

REVIEW ARTICLE

Revolution in *Swasthavritta Evam Yoga* with New Teaching Methods

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ABSTRACT

Over the years, the domain of *Swasthavritta Evam Yoga* has witnessed significant evolution as an important part of the *BAMS* program for undergraduate students. Today, expectations of modern learners demand innovative, engaging, and application-oriented approaches to teaching and learning. The preventive health care is indeed the strength of *Ayurveda*, as its primary aphorism is “*Swasthasya Swasthya Rakshanam*,” which denotes the actions or regimen to maintain the health of a healthy individual and to prevent diseases. The new curriculum of *Swasthavritta* includes graduate attributes; Program outcomes; course outcomes; learning objectives; topic-wise appropriate teaching and learning methods, as well as assessment methods. There are group discussions, workshops, field visits, health surveys, and activities beyond the textbook during the practical hours. This aims to provide updated insights and refined teaching methodologies to make a positive impact in promoting health, preventing diseases, and creating a healthier society. This write-up serves as a review of the new curriculum incorporated by the Board of Ayurveda, NCISM in *Swasthavritta Evam Yoga*.

1. INTRODUCTION

Adopting new teaching strategies with integrated syllabus content without losing the fundamental roots of Ayurveda is the need of the hour in the *Ayurvedic* System of Medicine. The new curriculum includes graduate attributes that must be known; desirable to know and nice to know; program learning outcomes (PLO); course outcomes (CO); learning objectives; teaching learning methods in the form of lecture and non-lecture, as well as assessment methods in the form of formative and summative types of assessment. Moreover, to provide an interdisciplinary approach, online elective courses have also been introduced. To understand different regional and continental food habits, diet has been introduced as relevant content in the respective subject in the curriculum of *Ayurveda*. Even AYUSH intervention in public health is expected to play a key role in the future. In concern, NCISM improved the course outline of the *Swasthavritta* subject in line with Public Health. Moreover, apart from introducing *Yoga* and meditation in orientation programs. Therapeutic *Yoga* has been incorporated as part of the program in the *Swasthavritta* subject.^[1-3]

1.1. Aims and Objectives

The aim of this study is to review new learning methods incorporated in *Swasthavritta Evam Yoga* by the Board of Ayurveda, NCISM.

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2. MATERIALS AND METHODS

Data from Google Scholar, academic journals, and the new curriculum launched by the NCISM. The Board of *Ayurveda* has been analyzed, and understanding has been put forth regarding the anticipated title.

3. DISCUSSION

Swasthavritta provides holistic health care to the community. These new teaching-learning methods in the curriculum will guide them to become capable of designing customized individualized lifestyles as well as community health measures as per Ayurvedic principles and prepare competent community physicians. Graduate attributes reflect the particular quality and features or characteristics of an individual, including the knowledge, skills, attitudes, and values through studies; it widens the current knowledge base and skills. Program learning outcomes (PLOs) deal with the general aspect of graduation for a *BAMS* program. Course learning outcomes (CO) are what a student must be able to do at the completion of a course; they may be knowledge, skills, or attitude. Further, the other teaching methods have been discussed as follows.^[1-5]

3.1. Lecture with PowerPoint

The instructor uses PowerPoint slides to deliver structure content visually, and slides include key points, diagrams, images, and explanation that enhance understanding in an easy manner.

3.2. Survey-Based Learning

Survey and documentation, such as on the effect of *Adharaneeya Vega* on different occupations, as mentioned in the curriculum.

3.3. Project-Based Learning

Integration of theory and practical application by working on a project that engages students in solving real-world problems.

3.4. Flipped Classroom

Videos, presentations, or study material are shared with students before commencing the class game-based learning. In-class activities such as quizzes, puzzles, and debates are to be conducted to assess students' knowledge.

3.5. Problem-Based Learning (PBL)

Students will be grouped for the PBL session, i.e., experience of solving an open-ended problem on a specific topic. Example – disinfection, *Janapadodwamsa*.

3.6. Role Play

A certain group of students will be trained regarding a condition, and will be presented in the class in front of the students. For example: Role plays on school health services.

3.7. Self-Directed Learning

Students are motivated to identify their own learning needs.

3.8. Tutorial

It facilitates the understanding of key concepts, principles and practical applications. Example – tutorial for naturopathy as mentioned in the curriculum.

3.9. Presentations

Students are instructed to prepare and present a PPT on the given topic. For example: PPT on health statistics as mentioned in the curriculum.

3.10. Assignment

Students are given a task to carry out a learning activity either individually or in groups. For example: National Health Programmes, assignment on *Janapadodwamsa*.

3.11. Symposiums

Different viewpoints on a single aspect of the topic are presented. For example: On *Janapadodwamsa*.

3.12. Seminars

Students will be grouped together for discussion on topics. For example: Preventive geriatrics and health statistics.

3.13. Web-based learning and Discussion

Interactive web-based learning offers online courses and enhances competencies using technology to enable learning. For example: National Health Programmes and naturopathy.

3.14. Objective Structured Practical Examination (OSPE) and Objective Structured Clinical Examination (OSCE)

The OSCE/OSPE assesses students' ability to perform practical procedures and evaluate skills in controlled settings.

3.15. Mini Clinical Evaluation Exercise

It evaluated clinical skills through direct observation. It provides feedback on students' performance.

3.16. Direct Observation of Procedural Skills (DOPS)

DOPS assesses procedural skills under supervision.

3.17. Field visits

Field visits offer students a firsthand experience of the real world in gaining practical insights related to their studies.

4. CONCLUSION

These new methods of teaching have been inculcated to enhance student comprehension of various disciplines and help them to achieve a practical and comprehensive understanding of healthcare.

5. ACKNOWLEDGMENTS

Nil.

6. AUTHORS' CONTRIBUTION

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8. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

9. CONFLICT OF INTEREST

The authors declare no conflicts of interest regarding the publication of this paper.

10. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

11. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

12. AI-USE DECLARATION

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