

## Reformations- A need for Ayurveda education

The persistence and popularity of any medical science depend on the status of its upgradation. Continuous pooling of the information is required to keep any science alive and to make it applicable and suitable per the need of the society: the same is applicable to traditional systems of medicine. The Information available in the texts of traditional medicines, though is widely used by the physicians and experts, however there is extreme need to rethink and reform the information education and practices of traditional systems of in a way, it can be easily accepted in the present era. The first step to achieving this goal is the reforming of the education system. The education pattern of the traditional system should be in a format where students are taught and trained in a manner that they inculcate in themselves the thought process of thinking in a that helps to understand the ancient science in the parlance of modern advancements. The students trained in this way may become the torchbearer of traditional medicine where they are capable to apply the medical science appropriately. This will also build in them a real sense of confidence and trust in their own system.

Any wisdom approach is predicated mainly on an evolving dynamic process of a trinity of new knowledge creation through effective knowledge transfer through assertive learning, infinite quest, and a wealth of insights gathered through virtuous competency. If such an evolving spectrum is not sustained, the knowledge base becomes sluggish and passive, and it may eventually pass into antiquity, losing its evolving and relevant existence. A catalogue of knowledge systems is likely to be carefully interpreted in many formats, permitting need-based development.

Ayurveda is one of the oldest sciences human civilizations opted for. It originated in India and is interwoven in the country's socio-cultural fabric. Every household in India, in some form or another, uses Ayurveda. Being the oldest and still having relevancy with the present population itself reflects the suppleness of this system. The responsibility for the growth of any system lies in the appropriate proliferation of its education system. We could witness the transparency of the Ayurvedic education system from its inception, i.e., in its one primeval dissertations Charaka Samhita and Sushruta Samhita.

These treatises present the subject engagingly rather than in a didactic manner. The teaching and learning methodology mentioned in these texts closely encompasses the methodology used in the present era but the techniques have changed due to advances in technology. When we look at the pattern of *Charaka Samhita*, it can be said that the whole text has been written in the pattern of interrogative and interactive mode, held between the experts and disciples. The chapters of *Charaka Samhita* begin with the introduction and importance of the topic by *Atreya*, the expert and later some of the doubts

are placed by the disciples. These interactive approaches form the base of the chapter and then whole information related to the points is described in the form of detailed information. In between the chapters, the disciples ask the doubt if any, which is appropriately answered by the teacher. This whole format indicates a need for interactive approaches to learning and teaching. Especially in the profession of a doctor, the skill of communication and ability of expression, presence of mind, and analytical approach are must. Thus, such approaches in the medical profession are a must and are essential tools for both teaching and learning. Interaction between teacher and learners helps learners to acquire basic skills or a better understanding to solve problems, or to engage in higher-order thinking such as evaluation. On the other hand, teacher must ask such questions to the students that are crucial. Encouraging students to think more deeply and critically, encouraging them for discussions, and stimulating students to seek information on their own.

If we go into the details of teaching methodology mentioned in Charaka Samhita, *Adhyana* (learning), *Adhyapana* (teaching) and *Sambhasha* (seminars) are the basic components of it.<sup>[1]</sup> This indicates that a thorough knowledge of any topic comes only when the person has completely understood the matter by continuous reading and understanding the facts and later on the basis of information gained, he is capable to make others understand that point by adopting teaching skills. To further upgrade the information, attending, presenting, and participating in the seminars and workshops are required which provides scholars an opportunity to discuss the matter with physicians and experts. As per *Charaka*, discussion with experts promotes the pursuit and advancement of knowledge, improves the power of speaking, removes doubts in scriptures, if any, by repeatedly listening to the topics, and creates confidence with doubtless knowledge. It also brings forth some new ideas hitherto unknown. All these indicate that in the medical profession, only classroom teaching is not sufficient. Along with this continuous clinical exposure is also a must. *Sushruta Samhita*, which is perceived as the epitome of a surgical textbook, proclaims the significance of constant learning and has emphasized the significance of a multifaceted approach to education, ensuring effective practical knowledge accompanied by theoretical knowledge.<sup>[2]</sup> These treatises were traced back to the days when there was a *Guru Shishya Parampara* in the community, in which *Shishya* (disciples) resided with their *Guru* (teachers/mentors). This *Guru Shishya Parampara* was evident until about the mid-20<sup>th</sup> century. Following India's independence, several committees were formed to revolutionize Ayurveda education to accommodate the expectations of today's world. Hence after, Ayurveda education has been institutionalized, and there are currently over 350 functional Ayurveda colleges

across the country.<sup>[3]</sup> The Central Council of Indian Medicine was established in 1971. It was responsible for framing and enforcing various regulations, including curricula and syllabi in the Indian Systems of Medicine at the undergraduate and postgraduate levels.<sup>[4]</sup> This agency was repealed in June 2021 and the National Commission for Indian System of Medicine was established.<sup>[5]</sup>

Although the system continues to improve quantitatively, the Ayurveda education system is still trailing behind qualitatively. Infrastructure, teacher-student ratio, and quality education for students have been concerns in most Ayurvedic colleges. Until now, the curriculum of this system's undergraduate and postgraduate students has been a source of contention. For the time being, we are using a "Parallel Approach" model for our academics, in which students learn about modern diseases as well as the Ayurvedic principle. There has been an ongoing debate about the proportion of each stream and whether or not an integrative approach should be used at all.

While satisfactory changes have been made for streamlining Ayurveda education, there are still areas that need to be considered for the advancement of its stakeholders. The current eligibility criteria for undergraduate admission are 10+2 with a science stream; students come from a background, where they have no exposure or minimum exposure to the Sanskrit language. Once they enter this course, due to linguistic constrain, they feel uncomfortable, and eventually, they lose interest in the subject. Their disinterest in science is also due to the overly didactic teaching style, in which their urge to assert their curiosity is continually repressed. These students eventually become teachers, who are programmed to look at facts as they are rather than questioning their relevance to the current predicament.

Further, due to limited resources, students depend heavily on the recommended standard and reference textbooks. Medical students' learning styles mainly concentrate on what is essential to accomplish the examination. Aside from clinical skills and medical knowledge, the expectations of being a good clinician need to include communication and interpersonal aids, competence, practice-based learning and upgrading, and system-based training. Another suggested change is the shift to a learner-centric outlook. Most teachers opt for their profession not out of passion, but this is the only comfortable thing they find to pursue after their post-graduation. Screening for the appointment of the teacher is not done based on quality but on the year of experience and the number of research articles. A more transparent and sturdy screening method for the appointment for the higher posts of teachers should be there in the system, converging his/her academic and research contributions.

In addition, to continuously upgrade the skills of the teachers, Faculty development programs (FDPs) should be introduced

regularly, and teachers should be encouraged to attend these programs positively. These FDPs should be designed so that experts from the other allied contemporary sciences are also involved, enabling Ayurveda teachers to expand their knowledge to provide clarity and presumption about his/her discipline along with others. In the current pandemic, technological and digital adoption and transformation are inevitable and part of our current reality. Hence, it is an opportunity to adopt simulation-based learning also in the curricula to provide clinical learning experiences. Ultimately, it can be said that there is a wide scope of improvement in the education system in Ayurveda and the earliest step to adopt best practices of teaching and learning can further boost the acceptance and survival of this science.

To conclude in one line: "let us unlearn what is redundant in an attempt to learn new facets for the progression of Ayurveda science."


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