



## Transitional curriculum under NCISM's current status, need for updating, and gaps: A narrative review.

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### ABSTRACT:

**Background:** The changeover from higher secondary education to professional medical education requires significant changes in psychological, social, and academic components. *Ayurveda* as a profession is a lifelong commitment to connect deeply with classical texts and guide needy patients in their journey of healing. The students choosing a B.A.M.S. need to study the core of *Ayurveda* texts along with the modern perspectives and practices. Recognizing the challenges faced by young and new students, NCISM implemented the transitional curriculum "*Ayurpraveshika -2025-2026*" for first-year undergraduates. **Objectives:** This narrative review explores the current status of the "*Ayurpraveshika 2025-26 transitional curriculum*," the need for its implementation, and gaps to be addressed in the future. **Methods:** Related literature was identified through PubMed, Scopes, Google Scholar, and Research Gate using keywords "transitional curriculum" and "Ayurveda," which were reviewed to summarize trends, applications, and ethical concerns. **Conclusion:** The primary need for this curriculum arises as students entering this course are from diverse educational backgrounds, have limited exposure to Sanskrit-based classical texts, are unacquainted with *Ayurveda*'s basic concepts and its future opportunities, are unaware of medical terminologies, and have inadequate preparation for the rigorous professional learning environment. This transitional curriculum is essential to improve learner confidence, make them goal-oriented right from the 1st year, reduce fear and anxiety of *Ayurveda* concepts, enhance academic and clinical skills, ignite the curiosity of health services, research, and entrepreneurship, and ensure holistic development among students with mindfulness.

**KEYWORDS:** *Ayurveda*, *Ayurpraveshika*, education, NCISM, *Shishopanayana*, Transitional curriculum

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## 1. BACKGROUND

Ayurveda is the science of a long and healthy life, which is a part of the Atharvaveda. Ayurveda, popularly known as the Indian system of medicine, deals with the holistic approach to leading a healthy lifespan. 'Hetu-linga-aoushadam' (The cause-effect-management) was decoded with the aid of pre-existing knowledge of darshana shastra. [1] The core books of Ayurveda, known as Samhita, are based on the principles of darshana (Indian philosophies) like *Nyaaya darshana*, *Vaisheshika darshana*, *Sankhya darshana*, *Yoga darshana*, *Purva mimamsa*, *Uttara mimamsa*, and others. This system of medicine was comprehensively documented as the "Samhita" with Sanskrit as its core language. Hence, there are unique terminologies and teaching methodologies in Ayurveda. A student newly joining the Ayurveda course basically requires the ability to relearn the fundamental concepts, which becomes the major challenge. [2] The future of Ayurveda rests in the hands of the young minds entering the system today. Hence, merely learning Ayurveda as a degree is not enough, but it must be lived as a science, philosophy, and way of life.

The ancient Indian education system was through the "Gurukula system"—learning of disciples besides teachers. Here the *shishya* (students) learned through close mentorship, discipline, and experiential learning. *Shisyopanayaneeya sanskara*, mentioned in classical texts, is the ritual ceremony for orientation and induction for newly joined disciples, which includes a general orientation program related to the medical profession, ethics and rules of the *gurukul*, and the character of a good physician before the beginning of formal studies. [3]

*Acharya Sushruta* devoted the second chapter of *Sutra Sthana* to the formal initiation of a pupil into the science of medicine. *Acharya Sushruta* laid down obvious criteria for selecting disciples, as these physicians or surgeons are involved in the management of life. The characteristics of the

pupil eligible for studying Ayurveda medicine are that the student should have good character, be intelligent, have sharp understanding, maintain physical and mental hygiene, be courageous and disciplined, and have physical strength; have correct understanding, self-control, good memory, and a clear, calm, pleasant, cheerful mind, speech, and activities; be tolerant; have a deep desire to learn; and be capable of practical skills. During the mode of initiation, "Darvi Homa" is the blades of *kusha* (grass blades), with prayers pleasing to Gods, *Brahmans*, and physicians with flowers, gems, and rice. The *homa* is performed using *Acacia catechu* (*khadira*), *Butea monosperma* (*palasha*), *Cedrus deodara* (*devadaru*), *Aegle maemelos* (*vilwa*), *Ficus benghalensis* (*vata*), *Ficus racemosa* (*oudambara*), *Asvatha* (*Ficus religiosa*), *Madhuca longifolia* (*madhuka*), curd, honey, and ghee with recitation of *mahavyahriti mantras* preceded by mystic *omkara*, followed by *svaha mantra*. In the present day, the ritual of *Dhanvantri Homa* practices is conducted as the auspicious initiation ritual. [4] Compliant disciple selection framework presented in tabular form as below- [4]

*Ayurpraveshika* (the introductory pathway to Ayurveda), a transitional curriculum developed by the National Commission of Indian Systems of Medicine 2025–2026, is an orientation-style program covering SAGE elements (socializing, associating, governing, and experiencing) explicitly intended to bridge the incoming students into the formal BAMS program. This induction program has been designed for 15 days, covering 90 hours. The curriculum outlines the topics to cover, the activities to conduct, and the expected outcomes. The components of the curriculum aim to create a democratic, responsible citizen with a well-rounded education that prepares students for life, work, and civic responsibility in this diverse and dynamic world. [5] Many components are being updated by this transitional curriculum released by NCISM named as "Ayurpraveshika 2025-2026," compared to the transitional curriculum released

by the Central Council of Indian Medicine (CCIM) released by the Ministry of AYUSH in 2021-22, with ninety hours of a fifteen-day schedule. Many gaps are being bridged, like orientation to the *Samhita* structure: *Laghutrayee* and *Brihatrayee*, *vadatusanskritam*—orientation to Sanskrit;

*Ayurveda medical ethics, sadvrutta*; public health and hygiene; introduction to start-ups, patents, and innovations in Ayurveda; research orientation; and global opportunities for Ayurveda physicians with more components in the experience domain.

**Table 1: Sushruta –compliant disciple selection framework under domain and characters**

Domain	Characters
Knowledge & reasoning	<i>Medhavi</i> (intelligent, sharp understanding), <i>dhi</i> (correct understanding), <i>dhrti</i> (self-control), <i>smriti</i> (good memory), <i>Prasanna chti-vak-chesta</i> (clear calm pleasant and cheerful mind, speech and activities), deep desire to learn(Adhyayana sila)
Ethics & character	<i>Sheela</i> (good character), <i>souchya</i> (physically and mentally clean)
Practical skills	<i>Kriya –kausala –yogya</i> (capable of practical skills)
Psychological stability	<i>shourya</i> (courageous), <i>bala shakti</i> (strength), <i>kleshasaham</i> ( tolerant)
Compassion & communication	<i>Prasanna chti vak chetsa</i> (clear calm pleasant and cheerful mind, speech and activities)
Discipline & professional	<i>Vinaya achara</i> (disciplined)

**Table 2: Summary of activities of NCISM transitional curriculum with SAGE categories. [5],[8]**

Sl.no	SAGE categories	No. of activities	Activities
1	Social (S)	10	<ol style="list-style-type: none"> <li>1. Inaugural Function; Interaction with Parents &amp; Students</li> <li>2. Public Health and Ayurveda in community (Role of Ayurveda in Public Health</li> <li>3. Lecture by an eminent person/ alumini of ASU</li> <li>4. Orientation on co-curricular arrangement, indoor outdoor sports facilities, house formation (S/A)</li> <li>5. <i>Jeevaneeya</i>(Ayurveda Arogya mitra Abhiyan) visit of nearby village/rural area (S/A)</li> <li>6. Yoga and Meditation; and Relaxation Techniques (S/A)</li> <li>7. Role and impact of Physician in society</li> <li>8. Discussion, debate, Tasks (S/A)</li> <li>9. Feedback by the students (S/A)</li> <li>10. Reflection: —Empathy and Expression- group discussion</li> </ol>
2	Associating(A)	12	<ol style="list-style-type: none"> <li>1. Learning from Seniors — Q&amp;A with seniors —Message to My Future Self personal</li> <li>2. Day Reflection: Icebreakers &amp; Faculty Interaction</li> <li>3. Know your institute and department visit</li> <li>4. Know your syllabus, lectures by HoD</li> <li>5. Discussion, debate, Tasks (S/A)</li> <li>6. Pride in becoming a Healer--Interactive session</li> <li>7. Success Stories of Ayurveda in action: real life patient care success story by expert in modern research –alumni talk(S/A)</li> <li>8. Ayurveda &amp; Personalized Medicine. Prakriti as a key to preventive and curative health- by senior's students</li> </ol>

			<ol style="list-style-type: none"> <li>9. Feedback by the students (S/A )</li> <li>10. Understanding interpersonal relationships in a health care team</li> <li>11. Field visit to other institutions, eminent practitioners, AYUSH hospitals/ dispensaries, Pharmaceuticals.</li> <li>12. Talent show</li> </ol>
3	Governing (G)	12	<ol style="list-style-type: none"> <li>1. Regulatory Bodies; NCISM, concerned Universities, Directorate of Ayush, State ISM Registration councils</li> <li>2. Professional Medical Ethics</li> <li>3. Administrative Structure: Rules, Regulations &amp; Dress Code: General conduct, timings, and campus policies. procedures: leave policies</li> <li>4. Administrative Procedures: leave applications, fee payments</li> <li>5. Students' safety and ragging free campus</li> <li>6. Library Orientation</li> <li>7. Scope of Ayurveda: Current status, legal recognition, and national scope. Global Scope of Ayurveda: Growing acceptance and international opportunities.</li> <li>8. Proposed Higher Education Pathways in Ayurveda (M.D./M.S./Ph.D., Super specialty courses-carrier opportunities</li> <li>9. Nation building: Ayurveda as a pillar of India's Health security. Ayurveda &amp; Ayush integration in National Health Policy.</li> <li>10. Glory of Ayurveda in Global Health -WHO GCTM (Global Centre for Traditional Medicine)</li> <li>11. National Health Programs &amp; Role of Ayurveda-calendar planner of year</li> <li>12. Orientation on national tobacco control program.</li> </ol>
4	Experiencing(E)	47	<ol style="list-style-type: none"> <li>1. Reflection: —Ayurveda &amp; Me :Indian Knowledge System (IKS)-holistic wellbeing of human beings</li> <li>2. Introduction to <i>Ashtanga Ayurveda</i></li> <li>3. Interdisciplinary exposure and Overview of other Indian Medical Systems like Unani, Siddha, Sowa Rigpa, Yoga Naturopathy &amp; Homeopathy- Debates/Quiz/ discussions</li> <li>4. Concept of Anand, the true goal of healing lessons from Taittareeya Upanishad- experimental learning of happiness.</li> <li>5. Ayurveda and Yoga as India's soft power diplomacy through wellness- group discussion and insights</li> <li>6. Different Career opportunities after BAMS: Medical Practice, wellness centers, Pancha Karma Units, Govt. Ay. Dispensary, Entrepreneurship -Alumni talk</li> <li>7. Ayurveda beyond Practice: Capacity Building activities in Entrepreneurship development in context of Ayurveda field- by Research innovation and entrepreneurship development cell (RIEDC)</li> <li>8. Concept of Dosha, Dhatu, Mala in brief with application aspects- building analogy with daily life examples.</li> <li>9. Overview of BAMS Curriculum; Introduction to the competency-based curriculum and syllabus of First Professional BAMS subjects.</li> <li>10. Introduction to 1<sup>st</sup> year BAMS subjects</li> <li>11. Language (<i>Vadatu Sanskritam</i>)</li> <li>12. Introduction to Ayurveda and History</li> <li>13. Healing Hands and Compassionate Hearts as Reflection activity</li> <li>14. Good Vaidya as per Charaka's view-professional code of conduct/personal code of conduct</li> </ol>

		<ol style="list-style-type: none"> <li>15. Reflection activity: My Roots in Ayurveda</li> <li>16. Self-directed, self-motivated, learning skills and studying skills</li> <li>17. Healthy Food, Diet pattern, Nutritional plate, Nutritional values as per Ayurveda Ahara Regulations (FSSAI – Ayurveda Ahara, 2021)</li> <li>18. <i>Ayurvedic</i> pathology, <i>Nidana Panchaka</i> framework understanding disease in Ayurveda beyond pathogens</li> <li>19. Ayurveda and Neuron mental science. Role of <i>Ritucharya and Dinacharya</i> in climate adaptation. Herbal drinks, track self dinacharya.</li> <li>20. First aid training basic/cuts wound, sprains, shock, bleeding and other common emergency situations</li> <li>21. Basic life support (BLS) training, Emergency protocols, CPR theory (adults, children, infants)</li> <li>22. Inspirational talk by senior Vaidya/Professor about their journey as an ayurvedic doctor</li> <li>23. Field visit to incubation center, herbal garden, medicine manufacturing unit.</li> <li>24. Research awareness and evidence based Ayurveda: Orientation</li> <li>25. Hand Hygiene &amp; Universal Precautions. Infection Control Measures, WHO 7-step hand washing demo.</li> <li>26. Heritage in young hands: Youth as brand ambassadors of Ayurveda</li> <li>27. A healer’s duty to health and environment, eco responsibility: Biomedical Waste Management Principles</li> <li>28. e-samskara, building digital competence: Basic Computer Skills: MS Word, excel, PowerPoint with AI.</li> <li>29. Environmental hygiene: Concept of —<i>Janapadadwamsa</i> in ayurveda and its relevance to environmental hygiene -<i>Swachata abhiyana</i>-awareness of hygiene</li> <li>30. Role of Artificial intelligence in Academics , AI in education, diagnostic research</li> <li>31. Ayurveda &amp; Communication/ media studies</li> <li>32. Integrative tradition with ambition: Goal setting in ayurveda education-SMART goals for academic &amp; professional life under the heading of vision for Vikasit Bharat 2047.</li> <li>33. Effective time management strategies: <i>Sankalpa to Siddhi’</i> – Time management for obtaining academic and clinical excellence –weekly planner</li> <li>34. Reflection: becoming a Vaidya, discovering my Path to Purpose</li> <li>35. Ayurveda Psychology—correlations of <i>Satva, Rajas, Tamas</i> with Modern Psychology.</li> <li>36. Applying <i>Triguna</i> theory for Emotional Intelligence, Stress management and <i>Atmanirbharata</i>.</li> <li>37. Cultural Competence &amp; Disability Awareness: empathy as therapy to disability care and rehabilitations.</li> <li>38. Soft skills &amp; Life skills in <i>Ayurvedic</i> context, building collaborative skills</li> <li>39. Ayurveda and agriculture (<i>Krishi Ayurveda</i>)</li> <li>40. Digital toxicity</li> <li>41. Ayurveda and Economics of Health: Orientation on Ayurveda in Health and Global Economy</li> <li>42. Presentation Skills: Structuring an Academic Presentation with good content.</li> <li>43. Digital Literacy: Learning Management System (LMS) Orientation</li> <li>44. Ayurvedic perspective of Deaddiction: role of <i>Satvavajeya chikitsa and rasayana</i></li> <li>45. Academic Writing: Introduction to Scientific Writing &amp; Plagiarism</li> <li>46. Basic understanding of <i>Ashtanga yoga</i> for physical and mental well-being.</li> <li>47. <i>Swasthya, Satya, Seva</i>: The ayurveda student’s commitment of self, society and world.</li> </ol>
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Ayurveda physicians are the task force for public health initiatives. Many government services, like medical officers, the National Health Mission, and *Rastriya Bal Swasthya Karyakram* (RBSK), align Ayurveda graduates in public healthcare. Public health offers numerous career opportunities, including public health policy and administration, NGO and international health projects, and research associates. Hence, the social component awareness of community health, administration, and preventive care is mandatory for students. The components like the values of public health through Ayurveda through the National AYUSH Mission are empowering AYUSH institutions for cost-effective care. Such awareness of the National Rural Health Mission 2005, for improving rural healthcare facilities by employing AYUSH doctors in PHCs/CHCs for mainstreaming AYUSH, develops a vision of social responsibility. This social component further incorporates meeting new students, seniors, and teachers. The social bounding activities help students experience dynamics and challenges of decision-making, conflict resolution, and leadership within a stipulated social association. Such an initiative builds effective leadership in achieving a collective goal. Social survey techniques to gather data information from the local community enhance the community engagements and fieldwork, which bridges the classroom with the real-world experiences. The "*Jeevaneeya*" (Ayurveda *Aryogya Mitra Abhiyan*) visit to a rural/village area to understand the physical, mental, social, and cultural conditions to link rural public health to Ayurveda concepts is a great initiation to stimulate students. The public health concepts of bio-waste management, hand hygiene techniques, environmental hygiene, and de-addiction are very important to build social responsibility. [5]

The 'Association' component builds community like institutional campus orientation, parents-teacher associations, student council, and student clubs. This also

includes the introduction of subject and orientation of related teacher associations with defined learning outcomes. Ex: The subject orientations by department. [6]

The 'Governance' component includes the international, national, state, governance, and administrative principles of the institution. Awareness of nation building: Ayurveda as a pillar of India's health security under "*Ayurveda for Atma Nirbharata*" through Ayurveda's contribution in national health policy is a step for motivating youth to serve the nation. This orients students to regulatory bodies like the Ministry of AYUSH, NCISM (National Commission of Indian System of Medicine), state ISM registration councils, the scope of Ayurveda, legal regulations, national scope and policies, current status, public health and Ayurveda for the community as per the National AYUSH mission, and awareness of various government portals like the Ministry of AYUSH for policies, AYUSH Grid for digital health records, the Clinical Trial Registry of India, and *Dhaara* and *Shodhganga* for research activities. The recent thrust on climate change and mitigation tactics has given scope to AYUSH streams globally. World bodies like the United Nations, the World Health Organization, and the World Intellectual Property Organization have been involved in discussions on the exchange and mutual benefit of traditional knowledge. Such orientations are necessary to stimulate the young Ayurveda students to know their responsibility towards the AYUSH systems. [7] At the institutional level, the governance creates the awareness of core principles, structural components, the administrative structure, campus rules and regulations, dress code, timings, leave procedures, student safety, and students' grievances.

This curriculum has given maximum experience components, which include critical reflection and applications connecting to the real world. Reflection activities enhance the critical soft skills, problem-solving collaborations, and adaptability, which enhances motivation and engagement in learning. The

designing of field trips, simulation labs, basic lifesaving skills, first aid training, goal setting, effective time management “*Sankalpa to Siddhi*”, Role of artificial intelligence in *Ayurveda*, reflection of becoming a Vaidya and sharing success stories, reflection in empathy and expression, Ayurveda communication and media, and Ayurveda and agriculture.

## **2. UPGADATION OF TRANSITIONAL CURRICULUM IN AYURVEDA:**

The Indian government considers Ayurveda a national healthcare system, not just an alternative medicine. *Ayurvedaacharya* (Bachelor of Ayurveda Medicine and Surgery), or BAMS, in India is a 5.5-year course after grade 12 with science subjects as background. The overall aim of the *Ayurveda* curriculum is to provide, skilled and well-educated Ayurveda practitioners for the globe. This era of information is the effect of human transformation from the traditional learning age to its entrance into artificial intelligence and technology, which requires new methods of education. Adapting to the latest changes of the curriculum is a necessity of the hour. Today's younger generation is well trained in computer-based applications and their usage, soft skills, presentation skills, social media, and updates. These students should adapt Ayurveda principles while embracing modern technology so that Ayurveda remains authentic, relevant, and globally effective. The students entering Ayurveda are from different states and countries with diversified curricula like CBSE and ICSE, qualified in NEET (National Eligibility cum Entrance Tests). Though these students have the background of biology, physics, and chemistry, students face a lot of challenges to adapt to the new relearning process. Many students claim that their education in a regional language undermines their confidence of writing and expressing in the English language. Today proficiency in Sanskrit and English is mandatory for Ayurveda students. Adequate understanding of Sanskrit and Hindi languages helps in understanding concepts, terminologies, and clinical reasoning. English is

essential for understanding present contemporary medical science, research methodology, global publications, interdisciplinary dialogues, and technological advancements. Digital language laboratory solutions have been adapted to bridge this gap. This marks the need for an effective outcome-based transitional curriculum that can provide an eye-opening session for their goal settings and paving the pathway. [8]

### **Upgraded Components In Present Transitional Curriculum 'Ayurpraveshika':**

- In the teaching-learning process: Ayurveda teaching-learning methods have adapted technological integration, clinical skill enhancement methods (case-based learning and problem-based learning), cross-disciplinary approaches (integration with other medical systems), research-based learning (fostering critical thinking), and explorations of global collaborations. The shift of teaching resources from simple blackboards to smart boards; ICT-enabled teaching, including information communication technology tools like PowerPoint presentations, audio-visual tools, virtual reality-based teachings, and LMS (learning management systems); browsing articles from PubMed and SCOPUS (library orientation); and newer teaching methods where the instructor's role shifts from knowledge provider to facilitator who guides through the process and ensures a safe learning environment with flipped classrooms, case-based learning, problem-based learning, seminars, group-based learning, and many more have created a need for an upgraded transitional curriculum. [9] The training of basic lifesaving skills for these UG students integrates the *Ayurvedic* clinical judgments with modern emergency response, hence providing primary healthcare.

- Involvement of research, innovations, start-ups, and entrepreneurship development: The growing demand for natural preventive and integrative healthcare in the lifestyle and wellness sector has increased platforms for entrepreneurs. This empowers youth to become job creators

rather than job seekers. Awareness of the research, innovations, and start-ups aligns oneself with national policies and global trends like start-ups, *Atma-Nirbhar Bharat*, National Educational Policy 2020, and AYUSH research policies like CCRAS SPARK (STUDENTSHIP PROGRAM FOR AYURVEDA RESEARCH KEN) and CCRAS PG STAR; global innovation movements; and further emphasizes students' need for research and entrepreneurship at the institutional level. This awareness fosters the culture of inquiry and evidence-based practice. This further encourages research and enhances critical thinking, scientific temperament, and the habit of questioning. The start-up phenomenon is fuelling the innovations that are paving the paths for future industries and job opportunities. Government policies and initiatives are recognizing the economic potential and implementing policies to encourage these start-ups, which further is going to impact the world's commerce, economy, technology, and society itself.

- Promotion of Indian Knowledge Systems (IKS): India has the world's richest and oldest medicine knowledge traditions hidden in ancient *Vedas*, *Upanishads*, *Puranas*, stories, and traditions of dietetics, lifestyle, daily routines, seasonal routines, yoga, and mental well-being, aiming towards the holistic development of humanity. Promoting *Bhartiya Gyan Parampara*, or IKS, ensures cultural continuity, reinforces national pride, prevents loss of valuable insights, and contributes to future medical advancements. [10] Today's young Indian minds need to connect to their history to know the actual strength and potential. The philosophical schools explored various paths of inner development. The diverse aspects of metaphysics, ethics, logic, the quest for knowledge, and engagement in debates for understanding existence.

- Promotion of Web Portals: CCRAS-NAMASTE portal, AYUSH Research Web portal, and Ayush Prakriti Web Portal: RMIS (Research Management Information System) of CCRAS has raised overall academic standards with mentor-guided

research projects. This awareness among students helps bridging tradition knowledge with scientific validation. Much research was not published due to the unavailability of standard scales. The government initiative of the AYUR Prakriti portal under India's digital platform for standardized assessment and documentation is a great support for research-based utilization of Ayurveda *Prakriti*, supporting personalized preventive and evidence-based Ayurveda. The Prime Minister launched "*Desh Ka Prakriti Parikshan Abhiyan*," a nationwide campaign upholding health awareness and holistic healing.

- Scope and career opportunities: Ayurveda graduates have career scope in the Ayurveda sector and beyond the field of Ayurveda. There are many opportunities in India and abroad. In India the job opportunities are there in the government and private sectors. The students can choose academics at educational institutes or research (clinical research, pharmacological research, phytochemical research, translational research, and literary research) at CCRAS (Central Council for Research in Ayurveda Sciences), CSIR (Council for Scientific and Industrial Research), and Ayurveda Research Institutes. Students can also aim to work in the AYUSH Ministry and public health departments. Graduates have always been establishing their own Ayurveda hospitals, clinics, and wellness centers to heal the society. Ayurveda is recognized as a system of medicine in Sri Lanka, Nepal, the UAE, Bangladesh, Oman, Saudi Arabia, Malaysia, Switzerland, Cuba, and Brazil.

- Practicing Mindfulness: Every day of the transitional curriculum ends with this session of mindfulness. Mindfulness means "the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment." This is "the heart" of Buddhist meditation. This is "insight meditation," which means this includes the deep penetrative non-conceptual seeing into mind and world. This provides a

unique perspective that can guide critical issues in cognitive sciences, neuro-phenomenology, and attempts to comprehend the cognitive foundations underlying the nature of human experience. This can be correlated to "Manana" techniques explained by Ayurveda classics. This provides calmness and clarifies the mind (*prasanna chitta*) to visualize the goals and take action. [11] Ayurveda considers health as a holistic state encompassing physical, mental, sensory, and spiritual wellbeing. Among these, mental health plays a pivotal position. In the present era of increasing psychological stress among patients and healthcare professionals, adapting the classical concepts assumes great relevance. [12]

**Challenges During Implementation Of Transitional Curriculum:** The major challenges in implementing the transactional curriculum are availability of trained teaching staff to deliver these components, coordinating with external speakers, and scheduling small group activities, which require meticulous planning. Some other challenges are limited digital and other resources on the college campus. Lack of engagement of students due to diversity in backgrounds and learning levels. [13] Not every college in the country will offer the same bridge course to first-year applicants. Hence, there can be some sessions planned by regulatory bodies throughout the Ayurveda colleges (online mode) to get the best updated information to faculty and students.

### **3. GAPS IN TRANSITIONAL CURRICULUM WHICH MAY BE FULFILLED IN THE FUTURE:**

- "Ayurpraveshika"- a transitional curriculum can be a more structured module than a mere orientation program, which aims at nurturing students' confidence and belief in the practices and preaching's of Ayurveda not only as a medical system but also as their own way of living. The identified gaps in the present transitional curriculum can be listed as academic preparedness gaps, gaps in developing skills of learning and pedagogy, mentor-mentee program

implementation, and awareness of the pharmacovigilance cell in AYU&H.

- Academic preparedness gaps: Most of the students entering Ayurveda today are from non-Sanskrit backgrounds. Hence, introducing a 7-day certificate course with a post-assessment exam to learn basic Sanskrit, with a certificate, may build confidence among the student's community. Structured introductory sessions of reading, memorizing, and interpreting classical *slokas* and some sessions on training in Ayurveda and modern medical terminologies and orientation of elective courses in Ayurveda education can be introduced.
- Gaps in Developing Skills of Learning and Pedagogy: As an Ayurveda student, I have to read both Ayurveda and contemporary medical science books. There is a need to address the approach of integrated reading and skill development. There is a need for developing critical thinking, questioning and debate culture (Tarka), sloka reading and memorization, *anvaya*, *bhasya* reading, and use of *tantra yukti* for clinical reasoning. Exposure to classical competency –based medical education (CBME) principles. Under exposure to exam structures and performance, like OSPE, OSCE. Orientation to maintain their daily activities in logbooks as official documents.
- Mentor-mentee program: Implementing a mentor-mentee program early can alleviate mental stress for students in a new environment. Such initiatives may reduce stress, language fear, and adjustment issues.
- Awareness of the Pharmacovigilance cell in AYU&H: Awareness of the central sector, which aims at monitoring the safety of AYU&H drugs, adverse drug reactions, and curbing misleading advertisements. Medio-legal awareness, NCISM regulations, and state-wise medical council board regulations.

### **4. ADVANTAGES OF IMPLEMENTATION OF TRANSITIONAL CURRICULUM:**

As the whole planet is facing various health ailments due to various causes like climate change, epidemics, mental health ailments, and many more, the mitigation strategies are focusing on health solutions through traditional medicine approaches. This global need requires competent Ayurveda graduates who can address these issues at international levels. This overall transitional curriculum is designed to bridge the gap between basic schooling and undergraduate health sciences professional education and knock the young minds to set goals. This acts as a foundation pillar for health education by nurturing knowledge, skills, attitudes, and values. This implementation builds the academic, psychological, social, and professional attributes among young students entering Ayurveda. Enhances communication skills, teamwork, leadership qualities, and ethics at the workplace. Encourages the outcomes, skills, and real-world application rather than just memorization; correlation between traditional knowledge and modern sciences; innovations; entrepreneurship; publications; and patents. Thus, the budding young Ayurveda students are nurtured academically and professionally as responsible citizens of the nation.

#### Abbreviations:

NCISM- National commission of Indian system of Medicine  
SAGE elements -Socializing, Associating, Governing, Experiencing  
AYUSH-Ayurveda Yoga & Naturopathy, Unani, Siddha and Homeopathy With Added Sowa -Rigpa  
CBME -competency –based medical education  
CCRAS -Central Council for research in Ayurvedic Sciences  
CSIR -Council for Scientific and Industrial research  
OSPE- Objective Structured Practical examination  
OSCE- Objective Structured Clinical examination  
RMIS -Research Management Information System  
IKS-Indian Knowledge Systems  
NEET -National eligibility cum Entrance tests  
SPARK -STUDENTSHIP PROGRAM FOR AYURVEDA RESEARCH KEN  
CBSE- Central Board of Secondary Education  
ICSE-Indian Certificate of Secondary Education  
GCTM -Global Centre for Traditional Medicine

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