

(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.

Paper – I

Contents

| Name of the chapter | Name of the practical   | Page no. |
|---------------------|---|----------|
| Dinacharya          |   |          |
|                     | Collect and Compare different Dantadhawana Churnas/ Tooth pastes available in the market and choose/ advise the appropriate one based on the need.  |          |
|                     | Collect and compare different Jiwha Nirlekhana Yantra (Tongue cleaners) available in the local area/ market and choose/advise the appropriate one for swastha   |          |
|                     | Collect different dravya/kashaya/mouthwashes available in the market for kavala and gandusha; demonstrate the procedure of kavala and gandusha with appropriate liquids /dravyas for swastha                                      |          |
|                     | Collect different types of Anjana (Collyriums) available in the market, Demonstrate Anjana procedure as per local traditions and advise different types of Anjana for swastha   |          |
|                     | Demonstrate Pratimarsha Nasya with Anutaila/ Sesame oil and prescribe the appropriate taila for Pratimarsha Nasya for swastha.  |          |
|                     | Demonstrate Prayogika Dhoomapana and advise prayogika dhoomapana dravya for swastha   |          |
|                     | Demonstrate the procedure of Abhyanga techniques for full body abhyanga, padabhyanga and shiroabhyanga and prescribe suitable Taila for Abhyana for Swastha.  |          |
|                     | Demonstrate the procedure of Udwartana techniques and prescribe suitable dravya for Udwartana for Swastha   |          |
|                     | Prescribe appropriate dinacharya module regarding ahara and vihara as per age and occupation /activity.   |          |
|                     | Advise /counsel people regarding healthy lifestyle based on the Ayurvedic principles (one student should counsel at least five persons and should be documented).   |          |
| Ahara               |   |          |
|                     | Collection, compilation and documentation of region wise different varieties of Ahara Varga (Millets, cereals, pulses, vegetables, varieties of milk/oil/honey/ available in the market).   |          |
|                     | Preparation of the recipes as per SOPs and demonstrating their therapeutic indication and nutritive values. a. Manda b. Peya c. Vilepi d.Yavagu e.Odana f. Krishara g.Yusha h.Takra   |          |
|                     | Prepare/Prescribe the diet and lifestyle regimen (pathya-apathya) with reference to Ahara and Vihara for each ritu.   |          |
|                     | Conduct diet counselling according to prakriti, agni, sara, satva, age, sex, occupation/ activity, and prevailing season based on the regional food habits with serving sizes with different food exchange/options for 5 persons. |          |
| Yoga                |   |          |
|                     | Introduction: It should contain definition of Yoga and importance of Yoga in maintenance of health  |          |
|                     | General rules to be followed while doing Yoga Practice.   |          |

|  |   |  |
|--|---|--|
|  | List Loosening Exercises used in common Yoga Practice |  |
|  | Two Standing Asanas                                   |  |
|  | Five Sitting Asanas                                   |  |
|  | Two Supine asanas                                     |  |
|  | Two Prone asanas                                      |  |
|  | Shtakrama   |  |
|  | Pranayama   |  |
|  | IDY Protocol  |  |



2. Collect and Compare different Jiwha Nirlekhana Yantra (Tongue cleaners) available in the local area/ market and choose/advise the appropriate one for swastha

| Name of the tongue cleaner | Type of material used | Picture |
|----------------------------|-----------------------|---------|
|                            |                       |         |
|                            |                       |         |
|                            |                       |         |
|                            |                       |         |
|                            |                       |         |
|                            |                       |         |
|                            |                       |         |

Appropriate one for Swastha –

3. Collect different dravya/kashaya/mouthwashes available in the market for kavala and gandusha; demonstrate the procedure of kavala and gandusha with appropriate liquids /dravyas for swastha

| Name of the product mouth wash/gargle available in the market | Composition | Picture |
|---|-------------|---------|
|   |             |         |
|   |             |         |
|   |             |         |
|   |             |         |

#### **a. Demonstration of Kavala**

Material required:

Procedure of Kavala (Paste the own picture)

Description of different dravyas used for kavala with its action as per classics

#### **b. Demonstration of Gandusha**

Materials required:

Procedure of Gandusha (Paste the own picture)

Description of different dravyas used for gandusha with its action as per

4. Collect different types of Anjana (Collyriums) available in the market, Demonstrate Anjana procedure as per local traditions and advise different types of Anjana for swastha.

| Types of Anjana available in market | Medicinal purpose / Cosmetic purpose | Benefits |
|-------------------------------------|--------------------------------------|----------|
|                                     |                                      |          |

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Demonstration of Anjana (SOP-Standard Operating Procedure)

Materials required:

Procedure (Paste with own picture):

Swastha Hitkara Anjana in daily regime –

Occupations/ conditions indicated for Anjana

5. Demonstrate Pratimarsha Nasya with Anutaila and prescribe the appropriate taila for Pratimarsha Nasya for swastha.

Materials required

Procedure of Pratimarsha nasya ( Paste own picture)

Mention Dravyas used for pratimarsha nasya

Benefits of Pratimarsha Nasya-

Occupations/ conditions indicated for Pratimarsha nasya-

6. Demonstrate Prayogika Dhoomapana and advise prayogika dhoomapana dravya for swastha.

Materials required for Prayigika dhumapana



Procedure of Prayogika dhumapana( Paste own picture)

Benefits

Suggest materials used for Prayogika dhumapana

7. Demonstrate the procedure of Abhyanga techniques self - padabhyanga , shiroabhyanga and Karnapurana .

Materials required:

Procedure of Abhyanga

Benefits of Sarvang Abhyanga, Shiro Abhyanga, Padabhyanga and Karnapurana

Occupations/ conditions where abhyanga is essential-

8. Demonstrate the procedure of Udwartana techniques and prescribe suitable dravya for Udwartana for Swastha.

Materials required

Procedure of Udvardana

Different types of dravyas used in Udwardana/Utsadana with their benefits

9. Prescribe appropriate dinacharya module regarding ahara and vihara as per age and occupation /activity for minimum 2 persons

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Daily travelling  
hours \_\_\_\_\_

Mode of travelling: \_\_\_\_\_

Time of sleep: \_\_\_\_\_

Time of awakening - \_\_\_\_\_

Total hours of night sleep: \_\_\_\_\_

Quality of Sleep: Sound/ disturbed/ late sleep

Day sleeping: Yes/No

Prakriti – \_\_\_\_\_

Kshudha – Yes /No

Consumption of food – Due to hunger / As per time

Asatmya of specific food – \_\_\_\_\_

Food Timings – \_\_\_\_\_

|                           |             |         |                   |          |
|---------------------------|-------------|---------|-------------------|----------|
| Meals - →                 | Breakfast - | Lunch - | Evening food<br>- | Dinner - |
| Timings →                 |             |         |                   |          |
| Foods often<br>consumed - |             |         |                   |          |

Consumption of – \_\_\_\_\_

|   | Present | Absent |
|---|---------|--------|
| Abhishyandi (daily curd / fermented etc.) |         |        |
| Paryushit (stale food)                    |         |        |
| Adhyashan                                 |         |        |
| Vishamashan                               |         |        |
| Samashan                                  |         |        |
| Anashan                                   |         |        |
| Viruddhashan                              |         |        |

Any other specification regarding food habits –

Prescription/ Advice:

1. Ahara-
2. Vihara:
  - i) Dinacharya measures:
  - ii) Nidra:
  - iii) Occupation/lifestyle advice:

10. Advise /counsel people regarding healthy lifestyle based on the Ayurvedic principles (one student should counsel at least five persons and should be documented).

Date:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M/F \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

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Chief Complaints (If Any)

History of present illness

History of Previous Illness:

Family/ heredity illness -

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**General Examination:**

Wt. - \_\_\_\_\_ kg. Ht. \_\_\_\_\_ cm.

BMI-

Samhanan- Hina/ Madhya/ uttam

Sara: --

Agni: Manda/ tikshna/ vishama

Koshtha: Mrudu/ Madhya/ Krura Ú

**Ashtavidha Parikshana**

Nadi:

B.P.-

Mutra pravritti- -

Mala pravritti:

Jivha: Sama/ Niram

Shabda-

Sparsha: Ushna/ shita -

Druk:

Akruti: Sthula/Krusha/ Madhyam

Menstruation: Regular/Irregular, after every \_\_\_\_\_ days,

Prakruti Assessment:

Vata/Pitta/Kapha/vata-pitta/ pitta vata/ vata-kapha/kapha-vata/ pitta kapha/  
kapha-

**Information Regarding Dinacharya:**

Time of sleep –

Time of awakening -

Total hours of night sleep-

Quality of Sleep: Sound/ disturbed/ late sleep/ if disturbed cannot sleep again

Day sleeping: Yes/No

Vyayama -Exercise: Yes/No Type: \_\_\_\_\_ and \_\_\_ hours /Minutes Daily -

Yogasana: Yes/No, Pranayam: Yes/No

Type of Asanas Practicing: \_\_\_\_\_ hours daily

Food: Vegetarian/ Non-Vegetarian

Tea/ Cofee /Milk: Yes/No, Time of consumption:

Kshudha: Yes/No /Sometimes Yes

Trishna (Thirst): Yes/No/ very less / excess

Food Timings –

|                        |             |         |                  |          |
|------------------------|-------------|---------|------------------|----------|
| Meals - →              | Breakfast - | Lunch - | Evening snacks - | Dinner - |
| Timings →              |             |         |                  |          |
| Foods often consumed - |             |         |                  |          |

Consumption of –

|   | Yes | No |
|---|-----|----|
| Abhishyandi (daily curd / fermented etc.) |     |    |
| Paryushit (stale food)                    |     |    |
| Adhyashan                                 |     |    |
| Vishamashan                               |     |    |
| Samashan                                  |     |    |
| Anashan                                   |     |    |
| Viruddhashan                              |     |    |

Any other specification regarding food habits –

Water Intake: After getting up from sleep/ During meals/ after meals/ at bed time

Total consumption in a day: \_\_\_\_\_ litres a day

Fasting: Yes/No, \_\_\_\_\_ times a month, Food Items -

Addictions: Tobacco smoking/Tobacco chewing/ alcohol/ any other/

Screen Time: \_\_\_\_\_ hours daily, Screen- TV/ mobile/ tab/laptop

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Vihara- Type of occupation: Intellectual/ Physical work

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Natural Urges (Vega): Suppression: Yes/No, if Yes which vegas are suppressed: symptoms, if any after suppression of the vega:

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Mental Status (Mana swasthya): Stress- Yes/No, if Yes- family/ work/ any other stress

Dharaniya vega udirana: Yes/No, if Yes- kama/krodha/ moha/ lobha/ dvesha/

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Any medication taking currently: Yes/No, if Yes, name of the medicines:

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**Advice:**

**Ahara (Diet):** Pathya/ Apathya (Mention food items, do's and don'ts) -

**Vihara:** Vyayama/ Yoga (Specify-) –

**Regarding Nidra:**

**Dinacharya Measure:** Anjana/Nasya/ Dhumapana/ Kavala/gandusha/

Abhyanga/ Vyayama/ Udvaartana/ any other

For Mental Health: Pranayam/ Stress counselling/ any therapy to be done:

Yes/No, If Yes- name of therapy: Shirodhara, Shiropichu, any other

Ritu Shodhana: Yes/no, If Yes- Vamana/Virechana/ Basti/ Raktamokshana/ Shirovirechana

Shamana: Pacahana/ Dipana/ Vyayama/ Atap sevana/ Anila sevana/ Upawasa (Kshudha rodha)/ Trishna rodha

Rasayana – Medhya/ Suvarna prashana/ vatatapika

Seasonal Advice:

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Name of the Student  
student

Signature of the

**Signature of the Faculty**



## AHARA

1. Collection, compilation and documentation of region wise different varieties of Ahara Varga (Millets, cereals, pulses, vegetables, varieties of milk/oil/honey/ available in the market). (Minimum of 20 food stuffs can be written)

| SL NO | PARTICULARS  | DETAILS                                     |
|-------|--|---|
| 1     | Name of the Ahara Dravya (food stuff)                    |   |
| 2     | Classification as per Ayurveda and contemporary science  |   |
| 3     | Brief description about the food stuff                   |   |
| 4     | Ayurveda Guna Karma analysis                             |   |
| 5     | Nutritional analysis                                     |   |
| 6     | Currently practiced preparations                         |   |
| 7     | Other observations ( usage, quantity of consumption etc) |   |
| 11    | Photograph of the food stuff                             | Attach a snap or mention Google drive link. |

2. Preparation of the recipes as per SOPs and demonstrating their therapeutic indication and nutritive values. a. Manda b. Peya c. Vilepi d.Yavagu e.Odana f. Krishara g.Yusha h.Takra (Minimum of 10 preparations)

| SL NO | PARTICULARS  | DETAILS  |
|-------|--|--|
| 1     | Name of the recipe                                       |  |
| 2     | Brief description about the food stuff                   |  |
| 3     | Ingredients required                                     |  |
| 4     | SOP of preparation                                       |  |
| 5     | Ayurveda Guna Karma analysis                             |  |
| 6     | Nutritional analysis                                     |  |
| 7     | Therapeutic indications and dosage                       |  |
| 8     | Other observations ( usage, quantity of consumption etc) |  |
| 9     | Photograph of the food stuff                             | Attach a snap or mention Google drive link of preparation video. |

**3. Diet counselling** (for minimum of 10 persons)

Name of the patient:

Age/Sex:

OPD/IPD No:

Referring consultant:

Diagnosis:

Date:

Occupation

Anthropometric measurements:

Ht:                      Weight:

BMI:                      IBW

Prakriti: VP / PK / KV

**Diet History:**

|   |                   |                     |                           |            |
|---|-------------------|---------------------|---------------------------|------------|
| Particulars   |                   |                     |                           |            |
| Type of Diet  | Vegetarian        | Ova –vegetarian     | Mixed                     | Others     |
| Habituated Food items<br>Ex: Pickle/<br>papad/chats/outside<br>foods/ beverages<br>etc. | Daily             | Weekly              | Fortnightly               | Monthly    |
| Timing of Consumption   | Regular           | Irregular           | Occasionally<br>Irregular |            |
| Practice of viruddha ahara  | Regular practice  | Occasional practice |                           |            |
| Nutritional Evaluation  | High Calorie Diet | Low Protein Diet    | High protein diet         | Bland diet |
| Nature of Food consumed   | Vataja ahara      | Pittaja ahara       | Kaphaja ahara             | Combined   |

**Therapeutic Diet advices:**

|                                      |   |  |  |  |
|--------------------------------------|---|--|--|--|
| Particulars                          |   |  |  |  |
| Nature of Diet Advised               |   |  |  |  |
| Specific Cereals                     | Rice/ Boiled rice/Jowar/Wheat/ / Others -                           |  |  |  |
| Specific millets                     | Ragi/ Navane/ Saame/ Sajje/ harka/ Koral/ oodalu/ Baragu            |  |  |  |
| Specific Pulses                      | Green Gram/ Toor dal/ Black gram/lentils Horsegram/ Soyabean/others |  |  |  |
| Specific oil                         | Olive/ Sunflower/ Safflower/ mustard / sesame/ groundnut            |  |  |  |
| Specific Vegetable, Roots and tubers | All leafy vegetables<br>In specific:                                |  |  |  |
| Specific fruits                      | All fruits  |  |  |  |
| Milk and its bi-products             | Skimmed milk/ Buttermilk/ Curds/ Cheese/ Butter/ ghee/paneer        |  |  |  |
| Non-veg                              | Egg/ Fish/ Chicken/ Red meat/ prawn/ pork/ beef                     |  |  |  |

### Dietetic advice

|   | Particulars  | Modification Advises |
|---|--|----------------------|
| 1 | Diet pattern – vegetarian /nonveg/vegan/ovovegetarian                                  |                      |
| 2 | Timings of food intake - Morning drink/Breakfast/midday snacking/lunch/high tea/dinner |                      |
| 3 | Food quantity and quality analysis   |                      |
| 4 | Nutritional analysis of food in all serving times                                      |                      |

### Formulated diet plan

|                       | Timing +/- 15 min | Food items with serving size | Therapeutic peya advised |
|-----------------------|-------------------|------------------------------|--------------------------|
| Morning drink         | 6am               |                              |                          |
| Breakfast             | 8.30am            |                              |                          |
| Lunch                 | 1.30pm            |                              |                          |
| Evening high tea time | 5pm               |                              |                          |
| Dinner                | 8pm               |                              |                          |

#### 4. Lifestyle management' counselling and Therapeutic Diet sheet (10 patients)

Name of the patient:

Diet pattern:

Age/Sex:

Date:

OPD/IPD No:

Occupation:

Referring consultant:

Chief complaints for which patient got admitted:

##### **General examination findings:**

Height:

Weight:

BMI status:

BP:

HR:

Other systemic examination findings:

Whether K/C/O DM, HTN, allergic to any drugs? On regular medication? If Yes, Details

Diagnosis:

Treatment details in brief:

On-going procedure:

**1. Life style Observations**

|   |                      | Observations | Specific observations if any |
|---|----------------------|--------------|------------------------------|
| 1 | Physical health      |              |                              |
| 2 | Psychological health |              |                              |
| 3 | Family Health        |              |                              |
| 4 | Occupational health  |              |                              |
| 5 | Financial health     |              |                              |
| 6 | Social health        |              |                              |

**2. Daily routine observations:**

|   | Particulars                             | Observations |
|---|---|--------------|
| 1 | Waking up time                          |              |
| 2 | Oral hygienic practices                 |              |
| 3 | Physical exercises/Yoga practices/brisk |              |

|   |  |  |
|---|--|--|
|   | walking/jogging/swimming/meditation/others             |  |
| 4 | Working pattern-official/sedentary/laborious/stressful |  |
| 5 | Evening routine  |  |
| 6 | Habits   |  |
| 7 | Sleeping time  |  |
| 8 | Duration of sleep and nature of sleep                  |  |

### 3. Dietary Observations

|   | Particulars   |  |
|---|---|--|
| 1 | Diet pattern – vegetarian /nonveg/vegan/ovovegetarian                                   |  |
| 2 | Timings of food intake - Morning drink/Breakfast/mid day snacking/lunch/high tea/dinner |  |
| 3 | Food quantity and quality analysis  |  |
| 4 | Nutritional analysis of food in all serving times                                       |  |



**Advices:**

**1. Life style modifications:**

|          |                      | <b>Modifications advised</b>   |
|----------|----------------------|--|
| <b>1</b> | Physical health      |  |
| <b>2</b> | Psychological health |  |
| <b>3</b> | Family Health        |  |
| <b>4</b> | Occupational health  | <ol style="list-style-type: none"><li>1. Fix working hours</li><li>2. Schedule the work</li><li>3. Mark priority to the assigned work and work accordingly</li><li>4. Cooperation and coordination with workmates</li><li>5. Patience while completing the tasks</li></ol> |
| <b>5</b> | Financial health     |  |
| <b>6</b> | Social health        |  |

**2. Daily routine practices advise:**

|          | <b>Particulars</b>   | <b>Modification advises</b> |
|----------|--|-----------------------------|
| <b>1</b> | Waking up time   |                             |
| <b>2</b> | Oral hygienic practices  |                             |
| <b>3</b> | Physical exercises/Yoga practices/brisk walking/jogging/swimming/meditation/others |                             |
| <b>4</b> | Working pattern-official/sedentary/laborious/stressful                             |                             |
| <b>5</b> | Evening routine  |                             |
| <b>6</b> | Habits   |                             |
| <b>7</b> | Sleeping time  |                             |
| <b>8</b> | Duration of sleep and nature of sleep  |                             |

**3. Dietetic advice**

|          | <b>Particulars</b>                                    | <b>Modification Advises</b> |
|----------|---|-----------------------------|
| <b>1</b> | Diet pattern – vegetarian /nonveg/vegan/ovovegetarian |                             |

|   |  |  |
|---|--|--|
| 2 | Timings of food intake - Morning drink/Breakfast/midday snacking/lunch/high tea/dinner |  |
| 3 | Food quantity and quality analysis   |  |
| 4 | Nutritional analysis of food in all serving times                                      |  |

**Formulated diet plan**

|                       | Timing +/- 15 min | Food items with serving size | Other additional information |
|-----------------------|-------------------|------------------------------|------------------------------|
| Morning drink         | 6am               |                              |                              |
| Breakfast             | 8.30am            |                              |                              |
| Lunch                 | 1.30pm            |                              |                              |
| Evening high tea time | 5pm               |                              |                              |
| Dinner                | 8pm               |                              |                              |

## **YOGA**

General rules to be followed while doing Yoga Practice.

List Loosening Exercises used in common Yoga Practice

## Asanas

Standing Asana ( Any two asanas among the theory syllabus)

**Name of the Asana:**

**Procedure: (Paste own picture)**

Sthiti :

Step by step description

Benefits and Indications

Contraindications

SITTING POSTURES (any five asanas among the theory syllabus)

Name of the Asana:

Procedure: (Paste own picture)

Sthiti :

Step by step description

Benefits and Indications

Contraindications

**LYING SUPINE POSTURES (any two asanas among the theory syllabus)**

Name of the Asana:

Procedure: (Paste own picture)

Sthiti :

Step by step description

Benefits and Indications

Contraindications



LYING PRONE POSTURES (any two asanas among the theory syllabus)

Name of the Asana:

Procedure: (Paste own picture)

Sthiti :

Step by step description

Benefits and Indications

Contraindications

## SHAT KARMAS

### 1. Jalaneti

Materials required

Procedure ( Paste own picture)

Benefits and Indications

Contraindications

## 2. Kapalabhati

. Materials required

Procedure ( Paste own picture)

Benefits and Indications

Contraindications

### 3. Trataka

Materials required

Procedure ( Paste own picture)

Benefits and Indications

Contraindications

## PRANAYAMA

### 1. Anuloma – Viloma Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

## 2. Nadishuddhi Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

### 3. Suryabhedana Pranayama

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

#### 4. Ujjayi Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)



## 5. Shitali Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

6. Sheetkari Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

## 7. Bhastrika Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

8. Bhramari Pranayama.

Procedure (with own picture)

Benefits & Indications

Contraindications ( If any)

## Common Yoga Protocol of IDY (International Day of Yoga)

Paper – II

Contents

| Name of the chapter             | Name of the practical   | Page no. |
|---------------------------------|---|----------|
| Disinfectants                   | <p>Identify and demonstrate the suitability, dose, dilution, and contact period of the following disinfectants: Bleaching powder, Dettol, Lysol, Savlon.</p> <p>Observe the procedure of fumigation of the operation theatre.</p> <p>Write the mode of working and uses of an autoclave.</p>  |          |
| IEC                             | <p>Demonstrate communication methods for health education.</p> <p>Demonstrate/ Present different health education materials (dinacharya practices, sadvritta practices, family planning methods, breastfeeding techniques, etc. ) to non-teaching staff of college and hospital/ patients.</p>  |          |
| Community Survey                | <p>Conduct minimum 05 Family surveys using a structured questionnaire in specific rural populations and report the survey findings and discuss possible solutions to the family.</p> <p>Conduct minimum 05 family surveys using a structured questionnaire in specific urban populations and report the survey findings and discuss possible solutions to the family.</p> |          |
| Local health educational visits | <p>Report the functioning of milk dairies such as methods of processing and preservation of milk, testing of milk before and after pasteurization, and the standards of milk &amp; milk products.</p> <p>Report the various process involved in water purification plant.</p> <p>Report the processes involved in modern sewage treatment plant.</p>                      |          |

|   |  |  |
|---|--|--|
|   | <p>Report the various measures adopted for the prevention and control of occupational diseases in any industry.</p> <p>Report the food safety standards and methods of food processing techniques adopted in any food industry.</p> <p>Report the various treatment modalities adopted in Naturopathy and Yoga canthers.</p>   |  |
| Visit to National health programs and Ayurveda center | <p>Report the functioning of a Primary health centre/Community health centre/Rural hospital/District hospital with regards to the implementation of different National Health Programmes viz. infectious disease control, immunization, ANC, Family planning etc.</p> <p>Report the structure and functioning of a Ayurveda Dispensary/ Taluk Hospital /District Hospital available in the district.</p>   |  |
| Monitoring of Health and hygiene                      | <p>Conduct periodic check-ups , collect demographic profile and clinical examination of allotted 2 subjects/Individuals (one from the community and one from employees of the college/hospital) (Assess Prakriti, Satva, Sara, etc.)for their health status / occupational health status and if any treatment is prescribed then coordinate the treatment under the overall guidance of the teacher/Mentor.</p> <p>Counsel and advice the allotted 2 subjects a healthy regime prescription and analyse their health status after following the healthy regime under the overall guidance of the teacher/mentor.</p> <p>Document the maintenance of water sanitation, waste disposal including biomedical waste in the hospital.</p> |  |

## DISINFECTANTS

1. Identify and demonstrate the suitability, dose, dilution, and contact period of the following disinfectants:

- a. Bleaching powder
- b. Dettol
- c. Lysol
- d. Savlon.



2. Observe the procedure of fumigation of the operation theatre

Date:

Name of the OT:

Name of the material used for fumigation:

Procedure of fumigation:

Contact period:

3. Write the mode of working and uses of an autoclave.

Date:

Name of the autoclave:

Working principle:

Uses:

## 2. IEC

Components of IEC materials shall be of following topics

1. DINACAHRYA PRACTICES
2. SADVRITTA PRACTICES
3. FAMILY PLANNING METHOD
4. BREAST FEEDING TECHNIQUES
5. Other components which the faculty/students feel to convince to the local areas and it shall be need based.

Target Population: COMMUNITY

Note: Minimum 3 IEC materials can be prepared and documented

Format for IEC material preparation and presentation

| <b>mSL NO</b> | <b>PERTICULAR</b>                    | <b>DETAILS</b>   |
|---------------|--------------------------------------|--|
| 1             | Name of the IEC to be prepared       |  |
| 2             | Type of IEC prepared                 | Chart/model/PPT/Video/GIF/others   |
| 3             | Brief description about the material |  |
| 4             | Objectives                           | <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li></ol> |

|   |                                |  |
|---|--------------------------------|--|
|   |                                |  |
| 5 | Specific points to be conveyed | <ol style="list-style-type: none"><li>1.</li><li>2.</li><li>3.</li></ol> |
| 6 | Duration of the presentation   |  |
| 7 | Target population              |  |
| 8 | Pretest questions to be asked  |  |

|    |                                 |   |
|----|---------------------------------|---|
|    |                                 |   |
| 9  | Post test questions to be asked |   |
| 10 | Overall impact on population    |   |
| 11 | Photograph of the event         | Attach a snap or mention Google drive link. |

#### 4. Community Survey (5 rural & 5 urban population)

##### General information

Name of the village/ Ward:

Sub centre:

PHC:

##### Family studied:

Head of the family:

Address:

Habituated since.....years

If migrated, details. Duration....., previous place....., reason of migration:

##### Family Profile

Family structure:

| Age            | Males | Females | Total |  |
|----------------|-------|---------|-------|--|
| Infants        |       |         |       |  |
| 1-5 years      |       |         |       |  |
| 6-15 years     |       |         |       |  |
| 16-64 years    |       |         |       |  |
| Above 65 years |       |         |       |  |

**FAMILY SIZE:**

Total no of persons in the family:

Demographic family size:

Number of children women has given birth at a point of time:

Dependency status: total dependency:

Family type:

Per capita monthly income:

Marital status:

Physiological conditions:

Medical conditions:

Social conditions:

**SOCIO -ECONOMICAL STATUS ASSESSMENT**

Social status of the family: religion: cast:

Language known:

Literacy status:

Head of the family:

Literacy rate of the family:

Occupational status of the family:

Economic status:

### **Cultural Practices**

Family cultural practices:

Practices among women and children:

### **LIVING ENVIRONMENT**

#### **Physical environment:**

House:

Type:

Construction:

Kitchen:

Water supply:

Waste disposal:

#### **Dietary assessment**

Food practices:



## **Family Health Profile**

Examine and interact all persons present during your visit, by giving priority to vulnerable individuals.  
Briefly summarise the findings

Pregnant women not registered:

Family planning non-acceptors:

Seriously/ chronically ill patients:

Low birthweight child:

Severely malnourished child:

Unimmunised child:

Maternal, neonatal or child death:

Severe anaemia:

Pneumonia, diarrhoea, vitamin A deficiency in child:

## **Availability and utilisation of Health Services**

### **Curative:**

Allopathy

Ayurveda

Homeopathy

Others ( Yoga,Naturopathy, Siddha,Sowa-rigpa)-

**Preventive:**

Immunisation

**Prophylactic or Promotive:**

- Brahme muhurta uthishthet
  
- Usha jalapana
  
- Dantadhavana
  
- Jihwanirlekana
  
- Gandusha / Kavala
  
- Yoga practice or Physical Exercise
  
- Rasayana sevana
  
- Abhyanga
- Snana
- Bhojana
- Tambula sevana
- Sandhya kala vidhi
- Ratriharasevana
- Ratinidra
- Type of Dead body disposal:

**Visit to Observe National Health Programs & Health Centre (Minimum of 5 )**

Date of Visit:

Name of the Primary health centre/Community health centre/Rural hospital/District hospital:

Medical officer in charge:

List of available staff:

List of the National Health Programmes implemented through this centre:

Programme wise Details:

1. Name of NHP:

• Services rendered:

- Number of beneficiaries in last calendar year

**Report the structure and functioning of Ayurveda Dispensary/ Taluk Hospital /District Hospital available in the district**

Date of Visit:

Name of the Primary health centre/Community health centre/Rural hospital/District hospital:

Medical officer in charge:

List of available staff:

Infrastructure Details:

Total Area:

Number of Blocks:

List of sections/departments available:

List of services rendered:

Average OPD patients in the last calendar year:

Average IPD patients in the last calendar year:

List of medicines available:

Other details:

Signature of student

Signature of faculty

### **Educational Visits Report (Minimum of 6)**

1. Visit No:
2. Date of Visit:
3. Place of the visit:
4. Purpose of the visit:
5. Details about the Visit: (Attach geo-tagged photo and link)

**Case Sheet of Monitoring of Health and Hygiene (minimum 2 individuals)**

Name of the individual: \_\_\_\_\_ CR Number: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Address: \_\_\_\_\_

Category: Community/ Employee of the college or hospital

Occupation/Designation: \_\_\_\_\_

Date of first check-up: \_\_\_\_\_ Current Ritu: \_\_\_\_\_

Marital status: \_\_\_\_\_ Income group: LIG/MIG/HIG

Personal Habits/ addictions: \_\_\_\_\_

Personal Hygiene: \_\_\_\_\_

**Examination:**

Prakriti (to be assessed using App of NCISM): \_\_\_\_\_

Maanas Prakriti: \_\_\_\_\_

Satva: Pravara/ Madhyama/ Avara

**Periodic check-up:**

| Sr. No. | Examination | First check-up | Tri-monthly check-up | Six-monthly check up |
|---------|-------------|----------------|----------------------|----------------------|
| 1.      | Sara        |                |                      |                      |
| 2.      | Nadi        |                |                      |                      |
| 3.      | Mutra       |                |                      |                      |
| 4.      | Mala        |                |                      |                      |
| 5.      | Jihva       |                |                      |                      |
| 6.      | Shabda      |                |                      |                      |
| 7.      | Sparsha     |                |                      |                      |
| 8.      | Druk        |                |                      |                      |
| 9.      | Akruti      |                |                      |                      |

|     |  |  |  |  |
|-----|--|--|--|--|
| 10. | Agni                                       |  |  |  |
| 11. | Weight                                     |  |  |  |
| 12. | Height                                     |  |  |  |
| 13. | Body Mass Index                            |  |  |  |
| 14. | Temperature                                |  |  |  |
|     | Srotas Parikshana:<br><br>Respiratory Rate |  |  |  |
| 15. | Heart Rate                                 |  |  |  |
| 16. | Blood Pressure                             |  |  |  |
| 17. | Any other Symptoms                         |  |  |  |
| 18. | Difficulties faced at workplace (if any)   |  |  |  |
| 19. | Laboratory Investigations (if any)         |  |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Periodic Treatment Follow up (if any):**

| Treatment advised after first check-up | Follow up at tri-monthly check-up | Follow up at Six-monthly check-up |
|--|-----------------------------------|-----------------------------------|
|  |                                   |                                   |

**Counseling and Pathyapathya Advice:**

| Health Status on First Check up | Advice on First Check up |               |                | Health Status on Tri-monthly Check-up | Advice on Tri-monthly Check- up |               |                | Health Status on Six-monthly Check-up |
|---------------------------------|--------------------------|---------------|----------------|---------------------------------------|---------------------------------|---------------|----------------|---------------------------------------|
|                                 | Upakrama                 | Pathya (Do's) | Apathya Don'ts |                                       | Upakrama                        | Pathya (Do's) | Apathya Don'ts |                                       |
|                                 | Ahara                    |               |                |                                       | Ahara                           |               |                |                                       |



|  |   |  |  |  |                    |  |  |  |
|--|---|--|--|--|--------------------|--|--|--|
|  | Vihara<br>(including<br>dinacharya<br>upakrama) |  |  |  | Vihara             |  |  |  |
|  | Yoga  |  |  |  | Yoga               |  |  |  |
|  | Nisargopachar<br>a                              |  |  |  | Nisargopachar<br>a |  |  |  |

Signature of student

signature of faculty

**Document of maintenance of water sanitation, waste disposal including biomedical waste in the hospital**

**Name of the Hospital:**

**Date of observation:**

**Details of Water Sanitation:**

- Source of water supply to the hospital:
  
- Capacity of the water reservoir:
  
- Cleanliness and maintenance of the reservoir tank:
  
- Method of Sanitation adopted:
  
- Frequency of sanitation:
  
- Periodic check-up of the valves/ pipes and the taps:
  
- Frequency of Periodic internal audit:
  
- Frequency of Periodic external audit:
  
- No. of cases of water borne diseases reported during last calendar year:
  
  
- Dedicated staff appointed:
  
  
- Sewage Treatment Plant Available or not:

**Disposal of waste disposal including biomedical waste:**

- BMW Management committee functioning or not:
- BMW Management guidelines displayed in:

OPD: IPD:

OT:

Pathology Lab:

- Colored dustbins available:
- Segregation of Dry and Wet waste:
- Staff sensitized regarding BMW management:
- Frequency of waste collection:
- Waste collection vehicle availability:
- BMW report registers available and maintained:
- Subsequent management: Dumping/ Incineration/ Chemical treatment

Signature of student

signature of faculty