

DAY 33 STUDENT WORKBOOK दिन 33 छात्र
कार्यपुस्तिका

VASTU SHASTRA FOR WELLNESS

कल्याण के लिए वास्तु शास्त्र

Week 5 • Wednesday • Practical Session
सप्ताह 5 • बुधवार • व्यावहारिक सत्र

YOUR PRACTICAL GUIDE AND WORKBOOK
आपकी व्यावहारिक मार्गदर्शिका

WELCOME TO DAY 33!

दिन 33 में आपका स्वागत है

Dear Student,

Today you step into the sacred science of Vastu Shastra - the ancient Vedic wisdom of space, energy, and environmental harmony. This is one of the most practical and immediately applicable sessions in your entire training.

As a healing practitioner, you will work with energy not just within the body but also within spaces. Your healing room, your client's homes, the environments where transformation happens - all carry energetic imprints that either support or hinder healing.

Today is HANDS-ON. You will learn to assess spaces for energetic balance, identify Vastu principles and violations, perform powerful space clearing rituals, guide clients on creating healing environments, and transform any space into a sanctuary.

This workbook is your companion for today's session and for your ongoing practice. Use it actively - write, sketch, note, practice. The more you engage, the more you'll integrate.

Prepare to be amazed at how profoundly space affects healing.

With blessings,
Manudada



PRE-SESSION PREPARATION

सत्र-पूर्व तैयारी

BEFORE CLASS, PLEASE COMPLETE:

1. INTENTION SETTING

What do you hope to learn from today's session on Vastu and Space Clearing?

What specific question or challenge related to your healing space would you like addressed?

2. CURRENT SPACE AWARENESS

Briefly describe your current or envisioned healing space:

Type of space (home room, clinic, studio, etc.):

Approximate size: -----

What feels good about this space currently?

What feels challenging or "off" about this space?

3. BRING TO CLASS

- Compass (if you have one)
- Rough sketch of your space floor plan
- Photos of your healing space (optional)
- Open mind and willingness to experiment
- Notebook for additional notes

4. PHYSICAL PREPARATION

- Well-rested and alert
- Light meal (not too full or too hungry)
- Hydrated
- Comfortable clothing for movement/practice
- Grounded and centered (5 minutes meditation before arriving)

SECTION 1: KEY CONCEPTS

अनुभाग 1: मुख्य अवधारणाएँ

WHAT IS VASTU SHASTRA?

[Fill in as teacher explains]

VASTU means:

SHASTRA means:

Together, Vastu Shastra is:

THE FOUNDATION: PANCHA MAHABHUTA (Five Great Elements)

As teacher explains each element, note its direction and quality:

1. AKASHA (आकाश) - Space/Ether

Direction:

Quality:

In Space:

5. PRITHVI (पृथ्वी) - Earth

Direction:

Quality:

In Space:



2. VAYU (वायु) - Air

Direction:

Quality:

In Space:

3. AGNI (अग्नि) - Fire

Direction:

Quality:

In Space:

4. JAL (जल) - Water

Direction:

Quality:

In Space:

KEY PRINCIPLE: Every space must have _____ representation of all five elements. Imbalance in elements = Imbalance in _____.

THE EIGHT DIRECTIONS + CENTER

As teacher explains, fill in this chart:

DIRECTION	RULING DEITY	QUALITIES	BEST FOR	COLOR/ELEMENT
NORTHEAST (Ishana) ईशान				
EAST (Purva) पूर्व				
SOUTHEAST (Agneya) आग्नेय				
SOUTH (Dakshin) दक्षिण				
SOUTHWEST (Nairutya) नैऋत्य				
WEST (Paschim) पश्चिम				
NORTHWEST (Vayavya) वायव्य				
NORTH (Uttar) उत्तर				
CENTER (Brahmasthan) ब्रह्मस्थान				

MOST IMPORTANT DIRECTION:

Why? -----

HEAVIEST ENERGY DIRECTION:

What should be here? -----

QUICK REFERENCE - MEMORIZE THESE:

NORTHEAST (ईशान):

- Most _____ direction
- Keep _____, _____, _____
- Best for: _____

SOUTHWEST (नैऋत्य):

- _____ energy, must be _____
- Best for: _____

NOTES FROM TEACHER'S EXPLANATION:

SECTION 2: VASTU FOR HEALING SPACES

अनुभाग 2: उपचार स्थानों के लिए वास्तु

YOUR HEALING ROOM GUIDELINES

01

IDEAL LOCATION IN BUILDING

Best directions:

Why: -----

02

PRACTITIONER POSITION (YOU)

Face: ----- or

Why: -----

Back to: ----- wall

Never sit:

- With back to -----
- Under a -----
- In exact ----- of room

03

CLIENT/TREATMENT TABLE POSITION

Client's head toward:

----- or

Why: -----

Never head toward:

Why: -----

ELEMENTS IN YOUR HEALING ROOM:

NORTHEAST CORNER - Your Power Corner:

- -----
- -----
- -----
- -----

COLORS TO USE:

SOUTHEAST CORNER (if applicable):

- -----
- -----

COLORS TO AVOID:

AIR ELEMENT:

- Window in ----- or -----
- -----

WHAT TO AVOID IN HEALING ROOM:

- -----
- -----
- -----
- -----
- -----
- -----

SKETCH YOUR HEALING SPACE:

[Use the space below to draw a rough floor plan of your current or envisioned healing space. Mark:]

- Main door and its direction
- Windows and their directions
- Where you (practitioner) sit and face
- Where client/treatment table is positioned
- Northeast corner
- Southwest corner
- Any problem areas

[Large blank space for sketching]

PEER FEEDBACK:

Exchange sketches with the person next to you. Based on what you've learned, what's ONE improvement suggestion?

Suggestion received: _____

Your plan to implement: _____

SECTION 3: SPACE CLEARING - THEORY

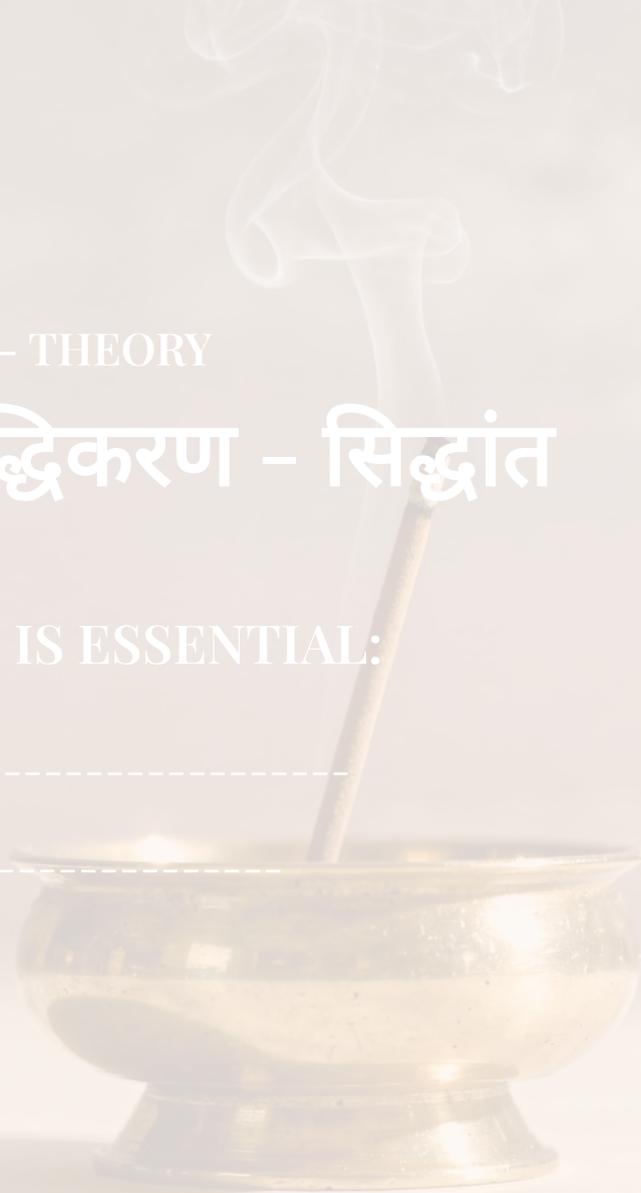
अनुभाग 3: स्थान शुद्धिकरण - सिद्धांत

WHY SPACE CLEARING IS ESSENTIAL:

Every healing session leaves: -----

If you don't clear, energy: -----

Result: -----



WHEN TO CLEAR SPACES:

ESSENTIAL TIMES:

- -----
- -----
- -----
- -----

REGULAR MAINTENANCE:

- **Daily:** -----
- **Weekly:** -----
- **Monthly:** -----
- **Quarterly:** -----

SIGNS YOUR SPACE NEEDS CLEARING:

PHYSICAL SIGNS:

- -----
- -----
- -----
- -----
- -----

ENERGETIC SIGNS:

- -----
- -----
- -----
- -----
- -----

INTUITIVE SIGNS:

- -----
- -----
- -----

TRADITIONAL CLEARING METHODS:

As teacher demonstrates each, note the key steps:

01

DHOOP (धूप) - SACRED SMOKE CLEARING

Materials needed: _____

Process:

- Start at: _____
- Move: _____
- Pay special attention to: _____
- While moving, chant: _____
- Complete at: _____

What to notice: _____

02

DHWANI SHUDDHI (ध्वनि शुद्धि) - SOUND CLEARING

Materials needed: _____

Process:

- Start at: _____
- Ring/play: _____ times minimum (or _____ for deep clearing)
- Move: _____
- Listen for: _____
- Complete at: _____

Quality of sound tells you:

- Clear, resonant sound = _____
- Dull, flat sound = _____
- Harsh, discordant sound = _____

03

SALT ABSORPTION (नमक अवशोषण)

Materials needed: _____

Process:

- Place bowls in: _____
- Particularly important in: _____
- Leave for: _____
- Then: _____
- NEVER: _____

Signs salt is working:

- _____
- _____
- _____

04

JAL SHUDDHI (जल शुद्धि) - SACRED WATER PURIFICATION

Materials needed to prepare sacred water:

- _____
- _____
- _____
- _____
- _____

Process:

- Using: _____
- Sprinkle: _____
- Start at: _____
- Move: _____
- While sprinkling, chant: _____

ADDITIONAL METHODS:

YOUR PERSONAL CLEARING PROTOCOL:

Which 2-3 methods will you commit to using weekly?

SECTION 4: SPACE CLEARING - PRACTICE

अनुभाग 4: स्थान शुद्धिकरण - अभ्यास

PRACTICE SESSION NOTES:

1	<p>GROUP PRACTICE 1: SACRED SMOKE CLEARING</p> <p>Your experience as practitioner (if you did the clearing):</p> <p>-----</p> <p>-----</p> <p>Your observations (if you observed):</p> <p>-----</p> <p>-----</p>
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2	<p>GROUP PRACTICE 2: SOUND CLEARING</p> <p>Your experience:</p> <p>-----</p> <p>-----</p> <p>Did you notice different sound quality in different areas? Where and how?</p> <p>-----</p> <p>-----</p>
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3	<p>FULL GROUP CLEARING RITUAL</p> <p>How did the room feel BEFORE the clearing? (1-10, 10 = excellent)</p> <p>Energy: _____ Clarity: _____ Comfort: _____ Sacredness: _____</p> <p>How does the room feel AFTER the clearing?</p> <p>Energy: _____ Clarity: _____ Comfort: _____ Sacredness: _____</p> <p>What specific differences did you notice?</p> <p>-----</p> <p>Personal experiences during the clearing (sensations, insights, feelings):</p> <p>-----</p>
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INSIGHTS AND "AHA" MOMENTS:

What surprised you about the clearing practice?

What felt most natural/powerful for you?

What felt challenging or uncomfortable?

SECTION 5: CLIENT APPLICATION

अनुभाग 5: ग्राहक अनुप्रयोग

BASIC VASTU GUIDANCE FOR CLIENT'S HOMES:



BEDROOM VASTU

Location: Southwest is ideal

Bed placement:

- Head toward: _____ or _____
- Feet toward: _____ or _____
- Never head toward: _____

Solid wall behind: _____

What to avoid in bedroom:

- _____
- _____
- _____
- _____
- _____



KITCHEN VASTU

Location: _____ is ideal

Cooking direction: Face _____ while cooking

Stove in: _____ corner

Sink in: _____ or _____



BATHROOM VASTU

Location: _____ or _____

AVOID: _____, _____, _____



PRAYER/MEDITATION SPACE

Location: _____ is most auspicious

Face: _____ or _____ during practice

QUICK FIXES FOR COMMON PROBLEMS:

Fill in as teacher explains:

1	<p>ISSUE: Frequent illness in family</p> <p>CHECK: _____</p> <p>FIX: _____</p>
2	<p>ISSUE: Financial difficulties</p> <p>CHECK: _____</p> <p>FIX: _____</p>
3	<p>ISSUE: Relationship conflicts</p> <p>CHECK: _____</p> <p>FIX: _____</p>
4	<p>ISSUE: Sleep disturbances</p> <p>CHECK: _____</p> <p>FIX: _____</p>

PRACTICE SCENARIOS:

SCENARIO 1:
A client reports chronic insomnia. They mention:

- Bedroom in northeast corner
- Head points north while sleeping
- Mirror directly opposite bed
- TV in bedroom

What Vastu guidance would you provide?

SCENARIO 2:
A client reports feeling constantly anxious at home. They mention:

- Main entrance faces south
- Toilet in northeast corner
- Southwest corner is cut-off/missing
- Northeast has heavy storage

What Vastu guidance would you provide?

YOUR SCOPE OF PRACTICE:

YOU CAN HANDLE:

- -----
- -----
- -----
- -----

REFER TO VASTU EXPERT FOR:

- -----
- -----
- -----
- -----

ETHICAL BOUNDARIES:

DON'T:

- -----
- -----
- -----

DO:

- -----
- -----
- -----

SECTION 6: YOUR VASTU ASSESSMENT

अनुभाग 6: आपका वास्तु मूल्यांकन

COMPREHENSIVE ASSESSMENT OF YOUR HEALING SPACE

BASIC INFORMATION:

Type of space: _____

Size (approximate): _____

Main entrance direction (use compass): _____

Number of rooms/areas: _____

DIRECTIONAL FLOOR PLAN:

Draw your space with compass directions clearly marked. Include:

- Main entrance (mark direction it faces)
- All rooms/areas
- Windows and which direction they face
- Your consultation/healing area
- Waiting area (if applicable)
- Bathroom
- Storage
- Your desk position
- Northeast corner (mark clearly)
- Southwest corner (mark clearly)
- Center/Brahmasthan

[Large blank space for drawing floor plan]

NORTHEAST CORNER CHECK:

What is currently in your northeast corner?

Is it clean and clutter-free? Yes No

Is it bright/well-lit? Yes No

Is there any water element here? Yes No

What changes are needed?

SOUTHWEST CORNER CHECK:

What is currently in your southwest corner?

Is it heavy/grounded? Yes No

Is it elevated (higher furniture/construction)? Yes No

What changes are needed?

HEALING ROOM DETAILED ASSESSMENT:

Which direction do you face during sessions? _____

Which direction does client's head point? _____

Is there a solid wall behind you? Yes No

Are there beams overhead? Yes No

If yes, where? _____

Natural light source: _____

Direction of windows: _____

ELEMENTAL BALANCE CHECK:

AKASHA (Space):

Is your center area clear and open? Yes No

If no, what's there? _____

VAYU (Air):

Is there good air circulation? Yes No

Windows in which directions? _____

Can you open windows? Yes No

AGNI (Fire):

Where are electrical items located? _____

Is any fire element in southeast? Yes No

If no, where is it? _____

JAL (Water):

Do you have any water features? Yes No

If yes, where? _____

Is water element in northeast? Yes No

PRITHVI (Earth):

Where is heavy furniture located? _____

Is earth element strong in southwest? Yes No

VASTU DOSHAS (DEFECTS) IDENTIFIED:

List any Vastu violations you've identified:

PRIORITIZATION:

Which ONE defect will you address FIRST? (Choose most impactful)

Why this one first? _____

Specific action plan to address it: _____

Timeframe: _____

COLORS ASSESSMENT:

What colors are currently in your healing space?

Walls: _____

Furnishings: _____

Decorative items: _____

Based on Vastu principles, are these appropriate? Yes Partially No

What color changes would be beneficial? _____

OVERALL ENERGY ASSESSMENT:

Before learning Vastu, rate your space (1-10, 10 = excellent):

Energy level: _____ Cleanliness: _____ Comfort: _____ Sacredness: _____ Healing effectiveness: _____

What are the top 3 strengths of your current space?

1. _____

2. _____

3. _____

What are the top 3 areas needing improvement?

1. _____

2. _____

3. _____

अनुभाग 7: आपकी कार्य योजना

IMMEDIATE ACTIONS (This Week):

What are the top 3 Vastu changes you'll make in your healing space this week?

1. _____
2. _____
3. _____

SPACE CLEARING SCHEDULE: MY PERSONAL CLEARING RITUAL:

Daily practice (quick clearing):

What I'll do: _____

When: _____

How long: _____

Weekly clearing ritual (thorough):

Day and time: _____

Methods I'll use:

- Sacred smoke (incense/resin/sage)
- Sound (bell/bowl/chanting)
- Salt placement
- Sacred water sprinkling
- Other: _____

Approximate duration: _____

Monthly deep clearing:

Date chosen: _____

All methods used: _____

Special preparation: _____

CREATING YOUR SACRED HEALING CORNER:

Location chosen (ideally northeast): _____

Elements to include:

- Small water vessel or fountain
- White or yellow cloth
- Candle or oil lamp (diya)
- Fresh flowers
- Spiritual image/symbol: _____
- Crystal (type): _____
- Other: _____

Date to set up by: _____

Daily practice at this corner:

What I'll do: _____

When: _____

How long: _____

MATERIALS TO ACQUIRE:

What materials do I need to purchase for my clearing practice?

- _____
- _____
- _____
- _____
- _____

Where I'll purchase: _____

Budget: _____

Purchase by: _____

INTEGRATION WITH CURRENT PRACTICE:

How will I incorporate Vastu assessment with my client intake process?

What basic Vastu guidance will I offer to appropriate clients?

How will I educate clients about space clearing?

TRACKING PROGRESS:

How will I measure the impact of these Vastu changes?

BASELINE (Before changes):

- Client feedback average: _____
- Number of clients per week: _____
- My energy level (1-10): _____
- Business revenue: _____
- Personal wellbeing (1-10): _____

I will reassess these metrics on: _____ (date 3 months from now)

EXPECTED OUTCOMES:

What changes do I hope to see from implementing Vastu and regular clearing?

In my healing space: _____

In my clients' experiences: _____

In my own wellbeing and practice: _____

In my business success: _____

ACCOUNTABILITY:

Who will I share my action plan with for accountability? _____

Check-in schedule: _____

POTENTIAL OBSTACLES:

What might prevent me from following through on this plan?

COMMITMENT STATEMENT:

I, _____, commit to implementing Vastu principles and regular space clearing in my healing practice. I understand that the energetic quality of my space directly impacts my effectiveness as a healer and my clients' experiences. I commit to the practices outlined in this action plan.

Signature: _____ Date: _____

वास्तोष्पते प्रति जानीह्यस्मान् स्वावेशो अनमीवो भवानः

Vastoshpate prati jaanihyasmaan Svaavesho anamivo bhavaanah

"O Lord of the dwelling space, recognize us
May our dwelling be auspicious and free from disease"

-Rig Veda

May your healing space be a temple of transformation. May every client who enters feel the blessing of sacred space.

May your practice flourish in prosperity and purpose.

॥ ॐ शान्तिः शान्तिः शान्तिः ॥ Om Shanti Shanti Shanti

With infinite blessings on your journey,

Manudada

Inner Zen Wellness - Level 1 Foundation Course

Day 33 Complete

REMEMBER TO:

- Practice your space clearing this week
- Complete your Vastu assessment
- Create your sacred corner
- Journal your experiences
- Bring questions to next session
- Share your insights with fellow practitioners

Your commitment to creating sacred healing space honours the ancient wisdom of Vastu Shastra and serves all those you will heal.

Namaste 🙏