings accordingly.

Limb	Muscle bulk (Mention the side and site of measurement along with comparing side)	Normal/ Atrophy (Anga shosha)/ Hypertrophy/ Pseudohypertrophy	Inference
Upper limbs (Arm/ Fore arm)			
Lower limbs (Thigh/ Calf)			

Assess the muscle power of various sites with grading and your inference

***Muscle power** grading chart:

- 0 – no muscle contraction visible
- 1 – muscle contraction visible, but no movement of joint
- 2 – joint movement with gravity elimination
- 3 – movement sufficient to overcome gravity
- 4 – movement overcomes gravity with added resistance
- 5 – normal power with full resistance

Limb	Location for examining Muscle power with side	Mention Muscle power grading*	Inference
Upper limbs			
Lower limbs			

Assess the **muscle tone** of various sites with observation and your inference

Limb	Location for examining Muscle tone	Mention Muscle tone type (Normotonic/ Hypotonic or flaccid (Shaithilya)/ Hypertonic (Sankocha) – Clasp knife, Lead pipe, Cog wheel)	Inference
Upper limbs			
Lower limbs			

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Reflexes: hyperreflexia/ hyporeflexia – *Shareera dhatu vyuhakara, sandhanakara shareerasya:*

Assess the reflexes of various sites with observation and your inference. Mention grades of reflex –

DTR Grading	
0	Absent (areflexia)
1	Diminished (hyporeflexia)
2	Average (normal)
3	Exaggerated (brisk)
4	Clonus, very brisk (hyperreflexia)

[Image Source: Quizlet Flash Cards]

Reflex	Observation (Hyper-reflexia/ Hypo-reflexia/ Areflexia)	Inference
Deep tendon reflexes		
Biceps jerk		
Triceps jerk		
Supinator jerk		
Jaw jerk		
Knee jerk		
Ankle jerk		
Superficial reflexes		
Cremasteric reflex		
Babinski sign		
Abdominal reflex		

Kampa/ Vepathu – Involuntary movements - Absent/ Present (If Present mention details below):

Rhythmic	Absent/ Present – Resting tremor	
Non rhythmic	Absent/ Present – Intention tremor/ Chorea/ Athetosis/ Ballismus/ Hemiballismus/ Myoclonus/ Asterixis	

Anga gati pareeksha/ Skalita gati pareeksha - Co-ordination assessment tests:

Assess the coordination of the patient using following methods, write your observation and inference below

	Name of test/ condition	Coordination Present/ Absent	Inference
Rapid alternating movements	Rapid alternating movements of arms		
	Finger tapping (Index finger and Thumb)		
	Rapid alternating movements of foot (Touching ball of foot with arms)		
Point to point movements	Finger nose test		
	Heel to shin test		
Gait	Tandem walking		
	Walking on toes and heels		
	Hop in place		
	Shallow knee bending		

	Rising from sitting position (without arm support)		
Stance	Romberg's test		
	Pronator drift test		
Dysdiadochokinesia		Present/ Absent	

Gati pareeksha – Gait:

Assess the gait of the patient, write your observation and inference below.

Gait – Intact/ Affected; If affected mention the type with inference (Scissor gait, Stamping gait, High stepping gait, Festinating gait, Ataxic gait, Hemiplegic gait)

Mention type of gait observed	Inference

Sparsha jnana pareeksha (Supti/ Sparsha ajnana, etc.) - Sensory system examination:

Sensation of touch:

Touch sensation	Dermatome	Observation	Inference
Crude touch			
Fine touch			
Two-point discrimination			
Point localization			

Sensation of Pain and pressure:

Pain and pressure	Dermatome	Observation	Inference
Pain			
Pressure			

Temperature sensation:

Temperature	Dermatome	Observation	Inference
Temperature			

Assess the joint position for various joints and write your observation and inference

Joint position	Joint	Observation	Inference

Assess the Vibration sensation on designated sites of body and write your observation and inference

Site of body	Observation	Inference

Assess the *Stereognosis and **Graphesthesia on designated sites of body and write your observation and inference

Site of body	Observation*	Inference

Site of body	Observation**	Inference

Write your inference on below mentioned points:

Sl. No	Observation	Dosha and dushya involvement	Inference to be made based on guna of vata
1			
2			
3			
4			

Conduct a comprehensive assessment by considering history (including upashaya anupashaya), a thorough physical examination, systemic examination, and relevant investigations. Additionally, perform a differential diagnosis (sapeksha and vyavachedaka nidana) based on the gathered data.

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 6

CLINICAL NO: C 6.9 & 6.11

1. Activity Name

Musculoskeletal system examination

2. Activity Description:

Perform and record musculoskeletal system examination of patient. Write your observations and inference on possible conditions the patient is suffering from.

3. Materials and Equipment:

Case format, Pen torch, Reflex hammer, Tuning fork, Measuring tape, Disposable tissues or wipes, Goniometer and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Musculoskeletal system examination:

**Prashna pareeksha – Short history (Including upashaya anupashaya)
– Relevant to the patient:**

**Darshnendriyataha pareeksha – Inspection (Mention location and
side of examination wherever applicable):**

Gati pareeksha – Gait:

Gait – Affected/ Not Affected; If affected mention the type

Mention type of gait observed	Inference
Antalgic gait	
Trendelenburg gait	
Any other	

Sl No	Joints	Inspection			
		Sandhi Shotha (Swelling)	Sandhi vaivarnya/ Raga (Redness)	Sandhi karma (Prasaarana akuncana)	Sandhi vaikalyata (Deformity)
1	Temporomandibular				
2	Shoulder				
3	Elbow				

4	Wrist and hand				
5	Hip				
6	Knee joint				
7	Ankle and foot				

Sparshanendriyataha pareeksha – Palpation (Mention location and side of examination wherever applicable):

Sl No	Joints	Palpation		
		Sandhi Shotha (Swelling)	Sandhi ushnata (Local rise of Temperature)	Sandhi sparsha asahanata (Tenderness)
1	Temporomandibular			
2	Shoulder			
3	Elbow			
4	Wrist and hand			
5	Hip			
6	Knee			
7	Ankle and foot			

Spine:

Feature to be observed	*Mention the abnormality observed	Inference
Deformity *(Kyphosis/ Scoliosis/ Lordosis/ Stepping in spine; Loss of normal curvatures at different levels)		
Gibbus		

Cervical spine:

Feature to be observed/ Tests	*Mention the abnormality observed	Inference
Tenderness		
Foramina compression test		
Lhermitte's sign (Lhermitte's phenomenon)		
Range of movements		

Lumbar spine:

Feature to be observed/ Tests	*Mention the abnormality observed	Inference
Tenderness		
Range of movements		
SLR test (Sakthnaha kshepam nigraha): Positive/ Negative		
If SLR Test is Positive Mention Range Bragard's test Lasegue's sign		
Femoral nerve root compression test: (Sakthnaha kshepam nigraha): Positive/ Negative		

Knee joint:

Feature to be observed/ Tests	*Mention the abnormality observed	Inference
Grind test		
Patellar tap test		

Baker's cyst		
Crepitus		

Write your inference on below mentioned points:

Sl. No	Observation	Dosha and dushya involvement	Inference to be made based on guna of vata
1			
2			
3			
4			

Conduct a comprehensive assessment by considering history (including upashaya anupashaya), a thorough physical examination, systemic examination, and relevant investigations. Additionally, perform a differential diagnosis (sapeksha and vyavachedaka nidana) based on the gathered data.

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 6

CLINICAL NO: C 6.10 & 6.12

1. Activity Name

Integumentary system examination

2. Activity Description:

Perform and record integumentary system examination of patient. Write your observations and inference on possible conditions the patient is suffering from.

3. Materials and Equipment:

Case format, Pen torch, Magnifying glass, Glass slide, Scale or skin callipers, Markers, Disposable tissues or wipes and Hand sanitizer.

4. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Out Patient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

5. Integumentary system examination:

**Prashna pareeksha – Short history (Including upashaya anupashaya)
– Relevant to the patient:**

Tvak pareeksha - Assessment of skin:

Inspection:

Varna/ Colour: Shyava aruna, Raga, Shweta, Krishna, Aruna, Raktaparyanta, Shyava, Taamra, Peetaparyanta, Neela, Peeta, Varnabheda, etc.

Size and shape: Khara paryanta, Utsanna madhya, Tanu paryanta, Hrsva, Dheergha, Mandala, Vishama, Vistrta, Yagjnopaveeta sankasha, etc.

Dome shaped – Trichoepithelioma, Flat topped - Verruca plana, Umbilicated - Molluscum contagiosum, Acuminate - Condylomata acuminata, Verrucous - Verruca vulgaris, Pedunculated – Skin tags.

Configuration: Annular - T. corporis, Granuloma annulare, Round/ discoid - Nummular eczema, discoid lupus. Polycyclic - Urticaria, Sub Cutaneous Lupus Erythematosus, Arcuate - Urticaria. Linear - Scabies burrow, Lichen nitidus. Kobners phenomenon. Reticular - Livedo reticularis, Serpiginous - cutaneous larva migrans, Targetoid lesions-

with 3 distinct zones. Erythema multiforme. Whorled - Incontinentia pigmenti.

Arrangement of lesion: Grouped/ herpetiform - HSV-1, Scattered

Distribution of lesions: Dermatomal/ zosteriform. Blaschkoid - Following lines of skin cell migration during embryogenesis. Longitudinal on limbs. Circumferential on trunk. Lymphangitic - strep. Or staph cellulitis. Sun exposed - Photodermatitis, Polymorphous Light Eruption, Subcutaneous Lupus Erythematosus, Sun protected - Parapsoriasis, Mycosis fungoides. Acral - Chilblains, Palmoplantar pustulosis. Truncal, Extensor – Psoriasis, Flexor-atopic dermatitis, Intertriginous – Candidiasis, Localized – Cellulitis, Generalized-exanthema, Drug eruptions. B/L (Bilateral) symmetrical – Vitiligo. Universal - Alopecia universalis.

*Type of skin lesion (Primary)	¹Colour and pigmentation of lesion	Size	¹Configuration and symmetry of lesion	Arrangement of lesion	Distribution over the body surface
Vaivarnya – Macule/ Patch					
Sookshma pidaka - Papule					
Udvrta pidaka - Plaque					
Granthi - Nodule					
Varathi dashta samsthana shotha - Wheal					

Sphota - Vesicle					
Vishphota – Bullae					
Putimamsa pidaka - Pustule					

*Type of skin lesion (Secondary)	Colour and pigmentation	Size	Shape and symmetry	Distribution over the body surface
Grushta Vrana - Erosion				
Vrana - Ulcer				
Daari - Fissure				
Sthira cipitika - Crust				
Shakala - Scale				
Charmakhya – Lichenification and Hyperkeratinisation				
Kshaya - Atrophy				
Rajyo ati kandu - Excoriation				
Vruna vastu – Scar				
Neelika, Mashaka – Nevus				
Pidaka – Comedone				
Bahya Krimi pidaka - Burrow of scabies				
Sirajala – Telangiectasia				
Any other				

Palpation/ sensation/ deformities/ odour:

*Enquire and perform for following parameters:

Palpation:

Specify – Rooksha, Khara, Parushya, Daha, Kleda, Snigdha, Shaitya, Ghana, etc.

Sensory symptoms: Specify – Toda (Sparsha akshamatva), Prakwatita daha, Tvak svapa, Harsha, etc.

Deformity: Tvak sankocha, Tvak ayaama, Tvak shosha, Kaunya, Angulipatana, Anga patina, Karna nasa bhanga, etc.

Odour/ Srava/ Krimi/ etc:

Visra gandha, etc.

Puya srava/ Lasika srava/ Puya rakta/ Lasika srava/ Bahu bahala picchila rakta srava etc.

Krimi janma, etc.

Type of skin lesion	*Palpation (Texture/ temperature)	*Sensory symptoms (Tvak swapa/ daha)	*Deformity	*Odour/ Srava/ Krimi

Special tests:

Special tests	Observation	Inference
Candle grease sign		
Auspitz's sign		
Koebner's phenomenon		
Blanch test		
Nikolsky's sign		

Any other observations		
------------------------	--	--

Any other special tests and observations can be mentioned here:

Nakha pareeksha - Assessment of nail and nail bed:

*Abnormalities like clubbing of fingers, paronychia, onycholysis, Terry’s nails, white spots (leukonychia), transverse white lines (Mees’ lines), Pitting of nails - Psoriasis, and Beau’s lines

Nail:

*Features to be examined	Observation	Inference
Colour		
Shape		
Any lesion		

Nail bed:

Nail bed tenderness – Present/ Absent

Swelling – Present/ Absent

Redness – Present/ Absent

Kesha pareeksha - Assessment of hair:

*Distribution Khalitya (Alopecia Areata, Androgenetic Alopecia, Central Centrifugal Cicatricial Alopecia, Chemotherapy Induced

Alopecia, Frontal Fibrosing Alopecia, Lichen Planopilaris, Telogen Effluvium, Traction Alopecia, Trichotillomania) and Palitya (colour):

*Features to be examined	Observation	Inference
Quantity		
Distribution		
Texture		
Colour		

Tick Appropriate:

Onset of Khalitya: Kalaja/ Akalaja

Onset of Palitya: Kalaja/ Akalaja

Write your inference on below mentioned points:

Sl. No	Parameters to be assessed	Item observed in patient	Rationality
1	Dosha – Anubandhya and Anubandha dosha		
2	Dushya		

Conduct a comprehensive assessment by considering history (including upashaya anupashaya), a thorough physical examination, systemic examination, and relevant investigations. Additionally, perform a differential diagnosis (sapeksha and vyavachedaka nidana) based on the gathered data.

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.1

Anemia evaluation – ABC (45 years) has been experiencing fatigue, weakness, and shortness of breath for the past few months. He has noticed a decrease in his exercise tolerance and feels tired even after minimal physical exertion. He denies any significant weight loss, changes in appetite, or other associated symptoms. His medical history is unremarkable, and he takes no regular medications. There is no family history of anemia or other significant medical conditions.

Initial Physical Examination:

- General appearance: Pale conjunctiva and skin
- Vital signs: Blood pressure 120/80 mmHg, pulse rate 90 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- Cardiovascular examination: Regular heart sounds, no murmurs
- Respiratory examination: Normal breath sounds
- Abdominal examination: No hepatosplenomegaly or masses
- Extremities: No peripheral edema or clubbing

List of Tests for Anaemia Evaluation:

Preliminary tests:

1. Complete Blood Count (CBC): Red blood cells (RBCs), Hemoglobin, Hematocrit, Mean corpuscular volume (MCV), Mean corpuscular hemoglobin (MCH), Mean corpuscular hemoglobin concentration (MCHC), and Red cell distribution width (RDW)
2. Peripheral Blood Smear
3. Reticulocyte Count

Further investigation:

4. Iron Studies: Serum iron, Total iron-binding capacity (TIBC), and Ferritin levels
5. Vitamin B12 and Folate Levels
6. Renal Function Tests
7. Bone Marrow Aspiration and Biopsy

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1(Excluding platelets) and 2

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Complete Blood Count (CBC): Red blood cells (RBCs), hemoglobin, hematocrit, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), and Red cell distribution width (RDW)

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

2. Peripheral Blood Smear:

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.2

UTI evaluation – ABC (30 years) complains of increased frequency of urination, accompanied by a burning sensation during urination and lower abdominal pain for the past two days. She denies any fever, back pain, or blood in the urine. ABC has a history of recurrent UTIs and is sexually active. She has no known allergies and takes no regular medications.

Initial Physical Examination:

- Vital signs: Blood pressure 120/80 mmHg, pulse rate 80 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- Abdominal examination: Mild tenderness in the lower abdomen
- Genitourinary examination: No abnormal findings, no cervical discharge

List of Tests for UTI Evaluation:

Preliminary tests:

1. Urinalysis:

Urine physical examination (Appearance, Colour, Odor, Urine specific gravity)

Urine chemical examination (Urine-pH, Sugar, Albumin, Bile pigment, Bile salt, Occult blood, Ketones, Urobilinogen)

Urine microscopic examination (Epithelial cells, WBCs, RBCs, Leukocytes, Casts, Crystals and) bacteria (suggesting a bacterial infection)

2. Complete Blood Count (CBC)

3. C-reactive protein (CRP)

Further investigation:

4. Urine Culture and Sensitivity

5. Imaging Studies: Ultrasound or CT scan.

6. VDRL

7. Urethral Swab or Vaginal Swab.

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1 and 6.

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Urinalysis: Urine physical examination (Appearance, Color, Odor, Specific gravity), chemical examination (Urine-pH, Sugar, Albumin, Bile pigment, Bile salt, blood, Ketone, Urobilinogen), Microscopic Examination (Epithelial cells, WBCs, RBCs, Leukocytes, Casts, Crystals) and bacteria (suggesting a bacterial infection):

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

2. VDRL:

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.3

Hepatic evaluation – ABC (50 years) presents with complaints of persistent abdominal pain, yellowing of the skin and eyes (jaundice), and significant fatigue. He has a long history of heavy alcohol consumption, consuming approximately 8 to 10 alcoholic drinks per day for the past 20 years. He admits to having trouble controlling his alcohol intake and has previously experienced episodes of alcohol-related liver inflammation. He has no known allergies and takes no regular medications.

Initial Physical Examination:

- General appearance: Jaundiced, fatigue
- Vital signs: Blood pressure 130/80 mmHg, pulse rate 90 bpm, respiratory rate 18 breaths per minute, temperature 99.1°F (37.3°C)
- Abdominal examination: Tenderness in the right upper quadrant, hepatomegaly (enlarged liver), and possibly splenomegaly (enlarged spleen)
- Skin examination: Spider angiomas (tiny blood vessels visible on the skin), palmar erythema (redness of the palms), and jaundice

List of Tests for Alcoholic Liver Disease (ALD) Evaluation:

Preliminary tests:

1. Liver Function Tests: AST, ALT, GGT, Bilirubin levels, Protein levels, Prothrombin time, Clotting time.
2. Imaging Studies: Abdominal Ultrasound

Further investigation:

3. Complete Blood Count (CBC)
4. Imaging Studies: FibroScan or Transient Elastography
5. Viral Hepatitis Serology
6. Serum Ferritin and Iron Studies
7. Alpha-fetoprotein (AFP) Level
8. Coagulation Profile
9. Gastroscopy

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1 and 8.

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Liver Function Tests: AST, ALT, and GGT, bilirubin levels, albumin levels, and prothrombin time, clotting time

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

2. Coagulation profile

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.4

Renal evaluation – ABC (60 years) presents with complaints of persistent fatigue, decreased urine output, and swelling in her legs for the past few months. She has a medical history of hypertension and diabetes, both of which have been poorly controlled. She also reports a family history of kidney disease. She takes medications for her underlying conditions but admits to being non-compliant with her prescribed medications. She has no known allergies.

Initial Physical Examination:

- General appearance: Fatigue and lethargy
- Vital signs: Blood pressure 160/90 mmHg, pulse rate 80 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- Abdominal examination: No specific findings
- Extremities examination: Lower extremity edema

List of Tests for Chronic Kidney Disease (CKD) Evaluation:

Preliminary tests:

1. Renal Function Tests: Serum Creatinine, Blood Urea Nitrogen (BUN), Serum uric acid
2. Estimated Glomerular Filtration Rate (eGFR)
3. Urinalysis
4. Urine Albumin-to-Creatinine Ratio (ACR)
5. Imaging Studies: Renal Ultrasound

Further investigation:

6. Complete Blood Count (CBC)
7. Electrolyte Levels: Serum Potassium, Serum Sodium and Serum Chloride
8. Serum Calcium and Phosphate
9. Lipid Profile
10. Blood Glucose Levels
11. Kidney Biopsy

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1, 4, 7 and 8

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Renal Function Tests: Serum Creatinine, Blood Urea Nitrogen (BUN), Serum uric acid

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

2. Urine Albumin-to-Creatinine Ratio (ACR)

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

3. Electrolyte Levels: Serum Potassium, Serum Sodium and Serum Chloride

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

4. Serum Calcium and Phosphate

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.5

Thyroid evaluation – ABC (35 years) presents with complaints of persistent fatigue, unexplained weight gain, feeling cold all the time, and constipation. She has noticed a decrease in her energy levels and a gradual increase in her weight over the past few months. She has a family history of thyroid disorders. She takes no regular medications and has no known allergies.

Initial Physical Examination:

- General appearance: Fatigue and lethargy
- Vital signs: Blood pressure 120/80 mmHg, pulse rate 70 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- Skin examination: Dry skin, hair loss, and brittle nails
- Neurological examination: Slow reflexes, slow speech, and slowed mental processes

List of Tests for Hypothyroidism Evaluation:

Preliminary tests:

1. Thyroid Function Tests: Thyroid-Stimulating Hormone (TSH) Level, T3, T4, F T3, F T4
2. Antithyroid Antibodies (Anti-thyroid peroxidase)

Further investigation:

3. Lipid Profile
4. Complete Blood Count (CBC)
5. Additional tests: Basal Body Temperature, Serum Prolactin Level, Electrocardiogram (ECG)

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Thyroid Function Tests: Thyroid-Stimulating Hormone (TSH)
Level, T3, T4, F T3, FT4

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.6

Diabetes Mellitus evaluation – XYZ (45 years) presents with complaints of increased thirst, frequent urination, and unexplained weight loss over the past few months. He also reports feeling tired and experiencing blurred vision. He has a family history of diabetes. He takes no regular medications and has no known allergies.

Initial Physical Examination:

- General appearance: Alert and oriented
- Vital signs: Blood pressure 130/80 mmHg, pulse rate 80 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- Skin examination: No specific findings
- Neurological examination: No abnormalities

List of Tests for Diabetes Mellitus Evaluation:

Preliminary tests:

1. Fasting Plasma Glucose (FPG) Test
2. Postprandial Plasma Glucose (PPPG)
3. Glycated Hemoglobin (HbA1c) Test

Further investigation:

4. Oral Glucose Tolerance Test (OGTT)
5. Urine Analysis
6. Lipid Profile
7. Kidney Function Tests: Serum Creatinine, Blood Urea Nitrogen (BUN), Urine Albumin-to-Creatinine Ratio (ACR)
8. C-peptide Level
9. Liver Function Tests
10. Thyroid Function Tests
11. Additional Tests: Autoantibodies (Islet cell antibodies, Insulin autoantibodies)

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1 to 4 and Sl. No 8

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Fasting Plasma Glucose (FPG) Test

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

2. Postprandial Plasma Glucose (PPPG)

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

3. Glycated Hemoglobin (HbA1c) Test

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

4. Oral Glucose Tolerance Test (OGTT)

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

5. C – Peptide level

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.7

Stroke evaluation – ABC (60 years) presents with a sudden onset of weakness and numbness on the right side of his body. He has difficulty speaking and experiences confusion. There is no history of trauma or seizure activity. He has a past medical history of hypertension and smoking. He takes antihypertensive medication but is non-compliant with his treatment. He has no known allergies.

Initial Physical Examination:

- General appearance: Alert but appears anxious and distressed
- Vital signs: Blood pressure 160/90 mmHg, pulse rate 80 bpm, respiratory rate 18 breaths per minute, temperature 98.6°F (37°C)
- Neurological examination: Right-sided hemiparesis (weakness), right-sided sensory loss, dysarthria (difficulty speaking), and facial droop on the right side

List of Tests for Atherosclerotic Stroke Evaluation:

Preliminary tests:

1. Non-Contrast Computed Tomography (CT) Scan of the Brain
2. Magnetic Resonance Imaging (MRI) of the Brain
3. Lipid Profile: Total cholesterol, LDL cholesterol, HDL cholesterol, and Triglycerides

Further investigations:

4. Diabetic profile
5. Renal Function Tests
6. Electrocardiogram (ECG)
7. Carotid Doppler Ultrasound
8. Coagulation Profile
9. Complete Blood Count (CBC)
10. Additional Tests: Carotid Angiography, Holter Monitor
11. Transthoracic Echocardiogram (TTE) or Transesophageal Echocardiogram (TEE)

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 3

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.8

Arthritis evaluation – ABC (55 years) presents with complaints of joint pain, swelling, and stiffness in her hands, wrists, and knees. She reports that the symptoms have been persistent for the past few months and have been affecting her daily activities. She does not recall any recent injuries or trauma to the joints. She has no significant past medical history and no known allergies.

Initial Physical Examination:

- General appearance: Alert and in mild discomfort
- Vital signs: Blood pressure 120/80 mmHg, pulse rate 72 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- Musculoskeletal examination: Swelling and tenderness in the small joints of the hands and wrists, as well as the knees. Limited range of motion and crepitus may be noted.

List of Tests for Arthritis Evaluation:

Preliminary tests:

1. Rheumatoid Factor (RF), Antistreptolysin O (ASO) and Anti-Cyclic Citrullinated Peptide (anti-CCP) Antibody
2. Uric Acid Level
3. Erythrocyte Sedimentation Rate (ESR), C-Reactive Protein (CRP) Level
4. X-rays

Subsequent tests:

5. Antinuclear Antibodies (ANA) Profile
6. Complete Blood Count (CBC): White blood cell count and platelet
7. Joint Fluid Analysis
8. Ultrasound or Magnetic Resonance Imaging (MRI)

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1 (RF & ASO), 3 (CRP)

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. RF/ ASO/ CRP

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.9

Fever evaluation – ABC (32 years) presents with complaints of persistent fever, abdominal pain, and gastrointestinal symptoms for the past week. She reports experiencing high-grade fever, reaching up to 104°F (40°C), along with severe headaches and body aches. She also mentions having abdominal pain, particularly in the right lower quadrant, and experiencing diarrhea with loose, watery stools. She denies any recent travel but mentions consuming food from street vendors. She has no significant past medical history and no known allergies.

Initial Physical Examination:

- General appearance: Fatigued, mildly dehydrated
- Vital signs: Blood pressure 120/80 mmHg, pulse rate 100 bpm, respiratory rate 18 breaths per minute, temperature 102.2°F (39°C)
- Abdominal examination: Tenderness in the right lower quadrant, possible hepatomegaly (enlarged liver)

List of Tests for Fever Evaluation:

Preliminary tests:

1. Complete Blood Count (CBC): Platelet, Total Leukocyte Count, Differential Leukocyte Count and Erythrocyte Sedimentation Rate
2. Bleeding time
3. Widal Test
4. Malarial parasite (Peripheral smear/ card test)
5. Dengue NS 1 – IgG, IgM (Card test)
6. Leptospirosis test
7. Urinalysis
8. Chest X-ray

Further investigation:

9. Blood Culture
10. Abdominal Ultrasound
11. Stool Culture
12. HIV Testing
13. Liver Function Tests

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1, 2, 3, 4 and 5

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

1. Complete Blood Count (CBC) – Platelet, Total Leukocyte Count, Differential Leukocyte Count, and Erythrocyte Sedimentation Rate

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

2. Bleeding time

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

3. Widal test

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

4. Malarial parasite (Peripheral smear/ card test)

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

5. Dengue NS 1 – IgG, IgM (Card test)

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.10

Male infertility evaluation – ABC (32 years) presents with a complaint of difficulty in conceiving a child with his partner despite trying for more than a year. He and his partner have been engaging in regular unprotected sexual intercourse without any success. ABC reports no prior history of fertility issues or significant medical conditions. He denies any recent infections, surgeries, or exposure to environmental toxins. His partner has undergone a thorough gynecological evaluation and has been deemed medically fit for conception.

Initial Physical Examination:

- General appearance: No apparent abnormalities
- Vital signs: Blood pressure 120/80 mmHg, pulse rate 80 bpm, respiratory rate 16 breaths per minute, temperature 98.6°F (37°C)
- External genital examination: Normal appearance of the penis, scrotum, and testes

List of Tests for Male Infertility Evaluation:

Preliminary tests:

1. Semen Analysis: Assess the quantity, quality, and motility of sperm. Parameters evaluated include sperm count, motility, morphology (shape), and presence of any abnormalities or infections.

Further investigation:

2. Hormonal Profile: Testosterone, Follicle-Stimulating Hormone (FSH), Luteinizing Hormone (LH), Prolactin
3. Ultrasound Imaging (Scrotal)
4. Post-Ejaculatory Urinalysis

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

- 1. Semen Analysis: Assess the quantity, quality, and motility of sperm. Parameters evaluated include sperm count, motility, morphology (shape), and presence of any abnormalities or infections**

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 7

CLINICAL NO: C 7.11

Helminthiasis evaluation – XYZ (35 years) presents to the clinic with complaints of persistent abdominal pain, nausea, and weight loss over the past month. He also mentions noticing worms in his stool. XYZ has no significant medical history and has never experienced similar symptoms before.

Initial Physical Examination:

Upon examination, the physician notices mild tenderness in the right lower quadrant of the abdomen. There are no other remarkable findings on physical examination

List of Tests for Ascariasis Evaluation:

Preliminary tests:

1. Stool Examination: (Colour, Consistency. Microscopy - Ova , Cyst, Pus

cells)Further investigation:

2. Complete Blood Count (CBC)
3. Imaging Studies (CT scan)

Mention the patient preparation, sample collection, type of investigation, indication, and interpretation of Sl. No 1

Materials required: Format to fill, Laboratory methods/ Clinical pathology textbooks if required.

- 1. Stool Examination: (Colour, Consistency. Microscopy - Ova , Cyst, Pus cells)**

Patient preparation:

Sample collection:

Type of investigation:

Indication:

Interpretation:

(Add additional page if required)

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 8

CLINICAL NO: C 8.1

1. Activity Name

X-Ray reading (Basics – Positioning, etc.)

2. Activity Description:

Evaluate chest X-Ray for positioning, rotation, and penetration.

3. Materials and Equipment:

Format to fill, Books related to radiology if required, X Ray films.

4. Basics of X Ray:

Positioning:

Rotation:

Penetration:

Any other observations:

Write your inference on the given X-Ray:

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 8

CLINICAL NO: C 8.2

1. Activity Name

X-Ray reading and interpretation (Chest)

2. Activity Description:

Evaluate chest X-Ray for Airway and tracheobronchial tree, Bones and Bony Structures, Cardiac Silhouette, Diaphragm, Effusions (Pleural), Fields (Lung Fields), Gastric Bubble (Stomach), and Hilum. Write your comments on the given X-Ray.

3. Materials and Equipment:

Format to fill, Books related to radiology if required, X Ray films.

4. Chest X Ray:

Airway and tracheobronchial tree:

Bones and Bony Structures:

Cardiac Silhouette:

Diaphragm:

Effusions (Pleural):

Fields (Lung Fields):

Gastric Bubble (Stomach):

Hilum:

Any other observations:

Write your inference on the given X-Ray:

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 8

CLINICAL NO: C 8.3

1. Activity Name

X-Ray reading and interpretation (Bones and Joints)

2. Activity Description:

Evaluate X-Ray for various bone and joints. Write your comments on the given X-Ray.

3. Materials and Equipment:

Format to fill, Books related to radiology if required, X Ray films.

4. Bones and joints X Ray:

Study Details:

Imaging Modality: X-ray -

Body Part: (Specific bones or joints examined) -

Radiographic Views: (Specific views obtained) -

Technique: (Exposure details, if available) -

Findings:

List and describe the relevant bones or joints examined -

Provide a detailed description of the observed abnormalities, including fractures, dislocations, joint space narrowing, bone density changes, or any other significant findings -

Include measurements or quantitative details, if applicable -

Impression:

Provide a concise summary of the overall findings -

Mention any specific diagnosis, if possible -

Indicate the significance or clinical relevance of the observed abnormalities -

Recommend any additional imaging studies or consultations, if necessary -

Recommendations:

Suggest any further diagnostic steps or follow-up examinations -

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 9

CLINICAL NO: C 9.1 & 9.2

1. Activity Name

Basic ECG interpretation

2. Activity Description:

Evaluate ECG for any abnormalities. Write your comments on the given ECG.

3. Materials and Equipment:

Format to fill, Books related to ECG if required, ECG.

4. ECG interpretation:

ECG reporting:

ECG Technical Details:

- A. ECG lead configuration (standard or modified) -
- B. Paper speed (25 mm/s or 50 mm/s) -
- C. Calibration (in millivolts per millimeter) -
- D. Any artifacts or technical issues encountered during the recording -

Heart Rate and Rhythm:

- A. Heart rate (calculated or measured) -
- B. Rhythm interpretation (sinus rhythm, atrial fibrillation, etc.) -
- C. Presence of any ectopic beats or arrhythmias -

P-Wave Analysis:

- A. P-wave morphology (duration, amplitude, and shape) -
- B. Presence of P-wave abnormalities (e.g., P-wave abnormalities indicating atrial enlargement) -

PR Interval:

- A. PR interval duration -
- B. Assessment of atrioventricular conduction -

QRS Complex:

- A. QRS complex duration -
- B. Assessment of ventricular conduction and morphology –

ST Segment:

- A. ST segment morphology (elevation, depression, or isoelectric) -
- B. Presence of ST segment abnormalities indicating myocardial ischemia or injury -

T-Wave Analysis:

- A. T-wave morphology (symmetry, amplitude, and shape) -
- B. Presence of T-wave abnormalities (inversion, flattening, or peaked T-waves) -

QT Interval:

- A. QT interval duration -
- B. Assessment of QT interval prolongation -

Axis and Intervals:

- A. Electrical axis of the heart (normal or deviated) -
- B. Measurement of other intervals (e.g., PR, QRS, QTc) -

Additional Findings:

- A. Any additional findings, such as ventricular hypertrophy, chamber enlargement, or ST-Twave abnormalities -

Clinical Impression:

- A. Interpretation and overall impression of the ECG -
- B. Differential diagnosis and possible clinical implications –

Recommendations:

- A. Suggested follow-up or additional investigations, if necessary -

Teacher's signature

ROGA NIDAN EVAM VIKRITI VIGYAN ACTIVITY BOOK

SERIAL NO: 10

CLINICAL NO: 10.1 to 10.5

Write in detail the case of a patient with details furnished under specific headings (For subheadings and reporting refer previous activities)

1. Patient information:

Age:

Sex: M/ F/Others

Marital status:

Education:

Occupation:

Religion:

Socio-economic status:

Date of Consultation:

Outpatient Number:

Date of Admission:

In Patient Number:

Bed number:

Place of residence:

2. Pradhana Vedana with Kala prakarsha (Chief complaints with duration):

3. Vedanasammuchraya (History of present illness):

4. Poorvavyadhi Vrutanta (History of Past illness):

5. Chikitsa Vruttanta (Treatment history):

6. Kula Vruttanta (Family history) Along with pedigree chart:

7. Samajika Vruttanta (Social history):

8. Vayaktika Vruttanta (Personal history):

9. General physical examination:

**10. Systemic examination/ Srotopareeksha (General systemic and Local systemic/
Examination of affected system):**

11. Investigations (Available reports and suggested investigations):

12. Differential diagnosis/ Sapekshanidana:

13. Vyadhi vinischaya (Diagnosis):

14. Samprapti ghataka (Samprapti ghataka of the patient based on history taking and examination):

Dosha: Shareerika

Vridhhi / Kshaya

Samsarga / Sannipata: Sama samsarga / sannipata Or Vishama samsarga / sannipata

Anubandha - Anubandhya -

Dosha bheda:

Gati: Urdhva / Adha / Tiryak; Shakha / Koshta / Marma asthi sandhi

Dosha: Manasika

Raja / Tama

Dushya: Write Vriddhi/ Kshaya/ Dushti of
Dhatu (Specify)
Upadhatu (Specify)
Mala (Specify)
Manas (Specify)
Indriya (Specify)
Avayava (Specify)

Srotas: Primary srotas (Specify)
Secondary srotas (Specify)

Sroto dushti lakshana: Primary sroto dushti (Specify)
Secondary sroto dushti (Specify)

Agni: Koshtagni: Sama / Vishama / Teekshna / Manda
Dhatwagni: Sama / Manda
Bhutagni: Sama / Manda

Ama: Koshtastha ama / Dhatugata ama / Malarupi ama / Dosharupi ama

Udbhava sthana: Amashaya / Pakvashaya

Vyakta sthana: Sarva dehika / Sthanika (Specify)
Bahya rogamarga / Madhyama rogamarga / Abhyantara rogamarga

15. Sadhyasadhyata (with rationality)

Teacher's signature

SAMHITA AHYAYAN -2
(Non-Lecture Practical Journal - Hand book for teachers)

Practical No 1,12,19

Shloka Pathana (Total 30 LH)

- Teacher shall write /display the shloka from shloka sangraha part of each Adhyaya on the board.
- Recitation of those shloka by the teacher so that pronunciation and splitting of words will be clear to the students.
- Students are then asked to recite the same shloka in multiple batches such as: Bench wise recitation, two rows together, left, right, middle rows, whole class
- After that students are asked to recite Shloka individually. A log book can be kept for tracking the individual performance.
- Total NLH hours are 30, divided into 10 each in each term.
- While the hours are distributed topic wise (Table.2), 10 hrs each are shown in the last topic of the terms (Vividhasitapeeteeya adhyaya, Jatisutreeya adhyaya, and Gomayachurneeya adhyaya respectively) which in practice can be distributed where ever necessary.
- Total 286 sutras are selected for Shlokapathana (see the list in Table 4A)
- Minimum 50 Shloka should be written in the practical journal.

Practical 2, 13, 20

Learning through Vyakhyana (total 9 hours, distributed 3 hrs each in three terms)

- Eight chapters are selected for Vyakhyana (See the list in Table 4A)
- After completion of the respective chapters, 1 Hour will be designated for teaching and explaining Vyakhyana – (Total - 9 NLH)
- Vyakhyana from original text (Chakrapani commentary) should be made available to students in these hours (either as print out or projection, if students do not possess the original text)
- Teachers shall justify and explain the importance of Vyakhyana.
- Students shall report these findings in the prescribed proforma in practical journal.

Practical 3

Observing the practical utility of Snehana and Swedana

Task 1 – Enlist Sneha-yogas available in the hospital pharmacy

- Students are sent to the hospital pharmacy.
- Let them identify some Sneha Yogas there.
- Guide them to include varieties of snehayogas (tailas of different plants, yamaka, trivrit, mahasneha etc.) which ever are available
- Common indications can be enlisted after discussion with Internees, PG's or teachers.
- The details of which should be filled in the respective table provided in Practical journal.
- Work can be completed during the NLH hours allotted (2 hrs)
- Minimum ten yogas should be included in the table.

Task 2 - Observe and enlist Swedana procedures undertaken by patients in hospital ward

- Students shall be divided in groups.
- Teachers should first identify relevant cases posted for Snehana and Swedana from OPD or IPD.
- After studying the respective Case Sheet, allot the patients to each group.
- Students can go through the case sheets and discuss with internees/PG's/Teachers to identify the indications.

- Identify the sweda procedure, materials used, duration etc.
- Later they can interact with patients to analyze and observe the effects of sweda procedure, their impressions, discomforts if any etc.
- Collection of data can be completed during the NLH allotted
- Minimum five cases need to be reported

Practical 4

Identification of Bahudoshakshana in patients

- Bahudoshakshana is explained in Chikitsaprabhriteeya adhyaya. It is generally assessed to see whether the patient needs shodhana or not.
- Questionnaire regarding Bahudoshakshana had already been developed and validated¹
- Teachers can demonstrate the questionnaire in one or two cases/subjects
- Identify relevant cases from OPD/IPD, preferably those who are advised for shodhana, after studying respective case sheets.
- Students can go through the case sheets and discuss with teachers to get clarity regarding questions.
- Later they can interact with patients and furnish the performa.
- Interpretation can be made on the basis of score (alpadoshakshana - 20 – 40, madhyamadoshakshana - 41 – 60, bahudoshakshana – 61 -80)
- Discussions can be made to see whether the result justifies the plan of treatment.
- NLH allotted (2 hrs) can be utilized for demonstration and discussion. Case taking can be completed during routine clinical posting.
- Minimum 3 case sheets should be furnished in the Practical journal

Practical 5: Assessment of diseases based on Trividha-bodhya-sangraha

(Minimum three cases)

Ch. Su. 18/45

- Trividha-bodhya-sangraha is mentioned in the context of identification of unnamed diseases (Anukta Vyadhi) following “ विकारनामाकुशलो न जिहीयात् कदाचन.....
- It is explained that even though diseases are not named properly, they can be comprehended through their Vikara-prakruti (nature of disease as well as its pathogenesis, Adhishtana (location) and Samuthana- vishesha (etiological factors).
- In a way this is the simplest way in understanding the disease in relation to its treatment, even though proper naming is not possible. It is the thorough knowledge of etiological factors rather than the names of diseases which counts for the purpose of treatment. Students should be familiar with this method through this practical.
- In the performa, each of these factors are further subdivided into:
 - Vikara prakruti - Poorvarupa, Rupa, Samprapti, Upasaya/Anupasaya:
 - Adhishtana - Roga-adhishtana (site of disease), Roga-marga, Dosha involved, Dhatu/upadhatu/mala involved, Srotas involved and type of srotodushti
 - Samuthana - Ahara, Vihara, Agantu, Manasa
- As part of interpreting the data students can conduct discussions with physicians concerned on how much the above findings conform with treatment given / planned. (E.g. Whether samuthana has been considered in the context of advising Nidana Parivarjanam)
- NLH hours allotted (2 hrs) can be utilized for demonstration and discussion. Case taking and performa filling can be completed as part of routine clinical hours.
- Minimum 3 case sheets should be recorded like this in the Practical journal.

Practical 6: Identification of Ashtadosha in Sthoulya

- Purpose of this Practical is to identify Ashta dosha in Sthoulya.
- Inclusion criteria of subjects - Age group above 25yrs & BMI – Above 25
- The questionnaire is prepared based on the symptoms described in Ashtauninditeeyam. Ch. Su. 21/4.
- Age is fixed above 25 considering dhatusthiratwa attained in that age and difficulty in assessing Krucchra-vyavayata among people below this age.
- A specific question is given in the performa for assessing each symptom.
- The subjective response will be rated from 1 to 10 and the score will be given as a whole number which they find suitable.
- Interpretation will be based on the total score attained, Lesser the score (below 36) more chance of presence of sthaulya
- Discussion will be on how much the BMI based obesity conforms with symptoms mentioned in Carakasamhita
- NLH hours allotted (2 hrs) can be utilized for demonstration of the questionnaire, and later discussions on the observations and results.
- Minimum 5 case sheets should be furnished in the Practical journal.

Practical 7: Clinical observations on nija-agantuja relationship

- Concept of Nija and Agantu diseases are discussed in Ashtodareeya (Ch Su 19) and Maharoga adhyaya (Ch Su 20).
- Exogenous diseases may occur as secondary development after endogenous and similarly endogenous diseases may further progress as exogenous diseases. One should carefully analyse primary causes and secondary complications before starting treatment (Ch Su 19/7).
- From case sheets and by interacting with interneers and physicians etc. students can identify some cases from OP or IP which started as Agantu (injury, microbial infection etc.) which later developed other diseases / complications (It can occur vice versa also).
- Nija-agantu relationship can be justified by citing the evidences from case history.
- Hours allotted (2 hrs) can be engaged to bring out discussions in the class and demonstrate one or two cases either as video lessons or bed side class.
- Case taking can be completed by students during routine clinical postings.
- If cases are not available, teacher can narrate some case reports and instruct students to establish Nija-Agatu relationship (Case Based Learning)
- Minimum 3 case sheets should be furnished in the Practical journal.

Practical 8: Clinical observation on shadupakrama

- Shadupakrama is the principal categorization of treatment in Ayurveda explained in Langhanabrimhaneeya adhyaya (Ch Su 22). This Practical lets student to be familiar with application of shadupakrama in routine therapeutic interventions.
- Among shadupakrama, snehana and swedana are frequently available in hospital wards. Langhana (dasavidhalanghana) in the form of shamana and shodhana also will be available. Rukshana is commonly administered usually before starting snehapana. Rukshasweda Brimhana usually comes during the final stage of the treatment, or at the time of follow up.
- Students can identify these upakramas in different cases and observe their effects in patients. The exercise can be completed by going through case sheets, discussing with doctors and interacting with patients.
- Upakrama (one or more) can be selected as it applies to the case and the details of upakrama (medicines, materials, procedures, duration etc.) can be stated in the proforma.
- NLH allotted (2 hrs) can be engaged to bring out discussions in the class and to

- demonstrate identification of shadupakrama in patients in IP.
- Case taking and furnishing the proforma can be performed during routine clinical postings.
- Minimum 3 case sheets should be furnished in the Practical journal.

Practical 9: Assessment of raktadushti karana in specific clinical conditions

- Among different types of dhatudushtis, Rakta-dushti has a distinct practical application considering its bigger implications in clinical scenario. That is why Caraka dedicate a full chapter for dealing with different aspects of rakta.
- Vidhisoniteeya chapter (Ch Su 24) explains characteristics of pure blood, the causative factors for vitiation of blood, dosha specific features of vitiated blood, their treatment and procedure of bloodletting etc.
- Raktadushti karanas are separately enlisted in the chapter, which are mostly related to the unhealthy food and lifestyle regimen prevalent today in the society.
- The questionnaire provided is not validated, hence can be customised by teachers.
- Probable raktadushti karanas can be identified using the proforma.
- Cases can be selected preferably from skin diseases or any other disease from the list of raktapradoshaja vyadhi
- NLH allotted (2 hrs) can be engaged to bring out discussions in the class and to demonstrate identification of shadupakrama in patients in IP.
- Minimum 3 case sheets should be furnished in the Practical journal.

Practical 10: Observations on use of agrya aushadha in clinical practice

- Yajja purusheeya enlists agryas related to ahara, aushadha and vihara
- Agrya aushadha (Eg: Rasna vataharanam) are commonly used for treating diseases in General practice.
- This Practical creates an opportunity to familiarize the use of such drugs in common clinical practice
- Teacher can divide the whole class into sub groups and allot drugs taken from agrya list to each group.
- Let the students interact with practicing Physicians (in the campus or outside) and collect information as suggested in the proforma.
- NLH can be utilized to conduct interview with the Physician, for minimum three drugs.

Practical 11: Assessment of dhatu-upadhatu-mala-pradoshajavikaras in patients

- Dhatu-upadhatu-mala pradoshaja vikaras are enlisted in Charakasambhita Vividhasitapeeteeya adhyaya.
- Students can identify some symptoms in patients which indicate such pradosha
- Teachers can allot patients to students after grouping them in five or six groups after discussion with Physicians or teachers
- NLH hours (3 hrs) can be allotted for demonstration by teacher and case documentation by students

Practical.14: Case taking in relation to nidanapanchaka

- NLH hours (12) can be utilized for furnishing case proforma.

Practical.15: Differential diagnosis of skin diseases with guidelines on kushta

- Kushta-nidana explains differential diagnosis of kushta according to varna, akriti, srava, sparsa etc.
- Minimum three cases can be identified and reported
- NLH (2 hrs) can be utilized for demonstrating some cases in the class
- Case taking can be completed during routine clinical posting.

Practical.16: Pramana pariksha

- Purpose is to familiarize with the methods of physiometry (anthropometry) as per as per Ayurvedic methods
- Different measurements suggested in Ayurprakriti web portal of CCRAS can be taken as standard tool.
- Articles suggested: Muley SK, Surve AA, Bhingare SD. Scientific study of Charakokta Anguli Pramana in reference to human height. Ayu. 2013 Oct;34(4):356-60. doi: 10.4103/0974-8520.127709. PMID: 24696571; PMCID: PMC3968696.
- https://www.researchgate.net/publication/292178573_PRAMANA_SHARIRA_EXPLORING_NEWER_HEIGHTS_IN_VYAVAHARA_AYURVEDA

Practical.17: Identification of vikaravighata bhavaabhava in patients

- This Practical has two parts: (1) Group discussions for preparing check list (2) Furnishing details of patients using the checklist.
- Concept of Vikaravighata bhava abhava is explained in Prameha nidana
- Vikara-vighata-bhava can be taken as protective factors and vikara-vighata-abhava is taken as risk factors of a particular disease
- Divide class into four or five groups and assign most commonly seen diseases to each group (Eg. Prameha); Conduct group discussions to identify risk factors / protective factors of respective diseases through literature review, interaction with peers and teachers; Sum up findings of group discussions and prepare check list for each disease
- Select three cases of the proposed disease and verify the cases using the check list.
- NLH (2 hrs) can be utilized for conducting group discussion, preparing checklist and demonstrate the checklist in patients.
- Furnishing the proforma can be conducted during routine clinical posting.

Practical.18: Exploration of lokapurusha samya vada in the back ground of one health

- Loka-purusha samya is a fundamental understanding in Ayurveda which explains man-nature interaction.
- One health movement bases on the concept of man-nature interaction.
- This can be taken as the back ground of discussions in the class room
- Let students prepare about the principles of loka-purusha-samyam and one health and have thorough discussions on the similarity of the two approaches.
- Let them summarize the observations in the prescribed format.

Practical.21: Learning through sambhasha parishad

- Sambhasha parishad is the method of debate mentioned in Caraka-samhita
- Methods of discussion (Vadamarga) is explained in C.Vi 8 (Rogabhishag jiteeya)
- Discussions can be conducted abiding such methods
- Basic minimum criteria can be panchavayava-vakya (pratijna, hetu, udaharana, upanaya and nigamana)
- Any relevant topic can be selected
- Suggested topics:
- Suggested topics: 1. Relevance of Daivavyapasraya cikitsa 2. Rakta as fourth dosha 3. Relevance of food classification 4. Specific agnya related to vihara (Eg: vishado rogavardhananam) 5. Importance of naming of disease 6. Relevance of viruddha ahara

Activiry.22: Srotas proforma

- Sroto-pareeksha is a part of virkrito pareeksha.
- Instead of individual examination of each srotas, here srotodushti karana and type of srotodushti is given importance.
- Minimum three cases can be furnished with the help of proforma.
- NLH (2 hrs) can be utilized for demonstrating some cases.
- Proforma filling can be completed during routine case taking.

Practical.23: Learning through tantra yukti

- Purpose is to sensitize about importance of application of tantrayukti
- Teachers can illustrate the use of tantrayukti in selected sutras (list given in table.4a)
- Students would be able to appreciate the importance of tantrayukti by understanding the new meaning of sutra after applying tantrayukti.
- 15 sutras can be documented in the proforma given.
- The whole practices can be completed in class room utilizing NLH (5 hrs.)

Practical.24: Assessment of health through dhatusamya pareeksha

- Purpose is to assess health status of a person based on dhatusamya pareeksha.
- Dhatusamya pareeksha is explained in Ch Vi 8/89
- Assessment of 10 individuals can be completed in 2 hrs allotted (NLH)

Practical.25: Agni assessment based on tolerance to apachara

- Usually agni assessment is done based on digestive capacity and appetite
- Here, as per Ch.Vi 6/12, different types of agni are identified through assessing person's tolerance towards different types of apachara (faulty practices during food intake)
- Proforma is given
- Observations can be compared to results from other commonly used tools (Eg: Singh, Aparna & Singh, Girish & Patwardhan, Kishor & Gehlot, Sangeeta. (2016). Development, Validation, and Verification of a Self-Assessment Tool to Estimate Agnibala (Digestive Strength). Journal of Evidence-Based Complementary and Alternative Medicine. 22. 10.1177/2156587216656117.)
- NLH (2hrs) can be utilized for furnishing proforma for 10 persons

Practical.26: Trividha rogavisheshavijnana in diagnosis

- Purpose is to justify the role of trividharogavisheshavijnana (pratyaksha, anumana and aptopadesa) in clinical methods. (Ref: Ch Vi 4)
- Teachers can demonstrate and discuss the Practical with the help of proforma.
- NLH (3 hrs) can be used to document the observations related to three cases

Practical.27: Assessment of upasaya and Anupasaya in patients

- Unique practice
- Purpose is to justify importance of upasaya and anupasaya clinical examination (Ref:Ch Ni 1 with Chakrapani commentary)
- Proforma can be demonstrated during NLH
- Case taking can be completed through routine clinical posting
- Identify upasaya and anupasaya in minimum three cases

**AYURVEDACHARYA (B.A.M.S.)
SECOND PROFESSIONAL B.A.M.S.**

**SAMHITA ADHYAYAN-2
(STUDY OF AYURVEDA CLASSICAL TEXT)
(SUBJECT CODE : AyUG-SA2)**

JOURNAL /ACTIVITY BOOK

Name of the student : _____

Institutional Roll No. : _____

Examination Reg. No. : _____

Academic Year : _____

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment Number- _____ has satisfactorily completed the course of Practicals in (Subject Name) _____ prescribed by the (Name of University) as a part of the Second Professional B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

JOURNAL /ACTIVITY BOOK
SAMHITA ADHYAYAN-2
(STUDY OF AYURVEDA CLASSICAL TEXT)
(SUBJECT CODE : AyUG - SA-1)

Journal Cum Activity Book

DEPARTMENT OF
SAMHITA, SIDDHANTA & SAMSKRITAM,
Name of the College

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PRACTICAL NO. 1, 12, 19
SLOKAPATHANA

(Minimum 50 sutras selected from the list
given in Table 4a of the syllabus)

No. Sutra Reference:

Sutra:

Meaning:

No. Sutra Reference

Sutra:

Meaning:

Recited by student on:

Signature of the teacher:

PRACTICAL NO. 2,13,20

LEARNING THROUGH

VYAKHYANA-1

(Sutras listed in Table.4a of the syllabus)

No.

Sutra Reference:

Sutra:

Primary meaning

Vyakhyana

Difference in understanding after Vyakhyana:

PRACTICAL No. 3
OBSERVING THERAPEUTIC UTILITY OF SNEHANA AND SWEDANA

1. Task-1: Enlist snehayogas available in the hospital pharmacy

Sl No	Name of Sneha-yoga	Type of Snehadravya used	Reference as per label	Common indications

2. Task-2: Observe and enlist swedana procedures undertaken by patients in hospital ward

Patient-1:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.):

Effects of sweda as observed and described by patient:

Patient-2:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

Patient-3:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

Patient-4:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

Patient-5:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

PRACTICAL No. 4

IDENTIFICATION OF BAHUDOSHALAKSHANA IN PATIENTS

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:	XYZ	So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Gender:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints:

No	QUESTIONNAIRE TO ASSESS BAHUDOṢA LAKṢAṆĀ	Never	Occasional ly	Frequently	Always
1.	Do you feel proper hunger thrice a day? (morning, afternoon, night)	1	2	3	4
2.	Do you feel the food you eat lacks in taste?	1	2	3	4
3.	Do you feel any dislikeness towards those things that you like to do?	1	2	3	4
4.	Do you feel tired easily while engaged in any kind of work?	1	2	3	4
5.	Do you experience sadness without any particular reason?	1	2	3	4
6.	Do you feel reluctant to do chores?	1	2	3	4
7.	Do you have boils in your body?	1	2	3	4
8.	Do you experience body odour issues?	1	2	3	4
9.	Do you have raised reddish patches in your skin?	1	2	3	4
10.	Do you feel heaviness in your body?	1	2	3	4
11.	Do you have sleeplessness at night?	1	2	3	4
12.	Do you feel your mouth gets filled with thick saliva?	1	2	3	4
13.	Do you feel itchiness in your body parts?	1	2	3	4
14.	Do you oversleep?	1	2	3	4
15.	Do you experience restlessness?	1	2	3	4

16.	Do you experience weakness while engaged in any kind of work?	1	2	3	4
17.	Do you experience acid reflux?	1	2	3	4
18.	Do you see nightmares that interrupt your sleep?	1	2	3	4
19.	Do you feel any difficulty to understand things in a proper way?	1	2	3	4
20	Do you feel drowsy during day time?	1	2	3	4

Total score:

Interpretation: (Alpadosha - 20 – 40, Madhyamadosha - 41 – 60, Bahudosha – 61 -80)

Result: The given case exhibits Bahudosha/Madhyamadosha/Alpa dosha

Discussion in relation to the treatment given/planned:

PRACTICAL No.5
ASSESSMENT OF DISEASES BASED ON TRIVIDHA BODHYASANGRAHA
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:	XYZ	So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Gender:		IPD no.	
Mo. No.		K/C/O	

VIKARAPRAKRUTI

Poorvarupa:

Rupa:

Samprapti:

Upasaya/anupasaya:

ADHISTHANA

Roga-adhithana (site of disease):

Rogamarga:

Dosha involved:

Dhatu/upadhatu/mala involved:

Srotas involved

Type of srotodushti:

SAMUTHANA (Causative factors)

Ahara:

Vihara:

Agantu:

Manasa:

Interpretation based on treatment adopted:

PRACTICAL No. 6
IDENTIFICATION OF ASHTA DOSHA IN STHOULYA

No.	Date:		
Name:	XYZ	Resident:	
Address:		So. Eco. Status:	
		Education:	
Age:	Preferably > 25	Occupation:	
Sex:		OPD no.	
Mo. No.		IPD no.	
Height:		K/C/O	
BMI		Weight:	
Symptoms of atisthaulya	Question to be asked		Rating
			Score (1-10)
Ayusho hrasa (decrease in quality of life)	How is your total satisfaction in life?		Least satisfied – 0 Most satisfied - 10
Javoparodha (loss of energy)	How energetic are you during your routine work?		Minimum – 0 Maximum - 10
Krichravayavayata (decreased libido)	How energetic are during sexual act?		Minimum – 0 Maximum - 10
Dourbalya (weakness)	How tired are you during routine daily activities?		Always – 0 Never - 10
Dourgandhya (bad odour)	How much bad body odor troubles you?		Maximum– 0 Minimum - 10
Swedabadha (excessive sweating)	How much do you sweat during daily activities?		Most – 0 Least - 10
Kshudatimatram (increased appetite)	How much are you affected by increased appetite?		Most – 0 Least - 10
Pipasatiyoga (increased thirst)	How much are you affected by increased thirst?		Most – 0 Least - 10
Total Score:			
Interpretation		Score above 40 – prone to atisthaulya	

Interpretation based on the score:

Discussion:

PRACTICAL No.7
CLINICAL OBSERVATIONS ON NIJA AGANTU RELATIONSHIP

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Presenting complaints			
History of present illness			
Relevant past history			
Discussion on Nija-Agantu relationship			

Signature of student

Signature of teacher

PRACTICAL No.8
CLINICAL OBSERVATIONS ON SHADUPAKRAMA

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

General line of management (as per case sheet)

Upakramas undertaken by the patient: (select whichever is relevant)

Langhana/Brumhana/Swedana/Stambhana/Rukshana/Snehana

Details of Upakramas performed (medicines, methods and duration)

Discussion on logic of Upakrama prescribed

Signature of student

Signature of teacher

PRACTICAL No.9
ASSESSMENT OF RAKTADUSHTI KARANA IN SPECIFIC CLINICAL
CONDITIONS
 (Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Presenting complaints			
Raktadushti nidana present (put tick marks for whichever is applicable)			
Ahara (food materials) – regular, excessive intake			
Food materials having teekshna, ushna			
Excessive use of amla, lavana, katu, skhara rasas (use of pickles, papads, chilly items etc.)			
Regular use of kulatha, masha, nishpava, tilataila, pindalu, mulaka etc.			
Regular intake of fish, water birds and animals etc.			
Excessive use of curd, mastu, sukta, sura, sauveeraka etc.			
Intake of viruddha ahara, puti (stale) and putrefied food			
Habit of over eating, adhyasana and ajeerna			
Vihara (lifestyle)			
Habit of day sleep after intake of heavy diet			
Excessive anger			
Excessive exposure to heat and wind			
Inhibition of chardi vega			
Improper/insufficient administration of sodhana in seasons			
Excessive physical exertion, injuries			
Aggravation in autumn season (sarat kala)			

Interpretation:

Signature of student

Signature of teacher

PRACTICAL No.10
OBSERVATIONS ON USE OF AGRYA AUSHADHA IN CLINICAL PRACTICE

Name of drug:

Category of agrya:

Drug Profile:

Botanical identity:

Rasa

Guna

Veerya

Vipaka

Prabhava:

Parts used:

Therapeutic uses:

Picture of the plant/drug

Important yogas:

Report on interview with Physicians on use of the drug in clinical practice:

Name of the physician:

Date of interview:

Information collected:

Student's impressions:

Signature of student

Signature of teacher

PRACTICAL No.11
ASSESSMENT OF DHATU-UPADHATU-MALA
PRADOSHAJAVIKARAS IN PATIENTS
 (Minimum five cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

Assessment of dhatu-upadhatu-indriya pradosha vikaras

Symptoms present	Dhatu/Upadhatu/Mala involved

Interpretation:

Vridhhi of

Kshaya of

Probable Samprapti involving Dhatu-upadhatu-mala:

Signature of student

Signature of teacher

PRACTICAL No.14
CASE TAKING IN RELATION TO NIDANAPANCHAKA

(Minimum five cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education	I/ P/ S/ HS/ G/ PG
		Occupation	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Aetiological factors (Nidana)

Premonitory symptoms (Pragroopa)

Presenting complaints (Rupa)

Pathogenesis (Samprapti)

Relieving and aggravating factors (Upasaya-anupasaya)

Signature of student

Signature of teacher

PRACTICAL No.15
DIFFERENTIAL DIAGNOSIS OF SKIN DISEASES BASED ON
GUIDELINES ON KUSHTA
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

Feature	Presentation (use appropriate terms as per descriptions in Kushtanidana)	Dosha predominance	Probable diagnosis (type of kushta)
Varna (Color)			
Akriti (appearance)			
Srava (secretions)			
Sparsa (touch)			
Other associated symptoms (daha, kandu, sula etc.)			

Signature of student

Signature of teacher

PRACTICAL No.16
PRAMANA PARIKSHA
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Status of health			
Measurements taken		Ratios	Interpretation

Signature of the student:

Signature of teacher:

PRACTICAL No. 17
IDENTIFICATION OF VIKARAVIGHATA BHAVA ABHAVA IN PATIENTS

Disease assigned:

Summary of group discussion:

Check list prepared after group discussions:

Factors identified as risk factors/ aggravating factors (vikara-vighata- abhava)	Factors identified as protective factors, factors against diseases (vikara-vighata- bhava)

Screening patients with the checklist: ((Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Risk factors present as per check list		Protective factors present as per checklist	

Interpretation:

Signature of student

Signature of teacher

PRACTICAL No. 18
EXPLORATION OF LOKAPURUSHA SAMYA VADA IN THE BACK GROUND
OF ONE HEALTH

Date of discussion:
Moderator:

Topic:

Group Members:

Major theme discussed:

Summary of discussion:

Important ideas evolved:

Signature of student

Signature of teacher

PRACTICAL No.21
LEARNING THROUGH SAMBHASHA PARISHAD

Group No.

Topic assigned:

Date of the parishat:

Methods/components of Vadamarga used in the parishat:

Details of conduct of the parishat:

Structured summary of the parishat:

Pratijna:

Hetu:

Udaharana:

Upanaya:

Nigamana:

Assessment by Faculty:

Signature of student

Signature of teacher

PRACTICAL No.22
SROTAS PROFORMA

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

Srotas involved	Whether causative factors of the particular srotodushti is present or not, If yes, give the details	Type of srotodushti (Atipravritti/sanga/siragr anthi/vimargagamana)	Interpretation:

Signature of student

Signature of teacher

PRACTICAL No.23
LEARNING THROUGH TANTRAYUKTI

(Minimum 15 different tantrayuktis selected from the list given in Table.4a of the syllabus)

No.

Sutra Reference:

Sutra:

Interpretation with tantrayukti:

New understanding by applying tantrayukti

PRACTICAL No.24

ASSESSMENT OF HEALTH THROUGH DHATUSAMYA PAREEKSHA

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Sex:	
Question			Response
Are you usually free from health issues?			Yes/No
Do you have proper voice?			Yes/No
Do you have normal skin complexion/color/pigmentation?			Yes/No
Is your weight/BMI normal as per the age and gender?			Yes/No
Do you have proper physical strength ?			Yes/No
Do you have appetite at proper intervals?			Yes/No
Do you feel taste of the food you eat?			Yes/No
Does the food get digested within a proper time?			Yes/ No
Do you get sleep at proper time?			Yes/No
Is your sleep sound?			Yes/No
Do you get up fresh in the morning?			Yes/No
Is you sleep free from nightmares ?			Yes/No
Do you get proper stool evacuation daily?			Yes/No
Do you pass urine normally?			Yes/No
Do you have normal vision?			Yes/No
Do you have proper hearing capacity?			Yes/No
Do you receive smell normally?			Yes/No
Do you know taste properly?			Yes/No
Can you identify touch properly through skin?			Yes/No
Does your mind work properly?			Yes/No
Are you satisfied with your life?			Yes/No

(Interpretation: Scoring - Yes +1, No -1; Total score 15-20 – Very good in health, 10-15 – moderately healthy, below 10 – unhealthy)

Score obtained:

Status of health:

Signature of student

Signature of teacher

PRACTICAL No. 25

AGNI ASSESSMENT BASED ON TOLERANCE TO APACHARA

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address :		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Gender	
Assessment Questionnaire			
1	Capability to tolerate irregularities in diet	Always capable to tolerate any type of abnormality/irregularity in food intake	Teekshnagni
		Digestion gets affected by considerable abnormality/irregularity in food intake	Samagni
		Fluctuating nature in tolerating abnormality/irregularity	Vishamagni
		Not capable to tolerate even minimum abnormality/irregularity	Mandagni
2	Type of Agni as assessed by standard tool*		

* (Singh, Aparna & Singh, Girish & Patwardhan, Kishor & Gehlot, Sangeeta. (2016). Development, Validation, and Verification of a Self-Assessment Tool to Estimate Agnibala (Digestive Strength). Journal of Evidence-Based Complementary and Alternative Medicine. 22. 10.1177/2156587216656117.)

Interpretation:

How much the observations conform together?

Signature of student

Signature of teacher

PRACTICAL No.26
TRIVIDHA ROGA VISHESHA VIJNANA IN DIAGNOSIS

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address :		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Gender	
Presenting complaints:			
Application of pratyaksha - Observations through different sense organs and other instruments			
Application of anumana			
Observed facts		Inferred facts	
Application of aptopadesa – Write the references/quotes/verses from Samhitas, textbooks or articles to justify/explain the conclusions			

Signature of student

Signature of teacher

PRACTICAL No. 27
ASSESSMENT OF UPASAYA AND ANUPASAYA IN PATIENTS

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address :		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Gender	
Desa	Jangal/Sadharana/Anoopa		
Presenting complaints:			
Probable Diagnosis			
Doshadushti:			
Doshaguna Dushti :			
Dhatudushti :			
Maladushti :			
Probable Disease Diagnosis if available:			

Upashaya- Anupashaya Pareeksha

		Ahara	Aushadha	Vihar/Kriya	Kala
Upashaya	Dravya	1)	1)	1)	Ushna/Sheeta/Varsha/Durdina
		2)	2)	2)	
		3)	3)	3)	
	Guna			4)	
	Karma				
Anupashaya	Dravya	1)	1)	1)	
		2)	2)	2)	
		3)	3)	3)	
	Guna			4)	
	Karma				

Interpretation:

Disease diagnosis confirmation based on Upashaya- anupashaya –

Probable line of Management based on Upashaya- anupashaya --

Signature of student

Signature of teacher

**AYURVEDACHARYA (B.A.M.S.)
SECOND PROFESSIONAL B.A.M.S.**

**SAMHITA ADHYAYAN-2
(STUDY OF AYURVEDA CLASSICAL TEXT)
(SUBJECT CODE : AyUG-SA2)**

JOURNAL /ACTIVITY BOOK

Name of the student : _____

Institutional Roll No. : _____

Examination Reg. No. : _____

Academic Year : _____

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment Number- _____ has satisfactorily completed the course of Practicals in (Subject Name) _____ prescribed by the (Name of University) as a part of the Second Professional B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner- _____

Sign. Of External Examiner- _____

Sign. of Teacher

Sign. of H.O.D.

JOURNAL /ACTIVITY BOOK
SAMHITA ADHYAYAN-2
(STUDY OF AYURVEDA CLASSICAL TEXT)
(SUBJECT CODE : AyUG - SA-1)

Journal Cum Activity Book

DEPARTMENT OF
SAMHITA, SIDDHANTA & SAMSKRITAM,
Name of the College

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4	Identification of bahudosha lakshana in patients		
5	Assessment of diseases based on trividha bodhyasangraha		
6	Identification of ashta dosha in sthoulya		
7	Clinical observations on nija-agantuja relationship		
8	Clinical observation on shadupakrama		
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PRACTICAL NO. 1, 12, 19
SLOKAPATHANA

(Minimum 50 sutras selected from the list
given in Table 4a of the syllabus)

No. **Sutra Reference:**

Sutra:
Meaning:

No. **Sutra Reference**

Sutra:
Meaning:

Recited by student on:

Signature of the teacher:

PRACTICAL NO. 2,13,20

LEARNING THROUGH

VYAKHYANA-1

(Sutras listed in Table.4a of the syllabus)

No.

Sutra Reference:

Sutra:

Primary meaning

Vyakhyana

Difference in understanding after Vyakhyana:

PRACTICAL No. 3
OBSERVING THERAPEUTIC UTILITY OF SNEHANA AND SWEDANA

1. Task-1: Enlist snehayogas available in the hospital pharmacy

Sl No	Name of Sneha-yoga	Type of Snehadravya used	Reference as per label	Common indications

2. Task-2: Observe and enlist swedana procedures undertaken by patients in hospital ward

Patient-1:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.):

Effects of sweda as observed and described by patient:

Patient-2:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

Patient-3:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

Patient-4:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

Patient-5:

Presenting complaints:

Type of sweda applied:

Details of sweda (materials, medicines etc.)

Effects of sweda observed and described by patient:

PRACTICAL No. 4

IDENTIFICATION OF BAHUDOSHALAKSHANA IN PATIENTS

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:	XYZ	So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Gender:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints:

No	QUESTIONNAIRE TO ASSESS BAHUDOṢA LAKṢAṆĀ	Never	Occasional ly	Frequently	Always
1.	Do you feel proper hunger thrice a day? (morning, afternoon, night)	1	2	3	4
2.	Do you feel the food you eat lacks in taste?	1	2	3	4
3.	Do you feel any dislikeness towards those things that you like to do?	1	2	3	4
4.	Do you feel tired easily while engaged in any kind of work?	1	2	3	4
5.	Do you experience sadness without any particular reason?	1	2	3	4
6.	Do you feel reluctant to do chores?	1	2	3	4
7.	Do you have boils in your body?	1	2	3	4
8.	Do you experience body odour issues?	1	2	3	4
9.	Do you have raised reddish patches in your skin?	1	2	3	4
10.	Do you feel heaviness in your body?	1	2	3	4
11.	Do you have sleeplessness at night?	1	2	3	4
12.	Do you feel your mouth gets filled with thick saliva?	1	2	3	4
13.	Do you feel itchiness in your body parts?	1	2	3	4
14.	Do you oversleep?	1	2	3	4
15.	Do you experience restlessness?	1	2	3	4

16.	Do you experience weakness while engaged in any kind of work?	1	2	3	4
17.	Do you experience acid reflux?	1	2	3	4
18.	Do you see nightmares that interrupt your sleep?	1	2	3	4
19.	Do you feel any difficulty to understand things in a proper way?	1	2	3	4
20	Do you feel drowsy during day time?	1	2	3	4

Total score:

Interpretation: (Alpadosha - 20 – 40, Madhyamadosha - 41 – 60, Bahudosha – 61 -80)

Result: The given case exhibits Bahudosha/Madhyamadosha/Alpa dosha

Discussion in relation to the treatment given/planned:

PRACTICAL No.5
ASSESSMENT OF DISEASES BASED ON TRIVIDHA BODHYASANGRAHA
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:	XYZ	So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Gender:		IPD no.	
Mo. No.		K/C/O	

VIKARAPRAKRUTI

Poorvarupa:

Rupa:

Samprapti:

Upasaya/anupasaya:

ADHISTHANA

Roga-adhithana (site of disease):

Rogamarga:

Dosha involved:

Dhatu/upadhatu/mala involved:

Srotas involved

Type of srotodushti:

SAMUTHANA (Causative factors)

Ahara:

Vihara:

Agantu:

Manasa:

Interpretation based on treatment adopted:

PRACTICAL No. 6
IDENTIFICATION OF ASHTA DOSHA IN STHOULYA

No.	Date:		
Name:	XYZ	Resident:	
Address:		So. Eco. Status:	
		Education:	
Age:	Preferably > 25	Occupation:	
Sex:		OPD no.	
Mo. No.		IPD no.	
Height:		K/C/O	
BMI		Weight:	
Symptoms of atisthaulya	Question to be asked		Rating
			Score (1-10)
Ayusho hrasa (decrease in quality of life)	How is your total satisfaction in life?		Least satisfied – 0 Most satisfied - 10
Javoparodha (loss of energy)	How energetic are you during your routine work?		Minimum – 0 Maximum - 10
Krichravayavayata (decreased libido)	How energetic are during sexual act?		Minimum – 0 Maximum - 10
Dourbalya (weakness)	How tired are you during routine daily activities?		Always – 0 Never - 10
Dourgandhya (bad odour)	How much bad body odor troubles you?		Maximum– 0 Minimum - 10
Swedabadha (excessive sweating)	How much do you sweat during daily activities?		Most – 0 Least - 10
Kshudatimatram (increased appetite)	How much are you affected by increased appetite?		Most – 0 Least - 10
Pipasatiyoga (increased thirst)	How much are you affected by increased thirst?		Most – 0 Least - 10
Total Score:			
Interpretation	Score above 40 – prone to atisthaulya		

Interpretation based on the score:

Discussion:

PRACTICAL No.7
CLINICAL OBSERVATIONS ON NIJA AGANTU RELATIONSHIP

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Presenting complaints			
History of present illness			
Relevant past history			
Discussion on Nija-Agantu relationship			

Signature of student

Signature of teacher

PRACTICAL No.8
CLINICAL OBSERVATIONS ON SHADUPAKRAMA

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

General line of management (as per case sheet)

Upakramas undertaken by the patient: (select whichever is relevant)

Langhana/Brumhana/Swedana/Stambhana/Rukshana/Snehana

Details of Upakramas performed (medicines, methods and duration)

Discussion on logic of Upakrama prescribed

Signature of student

Signature of teacher

PRACTICAL No.9
ASSESSMENT OF RAKTADUSHTI KARANA IN SPECIFIC CLINICAL
CONDITIONS
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Presenting complaints			
Raktadushti nidana present (put tick marks for whichever is applicable)			
Ahara (food materials) – regular, excessive intake			
Food materials having teekshna, ushna			
Excessive use of amla, lavana, katu, skhara rasas (use of pickles, papads, chilly items etc.)			
Regular use of kulatha, masha, nishpava, tilataila, pindalu, mulaka etc.			
Regular intake of fish, water birds and animals etc.			
Excessive use of curd, mastu, sukta, sura, sauveeraka etc.			
Intake of viruddha ahara, puti (stale) and putrefied food			
Habit of over eating, adhyasana and ajeerna			
Vihara (lifestyle)			
Habit of day sleep after intake of heavy diet			
Excessive anger			
Excessive exposure to heat and wind			
Inhibition of chardi vega			
Improper/insufficient administration of sodhana in seasons			
Excessive physical exertion, injuries			
Aggravation in autumn season (sarat kala)			

Interpretation:

Signature of student

Signature of teacher

PRACTICAL No.10
OBSERVATIONS ON USE OF AGRYA AUSHADHA IN CLINICAL PRACTICE

Name of drug:

Category of agrya:

Drug Profile:

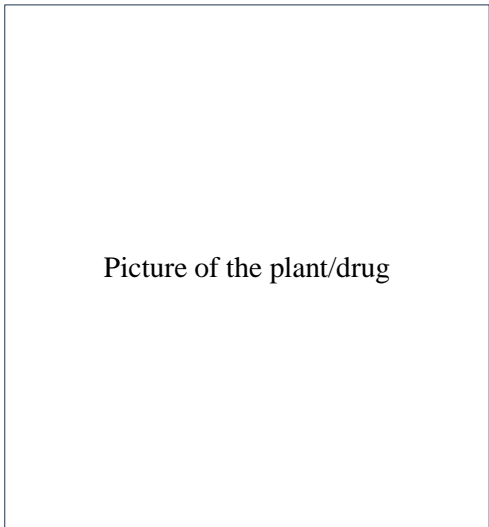
Botanical identity:

Rasa Guna Veerya

Vipaka Prabhava:

Parts used:

Therapeutic uses:



Important yogas:

Report on interview with Physicians on use of the drug in clinical practice:

Name of the physician:

Date of interview:

Information collected:

Student's impressions:

Signature of student

Signature of teacher

PRACTICAL No.11
ASSESSMENT OF DHATU-UPADHATU-MALA
PRADOSHAJAVIKARAS IN PATIENTS
 (Minimum five cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

Assessment of dhatu-upadhatu-indriya pradosha vikaras

Symptoms present	Dhatu/Upadhatu/Mala involved

Interpretation:

Vridhhi of

Kshaya of

Probable Samprapti involving Dhatu-upadhatu-mala:

Signature of student

Signature of teacher

PRACTICAL No.14
CASE TAKING IN RELATION TO NIDANAPANCHAKA

(Minimum five cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education	I/ P/ S/ HS/ G/ PG
		Occupation	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Aetiological factors (Nidana)

Premonitory symptoms (Pragroopa)

Presenting complaints (Rupa)

Pathogenesis (Samprapti)

Relieving and aggravating factors (Upasaya-anupasaya)

Signature of student

Signature of teacher

PRACTICAL No.15
DIFFERENTIAL DIAGNOSIS OF SKIN DISEASES BASED ON
GUIDELINES ON KUSHTA
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

Feature	Presentation (use appropriate terms as per descriptions in Kushtanidana)	Dosha predominance	Probable diagnosis (type of kushta)
Varna (Color)			
Akriti (appearance)			
Srava (secretions)			
Sparsa (touch)			
Other associated symptoms (daha, kandu, sula etc.)			

Signature of student

Signature of teacher

PRACTICAL No.16
PRAMANA PARIKSHA
(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Status of health			
Measurements taken		Ratios	Interpretation

Signature of the student:

Signature of teacher:

PRACTICAL No. 17
IDENTIFICATION OF VIKARAVIGHATA BHAVA ABHAVA IN PATIENTS

Disease assigned:

Summary of group discussion:

Check list prepared after group discussions:

Factors identified as risk factors/ aggravating factors (vikara-vighata- abhava)	Factors identified as protective factors, factors against diseases (vikara-vighata- bhava)

Screening patients with the checklist: ((Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	
Risk factors present as per check list		Protective factors present as per checklist	

Interpretation:

Signature of student

Signature of teacher

PRACTICAL No. 18
EXPLORATION OF LOKAPURUSHA SAMYA VADA IN THE BACK GROUND
OF ONE HEALTH

Date of discussion:
Moderator:

Topic:

Group Members:

Major theme discussed:

Summary of discussion:

Important ideas evolved:

Signature of student

Signature of teacher

PRACTICAL No.21
LEARNING THROUGH SAMBHASHA PARISHAD

Group No.

Topic assigned:

Date of the parishat:

Methods/components of Vadamarga used in the parishat:

Details of conduct of the parishat:

Structured summary of the parishat:

Pratijna:

Hetu:

Udaharana:

Upanaya:

Nigamana:

Assessment by Faculty:

Signature of student

Signature of teacher

PRACTICAL No.22
SROTAS PROFORMA

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education :	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		OPD no.	
Sex:		IPD no.	
Mo. No.		K/C/O	

Presenting complaints

Srotas involved	Whether causative factors of the particular srotodushti is present or not, If yes, give the details	Type of srotodushti (Atipravritti/sanga/siragr anthi/vimargagamana)	Interpretation:

Signature of student

Signature of teacher

PRACTICAL No.23
LEARNING THROUGH TANTRAYUKTI

(Minimum 15 different tantrayuktis selected from the list given in Table.4a of the syllabus)

No.

Sutra Reference:

Sutra:

Interpretation with tantrayukti:

New understanding by applying tantrayukti

PRACTICAL No.24

ASSESSMENT OF HEALTH THROUGH DHATUSAMYA PAREEKSHA

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address:		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Sex:	
Question			Response
Are you usually free from health issues?			Yes/No
Do you have proper voice?			Yes/No
Do you have normal skin complexion/color/pigmentation?			Yes/No
Is your weight/BMI normal as per the age and gender?			Yes/No
Do you have proper physical strength ?			Yes/No
Do you have appetite at proper intervals?			Yes/No
Do you feel taste of the food you eat?			Yes/No
Does the food get digested within a proper time?			Yes/ No
Do you get sleep at proper time?			Yes/No
Is your sleep sound?			Yes/No
Do you get up fresh in the morning?			Yes/No
Is you sleep free from nightmares ?			Yes/No
Do you get proper stool evacuation daily?			Yes/No
Do you pass urine normally?			Yes/No
Do you have normal vision?			Yes/No
Do you have proper hearing capacity?			Yes/No
Do you receive smell normally?			Yes/No
Do you know taste properly?			Yes/No
Can you identify touch properly through skin?			Yes/No
Does your mind work properly?			Yes/No
Are you satisfied with your life?			Yes/No

(Interpretation: Scoring - Yes +1, No -1; Total score 15-20 – Very good in health, 10-15 – moderately healthy, below 10 – unhealthy)

Score obtained:

Status of health:

Signature of student

Signature of teacher

PRACTICAL No. 25

AGNI ASSESSMENT BASED ON TOLERANCE TO APACHARA

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address :		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Gender	
Assessment Questionnaire			
1	Capability to tolerate irregularities in diet	Always capable to tolerate any type of abnormality/irregularity in food intake	Teekshnagni
		Digestion gets affected by considerable abnormality/irregularity in food intake	Samagni
		Fluctuating nature in tolerating abnormality/irregularity	Vishamagni
		Not capable to tolerate even minimum abnormality/irregularity	Mandagni
2	Type of Agni as assessed by standard tool*		

* (Singh, Aparna & Singh, Girish & Patwardhan, Kishor & Gehlot, Sangeeta. (2016). Development, Validation, and Verification of a Self-Assessment Tool to Estimate Agnibala (Digestive Strength). Journal of Evidence-Based Complementary and Alternative Medicine. 22. 10.1177/2156587216656117.)

Interpretation:

How much the observations conform together?

Signature of student

Signature of teacher

PRACTICAL No.26
TRIVIDHA ROGA VISHESHA VIJNANA IN DIAGNOSIS

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address :		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Gender	
Presenting complaints:			
Application of pratyaksha - Observations through different sense organs and other instruments			
Application of anumana			
Observed facts		Inferred facts	
Application of aptopadesa – Write the references/quotes/verses from Samhitas, textbooks or articles to justify/explain the conclusions			

Signature of student

Signature of teacher

PRACTICAL No. 27
ASSESSMENT OF UPASAYA AND ANUPASAYA IN PATIENTS

(Minimum three cases)

No.	Date:	Resident:	Rural/ Urban
Name:		So. Eco. Status:	Lower / Middle/ Upper
Address :		Education:	I/ P/ S/ HS/ G/ PG
		Occupation:	
Age:		Gender	
Desa	Jangal/Sadharana/Anoopa		
Presenting complaints:			
Probable Diagnosis			
Doshadushti:			
Doshaguna Dushti :			
Dhatudushti :			
Maladushti :			
Probable Disease Diagnosis if available:			

Upashaya- Anupashaya Pareeksha

		Ahara	Aushadha	Vihar/Kriya	Kala
Upashaya	Dravya	1)	1)	1)	Ushna/Sheeta/Varsha/Durdina
		2)	2)	2)	
		3)	3)	3)	
	Guna			4)	
	Karma				
Anupashaya	Dravya	1)	1)	1)	
		2)	2)	2)	
		3)	3)	3)	
	Guna			4)	
	Karma				

Interpretation:

Disease diagnosis confirmation based on Upashaya- anupashaya –

Probable line of Management based on Upashaya- anupashaya --

Signature of student

Signature of teacher

(Name of the College)

(Approved by –National Commission for Indian System of Medicines, New Delhi &

Name of the University)

Name of the department

Batch- _____

Certificate

This is to certify that, Mr. / Ms. _____, Enrollment
Number-_____ has satisfactorily completed the course of activities in (Subject
Name) _____ prescribed by the (Name of University) as a part of the Second Professional
B.A.M.S. Course.

Examination Seat No.: _____

Date of Examination- _____

Sign. Of Internal Examiner-_____

Sign. Of External Examiner-_____

Sign. of Teacher

Sign. of H.O.D.

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5	Ahara	12-21
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Dinacharya

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

Signature of the Student

Signature of the staff

Dinacharya

Serial number of Activity:

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Ratricharya

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Method of Activity:

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Signature of the staff

Ritucharya

Serial number of Activity:

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Method of Activity:

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Ritucharya

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Sadvritta

Serial number of Activity:

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Ahara

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Roganutpadaneeya

Serial number of Activity:

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Rasayana for Swastha

Serial number of Activity:

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Rasayana for Swastha

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Nidra

Serial number of Activity:

Date:

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Yoga

Serial number of Activity:

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Yoga

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Disaster management

Serial number of Activity:

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Disaster management

Serial number of Activity:

Date:

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Method of Activity:

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Janapadodhwamsa

Serial number of Activity:

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Name of the Activity:

Method of Activity:

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Janapadodhwamsa

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Janapadodhwamsa

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Janapadodhwamsa

Serial number of Activity:

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Environmental health

Serial number of Activity:

Date:

Name of the Activity:

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Serial number of Activity:

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Environmental health

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Date:

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Disinfection

Serial number of Activity:

Date:

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Method of Activity:

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Disinfection

Serial number of Activity:

Date:

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Family welfare program

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Method of Activity:

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Signature of the staff

Family welfare program

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

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Signature of the staff

Mother and Child health care

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

Signature of the Student

Signature of the staff

Preventive geriatrics

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

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Signature of the staff

National health programs

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

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National health programs

Serial number of Activity:

Date:

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Signature of the staff

School health services

Serial number of Activity:

Date:

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School health services

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

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Signature of the staff

Occupational health

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

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Signature of the Student

Signature of the staff

Occupational health

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

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Signature of the staff

Primary health care

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

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Signature of the staff

Primary health care

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

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Signature of the staff

Naturopathy

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

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Naturopathy

Serial number of Activity:

Date:

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Describe Method of Activity conducted including photographs

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Naturopathy

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

Signature of the Student

Signature of the staff

World health organization

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

Signature of the Student

Signature of the staff

Health statistics

Serial number of Activity:

Date:

Name of the Activity:

Method of Activity:

Describe Method of Activity conducted including photographs

Signature of the Student

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