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Dr. Pallavi Varshney

Associate Professor,
HAMC Campus, Uttarakhand
Ayurveda University, Distt
Dehradun (Uttarakhand), India
bel.pallavi@gmail.com

Dr. Swastik Suresh,

Medical Officer In charge,
Ayurvedic & Unani Services,
Uttarakhand Government,
Distt. Haridwar, Uttarakhand,
India.
drswastiksuresh@gmail.com

Dr. Premchandra Sharma

Associate Professor/HOD,
Samhita & Siddhant Dept.,
Uttarakhand Ayurveda
University, Gurukul Campus,
Haridwar. (Uttarakhand), India
dr.premshastri59@gmail.com

Declining standards of sanskrit language & basic principles teaching in ayurvedic institutes: A threat to quality medical education

Dr. Pallavi Varshney, Dr. Swastik Suresh, Dr. Premchandra Sharma

Abstract

This qualitative retrospective study discuss and highlight core issues in ayurvedic teaching standards in Sanskrit and Basic Principles subjects since the inception of Central Council of Indian Medicine. Present study is aimed to identify gap (if any) between current and previous standards of Sanskrit and basic principles in ayurvedic institutions based on Central Council of Indian Medicine standards and their probable solutions. It was observed that where students need to know much about basic principles of Ayurveda, instead of teaching more it has been removed in proposed curriculum. It was also found that the basic principles and Sanskrit subjects; which comprised the foundation of ayurveda have been gradually minimized by the council. This study points out few deficiencies in proposed standards and questions about quality of standards in Ayurvedic undergraduate course. It proposes few curriculum changes and recommendations to maintain standards in academics. It also recommends if such trend is continued in future it may result in producing inferior quality ayurvedic physicians that may harm whole medical community and education system. An effort has been made through this article to draw attention of policy makers so that knowledge of our ancient texts could be optimum utilized for betterment of society.

Keywords: Ayurvedic education, Sanskrit, Basic principles, CCIM, Curriculum reforms, Educational standards

Introduction

Ayurvedic medicines system has been practiced in India since ages ^[1] and have been traced back to around 5,000 BCE, ^[2] It has written genesis in the Vedas, the holy texts of India, supposed to be the oldest writings in the world which is written in Sanskrit, primarily the Caraka Samhita (approximately 1500BC), the Ashtang Hridayam (approximately 500 AD), and the Sushrut Samhita (300 - 400AD). The major traditional Ayurveda treatise commence with renowned accounts of the conduction of medical acquaintance from the Gods to sagacious, and thence to individual physicians ^[3]. In spite of these popular developments, Ayurvedic education seems to have failed in its primary objective of cultivating core expertise that can renovate the young professionals into self-confident Ayurveda doctors ^[4].

'Educational research' is still in its juvenile situation with reference to Ayurvedic academics is concerned. There are no systematically accomplished studies to propose Ayurvedic teachings in ayurvedic medical institutes ^[5]. It is a matter of debate in spite of 46 years of establishing CCIM (Central Council of Indian Medicine) how many of the passed out graduates become successful practitioners. However the public may be unaware of the fact and thinks that most of the ayurvedic community does not deal with practice. It is a well known fact that even before the establishment of CCIM, Ayurvedic colleges lacked even those facilities as are available today. Still the ayurvedic community carried out treatment by ayurvedic means.

2. Aims & Objectives

1. To understand the current status of Sanskrit and basic principles teaching in undergraduate ayurveda curriculum in India developed by CCIM.
2. To compare and evaluate the effectiveness of recent and previously employed teaching standards by CCIM in these subject.
3. To recommend possible solutions for providing quality education in these subjects.

Correspondence

Dr. Pallavi Varshney

Associate Professor,
HAMC Campus, Uttarakhand
Ayurveda University, Distt
Dehradun (Uttarakhand), India
bel.pallavi@gmail.com

3. Type of study

Qualitative retrospective study

4. Materials & Methods

In order to understand the problem statement classical texts of Ayurveda and current researches were screened for interpretations of appropriate strategies of ayurvedic medical science education. All authentic information from various sources had been analyzed, understanding the facts related to Sanskrit and basic principles teaching in ayurvedic undergraduate course. These references were compiled, analyzed, and discussed for a thorough and in-depth understanding of the problem and its appropriate solution.

5. Historical background

Ayurveda considerably developed during the Vedic era in Sanskrit language and developed medical concepts and practices [6, 7]. Ayurvedic pedagogy has cultivated numerous models of education, the leading is the residential system, known as the Gurukula system [8]. This system of teaching and learning is based on relationship between the teacher and the disciple, in the residence of the teacher. The goal was not only convey technical skills but also the reshape the personality of the disciple. This system of education became the gold standard for diffusion of the knowledge of Ayurveda [9]. Most important aspect of Indian system of education was accomplishment of verbal fluency in sanskrit language [10]. Since the 1971 the Central Council of Indian Medicine (CCIM) has been implementing as an apex body to control Ayurvedic education in India [11] which came in to the existence by the act of Parliament. CCIM has previously approved minimum required standards which are mandatory to all ayurvedic institutions throughout the country whether State

Govt. or Grant in aid Colleges or under private sector. It scrutinizes the of Ayurvedic education at various Ayurvedic Institutions. Teaching methodology and teaching technology may be the other area where consideration is needed. There is a call for incorporation between tradition and technology [12]. There are complicated procedures to Ayurveda College, CCIM has emphasized the requirement for establishing minimum infrastructure for Ayurvedic education. It has restricted the mushrooming of fake colleges. The teaching of Ayurveda is now established under the affiliation with UGC recognized universities.

6. Literature Review

Education has been measured as a dignified vocation. Training, Research, and Publication are the three essential components (*Tristambhas*) to one require being concerned in the structure of education [13]. Ayurvedic textbooks propose abundant procedures on superior medical performances [14]. Allied branch of Ayurvedic basic principles is the *Darshana Shastra* (philosophical texts). Taught under the subject Padarth Vigyan in Sanskrit [15]. The core principle of innovative Ayurveda such as *Panchamahabhuta, Agni, Tridosha, Srotasa, Malas, Prakriti*, Principles of drug action (*Rasapanchaka*) are submitted in the deliberations of research works by theoretical strand analysis since the assessment is carried out in researches by modern protocols. Ayurvedic society has to undergo the accountability to perform research from factual Ayurvedic perspectives without employing intellectual acrobatics. The principal accountability lies with every Ayurvedic researcher to defend the watermark of the inventive Ayurveda with reference to original protocols of Ayurveda [16].

7. Results

2016 Proposed syllabus (BAMS Course)				
Sub/Details	No. of Papers	Total Hours	Written Marks	Practical/Viva Voce
History of ayurveda & Padarth Vigyan	NA	NA	NA	NA
Sanskrit	1	90	100	...
Basic Principles	1	90	100	...
2012-2016 (BAMS Course)				
Sub/Details	No. of Papers	Total Hours	Written Marks	Practical/Viva Voce
History of ayurveda & Padarth Vigyan	2	100	200	...
Sanskrit	1	200	100	...
Basic Principles & Astang Sangrah	1	150	150	...
1989-2012 (BAMS Course)				
Sub/Details	No. of Papers	Written	Practical/Viva Voce	
History of ayurveda	1	100	...	
Padarth Vigyan	2	200	50	
Sanskrit	2	200	50	
Astang Sangrah	1	100	50	
Before 1989 (Pre Ayurveda course)				
Sub/Details	No. of Papers	Lectures	Written	Practical/Viva Voce
History of ayurveda	1	100	100	...
Priliminary Padarth Vigyan	2	200	200	50
Sanskrit	3	300	300	50

After CCIM establishment three categories of students were made eligible for entrance to BAMS course-

1. Those who had studied Sanskrit, Physics, Chemistry and Biology till class 12th.
2. Those who had studied Sanskrit and English till 12th.
3. Those who had not studied the above subjects had to study Physics, Chemistry, Biology, Sanskrit and English as per pre ayurveda syllabus and there after they could appear for entrance exam. With the passage of time people started feeling that Physics, Chemistry and Biology should be studied by Ayurvedic students together with Sanskrit.

Later a common entrance was started on the basis of which all streams of medicines were allotted. This entrance exam contained all science questions but not Sanskrit. As a result students who were not mentally prepared to study Sanskrit at all they gained entrance to BAMS. The entire work load of studying Sanskrit and Basic Principles now rested on the entire course of BAMS.

8. Analysis

The CCIM now has proposed a vision document which seems to reduce the effectiveness of Sanskrit and basic Samhitas by diminishing the time allotted for its study and assessment. Removal of Viva voce and number of papers indicates CCIM is underestimating importance of the core subjects of ayurveda. Merging of History of Ayurveda and *Padarth Vigyan* subjects is also done. *Drishyam* 2016 which is the official vision document of central Council of Indian Medicine has passed the proposal to impart 90 periods to Sanskrit teaching and to conduct 1 written exam of 100 marks; viva voce has been completely removed from the syllabus. Likewise the status of subjects taught under Sanskrit & *Siddhant* department as *Astang Hridaya*, *Maulik Siddhant*, *Padarth Vigyan*, History of Ayurveda, *Charaka Samhita Purvardh & Uttarardh* has not only been clearly specified. Till 2012, 200 periods had been allotted for Sanskrit teaching, 200 marks were assigned for written Sanskrit examination (2 Question papers of 100 marks each were made) and viva-voce of 50 marks was held. Till 1989 *Prag Ayurved* syllabus was implemented which contained 300 lectures for Sanskrit teaching & written exam consisted of 3 Question papers of 100 marks each. Viva- voce of 50 marks was held. Four basic methodologies have been suggested by CCIM vision document itself-

1-Reading, 2-Listening, 3-Writing, 4-Speaking

Out of these only writing skills gets developed by written exams. The other three skills can be developed only by viva-voce. On evaluating the results and experiences of authors in this field, it is the opinion that lack of interest in this pathy before entrance is seen. Candidates who wish to become doctor not think of becoming ayurvedic doctors. During entrance they hope for MBBS courses. When due to merit they are unable to get their desired option they are forced to choose for Ayurvedic courses. Even after entrance students still appear for entrance exams for 1-2 years and only when they fail they helplessly opt for BAMS course. So they lack interest and enthusiasm in this course. Students who gain entrance to MBBS courses always have prior knowledge of English. Since the beginning of primary education students are taught subjects in Hindi and English. So after getting admission to graduation courses they are able to understand their books easily. On the other hand all great works of ayurveda are written in Sanskrit. This language is hardly taught in schools, and if at all it is taught it is an optional subject. Students gaining admission to BAMS take a long time to understand Ayurvedic texts correctly because they do not have preliminary knowledge of Sanskrit.

9. Discussion

The Ayurvedic culture in India is by no means able to arrive at an agreement and convene up to the principles that are indispensable for Ayurvedic wisdom [17]. Improvement of any discipline depends upon its learning and research; Ayurvedic medical system is no exception for this. *Vagbhata* endow that one should not question the legitimacy of the theme in the characteristic, but should be followed like chant without any disagreement since the subject of medicine is result oriented [18]. It is a matter of debate that how much skills and competence is achieved in determining which *gunas* are predominant in *prakṛti* and *vikṛti* and *Tridoṣa* theory including the 10 pairs of opposite qualities (*gurvādi gunas*). It is also not clear among students to assess the physical and mental *prakṛti* and *doṣhic* imbalance using Āyurvedic methodology (*trividha*, *aṣṭavidha* and *daśavidha parikṣā*). Most students are not able

to identify changes in *vikṛti* due to changes in *agni*, *gunas* resulting in digestive disorders, appetite and elimination changes. It is the experience our authors that academics is also not able to teach theory of similar and dissimilar and balancing the *doṣa vikṛti* through a proper daily routine, seasonal routine and basic six tastes (*rasa*) for a person of each constitutional type, constitution of excess, deficient and the imbalance of *doṣas* within their own site. Ayurvedic tradition, knowledge attains supremacy when it survives the review of many critical minds, examined in every possible manner by greatest intellect in, we can consider it to be close to the truth. Such conclusions were recognized as *Siddhānta*, which means that we have reached the end of possible criticism and examination [19]. It is otherwise known as meta-review, which is more comprehensive than just the limited peer review. It has been argued that Ayurveda of not having scientific verification to back its claims. Absolute dismissal does not resolve this problem. The state of *prāṇa*, *tejas* and *ojas* through observation and the interview process (consultation) is also unclear to students. Methodology to gather the appropriate information necessary to understand the *prakṛti* and *vikṛti* of the client is also not cleared to students. As all of these comes under basic principles of ayurveda which also includes etiological factors (*nidāna*) responsible for the *doṣhic* imbalance and the disease; is evidently doubtful during undergraduate studies. In order to bring such partnership into practice, we need collaboration in education and research [20]. Competency-based education (CBE) is an approach to producing doctors "fit to practice" rather than students "fit to pass" [21]. It is relatively apparent that a few critical mechanisms which could make Ayurvedic education efficient is gone astray in the present curriculum of Ayurvedic teaching. A well-developed teaching system that clearly identifies education outcomes seems to be evidently deficient. It should be focused on the teaching programs. Currently, the focus is now on structure, equipments and such other equipments, which by themselves could not supply the principle of providing quality education. Most undergraduates when go through into Ayurvedic stream with a background of subjects like physics, chemistry, and biology, he undergoes strange feeling to recognize and comprehend a subject like *Padartha Vijnana*, which is further philosophical. Missing feature is to be deficiency of practical-based education of *Padartha Vijnana* subjects. The concept of *Dravya*, *Guna*, *Karma*, *Panchamahabhutas*, *Pratyaksha Pramana*, *Anumana Pramana*, *Upamana Pramana* can be communicated through realistic modalities. Even admission to Bachelor of Unani Medicine & Surgery requires minimum eligibility 10th standard pass with Urdu or Arabic or Persian language as a subject or clear the test of Urdu of 10th standard. Even this course requires the Pre-Tib course of one year duration while in ayurveda the policy makers had ignored this fact which raises questions on this decision [22]. Any discipline cannot be implicated by shallow and only lucrative aspect; the point of achievement in clinical side depends on the intensity of accepting the subject properly. All Indian philosophies, including Ayurveda focuses on inclusive understanding of the subsistence of problems [23]. 'Teaching methodology' is one of the critical areas to be needed immediate notice [24-26].

10. Recommendations

Hence, it is strongly recommended that-

1. The content of basic principles especially including Sanskrit in Ayurvedic education system is equally fundamental and significant among all subjects.

2. Sanskrit should be taught as a prime subject till 10+2 classes so that at least when students gain entrance to BAMS courses they shall have preliminary knowledge of it.
3. At least 200 hours of Sanskrit and Basic principles as a subject must be taught including viva voce.
4. Core principles of ayurveda like Dosha must be taught continuously by various innovative methods as all success depends upon the understanding of fundamentals.
5. We need to take steps to generate evidence using protocols by understanding basic principles of Ayurveda to address the developing ayurveda with the complexity of modern medical science.

11. Conclusion

With Ayurveda commencement to appear on the international level, the challenge is to analyze and thorough transformation in the area of Ayurvedic teaching. The Ayurvedic academics in India have never been able to arrive at an agreement and convene up to the values that are indispensable for health system development. Prime focus should be on imparting knowledge of Basic principles of Ayurveda and Sanskrit so that true essence of ayurvedic texts could be felt. Merely removing or minimizing significant element of Ayurvedic curriculum may not resolve the dilemma. Maybe, it could deteriorate the effectiveness of Ayurvedic education. By focusing on deep understanding of these subjects by students will help in uplifting Ayurveda system to international level.

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