



ORIGINAL RESEARCH PAPER

Ayurveda

USING BLENDED LEARNING MODEL FOR LARGE GROUP TEACHING IN ROGI PARIKSHA OF ROGNIDAN IN AYURVEDA

KEY WORDS:

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ABSTRACT

Ayurveda is characterized for many years with teacher centered face to face pedagogy. With the advent of new technology tools, the process started changing in other field of higher education. Yet in Ayurveda teacher student interaction is very less. National educational policy 2020 envisions transforming higher education system with many new ideas and one of it is using online and blended modes in day today teaching learning process. Blended learning is combination of online and face to face learning. In this method teachers role is moving away from lecture based classes and delegating some learning responsibilities to students. This is one of new strategy proposed in teaching learning process. In the present study aiming to evaluate the blended learning model for Ayurveda is conducted through presenting model based on combining face to face learning with distance learning. The study is carried out on 2nd year undergraduate BAMS Students. The blended learning model was designed on astavidhpariksha of rognidan using Google classroom as LMS platform. In this study OSCE and students feedback is used to assess the overall pattern. According to this study the blended learning was significantly more effective for acquiring relevant knowledge.

INTRODUCTION

The quality of teaching in higher education is increasingly important and considered. However in general teaching methods the level of teacher student Interactions very low and causes some problem for teachers'. It seems that active learning method and modeling by faster can change traditional roles of students from passive learner to active learner and teach them. How to acquire knowledge and skills and to apply the set thought meaningfully.¹ However clinical skills are still taught by traditional lecture based learning and evidence suggest that students receive more theoretical knowledge than hands of learning. Clinical skills must be taught and practiced to ensure that medical students master skills, practice proficiency, and avoid medical errors to protect their patients' lives, safety and rights. Therefore it is important to determine how best to teaching techniques and students practice skill¹.

Beautiful class means look and feel of class, learning experience, learning material, classroom organization, group formation in the class, interactions with lecturer and peer interaction. We can make our class beautiful by meaningful blend. Blended learning is combination of online and face to face learning.² Learning some parts of theoretical lessons through distance learning is one of the policies proposed for the necessity of changing teacher centered to student centered procedures and even learning centered ones³. There more time remains to discuss the lessons requiring more teacher's justification and to discuss some important issues in educational workshop such models are called as blended learning model and covers wide range of educational needs⁴. According to findings teachers perceiving the advantage of blended learning can improve the degree and effect of cooperation between students of their classes, as closed. In this process students study before class and then apply their knowledge in classroom discussion and through practical operation⁵. Blended learning reportedly achieved better student outcomes than traditional face to face tacking in gross anatomy courses⁶. According to charge the traditional teaching methods were increasingly unable to fulfill medical students need for complement their learning habits. According to Elisabeth coyne et. 2018 April. A blended learning model which incorpor. as video

assistance online resources may be a useful tool to teach clinical skills to students of health including nursing. Blended learning is not only increases students' knowledge and skills but is often preferred by students due to its flexibility⁷. Residency programs need to problem arising in medical education. It is feasible to introduce the fc model into an existing curriculum in anesthesia residency programs and both. The blended learning is associated with student's satisfaction and learner's achievement. Blended learning gives students associability, self-assessment, and higher level of engagement compare to F2F delivery of course. but still in Ayurveda the blended learning is not introduced yet. So in the present study blended learning model for large group teaching was designed on astavidh pariksha of rognidan based on combining physical learning in classroom with distance education through creating virtual classroom was experimentally implemented on 2nd year undergraduate BAMS students. The present study aims to implement and evaluate the efficacy of proposed model of blended learning in Ayurveda medical education.

AIMS AND OBJECTIVES

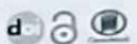
To assess the effectiveness of blended learning compared to that of traditional learning in Ayurveda undergraduate students.

METHODOLOGY

We selected 50 Ayurveda students from SSVP Ayurveda College. We divided them into control and experimental group having 25 students each. Written informed consent was obtained from all participants involved in this study. There were no statically significant difference between experimental group and control group in terms of age, gender, and examination score in previous year. Ayurvedic students in the control group and experimental group were taught using traditional lecture method and blended learning respectively. This pilot study was done by teaching astavidhpariksha of rognidan.

Intervention methods in the control group:

A traditional teaching method consisting of in class lectures and posting based on clinical skills training was applied in the control group. Teachers introduced theoretical knowledge of



MANAGEMENT OF GARBHASHAYGATA ARBUD IN AYURVEDA W.R.T. UTERINE FIBROID - A SINGLE CASE STUDY

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(Published Online: July 2021)

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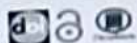
Article Received: 04/06/2021 - Peer Reviewed: 13/06/2021 - Accepted for Publication: 18/06/2021

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ABSTRACT

Uterine fibroid is the most common solid benign tumour which affects merely pre-menopause age. It is 3rd leading cause of hysterectomy. It gives a negative impact on women's physical and social activities. A 45-year-old female patient approached the OPD complaining of heavy menstrual bleeding, heaviness in the abdomen, something coming out of the vagina. USG abdomen scan revealed a big myometrium fibroid in the fundus. She was suggested a hysterectomy for the same. However, due to its complications patient was not willing for surgery. So, she was treated as per Ayurvedic basic line of treatment of *Yoni Vyapad*. She was administered *Ashokarista* and *Chandraprabha Vati* for 2 months along with two cycles of *Yogbasti Chikitsa*. After 2 months all symptoms were subsided. In follow up scan after 6 months revealed an absence of fibroid. During this treatment, the patient did not report any negative effects suggesting the progression of the disease. An attempt has been made for successful management of fibroid of the uterus in premenopausal age to relieve her symptoms. After menopause, the fibroid may be automatically shrinking due to a lack of oestrogen and progesterone. The case study will build confidence among ayurvedic practitioners to treat a fibroid of the uterus in premenopausal age with safe, non-invasive and non-hormonal management fibroid through Ayurveda,

Keywords: uterine fibroid, *garbhashaygata arbud*, *basti*, *yoni vyapad*



EXPOSITION OF PRINCIPLES OF SUPRAJA (EUGENICS) IN CHARAKA SAMHITA

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(Published online: December 2020)

Open Access

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Article Received: 30/11/2020 - Peer Reviewed: 01/12/2020 - Accepted for Publication: 03/12/2020

Check for updates

ABSTRACT

As per theory of eugenics, human race will be benefitted by producing fit and well born children. There are many ways to attain this but can prove dreadful too. Ayurveda, especially *Charaka Samhita*, provides a crisp and clear ideology about how each and every human can beget a superior progeny i.e. *Supraja*. The wisdom is found strewn across *Charak Samhita*. The present review is an attempt to piece together relevant references and provide a roadmap towards principles of *Supraja* or eugenics from *Charaka Samhita*. As healthy mind resides in a healthy body, such mentally and physically fit children will be a boon to the future generations to come, as our survival depends on them.

Keywords: Conception, *Vajikarana*, *Beeja*, *Garbha*, *Charaka*

INTRODUCTION

As multiple global health concerns go on rise so does the quest to solve them. One of the important solutions sought after is producing competent humans. This notion is often termed as Eugenics. A British anthropologist, Sir Francis Galton, in his work from 1869, coined the term "eugenics," meaning "well

born," and theorized that humanity could be improved by encouraging the fittest members of society to have more children.¹ But, this theory and its practice ultimately went horribly wrong despite its noble aims as evident from various documented unethical events². While the world is precautious of this idea, a ray of

Role of *Sphatik bhasma* as haemostatic drug in the Management of *Rakta Pradar* W.R.T Heavy Menstrual Bleeding

Research Article

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Abstract

Heavy menstrual bleeding or abnormal bleeding is most common problems in females in present era due to improper diet habits, sleeping habits due to increasing degrees of civilisation. There are various treatment on heavy menstrual flow like hormonal replacement therapy where there is hormonal imbalance, Anti fibrinolytics drugs in dysfunctional uterine bleeding available today. According to Ayurveda it can be correlated with *Raktapradar*. Various drugs are suggested in *raktapradar* in classical text. In this study efficacy of *Sphatik bhasma* (potassium aluminium sulphate also known as potassium alum or potash alum, has a molecular formulae of $K_2(SO_4).Al_2(SO_4).24H_2O$) as haemostatic drug is observed through clinical trial. The clinical study was conducted on 15 patients having heavy menstrual bleeding. Interventional drug *Sphatik Bhasma* with *pakwa kadali phala* (banana or *Musa paradisiaca*) is administered for 3 days. The clinical assessment was done on the basis of grading criteria of *Rakta Pradar* like amount and duration of bleeding, pain, burning sensation and weakness and were assessed on mean scores before and after treatment and analysed. The results were statistically and clinically highly significant in *Raktapradar*.

Key Words: *Raktapradar*, *Sphatik bhasma*, Heavy menstrual bleeding.

Introduction

Menstruation is a special physiological phenomenon of female reproductive period. In menstrual cycle a rhythmic hormonal change takes place due to which a series of events occurs in systemic manner. Menstrual bleeding means shedding of endometrium occurs which causes per vaginal bleeding. (Normally it ends up to 5 days if it extends more than 5 days then it is called abnormal. According to modern science bleeding extends more than 80 ml it is called heavy menstrual bleeding. All types of abnormal menstrual bleeding is called *raktapradar*) (1). "Various reports suggest that 30 to 50% of the women in the reproductive age group suffer from excessive and irregular uterine bleeding due to various causative factors. 8% of the female population consider their menstruation excessive. Menstrual irregularity may lead problems in conception and affects fertility of women. (3)

According to modern science, the abnormal bleeding is due to some disturbance in endometrial blood vessels and capillaries these are probably related with alteration in the ratio of endometrial

prostaglandins. This may be due to disturbance of hypothalamic pituitary axis.(4)

The line of treatment mentioned in *raktapradar* is as per *raktatisar*, *raktapitta*, *raktarsha*.(5) use of such preparations have been explained in classical text for the treatment of *raktapradar*. The drugs used for *raktapradar* are *grahi*, *stambhak* property. In past days *Sphatik* was used to stop bleeding externally as *Shodhit*(purified) *sphatik bhasma* can be used internally. *Sphatik* is easily available, Effective and with minimal side effects. Due to limitation of medical and surgical therapy for excessive uterine bleeding it becomes need of time to find out an effective, harmless therapy with the help of Ayurveda. Thus use of *sphatik bhasma* as haemostatic drug is selected to conduct the study on most prevalent disorder in present situation called *Rakta pradar* or *Asrigdar*.

Aims and Objectives

- To determine the *stambhan* (haemostatic) property of *sphatik bhasma* in *Rakta pradar* w.r.t. heavy menstrual bleeding.
- To provide a simple, safe, and non-hormonal treatment for the patients of *raktapradar*.

Materials and methods

Total 15 patients were randomly selected from OPD and IPD of SSVP Ayurveda College, Hatta irrespective of caste and religion on the basis of inclusive and exclusive criteria after taking written informed consent. Ethical clearance was obtained from the institutional ethical committee.

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Research Article

JIGSAW COOPERATIVE LEARNING: A VIABLE TEACHING LEARNING STRATEGY IN AYURVEDADeepali Agrawal^{1*}, Neeta Shekhar²¹*Associate Professor, Dept. of Rognidan, ²Assistant Professor, Dept. of Swasthavritta, SSVP Ayurvedic College and Research Centre, Hatta, Maharashtra, India.**KEYWORDS:** Cooperative learning, JIGSAW method, Ayurveda.**ABSTRACT**

Teaching and learning are two important pillars in medical education. In lecture base method teachers mere transform all his information about a subject to students, but day by day this method is getting bored. It discourages everyone. Every student doesn't take part in this type of teaching. Cooperative learning considered as one of the greatest innovative method in teaching. Jigsaw is one of the strategies of cooperative learning. It is successfully used in other faculty to improve education from 1st standard to graduate level but till it is not used in Ayurveda field so the present study was conducted to compare effectiveness of jigsaw technique with lecture technique for Ayurveda students. **Method:** A pre-test was performed on the students to ensure their knowledge about that subject. Then relevant topics i.e., *Shatkriyakala* (first subject) and *Nidanpanchak* (second subject) were presented to the two groups using mentioned methods. And a post-test was used to measure their learning and assessed it's satisfactory or not by unpaired t test. **Results:** More than 90% of the participants agreed with all the items that assessed their satisfaction with what they learnt by using JIGSAW. **Conclusion:** Cooperative learning for teaching learning process is more effective and satisfactory.

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INTRODUCTION

Instructional process in Ayurveda is done by many educators today are likely to target curriculum materials more emphasis on memorisation rather than understanding concepts. The classroom is always dominated by teacher. There is pin drop silence in routine class. The student does not active participants in learning. In the delivery of the content teachers used lecture method where students just sit down, take notes, and listen to what it conveys and fewer has opportunity to ask questions. So this concept discourages everyone. Students have passive role in learning.

For achieving skilful generation and their effectiveness depends greatly on the methods of education teacher choose to teach their students. A good teaching method exposes the learner to challenging situation and provides them with opportunities for interaction, consultation, discussion, and debate with themselves. So they can

develop power of thinking and meaningful learning experience in learners. When a learner can link newly gained to previously acquired information. This learning experience can be said to be meaningful. This view of learning is in contrast with unilateral transformation of knowledge from teacher to student.^[1-3]

This study used a JIGSAW cooperative learning strategy to introduce and involve students directly in its activities so that students experience of how to use the JIGSAW strategy of cooperative learning in teaching. College of medicine, King Faisal University adopted problem based curriculum to facilitate student centred pedagogy in which students learnt about a subject through experience of solving an open ended problem. It explores the importance of placing student in control of their own learning.^[4]



Correlation between *Tadvidh sambhasha* and cooperative learning – a teaching methodology

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Abstract:

Teaching and learning are two sides of a coin. Every faculty education stands upon two pillar teaching and learning similarly Ayurveda too. In present era in Ayurveda learning is teacher centring method which is called as faculty teaching. This method of teaching discouraging everyone. In faculty teaching every student is not take part in learning process. It discourages student's curiosity, questioning, innovation, and feedback. Most of the ayurvedic institution using teacher centring method for teaching.

Opposite to this now a days to enhance the teaching process there are different methodology are put forward like cooperative learning, collaborative learning, and competitive learning. Cooperative learning is student centring method and focused on group accountability, social skill and thinking which is necessary for successful Vaidya. In *Charaksamhita* also it

is mentioned that *Tadvidhsambhasha* is best for enhancing our knowledge. Which means discussion with vaidys for curing patient which can be achieved by cooperative learning.-

So here the study is about correlation of cooperative learning with ancient methods mentioned in ayurvedic samhita and implication of cooperative learning in ayurvedic teaching.

KEYWORDS: *Tadvidhsambhasha, cooperative learning, teaching methodology*

INTRODUCTION

Ayurveda is oldest system of healthcare. In present era, the people are interested in taking ayurvedic treatment rather than modern medicine. Now a days, Department of Ayush noted that Ayurvedic vaidyas have poor confidence to do their conventional practise.¹ A study conducted by Kishore Patvardhan et al. indicates that there are

AN OUTLINE OF COMMUNICABLE AND INFECTIOUS DISEASES IN CHARAK SAMHITA

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ABSTRACT

The diseases can be categorized into two domains namely, communicable and non-communicable diseases. While all communicable diseases are infectious, not all infections are communicable. The pathology branch of contemporary medicine is largely based on this categorization. It has been a common conception that Ayurveda doesn't endorse germ theory of diseases at all. This is not a complete truth as the great treatises of Ayurveda have touched upon the concept of *Agantu Vyadi*. The term *Agantu* is implied in broad spectrum under which external trauma and organisms such as parasites, viruses, bacteria, fungi all are been incorporated. In the present paper, an effort has been made to compile and review these aspects from *Charak Samhita*. It has clearly attributed patho-physiology of diseases to intrinsic factors such as *Dosha*, *Dhatu*, *Agni* and *Srotas*. Still, in certain places, references of involvement of extrinsic factors can be seen.

Keywords: Communicable diseases, Infectious diseases, *Charaka Samhita*, *Agantu Vyadi*

INTRODUCTION

The diseases can be categorized into two domains namely, communicable and non-communicable diseases. A communicable disease is an illness due to a specific infectious (biological) agent or its toxic products capable of being directly or indirectly transmitted from man to man, from animal to man, from animal to animal, or from the environment (through air, water, food, etc.) to man.¹ An infectious disease is a disease caused by a micro-organism and therefore potentially infinitely transferable to new individuals. While all communicable diseases are infectious, not all infections are communicable.

Tetanus, for example, can cause an infection, but a person with tetanus can't spread it to other people. A communicable disease on the other hand is an infectious disease that is contagious and which can be transmitted from one source to another by infectious bacteria or viral organisms.

The pathology branch of contemporary medicine is largely based on this categorization. The antibiotics were considered to be super medicine as they had potential to curb the ever-increasing realm of communicable and infectious diseases. The last few decades though, have witnessed advent of drug



A Conceptual Review of *Prameha* in Framework of *Brihat Trayi*

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Abstract-

Diabetes Mellitus (DM) is a complex metabolic syndrome characterized by involvement of multiple body systems. It is caused due to absolute or relative insulin deficiency. The characteristic features of DM have close resemblance with different varieties of a disease named as *Prameha* in all Ayurveda texts. Acharya Charaka has mentioned *Prameha Madhumeha* under *Maharoga* (major disease), as important body tissues (*Dhatus*) are vitiated. The disease in which formation of urine and frequency of urination is more, is called as *Prameha*. All *Doshas* and *Dooshyas* get invariably vitiated in all types of *Prameha*. Only those which are vitiated in excess are specifically and separately described in a particular type of *Prameha*. The line of treatment for *Prameha* is dependent on various factors such as the *Prakriti* of the patient, *Dosha* dominance in disease, *Dooshya* vitiation, obstruction in *Srotas*, *Manasika Prakriti*, *Ahara* and *Vihara*, hereditary factors, etc. The Ayurvedic concept of management of *Prameha* emphasizes on dietary and

lifestyle modifications for its prophylaxis and treatment.

Keywords

Diabetes mellitus, *Prameha*, *Madhumeha*, *Ayurveda*, *Chakra*, *Sushruta*, *Vagbhata*

Overview of Diabetes Mellitus and *Prameha*

Diabetes Mellitus (DM) is a complex metabolic syndrome characterized by involvement of multiple body systems. It is caused due to absolute or relative insulin deficiency. As per the WHO, "Diabetes mellitus is a heterogeneous metabolic disorder characterized by common features of chronic hyperglycaemia with disturbance of carbohydrate, fat and protein metabolism due to absolute or relative deficiency in insulin secretion and/or action or both"¹. Reports have stated that 62 million people in India are suffering from DM². India is deemed as the world's capital of diabetes. The diabetic population in the country is close to hitting the alarming mark of 69.9 million



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| संपादक सहायक | ३८ | शक्ति - वेद्य शक्ति का | ४१ |
| संपादक सहायक | ३९ | शक्ति - वेद्य शक्ति का | ४२ |
| संपादक सहायक | ४० | शक्ति - वेद्य शक्ति का | ४३ |
| संपादक सहायक | ४१ | शक्ति - वेद्य शक्ति का | ४४ |
| संपादक सहायक | ४२ | शक्ति - वेद्य शक्ति का | ४५ |
| संपादक सहायक | ४३ | शक्ति - वेद्य शक्ति का | ४६ |
| संपादक सहायक | ४४ | शक्ति - वेद्य शक्ति का | ४७ |
| संपादक सहायक | ४५ | शक्ति - वेद्य शक्ति का | ४८ |
| संपादक सहायक | ४६ | शक्ति - वेद्य शक्ति का | ४९ |
| संपादक सहायक | ४७ | शक्ति - वेद्य शक्ति का | ५० |
| संपादक सहायक | ४८ | शक्ति - वेद्य शक्ति का | ५१ |
| संपादक सहायक | ४९ | शक्ति - वेद्य शक्ति का | ५२ |
| संपादक सहायक | ५० | शक्ति - वेद्य शक्ति का | ५३ |
| संपादक सहायक | ५१ | शक्ति - वेद्य शक्ति का | ५४ |
| संपादक सहायक | ५२ | शक्ति - वेद्य शक्ति का | ५५ |
| संपादक सहायक | ५३ | शक्ति - वेद्य शक्ति का | ५६ |
| संपादक सहायक | ५४ | शक्ति - वेद्य शक्ति का | ५७ |
| संपादक सहायक | ५५ | शक्ति - वेद्य शक्ति का | ५८ |
| संपादक सहायक | ५६ | शक्ति - वेद्य शक्ति का | ५९ |
| संपादक सहायक | ५७ | शक्ति - वेद्य शक्ति का | ६० |
| संपादक सहायक | ५८ | शक्ति - वेद्य शक्ति का | ६१ |
| संपादक सहायक | ५९ | शक्ति - वेद्य शक्ति का | ६२ |
| संपादक सहायक | ६० | शक्ति - वेद्य शक्ति का | ६३ |
| संपादक सहायक | ६१ | शक्ति - वेद्य शक्ति का | ६४ |
| संपादक सहायक | ६२ | शक्ति - वेद्य शक्ति का | ६५ |
| संपादक सहायक | ६३ | शक्ति - वेद्य शक्ति का | ६६ |
| संपादक सहायक | ६४ | शक्ति - वेद्य शक्ति का | ६७ |
| संपादक सहायक | ६५ | शक्ति - वेद्य शक्ति का | ६८ |
| संपादक सहायक | ६६ | शक्ति - वेद्य शक्ति का | ६९ |
| संपादक सहायक | ६७ | शक्ति - वेद्य शक्ति का | ७० |
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| संपादक सहायक | ६९ | शक्ति - वेद्य शक्ति का | ७२ |
| संपादक सहायक | ७० | शक्ति - वेद्य शक्ति का | ७३ |
| संपादक सहायक | ७१ | शक्ति - वेद्य शक्ति का | ७४ |
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| संपादक सहायक | ८२ | शक्ति - वेद्य शक्ति का | ८५ |
| संपादक सहायक | ८३ | शक्ति - वेद्य शक्ति का | ८६ |
| संपादक सहायक | ८४ | शक्ति - वेद्य शक्ति का | ८७ |
| संपादक सहायक | ८५ | शक्ति - वेद्य शक्ति का | ८८ |
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| संपादक सहायक | ९७ | शक्ति - वेद्य शक्ति का | १०० |

... अकारण विचारों से संपादक सहायक अस्वीकार्य रहे जाते, तो मने लेखकों की नमस्कारों,

Signature