

## Designing Team Training, "Simulation in Ayurvedic Panchakarma Procedure Vaman"

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### ABSTRACT

Simulation is of utmost importance since decades as said in ancient texts of Ayurveda. It was labelled under the term as "Yogy" in Sushrut Samhita. A student was well verse only when he was said "Drushtakarma" that is he should have seen the patients and "Krut karma" is he should have training with treated or operated the patients under Guru's supervision. The same purpose is achieved through Simulation. Panchakarma is the important karma that is procedure to be followed as most important part of treatment. It consists of a variety of mixed steps accomplished by the wise Vaidya. A careful observation of patient is to be done before planning the category of karma. The selection of medicines, observation of series of phases in between, patient care during and after procedure is of utmost importance. The Ayurveda Doctors and nurses if are trained with this method, it will benefit society by having minimal risk on real patients. To achieve more perfection, a single karma should be selected as primary task amongst five karmas. Vaman is always considered as a pre-step of Virechan and hence has been selected initially to explore the simulation as a teaching module. It is ideal for practicing interdisciplinary teamwork in high-pressure environments. Effective communication between doctors, nurses, and other healthcare professionals can significantly impact patient outcomes. The entire procedure is divided in three steps as Pre Vaman, Vaman and post Vaman. Different checklists are done for practice for emerging doctors of third year undergraduate professionals of Ayurveda Branch. The different scenarios related with Vaman such as indications and contraindications of vaman are developed to understand the normal procedure. Also different conditions are created to get an idea of adverse reaction of drugs and complication during Vaman. Students can prepare and enact as answers through real situation learning in presence of their faculties as non-lecture activity and simulation based practical training. Till now such scenario and simulation was popular among biomedicine such as intubation or catheterization procedure. There is a very less simulation technique available in the field of Ayurveda especially the Vaman. Thus it is a novel performance in Ayurveda field through the simulation by carrying knowledge of Ancient Masters of clinical practice to the today's immature undergraduate learners.

**Key words:** Vaman, Simulation, case scenario, Debriefing after Vaman, simulation, Simulated Teaching module.

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### Introduction-

Vaman is the important procedure in Ayurveda. It is not a simple medicine which can be casually given as a mere oral medicine. It is a procedure like a vital operative phenomenon. The Vaman is a major Shuddhi which includes many factors to be undertaken. It is a two edged knife, as if done with good skill, has miraculous results. In patients having Bahudosh, that means a lot of doshas, the vaman and virechan are considered as major and effective

purification. Otherwise if not done in scientific way can prove detrimental. If the outcome of location of doshas is upper respiratory tract or upper part of body above umbilicus, patient should be considered for VAMAN. If a patient is having skin disease in lower part of body that is below umbilicus or in lower extremity Virechan (Purgatives) should be given.

According to Ayurveda many diseases deserve the Vaman as a good purification treatment. The diseases are called as Vamanarha vyadhi. The conditions for patient as the strength of patient, the

natural upward flow of doshas which is called as doshagati is called as Vamanarha Awastha or Vamanarha Rugna. The process of Vaman has a series of many events sequentially should be done. It has three basic components, Pre vaman, Main vaman process, Post vaman Process. If the patient is not checked vigorously and not given a proper vaman medication, the doshas can not be expelled out.

**Importance of simulation-**

The simulation is a good method for teaching to Ayurvedic Medical students. Teachers often teach the theoretical process of Vaman in class but it is not visualised and hence feel uninteresting to students. It is said that, "when I hear in lecture, I forget. When I see, I remember, when I do it I understand". The Vaman procedure which has many aspects is revised and understood by students in keen way due to case scenarios. The chronological events are remembered and executed by student, hence according blooms taxonomy, application level is achieved, also patients' risk is minimised. The sisters assisting Panchakarma, understand the does and don'ts and patient communication also is practised.

Simulation labs are important because they provide a safe space for students to learn and practice skills in a variety of healthcare settings without the risk of harming patients. They can help students become more confident and competent, and prepare them to deal with high-pressure situations.

**Importance of simulation lab-**

1. Safe Learning Environment

Risk-Free Training: Simulation labs allow healthcare professionals, from medical students to

experienced practitioners, to practice skills and procedures without the risk of harming real patients. This is particularly critical in high-stakes areas like surgery, emergency care, and anesthesia.

Error Analysis and Learning: Mistakes made during simulations become valuable learning opportunities, as they help healthcare providers understand how to avoid similar errors in real-world situations.

2. Skill Development

Hands-On Practice: Simulation allows learners to perform complex procedures and techniques, from basic physical exams to advanced surgeries. They can repeat tasks as needed until they gain proficiency.

Fine-Tuning Critical Skills: Healthcare simulations help refine critical skills like communication, decision-making, teamwork, and time management, which are essential for effective patient care.

3. Exposure to Rare or Complex Cases Teamwork and Communication:

Simulation labs are ideal for practicing interdisciplinary teamwork in high-pressure environments. Effective communication between doctors, nurses, and other healthcare professionals can significantly impact patient outcomes.

**Knowledge Gap and need of project-**

At present Biomedicine Science based Simulation labs are available but Lab based on Ayurveda Principles is not available which is a part of NEP and NCISM requirements. Hence it's a need of time to develop a Ayurveda based Simulation lab to give hands on experience to Ayurveda Students.

**Developing scenario-Sample Checklist and Global rating scale-**


**Pre Vaman preparation- Stage 1**


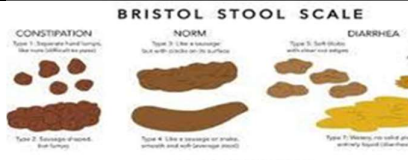


**Snehan –**

The initial stage is snehan<sup>1</sup>. The internal snehan requires to asses first patient's agni. The manda agni requires less ghritha where as tikshna agni requires more ghritha for snehan<sup>2</sup>



Second step is to check koshttha. Krura koshttha requires more Sneha and mrudu requires less to achieve snehan Different disease need different types of Sneha. Example- skin disease requires Mahatikta Ghritha. Considering various aspects the check list is required to train the Panchakarma Team.

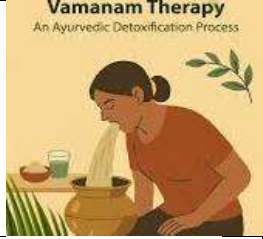






Checklist for evaluation of skill performers- Snehan





	Task	
1	<p>Checks Agni</p> <p>1) Check the patient's <b>Agni</b> (Digestive capacity)</p> <p><b>Tikshna Agni-</b></p> <p>a. Can digest heavy food soon approx. in 4 to 5 hours.</p> <p>b. Do not have discomfort in digesting heavy food</p>	
	<p><b>Manda Agni-</b></p> <p>a) Can not digest a small amount of light food in time. needs time approx. hours Has discomfort in digesting small to medium amount of food.</p> <p>b) Has symptom-like flatulence, heaviness in stomach and body after eating small amount of light food</p>	

<p>2</p>	<p><b>Checks koshtha</b> <b>Krura Koshtha-</b></p> <ul style="list-style-type: none"> <li>a) Has difficulty in passing the stool</li> <li>b) Stool is hard and has less moisture</li> <li>c) Has constipation mostly</li> </ul>	
<p></p>	<p><b>Madhyam Koshtha<sup>3</sup></b></p> <ul style="list-style-type: none"> <li>a) Passes stool easily and once in day</li> <li>b) Stool is soft and solid and has good moisture content</li> </ul>	
<p></p>	<p><b>Mrudu Koshtha-</b></p> <ul style="list-style-type: none"> <li>a) Passes stool easily and mostly in morning.</li> <li>b) Stool is soft and has good moisture content and loose consistency.</li> <li>c) If consume mild purgative or merely warm milk still has clear bowels</li> </ul>	<p></p>
<p>3</p>	<p><b>Checks amount of Doshas Aggravated in body by inference</b> – If severity of doshas and disease is more, stronger medicine is required</p>	
<p>4</p>	<p><b>Checks Bala – Physical and mental strength</b> (multi-dimensional functional ability of body) Has good capacity to do physical work and good mental strength.</p>	<p></p>
<p>5</p>	<p><b>Advices to take Sneha</b> - 3 days/5 days/7 days<sup>4</sup></p> <p>Cha su 13/29-30 – Sneha digested in 24 hours – Uttam matra Sneha which get s Digested in 12 hours-Madhyam Matra Sneha which gets Digested in 6 hours - Alpa Matra Starts with 30 ml for Adnyatkoshtha Thereafter – 60 ml,120 ml ,240 ml on next days.</p>	
<p></p>	<p>Checks the Skin and hair for oiliness seen on it as being good snehan lakshan.Asks for bowels if Sneha is excreted from stools</p>	<p></p>

**Stage 2- Vaman Main procedure- Checklist for evaluation of skill performers**






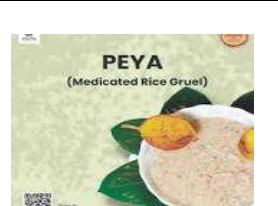


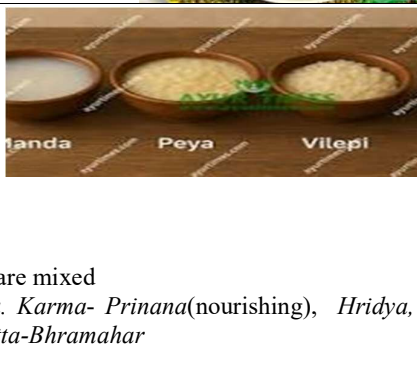
<p>1</p>	<p>Check the symptoms- <b>Phase 1- observation of patient-fitness<sup>5</sup></b> Check patients Mental condition- not too afraid or anxious. Check that he slept at night and now is fresh in morning. Has digested food eaten at night Check that he has taken bath and properly and dressed in fresh mood. Kapha Utklesha- nausea (samutkleshita shleshma) on day of vaman</p>	
<p>2</p>	<p>Check that enchantes the shloka for boosting his Moral<sup>6</sup> ॐ ब्रह्मदक्षश्विरुद्रेन्द्रभूचन्द्रार्कानिलानलाः ऋषयः सौषधिग्रामाभूतसङ्घाश्च पान्तुते   रसायनमिव वर्षीणां देवानाममृतं यथा   सुधेवोत्तमनागानां भैषज्यमिदमस्तुते   Ch.K.1/14   Enchant above shloka <b>Meaning-</b>Brahma, Daksa, Asvina, Rudra, Indra, Earth, Moon, Sun, Air, Fire, Sages, medicinal plants and multitude of creatures may protect you. This drug may prove for you as <b>Rasayana</b> for the sages, nectar for the gods and ambrosia for the best among serpents.</p>	

<p>3</p>	<p>Check that the patient is sitting on a comfortable chair of knee height (<i>janusamam asanam</i>) which is well-covered with bed sheet and have towel, pillow and cushion at its side. Good friends, whose presence is not embarrassing to the patient, should attend him and support his head, press his navel, and massage his back in order to facilitate emesis.</p>	
<p>4</p>	<p>Check as whether given <i>Ikshurasa- Sugarcane juice/ Yavagu-</i> gruel etc for <i>Akantha paan.</i> (till feeling of having consumed uptil the neck)- <b>16 tola- 1600 ml</b></p>	
<p>5</p>	<p>Check-<b>Amount of Medicine-</b> प्रतिपुरुषमपेक्षितव्यानि- amount: closed fist of the patient. According to that adjust ratio of other things like honey <b>Madanphala pippali</b> powder with Madhu, Saindhav and lukewarm water. Medicines- <i>Madanphala-</i> 4 parts <i>Vacha</i> – 2 parts, <i>Saindhav</i> – 1 part ,take mixture 1 tola- 10 gms with <i>Madhu</i></p> <p>The fist of a big structured human is large and contains more medicine Small structured person will have small fist.</p> 	
<p>6</p>	<p><b>Check for following symptoms-</b> मुहूर्तमनुकाञ्चेत्- After administration of the decoction wait for for one <i>Muhurt</i> (approximately 48 minutes).<sup>7</sup> <b>स्वेदप्रादुर्भविणदोषप्रविलयनमापद्यमानं - Profuse perspiration</b> It indicates dosha <b>vilayana (liquification of dosha)</b> <b>Horripilation-</b> लोमहर्षण- (showing movement of <b>dosha</b> from its own position and provoked for Vaman). <b>कुक्षिसमाध्मानेन -Distension of abdomen</b> (doshas have shifted to the gut from different parts of the body). <b>हृल्लासास्यस्रवणाभ्यामपिचोर्ध्वमुखीभूतम् -Nausea and salivation-</b> indicating the upward movement of <b>dosha</b> from esophagus to mouth</p>	
<p>7</p>	<p>Check that the patient is vomiting without straining by opening mouth, palate and throat widely, by slightly bending the neck and upper part of body forward. Check pot kept to collect vomitus.</p>	
<p>8</p>	<p>Check if not stimulated for vomiting , insert 2 (clean) fingers or stalks of blue lily, night lotus or white water lily in the throat.</p>	

9	<p>Check for vomitus color, frequency and after taste in mouth<sup>8</sup>                  Check for following sequence of expulsion: <b>Kapha- white colour following by Pitta yellow colour followed by Vayu (Ch.Si.6/22)</b></p>	
10	<p>Check for type of Shuddhi<sup>9</sup>                  1. <i>Uttam Shuddhi</i>- 8 vega- (forceful vomiting is called vega)- 2 <i>Prastha</i>= 1500 ml</p>	
	<p>2. Check for <i>Madhyam Shuddhi</i>- 6 vega 1125 ml- one and Half <i>Prastha</i></p>	
	<p>3. Check for <i>Hina Shuddhi</i>- 4 vega- 750 ml- one <i>Prastha</i></p>	
11	<p>Check if Patient not vomiting – Give him Following medicines urgently.<sup>10</sup>                  In Heena Vega (Ch.K.1/14) - give <i>pippali</i>+ <i>Amalak</i>+ <i>Sarshap</i> + <i>Vacha kalka</i>+ <i>Lavana</i> + <i>Usnodaka</i>.                  Repeat in intervals till <i>pitta</i> is seen in vomitus. (Recipe causes <i>kapha chedan</i> and <i>vilayan</i>)</p>	
12	<p>Check for symptoms- "<i>Samyak Vaman Lakshan</i>" patient will experience emaciation (<i>karshya</i>), weakness(<i>daurbalya</i>) and lightness of body(<i>laghava</i>).<sup>11</sup>                  [Ch.Si.6/19-20] (<i>Chakradutta: Indriya shuddhi</i> and reduction of <i>kaphaj vyadhi</i>)</p>	

### Stage 3- Post Vaman procedure

Checklist for evaluation of skill performers  
**Post -Vaman Procedure<sup>12</sup>**

1	<p>Patient is advised to wash his face, hands and feet. Take rest for one <i>muhurta</i> (48 minutes). Check his <i>Agni</i>, <i>Bala</i> of patient <i>Doshalakshan</i> whether reduced.</p>		
2	<p>Check for- <i>Dhoomapana</i>: <i>Snehik/Vairechanik/Shaman</i> whatever is appropriate wash the face .</p>		
3	<p>Patient should enter a room that is not too aerated or ventilated and made to lie down there. (Don't make him sleep in day time)</p>		
<p><b>Phase 2- Food Advise and patient communication<sup>13</sup></b></p>			
4	<p><b>Check for Post Vaman Diet-</b> <b>Uttam Shuddhi-</b> 3 times <i>Peya</i>- 1 <i>Akrut</i> ,2 <i>Krut</i>- processed with medicines, sneha 3 Times <i>vilepi</i>- 1 <i>Akrut</i> , 2 <i>krut</i> 3 times <i>Yusha</i> - 1 <i>Akrut</i> ,2 <i>krut</i> 3 times <i>Mansarasa</i>-1 <i>Akrut</i> ,2 <i>krut</i> ( with 4 times water) without <i>Sneha</i> and <i>Lavana</i> or with very little amount of it).</p>		
5	<p><b>Madhyam Shuddhi-</b> 2 times <i>Peya</i>- 1 <i>Akrut</i> ,1 <i>Krut</i> 2 times <i>Vilepi</i>- 1 <i>Akrut</i> ,1 <i>Krut</i> 2 times <i>Yusha</i> - 1 <i>Akrut</i> ,1 <i>Krut</i> 2 times <i>Mansarasa</i>-1 <i>Akrut</i> ,1 <i>Krut</i></p>		
6	<p><b>Hina Shuddhi-</b> 1 Time of <i>Peya</i>- 1 <i>Krut</i> 1 Time of - 1 <i>Vilepi</i> 1 Time <i>Yusha</i> - 1 <i>krut</i> 1 time <i>Mansarasa</i>- 1 <i>Krut</i></p>		
7	<p><b>Method of Preparation-</b> <b>Manda-</b> Rice boiled in 14 parts water, no solids. <b>Peya-</b> 10 parts water, includes some solid rice grains <b>Vilepi-</b> 4 parts water to 1 part rice is thicker, almost semi-solid . Benefits- <i>Balya</i>, <i>Vaatanashaka</i> . <b>Yusha</b> - 1 part <i>Mudga</i>- 16 parts water <b>Mansarasa-</b> 1 Part <i>Mansa</i>- 4 parts water <i>Mansarasa</i> (Meat soup) - 2 parts water, 1 part <i>Mansa</i>. Boiled till one forth is and filtered <b>Kruta Mansarasa-</b> <i>Sneha</i> and <i>Katu Dravya</i> (<i>Maricha</i>, <i>Pippali</i> ) are mixed <b>Akruta Mansarasa</b> - without adding <i>Sneha</i> and <i>Katu Dravya</i>. <i>Karma- Prinana</i>(nourishing), <i>Hridya</i>, <i>Balvardhanam</i>, <i>Shukravardhan</i>, <i>Shwas-Kaas Kshayapaha</i>, <i>Vaat-Pitta-Bhramahar</i></p>		

8	<p>Check for -<b>Patient communication Sheet</b><sup>14</sup>  <b>Don't's - For period of 7 days Post Vaman</b>                  Speaking loudly                  Sitting in one position for a long time                  Standing in one position for long duration                  Going for long walks                  Extreme emotions such as anger or grief                  Excessive cold, sun, dew, flowing winds                  Traveling by any vehicle                  Sexual intercourse,                  Staying awake for late hours at night,                  Sleeping during daytime.                  Incompatible dietary items.                  Food before complete digestion of previous food                  Unwholesome diet,                  Heavy food.</p>	
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**Sample check list and Global rating scale -<sup>15</sup>**

**Case :** Deciding the *Vaman* as main *Shodhan* Procedure

**Participants-** Third year appearing batch Students

**Faculty-** Third year BAMS SA- 3 Topic facilitators, Batch 2

Skill component	Performs correctly	Performs incorrectly	Does not perform	Comments
Asses the Place of <i>dosha</i> Accumulation- Upperbody/Lower body/ all over body				
Asses the amount of <i>doshas</i> Much accumulation / medium/ less <i>doshas</i>				
Asses the strength of Patient if can tolerate the vaman				
Asses the Expected <i>Shuddhi -Uttam Shuddhi , Madhyam Shuddhi, Hina shuddhi</i>				
Decides The Patient condition is <i>Vamanarha-</i> Eligible for <i>Vaman</i>				
Decides the Vyadhi /disease is ideal for <i>vaman</i>				
Observes <i>Koshtha, Agni, Samata</i> of patient Gives medicine if <i>Samata</i> is there.				
Decides the <i>Sneha</i> for Pre <i>Vaman Snehan</i>				
Decides the <i>Vamak Dravya</i> for <i>Snehan</i> – <i>Tikshna, Madhyam ,Mrudu</i>				

**Give a global rating scale for each performance-**

1 poor performance	2.Needs improvement	3 Fulfils expectations	4 Well above expectation	5 Truly Rare Top 5 %
Unable to conduct an organized and implement appropriate management	Incomplete missed important components of management	At expected level - PG 1 PG 2	Thorough, accurate, correct management in systematic manner	Thorough, accurate, correct management in systematic manner and clearly functioning at an attending level

**Scenario Development Template-**

**Scenario description** – Deciding the amount of sneha and watching the *Samyak snehan lakshan* as *Pre Vaman* process

**Patient summary**- 60 years female having frequent *kapha, kasa* frequently, chest congestion. decided for *Vaman* started *snehan* with *Dashamuladi Ghrita*

**Symptoms** -Patient having *Mandagni, Mrudukoshtha, Vriddha* (60 years age) and *kasa* hence *Rhaswamatra*-less amount of *snehapan* is decided.

Initially 30 ml *Sneha* is given in empty stomach in morning  
Note the exact time when *Sneha* is given.

**Expected intervention**- check the symptoms-

1. Symptoms at *Sneha Jiryaman* stage (When the *Sneha* is getting digested)- head ache/salivation/ fatigue/restless/ time of hunger after *snehapaan*- 6 hours/12 hours/24 hours
2. Give Luke- warm water, *Anuloman churna -hingwashtak* for digestion of *Sneha*
3. Check for symptoms after digestion-  
*Deha laghuta*- lightness of body  
*Vata anuloman* – proper direction of *vayu*  
Hunger feeling – record the time
4. When patient feels hunger give him the *yush* or *yavagu* with little ghee in lukewarm temperature till he satisfies hunger

Next day – check whether he has clear belching/ belching with ghee, If ghee is digested give him 60 ml of *Dashamuladi ghrita*.  
Continue still patient feels hungry after 6/12 hours in increasing amount of ghee till 5 th day. Stop *snehapaan* when achieve desired symptoms of *snehapaan* like ghee passed in stools, oiliness of hair.

Scenario progression Timeline- *Snehapaan*

Date	Event	Post <i>Snehan</i> symptoms	Food/regimen chart chart
First day	<i>Snehapaan</i> - 30 ml <i>Dashamuladi ghrita</i> at 7.30 am	Hunger- after 3 hours at 10.30 am Othersymptoms- head ache/ nausea/ stool pass/ skin texture/hair	<i>Yavagu</i> - at 12.00 pm Bath with luke warm water No day sleep- only rest
Second day	<i>Snehapaan</i> – 60 ml 7.30 am	Hunger – after 5 hours. Skin- little oily	<i>Yavagu</i> - at 1.00 pm Bath with <i>luke</i> warm water No day sleep- only rest
Third day	<i>Snehapaan</i> – 120 ml 7,30 am	Hunger- after 12 hours ,skin – oily, hair oily, nausea head ache/ stool passed with ghee	<i>Yavagu</i> - at 9.00 pm night Bath with luke warm water No day sleep- only rest
Fourth day	Stopped <i>Abhyantar snehapaan Bahya snehan</i> -with <i>Narayan oil Nadisweda</i>		<i>Yavagu/yush</i> /warm rice as and when required
Fifth day	<i>Bahya snehan</i> -with <i>Narayan oil Nadisweda</i>		<i>Yavagu/yush</i> /warm rice as and when required
Day before Vaman	<i>Bahya snehan</i> -with <i>Narayan oil</i>	Little <i>alasya</i> Stool pass	Morning – normal food Evening- curd and <i>Udid vada</i>

	<i>Nadisweda</i>	hunger	
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Standardized patient script- case -1
I am Pranita Mhatre. My age is 29 years. I had persistent cough since 2 months . After coughing I had kapha in my sputum.
I frequently have difficulty in breathing. Doctor advised me <i>Vaman</i> .
I took <i>Dashmuladi ghrta</i> for <i>snehapaan</i> for 3 days
I had much headache and flatulence on second day
I am currently suffering from loose motions 4-5 times a day
I am feeling weakness
My blood pressure shooted up also.
What should I take medicine doctor.

Standardized patient script- case -2
I am Siddhi Shinde of age 45 years .
I had psoriasis in upper part of body . over the hands and neck region.
Doctor gave me VAMAN today morning.
I had 6 vegas of vaman. Now I am feeling little tired but still fresh. My psoriasis patch looks to be reduced much .
What diet should I take doctor.
What should be my daily regimen doctor
How many days should I do it continue ?

<b>Standardized patient script- case -3</b>
<b>Desired outcome-</b> To specify details of <i>Snehapaan</i> before vaman
<b>Technical skill-</b> To give <i>Sneha</i> according to <i>Rutu</i> , Time of day, <i>Anupaan</i> , <i>Matra</i> , <i>Samyak Snehan lakshan</i> , Selection of <i>Sneha</i>
<b>Communication-</b> To make aware the patient about rules of diet ,adverse effects of <i>snehapana</i> .
I am Mr Nitin.My <i>Prakruti</i> is <i>Vata Pitta</i> , I have the infertility problem. My <i>Agni</i> is <i>madhyam</i> . <i>Koshtha</i> is <i>mrudu</i> . Age is 30 years.I am newly diagnosed patient with this Ayurveda OPD. Which <i>Sneha</i> I should Take? What can be my <i>Anupan</i> and diet along <i>Sneha</i> ? What symptoms I may have or what adverse effects I may have
Answer-
Since the <i>Prakruti</i> is <i>vata -Pitta</i> you should have <i>Ghrta</i> as <i>snehapana</i>
As you are newly introduced in OPD and Dr do not have estimate of your <i>koshtha</i> , you should take <i>Rhasiyasi Matra- 2.5 tola</i> that is 30 ml.Since you have the <i>mrudu koshtha</i> , maximum <i>ghrit</i> you can take in that much amount which is digested in 6 hours. You can take <i>Ashwagandha siddha ghrta</i> or <i>Vajikaran ghrta</i> (explained in <i>Charak Samhita Vajikaran Adhyay</i> ) <i>Koshna jala</i> .. Since its hot season of <i>Vasant</i> , you should take <i>sneh</i> early in morning.
You may not feel hungry for 2 hours or 3 hours. Do not eat anything when you are not hungry. The diet you can take is <i>Yavagu</i> or Semisolid <i>krushara</i> for easy digestion of <i>Sneha</i> when you are hungry.
Adverse symptoms can be-pain in abdomen,vomiting or giddiness

Medicines- if you suffer from above symptoms you should avoid food and take *Amapachan vati, shankhavati, sutshekhhar or shankhavati* – 2 tab twice a day. You can take lemon water in lukewarm water or hot *yush* .

Standardized patient script- case -4

Desired outcome- to understand *Sneha Jirna lakshana* in a patient

I am Mina . I am having following symptoms-Head ache, giddiness, salivation, fainting, fatigue, thirst, restlessness. I am suffering from psoriasis . I took *Mahatikta ghruta* 125 ml in morning 1 hour before.

Communication- These are symptoms of *Sneha jiryaman lakshan* when it is getting digested. Wait for some time. Have lukewarm water and do not eat food at all.

Take *Amapachak vati , Shankhavati* – 2 tab twice a day.

Do not sleep in daytime.

Standardized patient script- -5

To understand the *Sneha Jirna Lakshanas*

I am sita . I had taken the *Dashamula ghruta* 250 ml in morning 6 hours before. Now I am having following symptoms lightness in body

Mild hunger, thirst, clear belching

These are symptoms of *Sneha* is digested properly

Sheet no 6-

Desired outcome- to understand selection of *Vamak Dravya* combination

I am Sudhir .I have been advised for *vaman* for recurrence of common cold. Today is my *Vaman* day .What medicine doctor will give me for for *vaman*

Communication- first of all you have to drink sugar cane juice or milk or *Yashtimadhu phant* in 4 pound quantity- one pound is 470 ml

Hence 4 pound is =1880 ml and then take *Madanphala* combination powder.

Or can keep the *Madanphal Pippali Antarnakha Mushti* at night soaked in *Yashti kwath* and take approximately 1880 ml of it in morning

*Madanphala*- 4 parts = 7 gms

*Vacha*-2 parts = 3.5 gms

*Saindhav*- 1 part = 2 gms

Total- 12.5 gms

Sheet no 7

Desired outcome- To understand *Samyak Vaman lakshan*

I am Ganesh .I have taken *vaman* today . I had 6 *vegas* of *vaman* and I lastly vomited yellow coloured bile.Total vomitus was 1400 ml. Now I am having lightness in body,in head and heart, I am tired still feeling fresh

Communication- yes .these are good signs of satisfactory *Vaman*.

You can take bath.Have a *dhumapaan* for some time and then take rest now for some time.

In the evening have some puffy rice flakes.

You can rest there, you may undergo one vomiting afterwards also

You may have one stool . do not worry for same.

Do not speak loudly

Do not eat too much. Avoid sleep in day time. Do not get angry . be calm.

Follow the diet chart thereafter.

Sheet no 8

Desired outcome- To understand the inadequate and less *vaman* than desired.

I am Vaishali. I have taken <i>vaman</i> today . I had only 2 <i>veg</i> as of <i>vaman</i> . A much less vomitous came out from my mouth. Much was saliva and dry vomiting sensation.Total vomitus was 300 ml ml. Now I am having heaviness in body,inhead and heart, I am tired and having restless condition. I feel flatulence, nausea and salivation still and tiredness.
Communication-These are signs of non satisfactory <i>Vaman</i> . I will give you once again the medicine like <i>vacha</i> , <i>sarshap</i> and <i>yashtimadhu phant</i> and salt water. Try to stimulate the vomiting with fingers in throat. You will get vomiting.
In the evening have some puffy rice flakes.
You can rest there, you may undergo one vomiting afterwards also
You may have one stool . do not worry for same.
Do not speak loudly
Do not eat too much. Avoid sleep in day time. Do not get angry . be calm.
Follow the diet chart thereafter.

#### Desired out come-

Due to these case scenario and skill based *Vaman* Training UG students of third year will be familiar with normal process of pre *vaman* , main process of *vaman* and avoid mistakes in performing actual on patient. He will be able to handle all stages confidently. Also due to questions asked in scenario he will understand the probable complications and their solutions.

#### Technical

##### skill-

While giving patient the *vaman* the way of instructions given to patient will be practised from students. All the decoctions and herbs in form of various *churna* mixed with honey will be revised from students. The *sansarjan krama* and *dhumavarti* will be practised.Students will understand the *Samyak snehan lakshan*, *Samyak vaman lakshan*.*Ati vaman lakshan* and less *vaman lakshan* by creating various case senarios.

How to instruct the patient when every step is normal and how to instruct and counsel with patient when patient is having discomfort due to disturbances in procedure.

#### Supporting material to develop scenario background-<sup>16</sup>

*Madanphal* preparation- Students will be shown the samples how the actually *madanphal* looks. How the *darbha* and *cow dung* should be applied on it and further seeds should be processed in curd and honey.The scientificity behind it will be explained.

**Vessles**-These will be as per mentioned in classical Ayurveda texts.

*Achamaniya*- spoon

*Udakostha*- water tub

*Manik* and *Ghat*-pitcher and jar

*Pithar*- jug

*Paryoga*- boiling pan

*Kunda* – pitcher

*Sharav*- saucer

*Darvi*- ladder

*Kata*- mat

*Udanchan*- cover plate

*Paripachana*- cooking pan

*Manthana*- churning stick

*Charma*- leather

*Chela*- cloth

*Sutra*- thread

*Karpas*- cotton

*Urna*- wool

*Upadhana*- the mortar and the stone for grinding

*tula*, *kushahastak*- broom

*dhuma yantra*,

*basti yantra*,

*manabhand*a- measuring pot

**Medicines**-ghee, oil, *madhu*, *phanit*, *lavana*, *sura*, *dadhi*,*buttermilk*, *dhanyamla*,*vaman*, *virechan* *Dravya*, *anuloman dravya*

Other medicines- *sneha*, *sweda* ,*upayogi dravyas*, *sangrahaniya*, *dipaniya*, *pachaniya dravyas*, *shaman dravyas* and all *dravyas* which will be useful in complications like Life saving medicines should be kept.

All *Vaman* inducing other *Dravyas* like *Jimutak*, *Dhamargav*, *kushmand* will be explained to students.

#### Debrief- <sup>17</sup>

Debriefing is the cornerstone of the simulation experience. It is a unique opportunity for discussing and analyzing experiences, making sense of what happened and integrating lessons learned to improve performance and do better in the future. An effective debriefer understands the process of debriefing, the art and science of engaging adult learners and building an open environment that is psychologically safe and conducive for learning. He helps learners identify

and explore performance gaps and bridge them to improve future performance. This chapter has provided an introduction to debriefing in simulation-based education, an appreciation for its historical roots and the wealth of research and educational foundation upon which it rests. The concepts articulated in this chapter serve to set the stage for the reader's own pursuit and mastery of the art and science of debriefing in simulation-based healthcare education

### Common Phases of the Debriefing Process

#### 1. Reaction/Description

- Time for learners to diffuse and decompress, "blow off steam"
- Open-ended questions about how learners feel?
- Review the facts of the event

#### 2. Understanding/Analysis

- Preview topics/learning objectives
- Explore, discuss, inquire
- What happened? Why did it happen?

#### 3. Application/Summary

- "Take-home messages."
- Apply learning experience to a future encounter
- Allow for learners' questions

Team assembled quickly- yes/no

Roles were established- yes/no

Team leader was effective- yes/no

Team members interacted with team leader and other members- yes/no

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After each scenario of vaman the debrief should be done.Students should understand observation Curriculum blue print template should be studied for non -lecture and practical sessions. It should have templates like-

Course

Module

Session objectives

Learning opportunities

Learning objective

Learner level

Assessment opportunities

Additional comments- Plus- good points. Delta-negative points should be discussed.

Fidelity section- the actual fidelity mannequin doing vomiting with help of motor driven water pump will be done.

#### Assessment sheet of team work-

Team is having many hands one mind. Thus, team leader should manage team. Thus with help of all above steps a good simulation for VAMAN can be adopted.

#### Conclusion-

The simulation of Vaman is the best practice as teaching module for undergraduate students. It includes a series of check list as Snehan ,Swedan , Examination of patient details such as Agni, koshta, satwa. It is essential as pre- Vaman checklist. Administration of proper medicines at time of vaman according to patient is vital. After care of patient and effective communication with patient is important for explanation of Specified diet and behavioural rules post vaman to be followed by patient. Different case scenarios ,pre briefing and debriefing is important along with creation of environment with apparatus useful for Vaman. Ayurveda Students and nurses will get good training with minimum risk and good confidence through the Vaman simulation.

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