

**TOPIC - CURRENT STATUS OF AYURVEDIC EDUCATION IN INDIA
AND REMEDIES**

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ABSTRACT

Ayurveda is the native Indian System of healthcare which is currently being used by millions of people in India. It is one of the oldest medical systems which comprises thousands of medical concepts and hypothesis. At present, in India there are many *Ayurvedic* colleges for graduate level degree and post graduate level degree. CCIM (The central Council of Indian Medicine) has imposed various educational norms and regulations, but still the standard of education has been a cause of concern in recent years. Since, the *Ayurvedic* graduates play an important role in the primary healthcare delivery system of the country, the governing bodies are required to take necessary steps to

ensure the adequate exposure of the students to basic clinical skills. The ancient system of education suffered a set back during the medieval and colonial periods of Indian history. After the Independence, as *Ayurveda* began to be incorporated into the modern pattern of institutionalization, some of the merits of such as ancient system of education seem to have been compromised.

KEYWORDS: Ayurveda, Education, Clinical Research, Current Status.

INTRODUCTION

Ayurveda is the native Indian system of healthcare that is currently used by millions of people in India, Nepal and Sri Lanka for their day-to-day healthcare needs. The “*Gurukula*” system

of education was the method of the *Ayurveda* training that was generally followed in ancient India. A “*Gurukula*” was a place where a teacher or “*Guru*” lived with his family and establishment, and trained the students. *Caraka Samhita*, one of the most popular textbooks on *Ayurveda*, delineates the process of selecting a suitable textbook and also an appropriate teacher by a disciple besides describing the three ideal methods of learning: self-study, teaching and discussions. The *Gurukula* system of education suffered a setback during the medieval and colonial periods of Indian history. After the independence, as *Ayurveda* began to be incorporated into the modern pattern of institutionalization, some of the merits of such an ancient system of education seem to have been compromised.

Today, India officially recognizes *Ayurveda* and other systems of indigenous medicine along with the conventional biomedicine. To patronize and promote these systems, the Government of India, in 1995, established a separate department for Indian Systems of Medicine and Homeopathy (ISM&H), which is now known as AYUSH (Ayurveda, Yoga, Unani, Siddha, Homeopathy). Among all the systems in AYUSH, presently Ayurveda holds a prominent position and a major share in the infrastructural facilities in terms of the number of hospitals, dispensaries, educational institutions and registered medical practitioners. The Central Council of Indian Medicine (CCIM), which was established through Indian Medicine Central Council Act of 1970, is the governing body that monitors the matters related to *Ayurveda* education in India. At present, more than 240 *Ayurvedic* colleges offer a graduate level degree—“*Ayurvedacharya*” (Bachelor of Ayurvedic Medicine and Surgery (BAMS)) in India. This course is of 5.5 years’ duration after grade 12 with science subjects.

Even though the CCIM has imposed various educational norms and regulations, the standard of *Ayurvedic* education has been a cause of great concern in recent years. The mushrooming of *Ayurvedic* colleges as a result of the liberal policies of the State Governments and the loopholes in the existing acts are the most important factors that are being held responsible for the erosion in the standards of education. Privatization of the education system is yet another trend that accompanied this phenomenon of mushrooming. For example, at present, the total number of private colleges offering graduate level education in *Ayurveda* is 186; whereas the number of government colleges offering the same level of education is only 54. However, most of the undergraduate and postgraduate colleges in the government sector also suffer from a variety of infrastructural constraints.

Basic Challenges in *Ayurveda* Education and Practice

The major challenge ahead of *Ayurvedic* education is to produce competent *Ayurveda* medical practitioners; perhaps the existing system has not been completely successful in producing confidence among *Ayurveda* graduates for practicing pure *Ayurveda*. There may be several reasons attributing towards this, including student's inability to understand principles of *Ayurveda* practice, improper infra-structure in *Ayurveda* institutions, unskilled teachers, etc.

One of the important aspect which is unable to bind the essence of *Ayurveda* with students is the lack of *Sanskrit* knowledge, although the *Sanskrit* subject taught in the 1st year syllabus has not served the purpose effectively. Hence, *Sanskrit* subject should also be taught from the perspective of *Ayurveda*. Another best way out for this problem is to provide translated versions of all *Ayurveda* classics in regional languages as additional study materials may help to understand the principle and philosophy of the subjects better.

Another important challenge is the lack of adequate practical exposure in clinical practice. Most of the *Ayurveda* institutions lack the proper infrastructure and sufficient patient flow required to develop clinical orientation in the students undergo strict surveillance for the provision of the best facilities to institutions.

The Essential Reforms Required in *Ayurvedic* Education

There should not be repeated alterations of academic durations of *Ayurveda* curriculum since it disturbs the adaptability and nature among *Ayurveda* teachers, and if the change is needed it should be executed with appropriate measures taken in advance, like providing a standard teaching methodology training to teachers.

Periodical review of subjects is required to facilitate inclusion of recent scientific advancements and not merely excluding existing subjects.

There should be freedom in the medium of instruction for a better understanding of *Ayurveda* since most of the students find it difficult to understand *Sanskrit* and writing it in English increasing their difficulty.

The governing council should not increase the number of educational institutions, but to give priority for quality institutions with running hospitals. The current view of introducing semester system should be withdrawn, it serves no purpose either for students or teachers and perhaps it triggers many confusions and technical difficulties.

The yearly or earlier phase-wise system should be retained, but institutional assessments should be valued so that student can revive his understanding.

The availability of herbal garden in the educational institutions can be instrumental in acquainting the students about the various medicinal plants.

The examination reforms are to be introduced, the present examination system is focused on mere subject wise notes and classical references, perhaps it has no scope for evaluation of individual understanding of the subject.

The examination pattern should be more of assessing the student's ability in the understanding of the subject in the purview of *Ayurveda* principles and should be prioritized. The questions appearing in examination should be in the nature of extracting reasoning and analytical skills of students for existing clinical problem.

There should be very intensive and highly practical oriented rotatory compulsory internships to be designed, and there should be minimal eligibility practical tests after each departmental posting. The 1 year period of internship can be extended if the student is found inefficient in practicing *Ayurveda*.

Developing an interest in the subject is essential to understand it thoroughly. Teachers are the guiding forces in the lives of students. Presence of skilled teachers can enhance the interest about the concerned subject.

The first professional BAMS course has to be reduced to 1 year. The paper on the history of *Ayurveda* has to be merged with the teaching of *Samhita*. Teaching of *Padartha Vijnana* has to be strengthened with some relevant teaching of higher physics relevant to life science with emphasis that *Padartha Vijnana* should be taught as a science, not as religion and philosophy. The third professional BAMS course should be provided full 2-year time to enhance professional training, which is very poor at present. There is a need of practical and clinical training in diagnostics and therapy strengthened by more bedside teaching.

In PG courses, the 1st year program is to be critically examined for its relevance. It could be easily merged to the specialty part except a selected set of lectures on research methodology. PhD program should consist of research on specialized subjects besides learning part-time credit courses in the subject area with formal examination and certification.

Short- and long-term independent or complementary courses have to be started in emerging borderline areas in consideration of the need of the day.

Modern education stands on a tripod of (1) institutional material infrastructure, (2) proactive students, and (3) capable teachers. This tripod plays the same role in effective education which in the words of *Samhitas* is played by the *Tridanda* of life: *Sattva-Atma-Sarira*, i.e., mind-soul-body, respectively. The material infrastructure of an institution is its *Sthula Sarira*, the student community is the *Sattva*, i.e. dynamic proactive mind of the education system, and the teachers are the *Atman* or the soul of the education system. An effective fruitful education will prevail only if this *Tridanda* is in place and is in dynamic continuum. Unfortunately, in today's educational system, the *Tridanda* of education is not in proper balance, and more importantly, the *Atman* component of education, i.e., the teacher factor has become the leanest and weakest, which was strongest in *Gurukula* system of ancient times. Our universities and colleges will yield the desired results only when the quality and status of teaching faculty improves to the level of a *Gurukula*.

Who is a Good Teacher

A *Guru* is not merely a communicator of information or textual knowledge.

He/she is the comprehensive builder of the student including his/her knowledge, his/her skill, and personality, as a whole empowering him/her to become a superior human being, a competent professional, and a master of his/her knowledge system.

A teacher or *Guru* is really needed for pragmatic education, skill, and life experience. This is all the more true in case of Ayurvedic education where a learner has to become a competent professional to handle a highly humanistic profession such as medicine and health care.

A good teacher is one (1) who has an in-depth knowledge of his/her subject and has academic competence, (2) who has practical experience of his/her subject and skill, (3) who has the ability to communicate his/her wisdom and knowledge to his/her students with powerful delivery, (4) who has ability and aptitude to use modern teaching aids, (5) who has personal human qualities and honesty to his/her profession, (6) who is student-friendly and has transparent will and sincerity to the student's welfare, (7) who has basic instinct and liking for teaching job and who has job satisfaction and work culture, (8) who has quest to learn to improve and pursuit for excellence, (9) who likes to interact with students proactively even

outside classrooms, and (10) who is able to display a role model image in the institution inspiring the students community at all levels. An educational institution should have a quality audit mechanism to assess the quality of the teaching ability and skill of the faculty periodically on above parameters with the help of a quality audit team comprising academicians, administrators, and also students.

Empowerments of Students

The paradigms have been changing in recent years in the field of teaching and education worldwide. The most praised trends are (1) shift from traditional teacher-centered teaching to student-centered teaching where the leader of educational teamship is the student himself, not merely the teacher. The student has to play a proactive role. He/she can no more afford to remain a passive receiver of information or knowledge. He/she has to become proactive and should also play a constructive and creative role in curricular reform and program development.

(2) shift from directed teaching to induction of learning ability and skill. In this model, it is expected that the teacher will not merely transfer a set of information to his/her students in a classroom rather he/she will try to inculcate learning ability and skill in students so that they learn much more themselves than they are taught directly in a classroom by a teacher. This is very important because knowledge and information today has grown so much that it cannot be taught by a teacher in a classroom. It is advisable that the student has to be transformed into a good learner and should be motivated to self-learning all through his/her life. It is expected that every teacher should now remodel his/her teaching style in tune with such shifting paradigms.

Modern Medicine Components in Bachelor Courses

The national debate on this issue has crystal cleared both the benefits and dangers on this front: (1) There is no doubt that interface of *Ayurveda* with modern science does help in the better understanding of *Ayurveda* besides imparting professional competence on certain dimensions (not on all dimensions) among the graduates. This is the positive possibility. (2) On the other hand, the danger is that the growing quantum of addition of modern medicine in these courses will lead to massive brain drain with undue migration of *Ayurvedic* graduates to modern medicine practice because practice of modern medicine is easier than *Ayurvedic* practice. Such a situation will bring about a show-down for *Ayurveda* as a whole besides lot of legal and ethical issues. Thus, we are still at crossroads on this issue. Some suggestions

which have been projected time to time are as follows Full modern medicine teaching at par to MBBS course to BAMS students along with full course of Ayurveda with provision of increased duration of the BAMS integrated course of 7 years To give full parallel knowledge of modern basic medical sciences and diagnostics with minimal need-based teaching of modern therapeutics To allow only basic modern medical sciences such as anatomy, physiology, and biochemistry, and no modern diagnostics and treatment No modern medicine teaching at all in BAMS course leading to pure Ayurvedic teaching.

The Present Scenario of Education Sector in Ayush

It may be pointed out that the AYUSH educational institutions are in a very poor shape in terms of their infrastructure and faculty strength so that the CCIM has banned new admissions in over one-third of the 250 *Ayurvedic* colleges because of lack of training facilities, especially shortage of teachers even in national institutes and apex institutions. No serious attempt is being made to overcome the situation. In spite of the global consensus that development and mainstreaming of AYUSH systems is the only logical strategy to improve the extremely poor condition of health-care sector as a whole in India (where “health for all” is still a dream), the policy makers have shown no concern. As per the records, the Government of India spends only 1.0% of its gross domestic product (GDP) on health sector as compared to over 15.0% GDP expenditure on health in developed countries.

The share of AYUSH in national health budget is still more disappointing, on an average being < 3.00% of the 1.0% allocation on health. This huge gap and disparity is continuing for many years in spite of the repeated recommendations of the Planning Commission and Parliamentary Committees to raise this proportion to 10.00%. This lack of governmental support has left AYUSH sector in a poor shape which reflects overtly There are above 250 Ayurvedic colleges in India, for which we need about 20,000 teachers. It is believed that half of the teaching positions are vacant because not enough qualified persons are available to occupy these positions and even few who are available are reluctant to opt for such jobs because of poor service conditions. The essential qualification to become a teacher in an Ayurvedic college is MD degree in the concerned subject. It is a question that from where so many MDs will come when India produces only about 2000 MDs a year in contrast to 21,000 MDs in modern medicine. There is an urgent need of substantial hike in PG education to produce more and more MDs and PhDs to meet the requirement of recruitment as teachers in AYUSH colleges and to become specialist practitioners. Such a hike in PG education will

have to be planned through a fast track strategy through proactive debate among the authorities of the Ministry of AYUSH, CCIM, CCRAS, universities, senior faculty of existing AYUSH colleges, management of private colleges, and other stakeholders in education and research in AYUSH, particularly the infrastructure of AYUSH colleges. The renewed interest shown by the new Central Government and launching of a comprehensive National AYUSH Mission by the Government of India seem to have displayed a proactive political promise which awaits an effective implementation now. Promotions of Medical Pluralism and Mission Mainstreaming of AYUSH have been slowly progressing, warranting fast track action now. AYUSH fraternity should draw impetus and inspirations from big boost success stories of AYUSH sector such as the UN approval of the International day of Yoga to be celebrated every year on June 21 worldwide and the Nobel prize of Medicine of 2015 won by Dr. Youyou Tu of our sister discipline Traditional Chinese Medicine in our neighborhood China for the discovery of a novel anti-malarial drug artemisinin from a Chinese herb described in an ancient text of fourth century, which is contemporary of the works of *Vagbhatta* in India.

CONCLUSION

The study indicates that there are some serious flaws in the existing system of the graduate level *Ayurvedic* education. Only a good exposure to basic clinical skills during the medical education can produce a confident physician. Though many topics related to the essential clinical skills are included in the curriculum, the education system has not been able to produce skillful clinicians. Since the *Ayurvedic* graduates play an important role in the primary healthcare delivery system of the country, this study seeks the attention of governing bodies to take necessary steps ensuring the exposure of the students to the basic clinical skills. Along with the strict implementation of all the regulatory norms during the process of recognition of the colleges, introducing some changes in the policy model may also be required to tackle the situation.

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