JARI Journal of Advanced Ayurveda Research & Innovation
Rooted in Ayurveda • Driven by Innovation • Validated by Science
Vol. 1| Issue 1 | 2026
www.jari.science

REVIEW ARTICLE

Competency-Based Panchakarma Education: A Comparative Review of the NCISM Third Professional BAMS Curriculum and the Earlier CCIM Fourth-Year Syllabus

Dr. Ajay Kumar Yadav[1] **Prof. (Dr.) Gopesh Mangal**[2]
[1]Ph.D Scholar, Department of Panchakarma, National Institute of Ayurveda (Deemed University), Jaipur, Rajasthan, India.
[2]Dean (Postgraduate Studies) & Head, Department of Panchakarma, National Institute of Ayurveda (Deemed University), Jaipur, Rajasthan, India.

[1]Corresponding Author
Dr. Ajay Kumar Yadav
Email:
ajayyadav21893@gmail.com

Received: 31/10/2026
Revised: 06/11/2026
Accepted: 12/11/2026
Published: 15/11/2026

Abstract

Background: Panchakarma education requires both classical knowledge and supervised procedural competence. The National Commission for Indian System of Medicine (NCISM) introduced the revised Panchakarma and *Upakarma* curriculum (AyUG-PK) for Third Professional BAMS, applicable from the 2021-22 batch. **Objective:** To examine the structure, content, teaching-learning approaches and assessment framework of AyUG-PK in comparison with the earlier fourth-year Panchakarma syllabus, with emphasis on competency development. **Methods:** The two official syllabus documents were reviewed descriptively across course outcomes, topic organisation, teaching hours, learning objectives, non-lecture activities, practical training, assessment methods and recommended resources. No student or clinical outcomes were evaluated. The comparison also considered the transition from predominantly content-based instruction towards explicit expectations for clinical reasoning, communication, ethics and research awareness. **Findings:** AyUG-PK specifies eight course outcomes mapped to programme outcomes and organises content into ten topics. Its 300 teaching hours comprise 100 lecture hours, 60 non-lecture theory hours and 140 non-lecture practical hours. Topic-wise teaching hours and marks are defined. Learning objectives identify domains, competency levels, teaching methods and assessment approaches. Approximately 67 practical activities are listed. New or expanded components include disease-specific principles of practice, *Keraleeya* procedures, emergency management and research updates. Assessment integrates periodical assessments, term tests and university examinations, including objective structured practical examination (OSPE) procedures performed on mannequins or simulated patients. **Conclusion:** The revised curriculum offers a structured, outcome-oriented framework linking teaching, practical exposure and assessment. Its potential to improve graduate competence and procedural safety depends on implementation quality and requires confirmation through educational and clinical outcome studies.

Keywords: Ayurveda education, AyUG-PK, BAMS curriculum, competency-based medical education, NCISM, Panchakarma.

Introduction

Panchakarma is the main *Shodhana Chikitsa* of Ayurveda, and for many patients it is the very reason they come to an Ayurvedic hospital. It is also a subject that cannot be learned from books alone. A student has to watch it, assist it, and then perform it under guidance, many times over. A good undergraduate curriculum therefore has to join three things: classical knowledge from the *Samhitas*, procedural skill with attention to patient safety, and some awareness of current evidence. The earlier fourth-year syllabus gave a thorough classical base. It covered *Purva, Pradhana* and *Paschat Karma*

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0

of *Snehana, Svedana, Vamana, Virechana, Basti, Nasya* and *Raktamokshana*, included physiotherapy, and ended with a three-month clinical posting. It served as a strong textual foundation for many batches of students. NCISM has now prescribed a revised curriculum, Panchakarma & *Upakarma* (Therapeutic Procedural Management), Subject Code AyUG-PK, for the Third Professional BAMS. It applies to the 2021-22 batch and, from 2024-25, to five batches or until NCISM notifies otherwise.[1,2] In its preface the document says that outdated content has been removed and contemporary material added, and that it wants students to develop empathy, patient-centred care and communication along with technical skill.[1] In this article we review its main features and discuss how they can help students acquire competence and skill.

Aim and Objectives

Aim: To present a structured review of the NCISM AyUG-PK curriculum and its contribution to competency-based Panchakarma education.

Objectives:

1. To describe the architecture of the new curriculum (outcomes, content, hours and marks).
2. To analyse its teaching-learning and practical training design.
3. To examine its assessment framework.
4. To discuss its relevance for clinical competence, skill acquisition and research orientation of BAMS graduates.

Materials and Methods

This was a document-based review with a descriptive approach. Two sources were used:[1,2]

1. UG Syllabus 4th Year, Section 4.2 Panchakarma (earlier syllabus).
2. Course Curriculum for Third Professional BAMS: Panchakarma & *Upakarma,* AyUG-PK, Board of Ayurveda, NCISM, New Delhi (86 pages, PDF dated February 2025).

The documents were compared across predefined domains comprising curriculum structure, course outcomes, teaching hours, practical training, assessment methods and examination patterns. Numerical distributions were checked for internal consistency. This descriptive document review did not involve primary data collection or assessment of student competence, teaching effectiveness or patient outcomes.

Overview of the Two Curricular Frameworks

Parameter	Earlier syllabus (4th year, 4.2)	New AyUG-PK curriculum (III BAMS)
Subject title	Panchakarma	Panchakarma & *Upakarma* (Therapeutic Procedural Management)
Papers	One theory paper	One paper, ten topics
Teaching hours	100 theory hours + 3 months clinical training	300 hours: 100 LH + 60 NLHT + 140 NLHP
Stated course outcomes	Not itemised	8 course outcomes (CO1-CO8) mapped to programme outcomes (PO)
Total marks	150 (theory 100 + practical viva 50)	300 (theory 100 + practical 100 + viva 70 + internal assessment 30)
Practical load	15 long and 10 short cases; record of 25 procedures	About 67 listed practical activities (Table 5 of curriculum), logbook and clinical record
Assessment model	Summative examination	Formative (periodical assessments and term tests) plus summative
Reference resources	19 books	13 resources, including classical texts, formularies, pharmacology and recent publications

Table 1: Snapshot of the earlier syllabus and the AyUG-PK curriculum

Salient Merits of the New AyUG-PK Curriculum

Course outcomes mapped to programme outcomes

The curriculum opens with eight course outcomes.[1] They move from knowing, to doing, to behaving as a clinician:

- **CO1:** Describe fundamental concepts of Panchakarma.
- **CO2:** Identify and describe drugs, dose, instruments and method of application.

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0

- **CO3:** Analyse clinical applications of each procedure based on fundamental principles.
- **CO4:** Illustrate sequential *Purva, Pradhana* and *Paschat Karma*.
- **CO5:** Demonstrate skills in performing procedures in various situations.
- **CO6:** Assess therapeutic efficacy and manage complications.
- **CO7:** Utilise technological advancements and allied therapeutic interventions.
- **CO8:** Possess qualities of a good communicator and an ethical clinician and researcher.

Each course outcome is linked to one or more programme outcomes (PO1 to PO9). Students, teachers and examiners therefore share one reference for what should be taught and what should be assessed, and the subject also falls in line with competency-based medical education.

Topic-wise hours and marks

The content is divided into ten topics spread over three terms, and the hours and marks of every topic are stated openly.[1]

Topic	Term	Marks	LH	NLHT	NLHP
1. Fundamentals of Panchakarma	1	8	6	2	4
2. *Snehana Karma*	1	12	16	12	28
3. *Swedana Karma*	1	12	9	4	10
4. Special Procedures (*Sankara Sweda, Ksheeradhooma, Pizhichil, Dhanyamladhara, Takradhara, Thalam* and *Thalapothichil*, *Annalepa*)	2	10	7	9	19
5. Physiotherapy	2	5	6	1	7
6. *Vamana Karma*	2	10	13	7	15
7. *Virechana Karma*	2	10	13	7	15
8. *Basti Karma*	3	18	18	10	25
9. *Nasya Karma*	3	10	10	6	12
10. Emergency management and research updates	3	5	2	2	5
Total		**100**	**100**	**60**	**140**

Table 2: Topic-wise distribution in AyUG-PK

Because of this, a department can time-table the year easily, and the procedure-heavy topics (*Snehana, Basti, Vamana* and *Virechana*) receive more practical hours. Students can also plan their study term by term. The order itself is sensible: fundamentals first, then the preparatory procedures (*Snehana* and *Swedana*), then *Shodhana*, then *Basti* and *Nasya*, with emergencies and research at the end.

Purva, Pradhana and *Paschat Karma* for each procedure

For *Vamana, Virechana, Basti* and *Nasya*, the curriculum lists *Purva Karma, Pradhana Karma* and *Paschat Karma* as separate sub-topics, followed by *Karmukata* and formulations. *Basti Karma* alone has 16 sub-topics: *Basti Yantra* and *Matra, Anuvasana* and *Asthapana Dravyas*, the three phases of both *Anuvasana* and *Niruha Basti*, preparation of *Basti Dravya*, *Basti* formulations and *Karmukata*.[1] The sequence is the same as in the Panchakarma unit, so what is learned in the classroom is easy to recognise again in the ward.

Principles of practice in specific diseases

The curriculum also gives "principles of practice" that tie a procedure to particular diseases:[1]

- ***Swedana*:** *Sandhigata Vata, Vatarakta, Pakshaghata, Ardita, Gridhrasi, Amavata*.
- ***Vamana*:** *Shwasa, Amlapitta, Kushta, Yuvanapidaka*.
- ***Virechana*:** *Kushta, Vatarakta, Pakshaghata, Prameha*.
- ***Basti*:** *Niruha* in *Gridhrasi* and *Amavata; Anuvasana* in *Kateegraha*.
- ***Nasya*:** *Pakshaghata, Apabahuka, Manyastambha, Ardita*.

The student thus gets an answer to the question that follows every procedure: which procedure, for which patient, and why. Patients in the OPD come with a diagnosis and not with a procedure name, so this linking supports clinical reasoning (CO3) and prepares students for actual OPD and IPD work.

Inclusion of *Keraleeya Kriyakrama* and *Upakarma* procedures

The preface specifically mentions *Keraleeya* therapies such as *Takradhara, Thalapothichil, Annalepa* and *Pizhichil*. Topic 4 deals with them as special procedures (*Sankara Sweda, Ksheeradhooma, Pizhichil, Dhanyamladhara, Takradhara, Thalam* and *Thalapothichil, Annalepa*), giving definition, types, procedure and benefits of each, and practical 4.1 to 4.7 offer a demonstration of each procedure.[1] These procedures are done daily in Ayurveda hospitals and wellness centres, so early exposure widens what a fresh graduate can offer. The title Panchakarma *&* *Upakarma*

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0

itself recognises that supportive and local procedures form a large part of everyday practice.

Learning objectives with domain, level and method

Table 3 of the curriculum states each learning objective together with:[1]

- The domain (for example, cognitive knowledge, cognitive comprehension, cognitive application, or psychomotor-guided response),
- The importance level (must know, desirable to know, nice to know),
- The competency level (knows, knows how, shows how, does),
- The teaching-learning method (lecture with ppt, case-based learning, simulation, role play, field visit, team project work and others),
- The assessment method and type (formative or summative),
- The term in which it is assessed, and the type of session (LH, NLHT or NLHP).

This matching of what is taught, how it is taught and how it is tested is a recognised principle of good curriculum design. The student knows which parts need priority, and the teacher gets a ready template for planning a session.

Non-lecture hours and active learning

Of the 300 hours, 200 are non-lecture hours.[1] The 60 NLHT hours use group discussion, team project work, case-based learning and similar methods. Two examples from the curriculum show how this works:

- NLHT 1.1: Students are divided into groups, each assigned a condition (*Kushta, Vatarakta, Siragranthi* or *Gridhrasi*) with a case scenario, and they discuss diagnostic criteria, *Raktamokshana* modalities and management before presenting to the class.
- NLHT 1.2: Six teams, one per *Ritu*, prepare a *Ritu Shodhana* plan with objectives, methodology, timeline, resources and risk management.

Activities like these build teamwork and presentation skill, and they make students apply ideas such as *Ritucharya* and *Ritu Shodhana* to actual planning. A final-year student will need exactly these skills in practice. They also support CO8.

The practical programme

The 140 NLHP hours are backed by Table 5 of the curriculum, which lists the practicals by number and course outcome. About 67 activities are listed.[1] Some examples:

- *Snehana: Udwartana, Udgharshana* and *Utsadana, Shodhanartha* and *Shamanartha Snehapana* (including in *Kushta* and *Vatarakta*), *Sneha Vyapat* and its management, *Brumhana Snehapana, Sadya Snehana, Shiro Abhyanga, Shirodhara* with *Taila, Shiropichu*, *Abhyanga, Shirobasti* and *Sthanika Basti*.
- *Swedana: Nadi, Tapa, Upanaha, Parisheka* and *Avagaha Sweda*, and clinical application of *Sweda*.
- *Vamana* and *Virechana*: demonstration of *Purva, Pradhana* and *Paschat Karma, Sadyo Vamana*, and procedures in specific diseases such as *Shwasa, Amlapitta, Kushta, Vatarakta, Pakshaghata* and *Prameha*.
- *Basti*: demonstration of *Basti Yantra*, the three phases of *Anuvasana* and *Niruha Basti*, and clinical application of *Basti* formulations.
- *Nasya: Purva, Pradhana* and *Paschat Karma,* and *Nasya* in *Pakshaghata, Apabahuka, Manyastambha* and *Ardita,* plus principles of selecting *Nasya* formulations.
- Physiotherapy: superficial and deep heating modalities, isometric and isotonic exercise, IFT, TENS, MST and manual therapy.

Every practical is tied to course outcomes, so the student knows which competency is being built. Several of them, for example *Paschat Karma* of *Anuvasana* and *Niruha Basti* (CO6), also touch complication management and so keep patient safety in view.

Simulation and mannequin-based training

The preface speaks of hands-on training, case studies and mannequin-based simulation, and in the practical examination procedure skill is tested on mannequins or simulated patients.[1] Students can thus rehearse critical steps, such as *Basti* administration, *Nasya* technique and monitoring during *Vamana* and *Virechana*, in a safe setting before they work on patients. Showing the skill first in a controlled setting and applying it clinically afterwards is the usual rule in modern clinical teaching, and it is a real step forward for procedural teaching in Ayurveda.

Physiotherapy and allied modalities

Physiotherapy has its own topic (Topic 5) with seven sub-topics: introduction, static exercise, isotonic exercise, deep heating modalities, superficial heating modalities, electrotherapy and manual therapy.[1] The practical sessions include IFT, TENS and MST, and one learning objective deals with recent developments in instrumentation in Panchakarma and *Upakarma* (practical 1.3). Musculoskeletal and neurological conditions are among the commonest reasons patients seek Panchakarma, and this knowledge helps students combine it with rehabilitative approaches.

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0

Emergency management and research

Topic 10 puts emergency management together with research updates in *Snehana, Swedana, Vamana, Virechana, Basti, Nasya* and *Upakarma*, and five practical sessions (10.1 to 10.5) are given to reviewing research procedure by procedure.[1] For an undergraduate this is an early introduction to evidence-based thinking and literature review, and to the idea that classical procedures can be studied scientifically. It supports CO8 and the preface's aim of encouraging critical thinking. Students who later go on to postgraduate or doctoral work will find it a useful foundation.

Attitude, ethics and communication

CO8 names communication, ethics and a research attitude as outcomes in their own right. Some practicals, such as *Purva Karma* of *Anuvasana* and *Niruha Basti*, are also mapped to CO8, because counselling, consent and preparation of the patient are part of the procedure. Knowledge, skill and attitude are thus treated together.

Continuous, multi-method assessment

Assessment has a formative side and a summative side.

- Formative: three periodical assessments in each term, plus a term test at the end of the first and second terms. Internal assessment carries 30 marks.
- Methods suggested for periodical assessment include practical or clinical performance, viva, MCQs, modified essay questions, open-book tests, summary writing of research papers or Samhitas, class presentations, work-book maintenance, problem-based assignments, OSCE, OSPE, Mini-CEX, Direct Observation of Procedures (DOP), case-based discussion, small projects and extra-curricular activities.
- Summative: a university examination covering the entire syllabus.

Head	Marks
Short case with Panchakarma protocol writing	30
Procedure skill assessment (4 procedures on mannequins or simulated patients, OSPE format)	40
Viva voce (two examiners, 35 marks each)	70
Logbook (activity record)	10
Practical / clinical record	20
Internal assessment	30
Total	**200**

Table 3: Practical and Internal Assessment Scheme (200 Marks)

Tools like DOP and Mini-CEX, and formats like OSPE, test what a student actually *does*, which corresponds to the upper levels of Miller's pyramid of clinical competence.[3] The logbook and clinical record keep documented proof of the exposure a student has had, and two examiners in the viva make it more objective.

Blueprint-based theory examination

The theory paper (100 marks, 3 hours) has 20 MCQs of 1 mark, 8 short answer questions of 5 marks and 4 long answer questions of 10 marks.[1] Topic-wise marks and the permitted question types are published; for example, Fundamentals can have MCQs and SAQs only, and Physiotherapy and Emergency/Research can have SAQs only. The paper-setting instructions further say that:

- The majority of MCQs and SAQs come from the Must Know portion, with limits on Desirable and Nice to Know questions;
- LAQs come only from the Must Know portion;
- SAQs and LAQs should test understanding, application, analysis and synthesis rather than simple recall.

The paper therefore has a predictable structure, is balanced across topics and leans towards higher-order thinking, and students can prepare with a clear idea of priorities.

Reference resources

The reference list pairs the *Brihatrayi* (*Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya*) with *Sahasrayogam, Yogaratnakara, Chakradatta*, well-known Panchakarma textbooks (including those by Acharya, Dwivedi, Lad and Patil), two recent titles from 2022 and 2024, and a modern pharmacology text.[1] The formulary texts are useful because the new content gives weight to choosing formulations for *Snehana, Vamana, Virechana, Basti* and *Nasya* according to *Prakriti, Vikriti* and the individual patient.

Competency-Mapping Summary

Competency / skill area	Supporting feature in AyUG-PK
Conceptual knowledge (CO1)	Topic 1 fundamentals, learning objectives marked Must / Desirable / Nice to Know
Drug, dose and instrument knowledge (CO2)	*Sneha, Sweda, Vamana, Virechana, Basti* and *Nasya Dravya* sub-topics; *Basti Yantra* and *Matra*; formulation-based sub-topics; practicals 8.1, 8.8

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0

Competency / skill area	Supporting feature in AyUG-PK
Clinical reasoning (CO3)	Principles of practice in *Sandhigata Vata, Vatarakta, Pakshaghata, Ardita, Gridhrasi, Amavata, Kushta, Prameha, Shwasa* and others; case-based NLHT
Procedural sequencing (CO4)	Separate *Purva*, *Pradhana* and *Paschat Karma* for each *Shodhana* procedure
Procedural skill (CO5)	About 67 listed practicals; mannequin and simulated-patient OSPE; logbook
Safety and complication management (CO6)	*Paschat Karma* practicals, *Sneha Vyapat* and *Chikitsa*, emergency management topic
Technology, research and allied therapy (CO7)	Physiotherapy topic, instrumentation advances, research-update reviews
Communication, ethics, research attitude (CO8)	Group discussions, presentations, patient preparation practicals, project work

Table 4: How the curriculum features support competency and skill

Discussion

The earlier syllabus gave a rich and detailed classical foundation. The new curriculum builds on that foundation and adds a clear structure for competency. Three developments seem most important.

First, the curriculum is written around what the student should be able to do.

Eight course outcomes mapped to programme outcomes, learning objectives with domain and level, and a link between each practical and an outcome make the expected competence visible. This is the idea behind outcome-based education, where teaching and assessment come from stated outcomes and not from lists of content alone. Bloom's taxonomy and Miller's pyramid supply the usual vocabulary for it.[3,4]

Second, practical work carries real weight.

Of the 300 teaching hours, 140 are allocated to non-lecture practical training, while the assessment framework incorporates clinical cases, procedural skills, viva voce, practical records and internal assessment. OSPE, mannequins and simulated patients follow the objective structured approach described by Harden and colleagues, which is now standard in clinical education because it may improve assessment consistency when properly standardised.[5]

Third, the curriculum looks beyond the classical procedure to the setting in which a Panchakarma physician now works.

Keraleeya procedures, physiotherapy, emergency management and research updates all reflect this. Graduates should feel more at ease in integrated settings and be better able to take part in clinical research.

Put together, these features suggest that students trained under AyUG-PK will have better organised knowledge, wider exposure to procedures, documented practical experience and better preparation for both practice and further study. Whether this is actually seen in outcomes will have to be shown by future studies.

Recommendations for Maximising the Benefit of the Curriculum

- Departments may prepare a session-wise teaching plan based on Table 3 of the curriculum, using the suggested teaching-learning and assessment methods.
- Skill laboratories with *Basti, Nasya, Vamana* and *Virechana* mannequins, along with a checklist for each procedure, can support OSPE preparation.
- Logbooks may be maintained digitally and reviewed periodically by faculty.
- Faculty development programmes on OSPE, DOP, Mini-CEX and case-based learning will help uniform implementation.
- Students may be encouraged to convert the research-update reviews (Topic 10) into small projects or short communications.
- Multi-centre studies on learning outcomes, student satisfaction and skill acquisition under AyUG-PK can supply the evidence base for future curriculum revisions.

Conclusion

The NCISM AyUG-PK curriculum offers a well-organised, outcome-based and skill-oriented framework for Panchakarma & *Upakarma*. Its stated course outcomes, topic-wise hours and marks, objectives mapped to teaching and assessment methods, 200 non-lecture hours, a long practical list, disease-wise principles of practice, *Keraleeya* procedures, physiotherapy, emergency management, research updates and OSPE-based skill testing together make it a significant step for undergraduate Ayurveda education. The curriculum provides a structured framework for competency-oriented Panchakarma education. Its potential contribution to graduate competence and procedural safety depends on effective implementation and requires evaluation through educational and clinical outcome studies.

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0

Acknowledgement

The authors acknowledge the National Commission for Indian System of Medicine (NCISM) and the erstwhile Central Council of Indian Medicine (CCIM) for making the curriculum documents available for academic review.

Funding

The authors received no specific funding for this work from any public, commercial, or not-for-profit funding agency.

Conflict of Interest

The authors declare that they have no conflicts of interest.

Author Contributions

A.K.Y.: Conceptualization, methodology, document analysis, interpretation, original draft preparation. G.M.: Supervision, critical review and editing.

Ethics approval

Ethics approval was not required because this study analysed publicly available curriculum and regulatory documents and did not involve human participants or identifiable personal data.

Data availability

No primary dataset was generated. All information analysed was obtained from the NCISM AyUG-PK curriculum and the earlier CCIM Fourth-Year BAMS Panchakarma syllabus, as identified in the references.

AI Usage Disclosure

AI tools assisted with language editing and structural organization during the revision process. The authors retain full responsibility for the manuscript's accuracy, originality, and adherence to journal policies, and have approved the final submitted version.

References

1. National Commission for Indian System of Medicine, Board of Ayurveda. Course curriculum for Third Professional BAMS: Panchakarma and Upakarma (Therapeutic Procedural Management), subject code AyUG-PK. New Delhi: National Commission for Indian System of Medicine; 2025. Available from: https://ncismindia.org/2.%20NCISM_IIIBAMS_AyUG-PK.pdf

2. Central Council of Indian Medicine. UG syllabus: Fourth Year BAMS, section 4.2, Panchakarma. New Delhi: Central Council of Indian Medicine.

3. Miller GE. The assessment of clinical skills/competence/performance. Acad Med. 1990;65(9 Suppl):S63-7. doi:10.1097/00001888-199009000-00045.

4. Bloom BS, editor. Taxonomy of educational objectives: the classification of educational goals. Handbook I: Cognitive domain. New York: David McKay; 1956.

5. Harden RM, Stevenson M, Downie WW, Wilson GM. Assessment of clinical competence using objective structured examination. Br Med J. 1975;1(5955):447-51. doi:10.1136/bmj.1.5955.447.

How to cite this article: *Yadav A.K., Mangal G. Competency-Based Panchakarma Education: A Comparative Review of the NCISM Third Professional BAMS Curriculum and the Earlier CCIM Fourth-Year Syllabus. Journal of Advanced Ayurveda Research & Innovation. 2026;1(1):49-55.*

© 2026 Journal of Advanced Ayurveda Research & Innovation | Published by Ananta AyurHeart | CC BY 4.0